“We are blessed to live in the countryside”: Unpacking Rural and Small-Town Older Adults’ Resilient Nature in Times of the COVID-19 Pandemic

Novia Nurain
nnurain@iu.edu
Indiana University
Bloomington, Indiana, USA

Chia-Fang Chung
cfchung@ucsc.edu
University of California Santa Cruz
Santa Cruz, California, USA

Clara Caldeira
claramc@google.com
Google
São Paulo, Brazil

Kay Connelly
connelly@indiana.edu
Indiana University
Bloomington, Indiana, USA

ABSTRACT
The COVID-19 pandemic has threatened disproportionately rural older adults’ health and well-being as they suffer from unique social exclusion due to a lack of services, such as transportation, communication infrastructure, healthcare, and social services. Although older adults can uniquely cope with pandemic adversity compared to younger adults, less attention has been directed to investigating the coping and resilience of rural older adults. To understand how diverse coping strategies impact the resilience of rural older adults, we conducted interviews with 26 rural and small-town older adults. Older adult participants adopted different coping strategies, such as following protective measures, keeping themselves busy, providing and receiving social support, and having a positive mindset. They experienced positive changes, such as increased interpersonal connectivity. Older adults’ individual-level coping processes are influenced by their social and physical environments. We explore design opportunities to support older adults’ resilient practices and harness their skills to facilitate community resilience.

CCS CONCEPTS
• Human-centered computing → Empirical studies in HCI.

KEYWORDS
Older adults, rural areas, resilience, coping, COVID-19

1 INTRODUCTION

“The COVID thing is turning out to be really interesting. People of your age (younger adults) might think about what is going on and it was crazy. [...] We haven’t had any pandemic in the United States since 1918. [...] And the people living in 1918, there are not many people that are left. So it’s quite an experience all the way around for everybody.” (80-year-old woman, P21, 2020)

The COVID-19 pandemic had a significant impact on the physical and psychological well-being of older adults. Enforced social isolation and stay-at-home orders combined with heightened ageism and digital division have increased older adults’ psychological distress and the risk of mental and physical health problems [4]. Many of the pandemic-invoked socioeconomic and public health challenges are exacerbated due to existing social and economic rural inequities, leading to distinct challenges faced by older adults living in rural and small towns [26, 45, 54]. For example, they suffer from unique social exclusion due to limited access to technology (e.g., smartphones, tablets, computers, etc.) and infrastructure (e.g., broadband Internet) at their homes, which made online activities like videoconferencing difficult when it was the only way to connect with others during lockdowns [33].

Given their life experiences and coping mechanisms, older adults are faring better in terms of their mental health when compared to younger adults during the pandemic [11, 19, 34]. They experienced none to minimal depressive symptoms (e.g., anxiety, depression) and psychological distress (e.g., stress-related mental health disorders) compared to the younger population during the initial phase of the pandemic [20, 53, 63]. However, most existing research highlighted urban older adults’ perspectives, resulting in limited information about how the COVID-19 pandemic affected the resilience of rural older adults. There is a gap in understanding the strengths and resiliency of rural older adults as they navigate the heightened challenges in rural communities during the pandemic. As a result, the research community misses the opportunity to build systems to support their resilient practices in the rural context. Furthermore, systems can be designed to harness rural older adults’ resilient skills to prepare the broader community to address societal issues in times of current and future crises. Therefore, more in-depth research is needed to develop a holistic understanding of the underrepresented...
rural and small-town older adults’ resiliency to promote late-life coping and to help other populations prepare for future crises. Toward that goal, we investigate the research question: (RQ) How do rural and small-town older adults living in the USA cope and practice resilience during the COVID-19 pandemic?

To address the research question, we conducted semi-structured interviews with 26 community-dwelling rural and small-town older adults. We found older adults built resilience against pandemic stressors while adopting different coping strategies, such as engaging in protective behaviors, keeping themselves busy, exchanging social support, and having positive outlooks. These strategies promoted resilience and mental well-being by lessening psychosocial distress and satisfying their psychological needs (i.e., safety, control, dignity, and pride).

