

Age Friendly Sullivan: Perspectives from a Rural County

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Overview

Rural places present place-specific challenges regarding accessibility that are not as visible in urban places, specifically transportation, density of services, and health concerns. Following Sullivan County's ranking of 61 out of 62 counties for poorest health outcomes in New York State in a Community Health Assessment conducted in 2013 (Sullivan County Public Health Services, 2013), service providers collaborated to form Sullivan Agencies Leading Together (SALT) in order to improve communication between agencies and assess community needs. We partnered with local agencies to conduct a study on the accessibility, quality, and general perception of services by residents in the summer of 2016 (for full report see Challenges to Service Access in Rural Areas). This issue brief focuses specifically on how qualities of this rural region impact how seniors and youth access services. We conducted a resident survey in 2016 and found:

- **Scheduling** is the greatest barrier to services for all age cohorts;
- **Families with youth** are more vulnerable than expected due to lack of quality youth programming and a greater likelihood to be cost burdened.

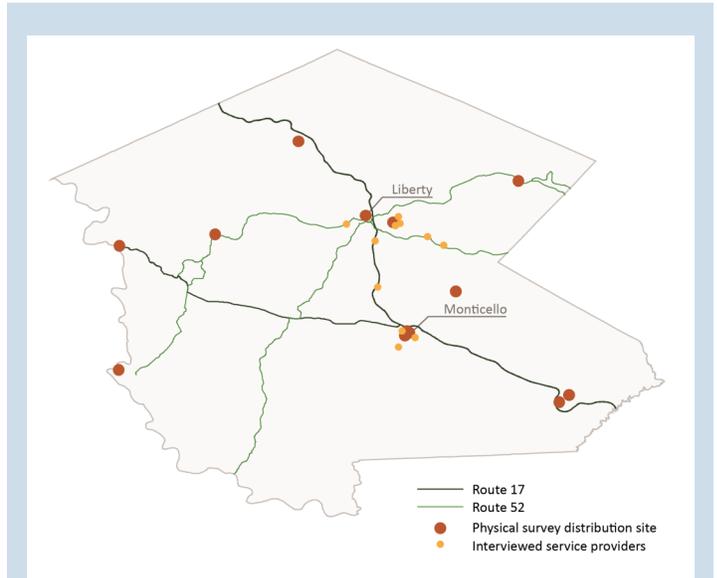


Figure 1. Interview and physical survey distribution sites

Methodology

This project was a joint collaboration between the Cornell Cooperative Extension of Sullivan County, Dr. Mildred Warner and students of Cornell University's Urban and Regional Studies undergraduate program.

Interviews were conducted with 15 service providers within Sullivan County, including providers in senior services, child and infant care, health care, workforce development, transportation, and regional planning (see Challenges to Service Access in Rural Areas). A survey was then created and distributed across the County in August and September 2016. The online

version of the survey was disseminated by the Cooperative Extension, the Child Care Council, and other service providers. Physical copies of the survey were distributed to 13 intercept sites, including 9 public libraries, the Center for Workforce Development, congregate meal sites, and a soup kitchen. Physical copies sought to target traditionally underrepresented populations and people who lack internet access. A total of 319 responses were collected, and 268 had complete responses and were used for the following analysis. Responses that were not linked to a zip code within the bounds of Sullivan County were excluded from the analysis. Service providers were concentrated near the two city centers of Liberty and Monticello, located in the eastern part of the County. Consequently, distribution of physical copies occurred primarily in eastern Sullivan County, and responses from the southwest part of the county are underrepresented (see Figure 1).

Expectations + Assumptions

From our interviews with service providers, we expected transportation to be the greatest barrier. Service providers consistently cited transportation to be the greatest barrier due to the absence of a cohesive public transportation network. Service providers also emphasized difficulty in effectively communicating their services to target populations. Seniors were perceived to be one of the most marginalized group due to mobility impairments which would limit ability to operate a car—a skill necessary in this rural region. Generally, service providers were confident in the quality of services available, but believed them to be underutilized.

Survey Tool

The survey consisted of five main sections:

1. **Basic demographics:** race, age
2. **Housing:** housing tenure
3. **Transportation:** primary mode of transportation throughout the County
4. **General services:** healthcare, mental health, nutritional services
5. **Age-specific services:** Office for the Aging, senior services, childcare, youth programming

Respondents were then asked to evaluate:

- **Ease of access**
- **Satisfaction with service**
- **Barriers to access:** transportation, cost, quality, scheduling, not knowing about services, not needing services

The survey collected 73 usable responses from seniors and 75 responses from households with children.

Findings

Transportation vs. Scheduling

Out of the 254 responses, 64 percent cited a barrier to accessing health services. 32.2 percent included scheduling as a barrier, followed by cost at 26.4 percent, and quality at 15.9 percent. Transportation was the fourth cited greatest barrier at 13.9 percent (see Figure 2). Across general health, mental health, and recreational services, scheduling was consistently identified as the greatest barrier, followed by cost. Contrary to our initial assumptions and those of service providers, transportation was not identified as the greatest barrier to accessing services. Out of the total reported barriers for accessing the aforementioned services,

transportation only constituted 12 percent of responses.

This result was unexpected since transportation has traditionally been linked to lack of accessibility in rural areas. We credit the low levels of indication of transportation as a barrier to the assumption that people in rural areas tend to overlook this issue since challenges of transportation are inherent to the rural landscape. Residents of Sullivan County are likely accustomed to the inconveniences of low density since it is an inherent characteristic of the rural landscape. This quality is one which likely attracts many residents to Sullivan County in the first place—the challenges of transportation is the tradeoff for privacy and space.

