

Research focus category: Exploring unmet health and care needs of older people in rural areas				
First author/ year/country	Research design & aim	Key Findings	Relevance to research question	Implications for policy/practice/ future research
Asante et al (2023)[27] Australia (South Australia)	Qualitative (thematic analysis) a. What are the perceived unmet healthcare needs of community-dwelling older adults in rural South Australia? b. What are the challenges to care access and facilitators of health-service utilization among rural older adults?	1. Unmet needs a. Chronic disease management in pressured general practice environments b. Accessing specialist medical services c. Treatment for psychological conditions such as depression and anxiety d. Accessing services to assist with personal care, shopping & cooking 2. Access challenges a. Workforce shortages – GPs, specialists, nurses, allied health & mental health teams b. Continuity of care - health provider turnover & difficulty getting appointments c. Transportation – limited public buses, travelling access care, parking in the city and limited travel assistance.	The 'findings highlight the critical gaps and opportunities for a geriatric care model for older rural adults with chronic conditions' (p.13). A positive attitude of towards older people by healthcare providers is an 'enabling resource for timely healthcare uptake' by older people (p.14). Self-efficacy 'facilitates health services use among rural older adults with complex chronicity' (p.14).	Formal care needs and chronic illness should be addressed together as these are interrelated issues for the older adult.
Australian Government Office of the Inspector-General of Aged Care (June 2024)[32] Australia	The first statutory report on the Australian Government's progress in implementing recommendations from the Royal Commission into Aged Care Quality and Safety.	Care of older people in regional, rural & remote areas is hampered by: a. workforce shortages of nursing & non-nursing aged care workforce b. costing disparity associated with supply chain & overhead costs	'While governments are working together to address nursing shortages, there is an urgent need to boost numbers in regional, rural and remote areas now (p. 55). Fly-in, fly-out (FIFO) models are a short-term option to mitigate shortages of some allied health staff.	Strategies – and tangible actions – are needed to build the aged care workforce. Appropriate assistance for providers is also critical to ensuring broader availability of aged care' (p. 55).
Eisenhauer et al, (2015)[31] United States (Nebraska)	Qualitative (Ethnographic) To examine the perspectives of community-dwelling rural, older women concerning the meaning of cognitive decline and to ascertain how cognitive decline affects their lives and the lives of those around them	a. Cognitive decline threatens a rural woman's identity as a 'good woman'. b. A protective silence and/or social avoidance protected the older women's identity. c. When the older woman was no longer safe living independently, she was moved to residential care.	The management of cognitive decline and/or other illness by families in a rural setting may be influenced by the culture of the community.	The culture of the community may be incompatible with older people Ageing in place. Building connections between communities and residential care facilities to build trust and ease transitions for older people may be useful.

				Community-based participatory research approaches may assist in understanding the local & contextualised issues in relation to ageing in a rural context.
Fu et al, (2020)[29] China	Quantitative (Cross-sectional study) To analyse the physical health, mental health, social participation & capacity to carry out daily activities of the rural empty nest elderly. To consider the related influencing factors of their grown children. To clarify the focus of the current content of social health care services.	a. Male sex was a protective factor for mental health, social participation & daily activities b. Expectations of receiving long-term care in the future' was a protective factor for physical & mental health, & social participation c. Adult children who were educated, living with older respondents & in good physical health provided better support for their older parents' health.	Social participation was identified as the starting point to improving the health of older people.	Services should be established considering the different needs of both older men and women. Programs that facilitate the provision of cohesive intergenerational family units will facilitate support for older people. Further research should include longitudinal studies collecting more detailed data, especially on social participation & the role of extended family in providing support.
Goris et al, (2015)[25] United States (Upper Midwest)	Qualitative (Ethnography) To determine community leader perceptions of health-related needs and resources available to older adults	a. A lack of local health care providers & specialist services created access issues. b. Intergenerational family relationships and community support through church was integral. c. Younger families moving away removed assistance for older relatives. d. Grocery, meal, transport & social support identified as key concerns. e. Need for residential & independent living options crucial.	This study described the multifaceted challenges that older rural-dwelling adults face in a community with changing demographics.	Service provision must be tailored to the requirements of the community following a needs assessment and consultation process with community members. Research implementation and translation must build on and support family structures and relationships, and social cohesion provided by the church.
Hamazaki et al, (2012)[28]. Japan (Ishikawa Prefecture)	Qualitative (Descriptive questionnaire) To analyse the worries of independent older people regarding health and daily life.	Participants described their concerns as: a. physical – weakening mobility and advancing chronic disease. b. Life function – e.g. attending to cooking, cleaning, personal hygiene & accessing transport c. Daily life – those living alone & ageing couples worried about issues such as safety & managing emergencies d. Long- term care – worries about the care of a partner with declining physical and cognitive health. e. Relationship worries – maintaining a harmonious relationship with partner.	A holistic approach addressing not just the physical, but aspects such as finances & relationships are all relevant. Both immediate & long- term care needs of older people should be considered.	Face-to-face interviews in an environment that is familiar to the participants may provide more detailed data. In service delivery, shifts in emphasis (e.g. from a physical to a holistic focus), may be required to ensure that the short- & long-term needs of older people are met.