The work contributes to the research community in three ways. First, we provide an in-depth empirical understanding of resilient practices from the perspectives of rural older adults. Second, we uncover how rural older adults’ resilience is shaped by individual-level coping processes (e.g., positive thinking, social support, distraction, etc.), which are embedded in the larger social context (e.g., social and physical environments where they live). Lastly, we discuss design opportunities to support and harness older adults’ resilient practices to promote community resilience in preparation for current and future crises.

2 RELATED WORK

Resilient skills prepare individuals to turn adversity into catalysts for growth and development to thrive in the face of adversity [27]. Resilience which has long been an important research topic in social science has gained more attention and continues to be of interest to the HCI community due to occurrences of disasters and crises, such as the COVID-19 pandemic, war, etc. [36, 56, 59]. For instance, Mark et al. [36] explored how war-affected people in Iraq engaged in resilient practices by adapting their technology usage to reconfigure their social networks and create self-reliant communities. Rashed et al [46] and Gavade et al. [21] explored how communities build together resilient technological practices during infrastructural breakdowns to create an alternative infrastructure in response to the COVID-19 pandemic. Some studies have explored resilience beyond crisis context [59, 64]. Vyas et al. [59] discussed that people with low socioeconomic status build resilience by sharing goods and services with their peers and community members, which can create opportunities for peer-to-peer sharing services to facilitate resilient practices.

In this section, we discuss prior research exploring older adults’ challenges and coping behaviors in times of crisis.

Crisis can disproportionately lead to disruptions and distress in older adults’ daily lives. Society often considers older adults to be more vulnerable than other age groups during crises due to advanced age, impaired physical mobility, pre-existing chronic health conditions (e.g., arthritis, hypertension, etc.), and social and economic limitations [16, 40]. Various vulnerabilities can impose threats to older adults’ safety as they increase physical and mental health risks during the crisis. Although older adults’ health care and welfare are often a top priority of governments and policymakers during crisis management, mental health and psychosocial needs (e.g., sense of control, dignity, satisfaction, etc.) rarely are addressed and supported [9, 48]. Crises not only impact people, places, or relationships but also reveal people’s inherent vulnerability disrupting their growth and development [12]. Older adults, often experience difficulties maintaining a sense of control during a crisis which impacts their psychological well-being [28]. For example, during Hurricane Katrina, older adults were often forced to relocate, which exacerbated the stress, anxiety, and trauma caused by the disaster [5, 28]. Government and officials make most decisions during crisis events, which may undermine older adults’ sense of control when they are not allowed to exercise their rights and decision-making power. Additionally, older adults encounter challenges in maintaining a sense of dignity, self-respect, and self-esteem in the face of ageist stereotypes and negative attitudes toward them in times of crisis [5]. A feeling of abandonment, isolation, and risk for healthcare disparities often result from experiencing stigma and discrimination in times of crisis [44].

Coping is traditionally conceptualized as the planful behavior in which individuals respond (e.g., cognitive, emotional, and behavioral responses) to stress in the face of adversity [27]. Older adults’ coping skills and strategies are honed by their years of life experiences [39], and they use more impulse control and positive outlooks to cope with diverse stressful challenges (e.g., relocation, death of loved ones, etc.) [49]. Prior research highlighted that most older adults cope with adversities following problem-focused and emotion-focused coping. Problem-focused coping aims towards solving a problem by engaging in activities to alter the situation (e.g., control or protective measures) [37]. Whereas emotion-focused coping targets to reduce emotional and physiological discomfort that accompanies the stressful situation (e.g., wishful thinking, support seeking, empathetic responding, distraction, and acceptance) [25].

The unprecedented COVID-19 pandemic is distinctive from the widely studied crises, such as earthquakes, hurricanes, etc., due to disease mitigation measures. Existing studies investigating older adults’ psychological experiences and coping during the pandemic have typically involved statistical analysis of large-scale data (e.g., [20, 53]) or have been opinion editorials (e.g., [31, 38]). There exist a few qualitative studies exploring older adults’ stress-coping strategies in response to the COVID-19 pandemic [1, 17, 42]. For instance, Finlay et al. reported that older adults engaged in meaning-oriented coping strategies, such as gratitude, finding joy in small things, helping others, doing voluntary work, and feeling purposeful [17]. These strategies encouraged self-improvement, positive adjustment, and wellness. Although these research studies identified various factors and resources that older adults found comforting and helpful amid the pandemic, more research is needed to explore and understand nuanced lived experiences and perspectives of marginalized rural older adult populations [18, 55]. To fill this gap, in this paper, we seek to provide insights into rural and small-town older adults’ resilient nature in terms of coping strategies during the pandemic.

