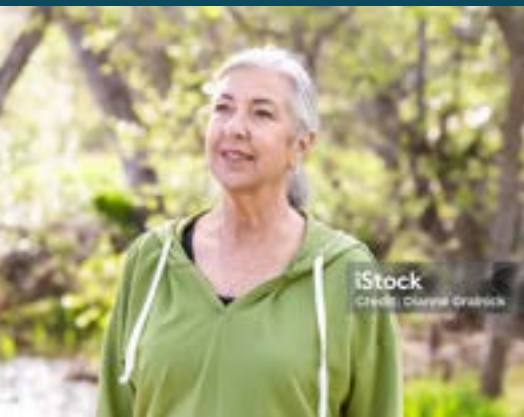


# Empowering Change:

Promoting and Expanding Evidence-Based Programs in Rural Communities



## A Toolkit for Community-Based Organizations



**nco**  
national council on aging®

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# Introduction

Evidence-based programs (EBPs) can play a vital role in improving older adults' physical and mental health, as well as their skills and confidence in managing ongoing health conditions. EBPs:

- Offer proven ways to promote health and prevent disease among older adults.<sup>1</sup>
- Demonstrate reliable and consistently positive changes in important health-related outcomes.
- Are practical, effective community-based programs.

Implementing organizations receive a packaged program with supporting materials such as manuals and specialized training. The **National Council on Aging** (NCOA) provides a **search tool** to identify evidence-based programs that match your community's needs and are approved for funding through the Older Americans Act Title III-D. The goal of this toolkit is to support community-based organizations in advancing the availability and accessibility of EBPs in rural communities, a priority for NCOA and the **Administration for Community Living** (ACL).

Benefits of Evidence-Based Programs include:

Benefits to Older Adults	Benefits to Community-Based and Health Care Organizations
<ul style="list-style-type: none"> <li>• Improved quality of life</li> <li>• Increased self-efficacy in managing one's health</li> <li>• Increased or maintained independence, positive health behaviors, or mobility</li> <li>• Reduced disability (fewer falls, later onset or fewer years of disability, etc.)</li> <li>• Reduced pain</li> <li>• Improved mental health (including delays in loss of cognitive function and positive effects on depressive symptoms)</li> </ul>	<ul style="list-style-type: none"> <li>• More efficient use of available resources</li> <li>• Facilitation of partnership development and community/clinical linkages</li> <li>• Better health outcomes and a more positive health care experience</li> <li>• Fewer hospital and doctor visits and lower health care costs</li> <li>• Ease of replicating and spreading programs</li> <li>• Greater opportunity for varied funding sources, as programs get proven results</li> </ul>

<sup>1</sup> More information on Evidence-Based Programs and funding requirements can be found at <https://acl.gov/programs/health-wellness/disease-prevention>

The Chronic Disease Self-Management Education (CDSME) program is one initiative supporting the implementation of evidence-based health promotion programs that have been demonstrated to improve the health and well-being of older adults. These programs play a vital role in addressing nutrition, physical activity, falls prevention, mental and behavioral health, medication management, HIV/AIDS education, alcohol and substance use, and general disease prevention and health promotion. They can be delivered in various in-person and remote formats.

Older adults and adults with disabilities living in rural communities across the nation are aging in place while managing ongoing health conditions. While rural communities may offer close community connections and critical networks of support, they can also present challenges in accessing health care and community-based services, including evidence-based disease prevention and health promotion programs. Addressing this gap is a priority for ACL and is central to its mission to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers. CDSME grantees and their work have helped close the gap in health and wellness programming by prioritizing the delivery and sustainability of programs in rural America. Over the last five years, grantees have engaged older adults in nearly 40% of the designated rural or partially rural health professional shortage areas and medically underserved areas.

## Toolkit Development Process

This toolkit is based on the experience and expertise of participants representing national and community-based organizations, academia, and health care systems, to identify innovative and practical strategies to effectively plan, implement, and sustain evidence-based health promotion programs in rural communities. The draft of this toolkit was reviewed and discussed in consultation with the Administration for Community Living's Office of Nutrition and Health Promotion Programs.

As part of a roundtable discussion on April 3, 2024, participants shared best practices for building and advancing community partnerships and participant engagement, adaptation, and effective delivery of evidence-based programs, and addressed key barriers in rural communities. While not an exhaustive list of challenges and strategies, this toolkit addresses four main topics that significantly impact the availability, accessibility, and sustainability of health promotion programs: partnerships, transportation, technology, and marketing and outreach.

## Roundtable Participants

### *Moderator*

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## State of Health in Rural America

The roundtable discussion and this toolkit take an overarching approach of focusing on the unique resources and assets of rural communities, while also acknowledging the challenges these communities face. In contrast to the simplified picture of barren landscapes with limited people and no resources, or the idealized view of freedom on the plains, the rural landscape is more complex and complicated. Both opportunities and challenges within rural communities impact the effective implementation of evidence-based programs. This toolkit is primarily focused on highlighting and leveraging what makes rural communities unique to advance EBP.

**“People are not stuck in rural or forgotten in rural. They are choosing rural. The challenges we face drive innovation in rural communities.”**

*—Alan Morgan, CEO, National Rural Health Association*

### Opportunities

- **People are choosing to live in rural areas.** The U.S. Census shows that the population in nonmetropolitan counties remained stable from 2014 to 2023 at about 46 million.<sup>2</sup>
- **People in rural areas can age well.** Those rural areas that focus on healthy behaviors, leverage outside resources, and have strong community connections provide a supportive environment for healthy aging.<sup>3</sup>
- **Rural health care is high-quality health care.** Rural hospitals consistently outperform urban hospitals on patient experience metrics and trust in providers.<sup>4</sup>
- **Rural hospitals and health care providers are community assets.**<sup>5</sup> Providers are often trusted community members, and this fosters community leadership and collaboration.
- **Rural communities can serve as innovation hubs.** The **National Rural Age-Friendly Initiative**, a joint effort between the National Rural Health Association and The John A. Hartford Foundation, develops resources, partnerships, and strategies to build age-friendly communities for older adults living in rural geographies.

