Rural Access and Social Determinants in Occupational Therapy Service Delivery: Thriving Beyond Barriers

Ashlyn Fisher, MS, OTS[1]; Yeonju Jin, OT[2]; Timothy Reistetter, PhD, OTR, FAOTA[1]
[1]The University of Texas at San Antonio Health Science Center, San Antonio, TX
[2]Yonsei University, Wonju, Gangwon South Korea

Introduction

Rural communities may face barriers to access necessary rehabilitation services including geographic distance, limited providers, transportation challenges, and reduced service availability. Social determinants of health (SDOH) may further contribute to disparities in access and utilization. Less is known about how geographic location and SDOH influence access to occupational therapy and rehabilitation services among older adults.

The purpose of this study is to evaluate access to occupational therapy services in rural versus urban areas and examine how social determinants of health (SDOH) influence disparities in occupational therapy service delivery.

Methods

Eligibility Criteria

Inclusion

- Occupational therapy or rehabilitation services
- Participants aged ≥50 years
- Geographic location identified as rural and/or urban
- Discussion of access to care, barriers, or facilitators

Exclusion

- Studies conducted outside the United States
- Systematic reviews
- Editorials
- Position papers

Screening

Three independent reviewers evaluated articles for eligibility. Articles addressing SDOH were additionally identified for analysis.

Results

Fifteen studies met the inclusion criteria. Although OT services were represented across the included literature, several studies examined OT as part of broader rehabilitation services rather than as an isolated service.

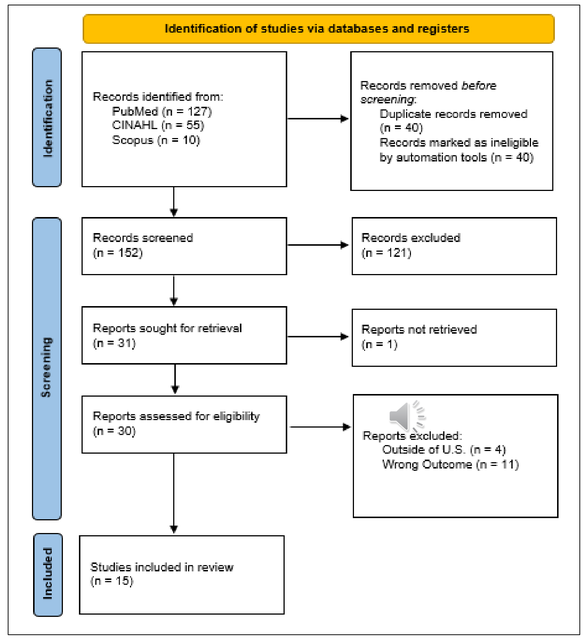


Figure 1. PRISMA flow diagram illustrating the identification, screening, eligibility assessment, and inclusion of studies in the systematic review.

Geographic disparities in rehabilitation access across the included literature, rural residence was frequently associated with reduced rehabilitation service utilization or intensity.

Reported disparities included:

- Fewer outpatient rehabilitation visits
- Lower home-health rehabilitation enrollment
- Fewer OT visits following discharge
- Reduced involvement of community-based rehabilitation
- Greater difficulty providing home evaluations because of therapist travel requirements

Social Determinants of Health

Several SDOH were identified as factors associated with rehabilitation access and utilization: 1) socioeconomic status, 2) education, 3) English proficiency, and 4) insurance/eligibility

Conclusion

Implications for Occupational Therapy

- Expand flexible service delivery
- Address SDOH
- Advocate for equitable access
- Adapt care to context

Limitations

The included studies varied substantially in study design, population, and measures of rehabilitation utilization.
Several studies examined broader rehabilitation services rather than OT alone, limiting the ability to make exclusively OT-specific conclusions.
Definitions and measures of rurality varied across studies.
The relatively small number of included studies limits the strength of conclusions regarding specific SDOH.

The findings suggest that geographic and social factors may interact to create barriers to rehabilitation access for older adults living in rural communities.

Rural populations experience persistent disparities in access to and utilization of rehabilitation services, although findings are not consistent across all studies. Social determinants of health—including socioeconomic status, education, English proficiency, and insurance-related factors—may further contribute to disparities in service utilization.
Occupational therapy practitioners can promote more equitable care by recognizing these intersecting barriers and supporting adaptable models of service delivery, including telerehabilitation and community-based approaches.
Expanding access requires moving beyond geographic limitations to develop responsive, sustainable models of client-centered care