Scheduling, on the other hand, is an issue that is *not* inherent to the rural landscape. Instead, it is an inconvenience created by lifestyle choices and operating hours of available services. This creates an opportunity for service providers to improve their services and better serve the community. While there is little that can be done to alter the physical environment that doesn't require costly investments in infrastructure, changes to scheduling is much more feasible.

Seniors vs. Youth Services

Seniors cited far fewer barriers to accessing services than households with youth. 56 percent of the 73 surveyed seniors aged 60 or older reported either no barriers to access or not needing health and senior-specific services. Of respondents that identified barriers to services, scheduling was again reported to be the most common barrier to access. We also found that the County has a robust offering of services that cater specifically to the senior population. From long term care to congregate meal sites to volunteer

	Count	Percentage
No barriers	72	28.35%
Don't need services	19	7.48%
Reported barrier	163*	64.17%
Transportation	29	13.94%
Cost	55	26.44%
Quality	33	15.87%
Schedule	67	32.21%
Don't know about services	7	3.37%
Other	17	8.17%

Figure 2. Barriers to health services

**The count for total reported barriers refers to the total number of respondents. Counts for individual barriers does not equal number of respondents because multiple selection of barriers was*

opportunities, there is a variety of programs geared towards keeping seniors active and civically engaged. 31.8 percent of senior respondents were members of the Office of the Aging or other local senior centers. Seniors who are aware of services report high satisfaction and generally few barriers to access. Based on the 22.6 percent of those who reported that they did not need senior services and 6.5 percent who were unaware that such services exist, **efforts should be put into the dissemination of information regarding available programming rather than increasing the total stock of services.** There is the perception that the Office for the Aging is intended solely for individuals who are ailing in health, and residents are unaware that the Office for the Aging offers programs beyond this including nutritional counseling and volunteer opportunities.

Conversely, services for youth are severely lacking, and the existing youth programs are inadequate to fulfill current needs. Out of 75 responses from parents and guardians, 43.6

percent reported utilizing youth programming such as 4-H, afterschool programs, and summer camps; however only 50 percent were satisfied with the quality of these programs. While transportation has largely been integrated into programming for seniors (i.e. paratransit, Meals on Wheels, agency sponsored shuttles), the same considerations have not been made for youth services not connected to the public schools. This oversight contributes to barriers to youth services and places a heavy burden on parents and caretakers.

When respondents were asked to identify the greatest need in the County, **youth programming received overwhelming support with close to 40 percent of respondents identifying it to be the number one need.** Excluding the “Other” category, youth programming had triple the number of votes than the next most popular response. Furthermore, 48 percent of the write-ins under “Other” included some form of child or youth programming.

Seniors — A Less Needy Population?

Seniors are seen as a vulnerable population due to decreased mobility associated with aging and society’s increasing reliance on technology, which seniors are perceived to be less able to access. However, survey results suggest that families with youth may be a needier population than seniors. More seniors reported that they had no barriers to accessing services and less frequently reported being cost burdened (26 percent) compared with families with youth (55

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percent). Services have focused on the senior population due to the county’s large population of seniors, yet according to the U.S. Census Bureau’s 2015 population estimates, youths under the age of 18 account for just 1 percent less of the total population (21.7 percent) than individuals over the age of 60 (22.8 percent).

Informal networks are important for both seniors and youth to access services. We expected to see a relationship between the presence of family in the county—an indicator of informal network strength—and perceived barriers to accessing services, since informal networks can meet needs unmet by the formal service network. If seniors were more likely to have family in the county, then this could support a narrative on the power of informal networks. However, we found that seniors were *less* likely to have family in the county. Further, 80 percent of households with children reported having family within the county, in contrast to our original assumption.

This data illustrates that having family within the county does not necessarily affect the perception of barriers to accessing service. Instead, it seems as though **being cost burdened has a far stronger correlation to having barriers to accessing services.** Families with children are much more likely to be cost burdened and also much more likely to report having barriers to accessing services, suggesting that seniors may not be as needy of a population as families with children.

Unanswered Questions

We are faced with an unclear picture. Are seniors the most needy population, due to limited mobility, increasing complexity of hard-to-adapt-to technology, and lack of family within the county? Or are families with children a more needy population who despite having family

within the county, more frequently report being cost burdened? Does the mere size and predicted growth of the senior population demand attention and investment? Or do families with children, who will potentially make up the future working class deserve increased consideration?

Conclusion

We approached the issue of service provision in Sullivan County having done research independently and in concert with local leaders. Meeting with key informants and services providers informed the creation of the survey geared towards year-round Sullivan County residents. The information gained by talking to these people and by our own experiences living in the county for several months dictated our projections about the results of the survey and what the main issues influencing service provisions would be.

However, even with the background we established, we found ourselves surprised at what the results of the survey suggested. We found

- Scheduling may be a more important factor affecting service provision than transportation, but also a factor easier to address.
- Seniors were on average more satisfied with age-specific services than families with children.
- There is expressed concern across all age groups for the need of youth programming within Sullivan County.
- Seniors are less likely to have family within the county and less frequently reported being cost burdened as compared with families with children.

Factors that contribute to the perception of service accessibility affect specific population groups in different ways. We had assumed that in

a rural area, informal networks would play a larger role in filling the gaps that the formal sector could not meet. However, this study reveals the complexity of service provision in rural areas, and raises questions regarding the influence of informal networks versus cost burden. **Scheduling and cost burden should be priorities for service providers going forward.** While service providers know transportation and social networks are important for access, more attention should be given to scheduling and cost burden if Sullivan County wants to increase access to services for both youth and seniors.

References

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