<sup>2</sup> U.S. Census Bureau. (2024, April 4). Nation's Urban and Rural Populations Shift Following 2020 Census. Census.gov. <https://www.census.gov/newsroom/press-releases/2022/urban-rural-populations.html>

<sup>3</sup> Identifying bright spots in Appalachian health: Statistical analysis - Appalachian Regional Commission. (2020, August 18). Appalachian Regional Commission. <https://www.arc.gov/report/identifying-bright-spots-in-appalachian-health-statistical-analysis/>

<sup>4</sup> Li, Z., Ho, V., Merrell, M. A., & Hung, P. (2024). Trends in patient perceptions of care toward rural and urban hospitals in the United States: 2014-2019. *The Journal of Rural Health*, 40(3), 565-573. <https://doi.org/10.1111/jrh.12813>

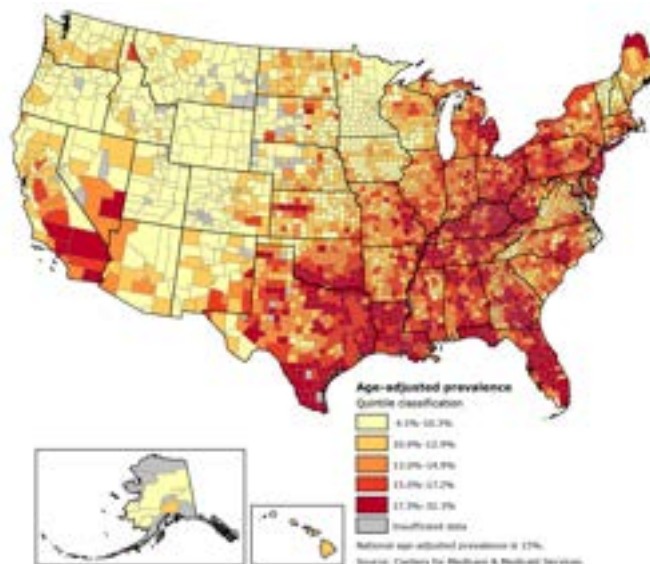
<sup>5</sup> Community Vitality and Rural Healthcare Overview - Rural Health Information Hub. (n.d.). <https://www.ruralhealthinfo.org/topics/community-vitality-and-rural-healthcare>

## Challenges

To effectively work within rural communities, it is important to acknowledge realities and challenges.

- The rural population is older, sicker, and poorer.** The median age of adults living in rural areas (51 years) is higher than those living in urban areas (45 years).<sup>6</sup> More than 1 in 5 older Americans live in rural areas, many concentrated in states where more than half of their older populations are in rural areas.<sup>7</sup> Through 2019, the most recent date for which data is available, there was a 20% higher mortality gap in rural areas than in urban areas.<sup>8</sup>
- Health care access is a concern.** There have been 140 rural hospital closures over the past 10 years, with over 400 at risk of closure in the future.<sup>9</sup> Rural pharmacies and nursing homes are also closing. These closures lead to population areas with high health needs and low health care options, putting tremendous pressure on health care providers.
- Payment models do not match needs.** Reimbursements linked to addressing social determinants of health and public health are needed.<sup>10,11</sup>

**Figure A: Prevalence of Medicare Patients with 6+ Chronic Conditions**  
Source: U.S. Centers for Disease Control and Prevention, 2015



<sup>6</sup> U.S. Census Bureau. (2021, October 28). In some states, more than half of older residents live in rural areas. <https://www.census.gov/library/stories/2019/10/older-population-in-rural-america.html>

<sup>7</sup> U.S. Census Bureau. (2021, October 28). In some states, more than half of older residents live in rural areas. <https://www.census.gov/library/stories/2019/10/older-population-in-rural-america.html>

<sup>8</sup> The nature of the Rural-Urban mortality gap. (n.d.). <https://www.ers.usda.gov/publications/pub-details/?pubid=108701>

<sup>9</sup> Rural Hospital closures - Sheps Center. (2024, May 20). Sheps Center. <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>

<sup>10</sup> Crook, H. L., Zheng, J., Bleser, W. K., Whitaker, R. G., Masand, J., & Saunders, R. S. (2021). How are payment reforms addressing social determinants of health? policy implications and next steps. Milbank Memorial Fund. <https://healthpolicy.duke.edu/sites/default/files/2021-02/How%20Are%20Payment%20Reforms%20Addressing%20Social%20Determinants%20of%20Health.pdf>

<sup>11</sup> Health Care Transformation Task Force | Introduction to Value & Social Determinants of Health (SDOH). (n.d.). <https://hcttf.org/value-and-sdoh/>

# Aging in Rural Communities

In addition to health status and resources for older adults, numerous other factors influence overall well-being and aging in rural communities, including social connectedness, ability to age in place, and health care provider relationships.

Older adults in rural communities are socially connected, although increasing age and health conditions frequently lower their ability to be socially connected. While rural older adults (28%) are more likely to live alone than urban older adults (26%), they have larger social networks and report higher social cohesion (being more likely to know each other). However, they are also more likely to report feeling lonely.<sup>12</sup>

## Figure B: Differences in Social Engagement and Barriers to Participation Among Older Adults in Rural vs. Urban Settings

Source: Social Cohesion and Social Engagement among Older Adults Aging in Place: Rural/Urban Differences, University of Rural Health Center Research Center

Program	Rural	Urban
Visited family or friend that doesn't live with you in last month	0.89	0.87
Attended religious service in last month	0.61	0.54
Attended club, class, or other religious service in last month	0.36	0.41
Go out for enjoyment in the last month	0.82	0.81
Worked for pay in last month	0.18	0.19
Did volunteer work in last month	0.33	0.26
Was a caregiver for someone else in last month	0.20	0.21
Walked for exercise in the last month	0.57	0.63
Performed vigorous exercise in the last month	0.44	0.44
Perform their self-reported favorite activity in the last year	0.83	0.83
Health prevented you from performing activity in last month	0.35	0.33
Transportation prevented you from performing activity in last month	0.03	0.06