3 METHOD

We conducted a qualitative study with older adults living in rural areas and small towns (i.e., less than 100,000 people) in a Midwestern state in the USA, during the early stages of the COVID-19 pandemic. According to the state-level population statement, 31.1%
of the state’s older adult population lived in rural areas and small towns [14, 15]. The study protocol was approved by the university’s institutional review board.

3.1 Recruitment & Participants

To recruit participants, we shared our recruitment materials (e.g., digital flyers, social media posts, etc.) with community organizations engaged in outreach programs for older adults, such as senior centers, Area 10 Agency on Aging, churches, etc. We reached out to participants from a past study, who provided permission to be re-contacted for future studies. In addition, we recruited participants using snowball sampling and neighborhood mailing lists. We recruited 26 older adult participants living in the community (i.e., not in a nursing home or assisted living). Their ages ranged from 66 to 85 (mean age 75, SD 4.4 years). Five participants lived with a spouse or partner and the others lived alone. Among the participants, 26.9% (N=7) had a High School Diploma, and 18 had a Bachelor’s degree or higher. Although most (N=23) participants were retired, seven were involved in different part-time jobs, and 11 were engaged in various volunteer activities in the community before the pandemic. During the pandemic, four participants continued part-time jobs and seven continued their volunteer activities. For general technology use, 81% (N=21) owned a smartphone, 58% (N=15) had access to laptop and Tablet computers, 35% (N=9) to Desktop computers, and three participants (11.5%) had access to e-readers. The self-identified ethnicity of all participants was white, which reflected the dominant older adult demographics of the geographic area where the study took place [14].

3.2 Data Collection & Analysis

We conducted semi-structured interviews during the summer of 2020. The interviews were conducted remotely over Zoom to adhere to the pandemic restrictions. For those participants (N=8) who did not know how to use Zoom, we conducted the interviews over the phone. For one participant we had to shift from Zoom to phone because of poor internet connection. The interview protocol was designed to capture participants’ resilient practices through their lived experiences, changes to social engagement, use of different services and facilities, perceptions of social support and interpersonal connections, and strengths and challenges experienced living in rural areas and small towns during the pandemic. Each interview lasted between 45 to 60 minutes, and participants were compensated with $10 Amazon electronic gift cards for their time. All the interviews were recorded and transcribed for analysis. We adopted the thematic analysis approach [7] to analyze the transcribed interviews and identify themes across the data set. The first author followed an inductive approach and open-coded the transcripts. We discussed the codes and excerpts within the research team through synchronous meetings to identify, revise, and group the inductive codes into emerging themes. The themes include psychosocial effects, coping strategies, and effects of coping. We discuss the findings in the next section.

4 FINDINGS

In this section, we investigate strategies adopted by the participants to cope with pandemic adversity. In addition, we discuss how coping strategies allowed participants to experience positive changes, such as increased interpersonal connectivity, in the context of pandemic-invoked difficulties. Our findings extend the body of rural resilience scholarship where protective and meaning-based coping strategies [17], positive psychological mindsets [18], and purposeful and flexible social connections [18] are recognized as key to building resilience.

4.1 Coping Strategies During COVID-19 Crisis

Most coping strategies adopted by the participants focused on addressing social isolation, confinement, and safety against the virus. Participants coped with the spread of the virus by adopting protective behaviors. They mentioned being engaged in activities to keep themselves busy and distracted from depressive thoughts. We found that participants focused on finding meaning and purpose in the face of the crisis through social support and a positive outlook.