		f. Future life worries – what the future will bring as health declines.		
Miao et al, (2021)[30] China (Three provinces in Western China)	Quantitative (Cross-sectional study) To investigate the needed, unneeded and unmet health care services among rural community-dwelling older adults in China and examine the influencing factors, aiming to facilitate the global development of the home care system for a healthier world.	a. Community dwelling older adults identified family support, effective chronic disease management, knowledge and skills in disease surveillance (including common conditions such as a 'cold'), & information on accident prevention as priorities. b. The key value underpinning the health care important to the older person is respect.	An ageing population suggests that chronic disease management in a community context is essential.	An integrated approach to health care linking family, community and hospital systems ensures timely access to care. Effective cross-cultural communication & service delivery is important. Further research should explore the link between an older person's religious beliefs and their health.
Russell et al (2025)[26] USA (Western North Carolina)	Qualitative study (thematic analysis) This study, using semi structured interviews, aimed to identify unmet needs and contextual factors shaping the use of home- and community-based services (HCBS) among caregivers of people with ADRD in rural areas.	Caregivers reported unmet needs related to information about ADRD and service navigation, and insufficient support for caregiving. Key factors affecting HCBS use included cultural norms, guilt, financial constraints, caregiver preferences for home-based care, and availability of qualified paid caregivers. Enabling and need-based factors such as caregiver education, local service availability, and ADRD symptom progression also influenced service use.	Highlights barriers and enablers to ageing in place for persons with dementia in rural settings, illustrating how caregiver capacity and support structures impact home-based care options and outcomes.	Recommends culturally sensitive, community-tailored HCBS, expanded access to consumer-directed care, improved referral systems, caregiver education programs, and policy reform to address workforce shortages and service inequities in rural dementia care.
Research focus category: Determining demand & supply of care services (community based and institutional care)				
Reference	Research design	Key Findings	Relevance to research question	Implications for policy/practice/ future research
Lester et al, (2019)[35]. Australia (Northern New South Wales)	Quantitative (Cross-sectional study) To investigate the relationship between the objectively measured mobility status of rural community-dwelling older	a. This study found a strong association between the objectively measured mobility status of rural-dwelling people aged 80 years and over & their use of formal and informal services; the worse a person's mobility scores, the greater their use of compensatory assistance.	a. 'These findings enhance previous knowledge based on self-report measures & provide the beginnings of an evidence base with the potential to improve the rigour of decisions regarding the provision and planning of services to older people' (p. 7).	'These findings support the principle that strategies that enhance older peoples' mobility may impact the care demands placed on individuals & governments & warrants investigation' (p.13).

	people and their use of formal and informal services	<p>b. Self-report measures of activities of daily living & mobility limitation have been found to be associated with service use by older people.</p> <p>c. This sample of rural-dwelling older people had the same overall rate of formal community service usage, 43%, as their cohort across the state of NSW.</p>		
Liu et al, (2019)[34]. China (Hunan province)	<p>Quantitative (Cross-sectional study)</p> <p>To explore the factors influencing the willingness of the elderly to receive institutional and community-based eldercare in rural communities in Hunan, China</p>	<p>a. 78.3% of the elderly participants are willing to receive home-based eldercare (living in their own family or offsprings' family), 10.8% institutional eldercare, & 8.5% community-based eldercare (where services are provided to the older person in their own home).</p> <p>b. The major concerns toward home-based care are lack of care ability and separation of family members. For institutional care, the major concerns are unaffordable services and fear of being abandoned by the children. For community-based eldercare, the major concerns include affordability, lack of necessary care, & not worth having.</p>	<p>a. The custom of filial piety stipulates an obligation to care for ageing parents.</p> <p>b. The conception of community-based eldercare has not been accepted and understood widely in rural areas. The factors associated with community-based care analysis indicates that those elderly who are living alone are likely to choose community-based care against home-based care.</p> <p>c. Those elderly who have no children, no income, and no relative would be sent to a government-administrating eldercare institution.</p>	There are differences between communities regarding the acceptability of service types that care for elderly people. This is a consideration in service planning.
Zhou et al, (2022)[33] China (Zhejiang province)	<p>Quantitative (Cross-sectional study)</p> <p>To investigate the demand and supply in community care services across different villages of Zhejiang province & assess service effectiveness for healthy ageing.</p>	<p>a. Village collective revenue plays an essential role in addressing service demands among older people seeking to age at home. The level of village collective revenue had a positive impact on the payment of old age pension, older peoples' monthly income & personal disposable income.</p> <p>b. Following the buildup of social and economic capacity, some rural communities have been able to provide a wider range of social welfare benefits and social care services. There was a correlation between</p>	<p>a. Labour migration patterns present challenges to the ongoing provision of care by family to rural dwelling older adults.</p>	<p>Understanding older peoples' need for community care services plays a crucial role in enhancing the efficiency of service provision and supporting older people healthy ageing in place in rural areas.</p> <p>Differences in prosperity between communities should be a consideration in service provision.</p>

		<p>the level of village collective revenue and the supply of community care services.</p> <p>c. Both infrastructure construction service (ICS) and daily life service (DLS) were ranked as the most desirable services for older adults by 37.1% of rural villages, while there were only 2.4% of rural villages placed the greatest value on mental health service (MHS).</p>		
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