Note: highlighted rows were statistically significant,  $p < 0.05$

Rural older adults, like many older adults across the country, are choosing to age in place.<sup>13</sup> Doing so can help maintain social cohesion, limit disruptions, and maintain a good quality of life. While in one study only 3% of older adults reported that transportation kept them from performing an activity in the last month, transportation was found to be the greatest barrier to aging in place. Social isolation, housing, and food insecurity are also reported barriers.<sup>14</sup>

<sup>12</sup> Social Cohesion and Social Engagement among Older Adults Aging in Place: Rural/Urban Differences. (2022, February 10). The University of Minnesota Rural Health Research Center. <https://rhrc.umn.edu/publication/social-cohesion-and-social-engagement-among-older-adults-aging-in-place-rural-urban-differences/>

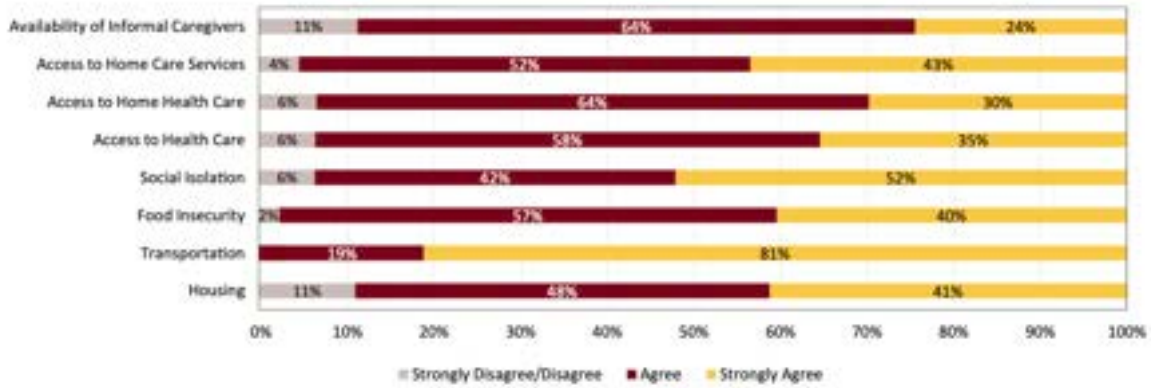
<sup>13</sup> Aging in place is defined as, "The ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income or ability level." CDC - Healthy Places - Healthy Places Terminology

<sup>14</sup> Barriers to aging in place in rural communities: Perspectives from State Offices of Rural Health (2021, November). The University of Minnesota Rural Health Research Center. [https://rhrc.umn.edu/wp-content/uploads/2021/11/UMN\\_BarriersToAgingInPlace\\_6.pdf](https://rhrc.umn.edu/wp-content/uploads/2021/11/UMN_BarriersToAgingInPlace_6.pdf)



**Figure C: Barriers to Aging in Place in Rural Communities**

Source: The University of Minnesota Rural Health Research Center, 2021



While rural communities have unique strengths for EBP implementation, like strong social cohesion and the ability to identify key stakeholders and trusted partners, they also have unique barriers.

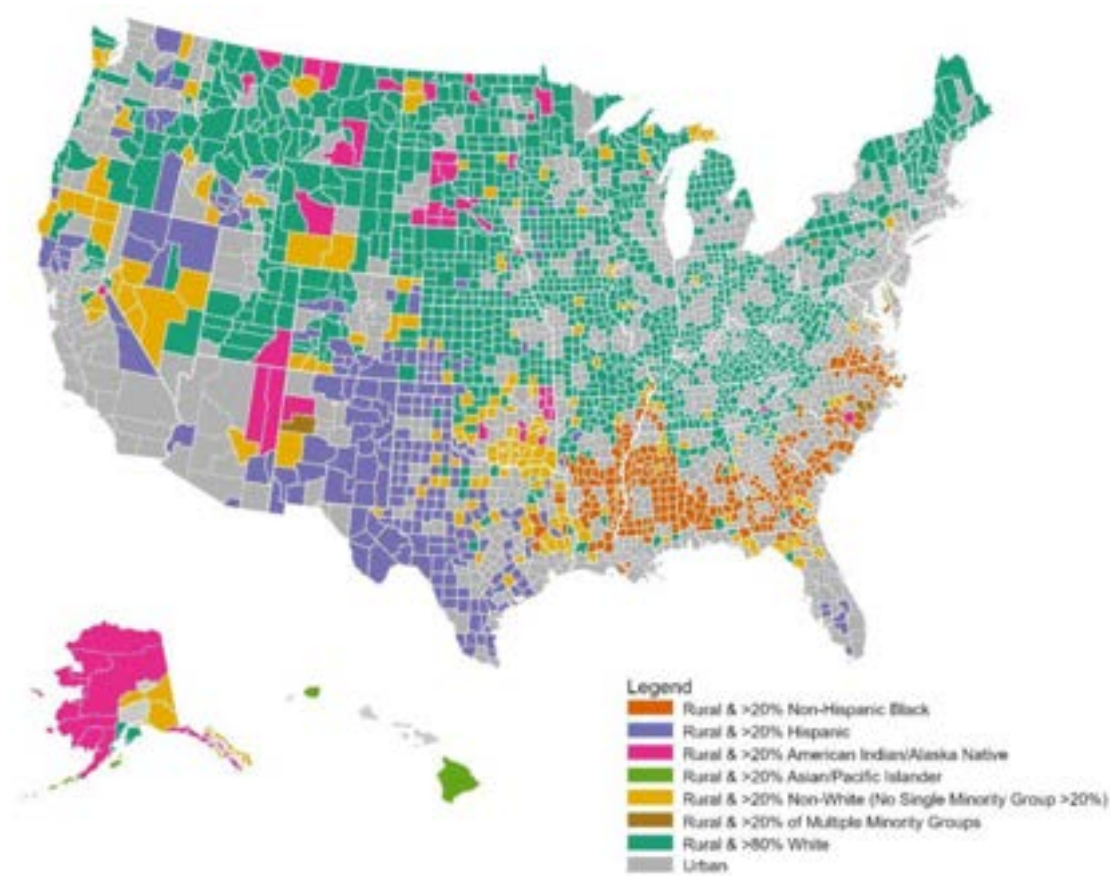
Transportation is an ongoing challenge and goes beyond distance to services. Cost of transportation and lack of available resources raise challenges for both programs and individuals. Stigma and pride may prevent older adults from participating in programs or asking for services.