4.1.1 Sense of Safety and Social Well-Being Through Protective Behaviors. Most participants experienced increased anxiety and fear of the virus due to their advanced age and preexisting chronic health conditions. They often feared the risk of not receiving enough general healthcare support due to a shortage of medical facilities in rural areas. For instance, P20 shared that her general health care was delayed, which raised fear and concerns about the capacity of rural healthcare to serve her when needed:

“I had some problems with medication [...] And the doctor called me and said they’re not going to see me until January 2021. What if I had some kind of kidney failure due to magnesium during that time?” (P20)

To protect themselves and others against the virus, participants engaged in behaviors, for example, wearing masks, washing hands, and cleaning their homes, groceries, and supplies. Participants adapted to the imposed restrictions and protective measures according to the context of their situation and the social and built environment of their neighborhood and community (e.g., the types of neighborhoods they lived in, their property features, locations of their houses on the road, etc.). For example, P4 shared ways of safely socializing with neighbors and community amid the pandemic:

“I live in a condo community. The women that live in this condominium section, get together in the shelter house because our party room is closed (during lockdown). [...] people bring their coffee and chairs, and we all sit spaced apart and sit and talk for an hour.” (P4)

4.1.2 Keeping ‘Myself’ Busy: Distraction. Participants focused on engaging in different activities (e.g., home gardening, walking, household chores, etc.) to keep themselves busy and active, redirect their thoughts, focus on things other than the pandemic, and maintain a positive emotional state. P25 explained how rural resources helped her and her husband keep themselves busy and contribute to their mental and social well-being:

“My husband and I keep ourselves very busy with our garden. [...] We are blessed to live in the countryside and be able to be outdoors a lot and to have our own garden. [...] Now with our vegetable garden, we’re producing a lot of our own food. We share vegetables with our
Participants pointed out that staying busy also instilled a sense of meaning and purpose to continue with the pandemic. For example, P7 reported running errands for her family members and how such tasks gave her a purpose during the stay-at-home orders:

“If they (son and granddaughter) need errands run like dropping laundry or checking on the dogs. It gives me an outlet. [...] I dropped the food off or that kind of stuff. So, it gives me a purpose. That I think helps me out, that a lot of people don’t have.” (P7)

4.1.3 ‘Helped by’ and ‘Contributed to’: Receiving and Providing Support. Participants reported that the exchange of informal and formal social support facilitated coping with stressors of self-isolation and social distancing and ensured well-being. Aligned with prior research [17], our participants talked about being ‘helped by’ informal support sources, i.e., their family, friends, and neighbors, to meet their daily needs (e.g., grocery shopping, meals, household tasks, etc.). Some participants reported the role of rural community organizations in providing support, such as money, groceries, cooked meals, etc. For instance, P3 praised that her food assistance program increased the monetary support to accommodate nutritious food during the pandemic for low and no-income older adults:

“I don’t feel like I’m being unfortunate in any way because actually I have been helped by agencies, I get Food stamps. It’s called SNAP (Supplemental Nutrition Assistance Program). And normally I only get $16 a month to help with food. That’s my normal amount and they’ve increased it to $200 a month (during the pandemic).” (P3)

Participants often provided support to their peers, who were older and more vulnerable than themselves, by getting groceries, running errands, dropping off food, and checking on them. Helping others during the lockdowns allowed them to establish high-quality relationships with their friends and neighbors, thus enhancing their social well-being and improving their emotional wellness. Participants did not restrict themselves to supporting their family, friends, and neighbors. They contributed to the community through donations (e.g., money, masks, etc.) to local community organizations (e.g., hospitals, shelter homes, restaurants, etc.). Participants developed a sense of purpose, satisfaction, and dignity when they made positive contributions to support their community to combat social and economic challenges during the pandemic. For instance, P6 made and donated masks to local organizations to increase access for those who were at high risk of getting COVID-19:

“[...] We just decided to keep chickens again. So now we are back in the chicken business.” (P25)

4.1.4 Having a Positive Outlook. Participants adopted several ways to stay positive to foster their personal growth and emotional health, for example, drawing self-enhancing comparisons with others, practicing faith and faith-related activities, adapting, and accepting the situation.

