Older Adults’ Perceptions of the Closure of a County Hospital in Rural South Carolina

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Abstract

Background and Significance: As they age, many older adults face chronic conditions, which can necessitate frequent medical care and/or lead to an increased concern about medical care. Additionally, living in a rural community poses its own unique barriers to older adults’ access to care, transportation, and community services. In April 2012, the Bamberg County Hospital closed in Bamberg County, South Carolina leaving county residents without a nearby source for urgent care. According to the U.S. Census Bureau (2010), 28.3% of adults age 65 years old and over in Bamberg County are living below the poverty level, compared with 9.4% of same-aged adults in the general U.S. population. The purpose of this study was to examine how the closure of a county hospital affected the lives of older adults in a rural, medically underserved area.

Methods: A purposive convenience sampling technique was used to recruit older adults from the Bamberg County Office on Aging. Utilizing qualitative in-depth interviewing techniques, participants were asked about their access to health care, transportation barriers, and perceptions on how the hospital’s closure has impacted their own personal health and the well-being of the larger community.

Results: During the coding process, four major themes emerged: 1) Amplified Barriers to Care; 2) Consequences for Vulnerable Populations; 3) Adjusting to the Closure; and 4) Compromised Identity and Security.

Discussion: The themes that emerged about barriers to care can be used to inform policy makers and service providers about the challenges facing rural older adults as they age in place.

Background

- In many rural communities, the single hospital is an integral part of the health care delivery system and of the community (Moscovice & Stensland, 2002).
- A hospital closure negatively impacts vulnerable populations the most including children, the medically fragile, older adults, and those living in poverty. Negative effects include the loss of the emergency room and issues related to travel and transportation (Reif, DesHarnais, & Bernard, 1999).
- Compared to their urban counterparts, older rural patients travel further for medical specialty visits and experience increased travel distance and time.
- As a result, rural older adults may have an increased reliance on general practitioners for care even when the services and equipment of a specialist may be warranted (Chan, Hart, & Goodman, 2006).

Objective

The objective of this study was to explore the perceptions of older adults in Bamberg County about the closure of the Bamberg County Hospital.

Methods

Participants: Purposeful convenience sampling through the local senior center and through referrals

Instrument: Qualitative interview guide including questions about participants’ access to health care, transportation barriers, and perceptions on how the hospital’s closure had impacted them personally and the community as a whole

Procedure: Fourteen older African American women agreed to participate. Following the informed consent process, participants were interviewed individually at home or at the senior center. Interviews were audio recorded.

Analysis: Transcripts were reviewed, and relevant quotes were coded for themes using NVivo 10 software.

Results

During the coding process, four major themes emerged:

1) Amplified Barriers to Care

Distance to health care was already problematic in this rural community, but the closure amplified this barrier, particularly how increased distance could affect individuals’ health outcomes and/or their health behaviors.

- “I guess that’s one of the downsides of the hospital because I do know time is of essence when you have an emergency.”
- “At the senior center [center]...we were saying it’s so high, you pay so much money to take you from here to Orangeburg.”
- “Then the people that do have cars...have to drive to pick the patient up, go take some gowns, or whatever that you need to take over there, and that’s extra gas and extra money. I feel that his pocket pretty hard if I got a family member over there.”

2) Consequences for Vulnerable Populations

Populations of concern were the chronically ill, older adults, people living in poverty, children, isolated individuals, and former hospital employees.

- “And then you know there’s so many sick people ‘round here.”
- “Especially for senior citizens because senior citizens have strokes, they have heart attacks, they have [blood] pressure.”
- “I’d say over half of the people that lives in this area of Bamberg, which is a Lowcountry area, a poverty area...there are people that don’t have cars, people that don’t have money, people don’t have jobs.”
- “My son, he has four children...and you know it would be good if you had a facility, so just in case they did get hurt, you wouldn’t have to go so far away.”
- “[Speaking of an older friend] ‘So you know, he’s at risk a lot of times, but his wife died, and his children live in the city. And he don’t have anybody to see about him.’
- “You’ve affected the county a lot. It affected the community because of jobs. People that worked at the hospital bad, you know, they had jobs there, security.”

3) Adjusting to the Closure

The closure forced respondents to access healthcare differently. Adjustments included engaging in proactive behaviors to prevent emergencies, forgoing care, and accessing care at alternative locations.

- “It’s like ok you gotta wait until the doctor’s office open, but on the weekend...nothing.”
- “You’d have to send yourself ‘cause if I get sick, you know if you get the 911 transportation, they take you to Barnwell. And I said I better be careful.”
- “With the ambulance, you don’t have a choice...they’re going to take you to the nearest location, and Barnwell is probably closer to Denmark than Orangeburg.”
- “Thank God I hadn’t any problems, but when they first closed it [the hospital], I needed blood work, and I had to go to Orangeburg.”

4) Compromised Identity and Security

The hospital’s closure compromised the community’s identity and security; leaving respondents feeling forgotten and dependent.

- “Oh, I feel like the community feel real bad about not having a hospital. They feel kind of like they’re not independent.”
- “[At the close of the interview] ‘I was so, I guess excited when I heard that somebody else was still concerned about the hospital and concerned about the healthcare here in the rural area.”’
- “If you got a place you can go if you got your hand hurt or your child swallowed a fish bone or whatever goes on, you can just run ‘em to the hospital. So the word is, they’ll feel more secure that you have a place to go to that’s within 15 or 20 minutes to go to.”
- “I would like to ask any of our elected leaders, ‘How concerned are y’all about us here in the rural areas?’ Because we are still taxpayers.”

Conclusions

Summary: Respondents’ access to care was impacted both for emergency care and for routine, preventive care. Distance was viewed as a serious barrier to care for residents, especially for vulnerable populations. Such barriers may influence residents to forgo healthcare for issues not appearing immediately necessary. As a result, existing health disparities could become exacerbated.

Study Limitations:

- Small sample size; consequently, results are not generalizable.
- Data were analyzed and coded by one researcher.

Future Directions:

- As the economics of healthcare and its funding mechanisms change, rural hospitals are at risk of closure.
- When a closure occurs, residents must be directed to existing alternative care options; however, additional sources of care will likely be needed. These can include Telehealth, mobile health units, and extended hours at clinics and at doctors’ offices.
- Transportation funding is also essential to ensure access to care.

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