There is increasing racial and ethnic diversity in rural communities, presenting opportunities to tailor evidence-based programs (EBPs) to better meet the cultural and linguistic needs of participants. However, challenges such as language barriers, varying health beliefs, and ensuring cultural competence can make program implementation more complex.

Acknowledging the distinct connections and resources that rural areas have, and trying to reduce their specific barriers, will make programs more effective and engaging with those communities.

**Figure D: Racial/Ethnic Composition Across Rural Counties, 2018**

Source: The Intersection of Rural Residence and Minority Race/Ethnicity in Cancer Disparities in the United States, *International Journal of Environmental Research and Public Health*, 2021



## Learnings and Recommendations

Building on the knowledge about healthy aging in rural communities, the roundtable presenters and discussants shared learnings, success stories, and recommendations in four areas that impact the availability, accessibility, and sustainability of EBPs: partnerships, transportation, technology, and marketing and outreach. A variety of strategies are included in each section as there are diverse assets and needs within rural communities. A community is not expected to implement each strategy, and every strategy won't be the right approach within each community.

# Focus Area: Building Partnerships

Partnerships were identified as a critical component of successful EBP implementation across all key areas. This includes both informal partnerships and community connections and more formal and financial partnerships. Building partnerships starts with networking and making connections in the community. Strategies include:

## Invest in Strategic Partner Development

*Partner development takes time and commitment.*

- **Understand the community.** Learn about the culture and history, including what is challenging for the community and the partners. Show genuine interest and immerse yourself in the community. Listen to older adults in the community. They bring a lot more to the table than their opinions; they also have professional experience and connections.
- **Don't rush partner development.** Take time to really learn about the organization. Be patient and persistent. Building relationships takes time and investment.
- **Identify common goals and values.** Look for how your missions align. Groups that strive toward the goals of age-friendly communities and systems can be natural partners with shared strategic initiatives.
- **Empower local leadership/trusted community members.** Identify champions who can serve as primary messengers. Recognize the power of lived experience.
- **Be flexible and willing to adapt.** Do not use the same talking points with each partner.
- **Evaluate and reflect on effectiveness.** Share outcomes and dashboards with the community and partners. Don't be afraid to say something isn't working. Follow up and stay connected with the community.

## Think Beyond Traditional Partners

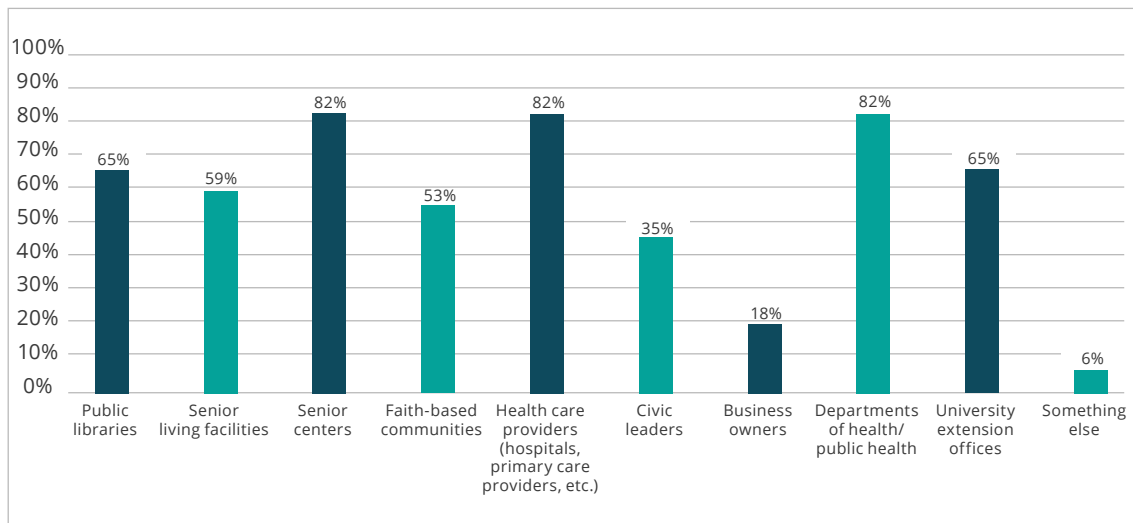
Thinking creatively can lead to new and unexpected partners. Some examples shared by the Lutheran Services in America Rural Aging Action Network:

- Local restaurant owner to help with home-delivered meals customization
- High school shop class to help build ramps and grab bars
- Scouting troop to mow lawns and provide yard care
- Farmers to offer tractors for snow removal
- Utilities to offer stipends for gas and heating bills
- Local congregations to assemble winter coat drives
- Health information exchanges that show a return on investment of work

being done

- Rural newspapers, local TV stations, and movie theater ads to help promote programs
- Paramedicine programs, where paramedics and emergency medical technicians (EMTs) operate in expanded roles by assisting with public health and primary health care and preventive services to underserved populations in the community

## Participant Poll Results



What examples of partnerships have you created to reach rural communities?

## Leverage Partners to Support a Broad Range of Services to Support EBP Implementation

Think broadly about potential shared services, including:

- Recruiting staff and volunteers
- Assisting with marketing and outreach
- Supporting prompt and smooth referrals
- Identifying safe, central community spaces
- Supporting program and service delivery
- Coordinating data collection and analysis
- Creating sustainability and identifying external funding sources

## Bring Value to Partners

Partnerships are most successful when they are mutually beneficial. Strategies for bringing value include:

- Reimburse partners that are on contract. This helps get buy-in and support the delivery of high-quality work.
- Highlight the social benefits for participants. For some, it might be the only socialization they get.
- Learn about the partner's pain points. Being able to address something difficult for them brings value.