Participants drew self-enhancing comparisons of their situations to develop a positive mindset. Through comparisons, participants gained self-confidence and self-esteem to fight against stressful events. For instance, P19 was grateful to be in a better context concerning her physical environment to control virus exposure compared to others:

“I am fine, much better than a lot of people. I’m glad I live in an area (rural area) where it’s easier to isolate and not be around a lot of people.” (P19)

While discussing individual approaches to staying positive, participants shared reliance on faith and faith-related activities (e.g., praying) to cope with pandemic uncertainties. Most participants adapted to new technology (e.g., exploring and learning new digital communication platforms) to maintain good communication and social connection with their loved ones. They also used technology in other aspects of their life, e.g., staying connected with members of their community social organizations, joining religious services, etc. The adoption of technology developed a positive mindset by allowing participants to socialize with others, stay mentally engaged, and overcome loneliness during the pandemic. P18 shared her experience of using Zoom and how it fostered a positive outlook by compensating for the lack of face-to-face interactions and activities:

“I realize it was very easy to lose contact, to get out of the realm of people. [...] It was a good experience to see everybody without a mask on when we were on Zoom. It was a good connection, the best that we could do at that time.” (P18)

4.2 Psychosocial Effects of Coping

Participants reported that they experienced indirect positive effects (e.g., increased interpersonal connectivity) while receiving more support, compassion, and empathy from their family members, friends, neighbors, and community. Participants discussed engaging in more social communication, mutual checking-in, and exchange of assistance (e.g., getting groceries) over time. The protective and supportive roles of social networks and compassion from the community instilled a positive effect which allowed the participants to feel more socially connected even amidst the isolation. For instance, P20 shared how she felt closer to her family when her family members were more supportive and more concerned for each other’s safety during the lockdown:

“My daughters are working, but each of them is very concerned about others and their mother, not giving them virus. [...] Even though we are apart we’ve all become closer, just concerned for each other and doing for each other what we can do. Like my husband and I went to groceries for one daughter. The same day we got our groceries we got her groceries and left those on her porch.” (P20)

Participants developed a sense of pride and satisfaction transcending their vulnerabilities (e.g., advanced age, depression, loneliness) when they coped with different pandemic-related challenges and contributed positively to supporting the well-being of their community in times of crisis. For instance, P3, who lived alone,
shared that she was proud of herself to be able to manage her daily needs (e.g., getting groceries) without others’ support:

“Many seniors have their children bring them groceries and that kind of thing. But I’m completely responsible for my own self and the responsibility is sometimes awesome. You know, it’s sometimes I’m proud of myself that I can do it, but it also, it takes a lot of bravery at times.” (P13)

5 DISCUSSION

Our findings unveil how rural and small-town older adult participants adopted various strategies to cope and adjust well during the pandemic. We found that coping strategies promoted better mental health and well-being among older adults and drove them toward growth and positive changes. Our findings highlight rural older adults’ resilient nature, processes, and contexts that promote resilience in terms of their coping strategies during the pandemic. Based on findings, we contextualize older adults’ resilience as a process that can be individual and environmental.

5.1 Individual-Level Resiliency: Strength-Based Approach

Prior studies on resilience in later life focused on individual resources, such as self-care, self-acceptance, and positive mindsets, to promote the well-being of older adults [6, 8]. In line with previous research, our older adult participants adopt individual-level coping processes (e.g., protective behavior, acceptance, positivity, gratitude, etc.) that acknowledge their vulnerability, balance their well-being, and flourish in the face of pandemic stressors. Our findings further contextualize resilience through the lens of the strength-based approach [50] that advocates for focusing on individuals’ existing strengths and capabilities to understand resilience in everyday lives. This approach detaches stereotypes and stigmas associated with vulnerable groups and creates opportunities to utilize their strengths. Informed by the strength-based approach, our findings unveil resilience as an integral part of older adults’ everyday lives and an enthusiastic and committed process. These findings are also consistent with Vyas et al.’s [59] work on resilience in a low-socioeconomic community.