### Partnership Spotlight

The **Rural Aging Action Network (RAAN)** is a regional collaborative focused on expanding community-based services and supports for older adults in rural Minnesota, Montana, North Dakota, and South Dakota. They engage with a range of partners to mobilize a community-informed and led approach to address gaps in care and build community strengths. RAAN leverages an asset-based lens to mobilize communities, with the Asset-Based Community Development (ABCD) Institute as its training partner. RAAN has trained over 21 rural health leaders and has over 300 community partners.

Figure E: Community Assets

Source: Rural Aging Action Network



### Partnership Spotlight

**Spectrum Generations** has 25 partners across Maine, including adult day care programs, residential facilities, assisted living facilities, area agencies on aging, federally qualified health centers, health systems, and tribal nations. Since 2018, they have provided about 500 health promotion, falls prevention, and caregiver workshops, reaching about 7,000 participants. They have a full-time "Partner Development Coordinator" whose job is to identify opportunities, build relationships, engage in strategic networking events, and support stakeholders.

# Focus Area: Addressing Transportation

Transportation was identified as a top barrier and challenge in rural communities. This is especially true for older adults who have given up driving or lost the ability to drive, a major life event that instantly isolates an individual and puts health and independent living at risk. Lack of access to reliable transportation prevents individuals from attending essential medical appointments and hinders the ability to go to the grocery store, post office, and social gatherings. It is also important for accessing EBPs to reach service locations and participate in interventions or treatments.

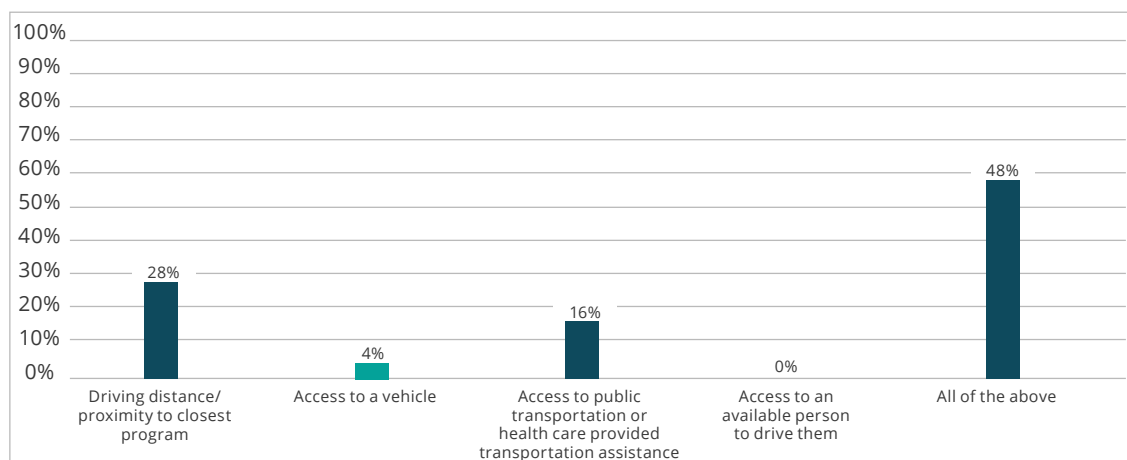
## Snapshot of transportation needs and uses for older adults

- The most frequent destinations for older adults are medical appointments, pharmacy, grocery store, and visits with family and friends.
- Transportation is provided by public transit, friends/family/caregivers, walking, and biking.
- Older adults are looking for reliable and safe rides, flexible hours and routes, assistance getting to vehicle, courteous service, affordable trips, ease in booking, and options for family or companions to ride with them.

Specific transportation challenges in rural areas include lack of funding and complicated funding sources, lack of reliable vehicles, staff shortages, cross-jurisdictional and long-distance travel, financial constraints of individuals, and limited access to transportation information or lack of technology to access information. Additionally, public transportation options may be non-existent or limited.

## Participant Poll Results

What challenge(s) impacts transportation the most for your program participants in rural areas?



Several partnerships were identified to facilitate transportation to EBPs, including:

- Contracting with a taxi company to come from an urban area to serve the rural area.
- Partnering with schools to use school buses in off-peak hours. Buses often sit idle during the middle of the day, and schools have certified drivers available.
- Leveraging local organizations or service clubs such as Lions or Kiwanis to address first mile/last mile needs, driving to a location where one can access more transportation options. Having a smaller ask of driving a few miles can increase available partners.
- Scheduling EBPs at senior centers where participants are already receiving transportation, congregate meals, or other services.
- Coordinating with adult day programs. Scheduling EBPs at the same time as caregiver support groups on-site leverages transportation provided by caregivers, and the support group affords them a break.
- Educating Medicaid transportation brokers that transportation to health education is a covered service. In rural New York, a mobility management call center can be a go-between for clients and transportation brokers, connecting individuals to the transportation they should have access to and managing paperwork/forms.
- Leveraging technology to clearly communicate transportation options, including centralized websites, call centers, and apps. For example, apps that coordinate and provide updates on scheduled rides. This is especially important for rural areas where the system is based on demand/response. Having a well-connected system can also support the pooling of resources.

Roundtable discussants also shared that modifying program formats, either through leveraging remote strategies or changing times or locations, helped to reduce transportation needs in some cases. These strategies included both leveraging technology and holding more in-person programming.

- Pivot to remote programming, including offering programs by phone.
- Expand program hours and offer services on weekends and evenings when family and friends may be available to provide transportation.
- Identify existing gatherings and bring leaders and workshops to them.
- Offer programs across different communities in the region for local options that require less travel.
- Provide programs in places people are closer to such as libraries, faith-based organizations, and parks.