Findings reveal that resilience is embedded into older adults’ everyday activities (e.g., shopping, cooking, exercising, etc.) while they engage in protective behaviors, such as wearing masks, washing hands, etc. Protective behaviors allow older adults to overcome the fear and anxiety of catching the virus and instill a sense of safety. In contrast to urban areas, rural and small towns are less populated [29], which has allowed older adults to continue with everyday activities during the pandemic. However, lack of population density and geographic distances between locations often create challenges for individuals living in rural areas, and small towns [24]. For instance, there are more likely to be fewer grocery stores close to residents’ homes, and older adults have to rely more on their cars to make trips to distant grocery shops due to limited public transportation [52]. Furthermore, compared to their urban counterpart [32], older adults living in rural areas and small towns rarely use alternatives to in-person grocery shopping, e.g., grocery delivery services, because of less infrastructure for such services in rural areas [26]. To address these challenges, our participants adopted protective behaviors, such as changing their grocery shopping frequency and timing, to have more control over virus exposure during the pandemic, which demonstrated their resilient skills.

In addition to satisfying the safety need, engagement in protective behaviors promotes positive experiences, such as a sense of control, self-empowerment, pride, and satisfaction among older adults. For instance, participants living alone mentioned feeling proud to manage their daily activities (e.g., grocery shopping) by themselves without others’ support. Our findings also uncover the committed nature of resilience among older adults while they demonstrate their strengths to adopt a stricter routine, redefine their life priorities and perspectives, acquire new skills (e.g., learning new technology), and accept the difficult circumstances of the pandemic to develop a positive mindset. Participants mentioned following a strict routine to maintain the normative patterns of their daily living during the stay-at-home orders and lockdown. Their desire for continuity contextualizes Atchley’s Continuity Theory [3], which suggested that older adults maintain a consistent pattern of behaviors, roles, activities, and relationships as they age to adapt to age-related changes while ensuring identity and well-being. Participants were also motivated to learn new technology to connect with their family and friends which allowed them to stay mentally engaged, overcome loneliness, and accept difficult circumstances. This finding is surprising because it indicates that despite having limited internet connections in rural areas [13], technology serves as an individual-level protective factor against the pandemic for rural and small-town older adults.

5.2 Environmental-level Resiliency: Social Ecological Approach

In contrast to individual resiliency, the social ecological approach of resilience focuses on social and physical environment resources to promote resilience [30, 57, 58]. Consistent with the ecological approach, our older adult participants’ coping strategies were often interwoven with their immediate social and physical environments. Environmental-level resources do not necessarily increase individual resiliency but support individuals by providing opportunities to identify and utilize immediate resources for personal growth [30].

Findings reveal that older adults’ resilience is embedded in the material, physical, and social environments in which they live. For instance, most participants highlighted keeping themselves busy through gardening, walking, running errands, and outdoor visits with friends on decks, driveways, and roadways. Rural settings provide access to outdoor spaces and built environments that enable older adults to walk, garden, and maintain social relationships with friends and neighbors at a physical distance. However, not all older adults in the study have access to the resources within their immediate rural environment. For instance, those who did not live in an environment with opportunities to walk or garden filled their days doing household chores and projects. The findings support prior work by Lee et al. [35] that explored the importance of physical environments (e.g., outdoor spaces, safe streets, sidewalks) for older adults to remain physically healthy and active during the pandemic.
In addition, our findings highlight how rural older adults’ resilient practices are socially situated when they provide and receive support to and from their social networks. This finding is consistent with prior work that found strong relationships between rural older adults’ resilience and their support networks [41, 43, 61, 62]. In contrast to their urban counterpart, most rural older adults’ social networks predominantly consist of friends because many young adults shift to urban areas for education and employment [61]. Our participants’ social networks included family, friends, neighbors, community, and organizations. They reported increased communication and engagement with their families, friends, and community during the pandemic. Participants mentioned receiving food and groceries from their family members, friends, and neighbors during the lockdowns. Some participants who did not receive support from family and friends, e.g., older adults who lived alone and were socially isolated, relied on local/national social organizations (e.g., congregation, agencies) for support. It demonstrates how older adults compensate for the lack of resources from their immediate social environment.

Findings from this research inform the resilient nature of rural older adults, which can be utilized to guide research and design to promote resilience among rural older adults and harness their resilient skills for the broader community in times of crisis.

5.3 Supporting Rural Older Adults’ Resilient Practices through Design

Rural older adults’ resilient practices can be further sustained through designs to support them to cope with changes and enable them to thrive during crises and their aging process.

Older adults view social support as a helpful strategy to address the pandemic challenges. We propose to support rather than replace their current practices. One potential direction could be an exploration of peer support opportunities. For instance, Arreola et al. [2] propose a peer care-based support system, the Check-in Tree, which allows older adults to check in with their peers by pressing a button and viewing others’ check-in status. The mutual checking-in feature of the system promotes a sense of community and connection with peers. The system also triggers follow-up checking for those peers who have not checked in and need to be checked in person or by phone, which develops a sense of purpose. We believe such technology might foster resilience and mental well-being by promoting community presence, connection, and purpose amidst the quarantine and social isolation.

Grimes et al. [23] extend the concept of peer care to the community-centered online support system, EatWell, where community members share healthy eating practices and information about food resources. We envision a similar design of a shared platform where rural and small-town older adults can post support requests and help others based on their skills, abilities, and expertise to foster connectedness and communication among community members. Such a system has the potential to promote resilience by providing opportunities to identify and utilize individual resources.

5.4 Harnessing Rural Older Adults’ Resilience Skills for Broader Community

Our analysis uncovers that rural older adults experience positive changes (e.g., interpersonal connection, change in life perspectives, etc.) amidst negative psychological responses as they adopt cognitive and emotional coping strategies to address the pandemic stressors. The technology could support harnessing older adults’ resilience skills to address rural societal issues in times of crisis.

COVID-19 has put a strain on the healthcare system, particularly on the mental healthcare system [22]. mHealth technologies (e.g., mental health apps), assistive robots, and AI chatbots could play a significant role in addressing the high demand and scarcity of mental healthcare services in rural areas. These technologies can be augmented with features designed to leverage the knowledge of older adults’ resilient practices, such as self-enhancing comparisons, adaptations, faith-related activities, and acceptance to develop a positive outlook to tackle depressive symptoms (i.e., depression, fear, anxiety, etc.). Older adults develop and hone their resilient practices through lifelong experiences, skills, and wisdom while managing personal challenges and difficult historical periods (e.g., war, dictatorship, financial crises, natural disasters, etc.) that prepare them to thrive in the face of adversity [47]. Their resilient skills could be integrated into existing mental health apps by translating older adults’ practices into actionable recommendations to improve patients’ self-management, treatment engagement, and mental health outcomes.

Technology could play a significant role in creating opportunities for others to build resilient capabilities by learning lessons from older adults. Society often views older adults as vulnerable, particularly during a crisis, rather than survivors who know how to thrive [41]. Our findings show that social support, acceptance, gratitude, distraction, tolerance, openness, spirituality, and positive outlook are some examples of how our rural participants bring about positive changes during the pandemic. Lessons can be learned from their sheer knowledge and practices to promote mental well-being among other populations. One potential approach is to leverage digital storytelling, which has shown empowering effects on marginalized populations (e.g., housebound older adults [60], refugee camps [51], and low-income communities [23]). Systems like storytelling service platforms can allow older adults to create and share stories related to their resilient practices and behaviors. In turn, such stories will motivate others to recognize, learn, and adopt coping abilities from storytellers.

6 LIMITATIONS

The work has several limitations due to our sampling technique, sample, and contextual circumstances of the study. First, due to the limited strategies available for getting in contact with vulnerable populations, i.e., rural older adults, during COVID-19 lockdowns, we relied heavily on snowball sampling to recruit our potential participants. Thus, our participants might skew towards the social networks of older adults with similar interests and characteristics. Second, participants in this study had low diversity in terms of sociodemographic backgrounds. All participants were white females, reflecting the dominant older adult population living in rural areas, where the study took place [14]. Therefore, the current findings

COMPASS ’24, July 08–11, 2024, New Delhi, India
Nurain et al.
We would like to thank all the participants for their time and for sharing their perspectives with us. The work was partially funded by the Indiana University Center for Rural Engagement, the Indiana University Grand Challenge Precision Health Initiative, and the National Science Foundation Award #s. 1629468, 2030859, and 1948286.

REFERENCES


3 (2022), 610–618.


[50] Dennis Saleebey. 1996. The strengths perspective in social work practice: Exten-

sions and cautions. Social work 41, 3 (1996), 296–305.