## Transportation Spotlight

**MHP Salud** is a 2021 Falls Prevention grantee serving Maverick County, Michigan. Of their current Falls Prevention program participants, MHP Salud reports 16.7% need transportation, representing a higher need for transportation than participants in Community Health Worker (CHW)-led community programs generally (6.4%). MHP Salud has developed partnerships to help address transportation needs. They partner with Seco Mines Community Center, which provides both a centralized location to provide services and a van for transportation to and from the center. They also work with adult day services in the county to support falls prevention programs, pairing the programs with regularly scheduled events where transportation is already provided.

# Focus Area: Leveraging Technology

## Broadband Access in Rural America

Technology is frequently identified as a solution to the challenges faced in reaching rural communities. But a significant segment of those without access to reliable, high-speed, and affordable broadband are in rural places. The Federal Communications Commission estimates that over 17% of rural Americans and almost 21% of Tribal lands lack access to physical broadband.<sup>15</sup> Even with adequate broadband, lack of access to devices or unfamiliarity with technology can limit the impact of these strategies with older adults. Requesting clinic appointments online or scheduling transit pickup using an app may be available to older adults, but they may not be familiar with or comfortable using the technology. Unconscious ageism<sup>16</sup> or assumptions about older adult community members' use of technology can also be a limiting factor.

Acknowledging that having access to technology is critical, many of the strategies discussed focused on leveraging partners and training older adults to use the technology available to them.

<sup>15</sup> [Maximizing new federal investments in broadband for rural America | Brookings](#)

<sup>16</sup> Ageism: discrimination based on negative assumptions about age



## Technology Spotlight

The [Maryland Living Well Center of Excellence](#) implements evidence-based programs in the state of Maryland. About 13% of the population in Maryland is rural, and parts of the state are reachable only by boat. They have found that remote connectivity is key to engaging individuals living in rural areas. Strategies leveraged include:

- Developing IT capacity within the organization to implement EBPs remotely.
- Providing loaner 5G tablets to individuals participating in EBPs without network capacity and teaching them how to use the device. The devices become incentives to participate in future programs as participants want to keep access to the tablet.
- Identifying local leaders to promote programs. On Smith Island, a small community reachable only by boat, the center worked with one of the regional hospital's employees who lives on the island and is highly trusted.
- Ensuring everything they do is respectful of culture, including program messaging.
- Leveraging local libraries and churches for in-person gatherings to participate in remote programming.

Participants identified innovative partnerships to reduce technology barriers and facilitate access, including:

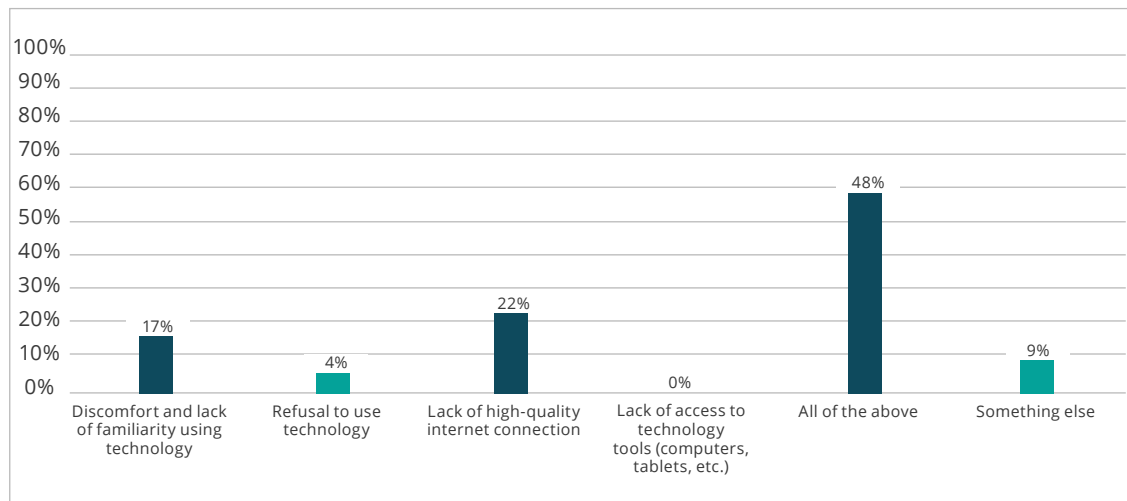
- Working with local universities or colleges. Health care students can help older adults with technology and gain experience working with older adults who will be their clients in the future. College students and AmeriCorps participants can work with older adults in their homes on technology.
- Leveraging community health workers as digital connectors.
- Contracting with the extension service and their faculty to provide training and technical assistance on using technology including Zoom for EBPs.
- Identifying foundations or funds from for-profit tech providers to provide support and increase access to underserved groups, including providing tablets or devices.
- Recruiting multigenerational households and working with an older adult and their child or grandchild.
- Using the care coordination team to bring a tablet or device to individuals and provide training.

## Technology Spotlight

**Senior Planet** offers free online trainings and support to help older adults access technology and use it to enhance their lives. The online programs allow participants to meet regardless of location, and multilingual programming is offered. Senior Planet offers a licensing program to offer virtual programs in collaboration with local in-person services. One of the most successful partners has been libraries in upstate New York. Many libraries provide loaner services for technology devices and hotspots, making them ideal partners for technology training programs.

## Participant Poll Results

What challenge(s) impacts utilization of technology most for your program participants in rural areas?



Participants also identified strategies for responding to a lack of familiarity with using technology. These included:

- Offering telephone-based program options
- Providing individual technical assistance and one-on-one support in setting up Zoom
- Building organizational capacity, expertise, and access (the person providing support must know how to use the device)
- Creating step-by-step instructions to provide along with mailed technology
- Having a designated person to provide technology support during the workshop
- Offering classes “remotely” at senior centers. This takes the fear of technology off the participants as it is the senior center staff who set up the remote classes and manage any technical issues.

# Focus Area: Creating Effective Marketing and Outreach Strategies

Marketing and outreach are key components of building partnerships, reaching potential program participants, and driving EBP enrollment. **Reframing aging** with a positive, age-friendly approach is necessary for the success of any marketing and outreach efforts. Rural communities are often categorized as hard to reach or hard to serve. They may be physically isolated but are often innovative in reaching people.

The two levels of marketing and outreach identified include community outreach to potential partners and community leaders, and individual outreach to potential EBP participants.

**Community-level marketing** and engagement supports improved partner and participant engagement and EBP sustainability. Strategies include:

- **Structure the scheduling of classes and programs.** Planning programs out for the year and having up-to-date information on times, locations, and potential costs are important for those providing referrals.
- **Build a formal referral process within the electronic health record (EHR).** Leveraging the EHR can help streamline and increase provider referrals. Having EHR referrals automatically generated for certain populations (i.e., cardiac rehab) removes the burden of added tasks on the providers.
- **Build community visibility and support.** Establishing community advisory councils and collaborating with community health workers to support implementation can help drive local support, as well as provide feedback from community members to guide future outreach and marketing.
- **Leverage health information exchanges.** Having access to EHRs or regional health information exchanges can help draw connections between participation in workshops and health outcomes. It may also allow access to cost-related data such as hospital admissions and emergency department visits.

**Individual-level** marketing and outreach strategies for reaching EBP participants include:

- **Use authentic and inclusive language and images.** Focus on empowerment and social aspects rather than disease prevention. In photos, show positive and respectful images and avoid depicting negative and stressful environments.

Be representative of your population and, if possible, include images of real and well-known community members in pictures, social media posts, and advertisements.

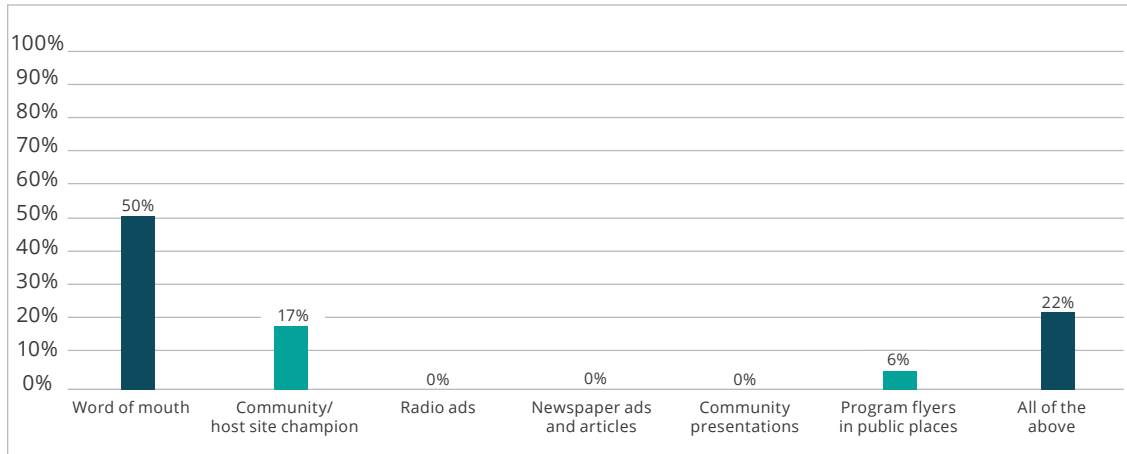
- **Build trust and leverage local voices.** Meet individuals where they are and encourage word-of-mouth marketing. If your organization is still building up to a trusted messenger status, work with another local organization to build this trust.

## Examples of Trusted Messengers

- Faith leaders and churches, including regional or state councils
  - Tribal leaders, including councils and committees
  - Public health nursing staff and community health workers
  - Area agencies on aging
  - Physicians and health care providers
  - Local business owners
  - School leaders
  - Local community groups/clubs such as Lions Club, Rotary, and Veterans of Foreign Wars
  - Meals on Wheels/home-delivered meal programs
  - Senior centers
- 
- **Leverage a variety of marketing strategies.** Rural areas are more likely to use print and radio for promotion. Advertising in local papers, local radio or television stations, or bulletin boards is often cost-effective in rural areas. Church bulletins, community flyers, and bulletin boards in apartment buildings and post offices can also be effective. Do not underestimate social media, particularly posting by trusted messengers.
  - **Reduce barriers to access.** Provide as much information about the program as possible and limit the number of steps needed to participate. This includes making registration easy and accessible to all. Some strategies include providing on-site assistance with forms and surveys, offering translation support and American Sign Language interpreters, and using alt text in digital media and presentations.

## Participant Poll Results

What strategy have you found to be the most successful in marketing your programs and recruiting potential participants in rural communities?



Word of mouth was identified as one of the most successful marketing and recruitment strategies in rural communities, although it can also be higher stakes. If one person has a bad experience, then everyone hears about it. Implementation sites reported feeling more pressure to deliver well-received programs and meet community expectations in small communities where news can travel quickly. Participants shared the following examples of promoting programs and services by word of mouth:

- Use current/previous participants. Have dates and locations of the next session ready and ask them to share with friends, family, and groups.
- Encourage/challenge participants to bring a friend and provide incentives such as gift cards for food or gas. (See resource: [How to Use Incentives: A Guide for ACL CDSME and Falls Prevention Grantees.](#))
- Make programs fun. Pair classes with activities such as bingo.
- Gather feedback from community members on what is appealing and convenient to inform program planning. For example, early morning programs of “Savvy at Sunrise” and “Dealing with Dementia” at 6 a.m.
- Collect testimonials and obtain permission to use them. Testimonials are a great complement to your value proposition for EBPs as you’re communicating with local community, health care, or other types of partners.
- Build community champions. Local facilitators can directly call and recruit as they know the community well. Community champions and word of mouth go hand in hand.
- Hire local. There is nothing better than an employee who lives in the region.
- Present to community committees with standing monthly meeting times to keep them apprised of activities and ask to share opportunities with their social groups.
- Include flyers with home-delivered meals.

### Figure F: Marketing Example: May Day Baskets in Traill County

Source: Rich Preussler, Director, HR-LEAD, Patient & Community Education, Sanford Health



### Marketing Spotlight

A [USAging](#) grantee leveraged Veterans Day events to promote EBPs and provide vaccines. By honoring veterans at the event, they were able to recognize those who have served and are leaders in the community and increase the visibility of and access to their programs.

### Marketing Spotlight

The [North Dakota Community Clinical Collaborative](#) (NDC3) provides evidence-based programs across North Dakota. They have developed [NDC3.org](#), a one-stop, virtual registration system and workshop tracking portal for NDC3 partner organizations to support the development, delivery, management, and monitoring of EBPs. Moving from promotion and implementation of EBPs as individual organizations to a coordinated statewide approach has been more effective in driving health care providers and organizations across North Dakota to refer to and promote EBPs. The centralized system simplified the process and made it easier to find and implement EBPs for clients, in turn increasing participation of programs statewide.

## Summary

There is an opportunity for a new framing for how we think about and talk about rural health, viewing rural communities as one of thousand innovation centers where creative approaches to successfully delivering evidence-based programs to older adults for health promotion and disease prevention happen daily. Rural communities have unique assets, including a solid foundation of community identity and connectedness, which can expand and enhance EBPs. Tapping into the strengths in rural communities can help to build partnerships, address transportation challenges, improve technology access and use, and implement effective marketing and outreach efforts—all key areas identified as critical for meeting the needs of rural older adults.

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# Tools You Can Use

## General Rural Aging Resources

**Rural Health Information Hub** is funded by the Federal Office of Rural Health Policy and includes toolkits that dive into evidence supporting best practices in rural communities, a weekly newsletter, and resource and referral services.

**Rural Chronic Disease Management Toolkit** compiles evidence-based and promising models and resources to support the implementation of chronic disease management programs in rural communities across the United States.

**Coming Together: Aging in Rural America** video series from Lutheran Services of America's Rural Aging Action Network has several videos highlighting innovative new ways to empower older adults to lead their best lives.

## Transportation Resources

**The National Aging and Disability Transportation Center** promotes the availability and accessibility of transportation options for older adults, people with disabilities, and caregivers. They are a program of the Federal Transit Administration administered by Easterseals and USAging. The website includes **Coordination Case Studies**.

**National Rural Transit Assistance Program | Rural, Public & Community** addresses the training and technical assistance needs of rural and tribal transit operators across the nation and supports the state RTAP programs. Their free technical assistance programs and resources include training materials, webinars, newsletters and technical briefs, peer resources, research, and innovative technology initiatives.

## Remote Programming and Technology Resources

The **Self-Management Resource Center** (SMRC) has developed mailed toolkits that can be used on their own or with a 6-week workshop with weekly conference calls facilitated by a trained leader. These modes of delivery were developed as alternative methods to make self-management education available to those who cannot or do not wish to attend an in-person or online workshop.

**Implementing and Expanding Virtual Programming for Older Adults Tips and Practical Strategies for Aging Network Organizations** is a manual that includes both general considerations that organizations serving older adults could consider, as well as a robust and detailed list of best practices for those looking to implement new virtual programming or maintain and enhance their current offerings. Best practices include what to think about before, during, and after a virtual session, how to ensure your virtual programs are accessible for all, and Zoom-specific tips.



**Connecting Rural Older Americans with Technology: Lessons from Senior Planet** provides lessons from a partnership in upstate New York that found promising solutions that combine technology with human support.

## **Marketing and Outreach Resources**

**Photo Resource Gallery** from the National Aging and Disability Transportation Center provides positive images of older adults, people with disabilities, and caregivers.

**Community Awareness Toolkit — engAGED** assists the Aging Network and partner organizations with increasing community awareness of the importance of social engagement and supports organizations as they work to address it. Materials in the toolkit explain the impact of social isolation, describe ways to increase social engagement, and explain the benefits of social engagement for older adults and their communities. To help organizations share the resources included in the toolkit, we have ensured that they can be customized with your organization's logo!

## **National Council on Aging Resources for Evidence-Based Program Implementation**

**How to Use Incentives: A Guide for ACL CDSME and Falls Prevention Grantees**

**How to Collect Powerful Testimonials from Program Participants**

**How to Engage Caregivers in Evidence-Based Programs**

**How to Successfully Involve Community Health Workers in Delivering Evidence-Based Programming**

**Chronic Disease Self-Management Education and Falls Prevention Programs: Create an Infographic to Tell Your Story**

**How to Customize Marketing for Programs in Indigenous Communities**

**Tip Sheet: Engaging Veterans in Evidence-Based Programs**

**Connecting Home Delivered Meal Participants to Remote Evidence-Based Programs**

**Chronic Conditions and Fall Risk: Cross-Promoting Programs Across the Continuum of Care**

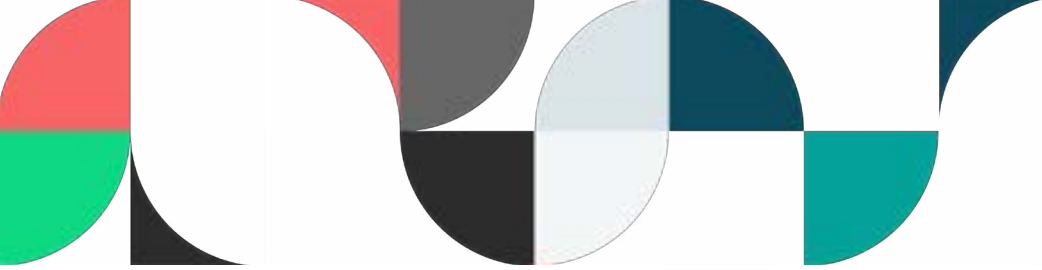
**4 Reasons to Partner with a Senior Center for Evidence-Based Programming and Beyond**

**4 Ways Falls Prevention and CDSME Grantees are Reaching Underserved Populations**

**Disability, Accessibility, and Inclusivity: A Best Practices Guide for Health Education Providers**

**Successful Strategies & Lessons Learned from Implementing Evidence-Based Programs in American Indian, Alaska Native, and Native Hawaiian Communities**

**Frequently Asked Questions: Technology Resources for Remote Evidence-Based Programs**



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