



# *New Frontiers for Funding*

An Introduction  
to Grantmaking  
in Rural Aging



## Creating a Sustainable Network for the Rural Aging Movement

To accelerate and expand an emerging drive to improve the experience of rural aging, GIA is leading a three-year program, Creating a Sustainable Network for the Rural Aging Movement. The initiative seeks to connect and support key players concerned with rural aging, share knowledge, expand the resources and services available to older adults in rural areas, and is supported by a grant from Margaret A. Cargill Philanthropies. For more information, please visit [GIAging.org/rural-aging](http://GIAging.org/rural-aging).

## About Grantmakers In Aging

Grantmakers In Aging (GIA) is an inclusive and responsive membership organization comprised of all types of philanthropies with a common dedication to improving the experience of aging. GIA members have a shared recognition that a society that is better for older adults is better for people of all ages. For more information, please visit [GIAging.org](http://GIAging.org).

## National Rural Aging Initiative Steering Committee

### **Candace Baldwin**

Director of Strategy, Aging in Community  
Capital Impact Partners

### **Becky Hayes Boober**

Vice President of Community Impact  
Maine Community Foundation

### **Dennis Dudley**

Aging Services Program Specialist  
Administration for Community Living

### **Charlotte Haberaecker**

President and CEO  
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### **Carol Wright Kenderdine**

Assistant Vice President, Mobility &  
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### **Sandy Markwood**

CEO, National Association of Area  
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### **Aaron Merki**

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### **Ann Monroe**

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### **Linda Redford**

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### **Cindy Padilla**

Program Lead

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## Aging in Rural America: Overlooked Needs, Quiet Strength

Rural America defies easy definition. It is large and diverse, including frontier counties, farms, small towns, and even some exurbs. Its population is changing due to both in-migration and out-migration, making cultural generalizations difficult. It is generally poorer than its urban counterparts. It is aging quickly and it is frequently ignored.

Rural Americans are often characterized as proud and independent, and their communities can be strong and self-reliant. Still, older people in rural places face a range of daunting challenges as they age, from mobility and economic security to housing and health care. While older people across this aging nation face similar challenges, the physical and social isolation that can occur in a rural setting compounds problems and makes it even more difficult to age in place, safely and well. “I have seen needs play out in a dire way in a rural community because there is nobody else around,” says **Amy St. Peter**, assistant director of the Maricopa Association of Governments in Arizona.

Many rural communities lack the financial resources to help, yet private philanthropy has generally not taken a concerted interest in rural America or its older residents. “Rural aging tends to stay off the radar, for a combination of many different reasons,” says **Charlotte Haberaecker**, president and CEO of Lutheran Services in America.

Grantmaking to rural projects has been declining for years and is disproportionately low: an [analysis](#) by the U.S. Department of Agriculture of large foundation grants showed that only 6.3 percent benefited rural communities, even though they are home to about 20 percent of the population. Other [estimates](#) suggest an even smaller philanthropic investment.



### Rural America: “This place is where the solutions are.”

In a 2015 [address](#) to the National Rural Assembly, former US Department of Agriculture Secretary **Tom Vilsack** made an impassioned call to philanthropy to support the needs of rural America.

*What we’ve seen, unfortunately, tragically, is not an increase in investment; we’ve actually seen a decrease.*

*Understand the role that rural America is going to play in the really big picture.*

*Climate change. Where is the reduction of methane going to take place in a significant way?*

**Rural America.**

*You want to have a clean energy future? Great. Where’s that energy going to come from?*

**Rural America.**

*So I say to the foundation world, hey, I appreciate the fact that you’re putting money where you think the major issues are and problems are — fair enough. But you know what? This is the place where the solutions are.*



That disparity, and the unmet needs it represents are “a powerful issue,” says **Allen Smart**, former vice president of programs and the director of the health care division at the Kate B. Reynolds Charitable Trust in North Carolina. Smart believes philanthropy must focus more attention on rural Americans, who “are not at the table, and are isolated politically, economically.”

At the same time, the benefits and opportunities of rural funding can be considerable. [See Box Below: *Advantages of Funding in Rural Aging*] While there are not many private funders making rural aging investments, and grants may not be large, **Brian Myers**, vice president of rural health and capacity building at Empire Health Foundation, says, “They make a big difference.”

“What I find most exciting about rural work is the nontraditional partners that get involved,” says **Candace Baldwin**, director of strategy for aging in community at Capital Impact Partners. “Community facilities are few and far between, and people tend to play multiple roles and wear multiple hats. It’s an exciting new frontier.”



### Advantages of Funding in Rural Aging

The nature and scale of rural aging philanthropy allow funders to:

- **Achieve high impact** and potentially life-changing results. “There is clarity [where you can see outcomes] for a funder that you can’t get in an urban area,” says **Allen Smart**, formerly of the Kate B. Reynolds Charitable Trust, and a member of the steering committee for the Creating a Sustainable Network for the Rural Aging Movement project.
- **Work in a low-bureaucracy environment** with people who are open to learning and experimentation. Since rural projects often require a high degree of customization, piloting new ideas and spurring innovation is an important role for funders. “Unless you step forward and try things, you’re not going to move the needle at all,” says **Sandy Markwood**, CEO of the National Association of Area Agencies on Aging (n4a).
- **Leverage rural resourcefulness.** “We believe rural can lead when it comes to quality, because rural America is used to being creative with fewer resources,” says **Amy Elizondo**, program services vice president for the National Rural Health Association (NRHA).
- **Create new partnerships** with other funders. “We are constantly looking for co-investors,” says **Brian Myers**.
- **Be a powerful convener.** “Sometimes it’s the foundations that bring together the government agencies and departments inside a state,” says **Becky Boober**, vice president of community impact at the Maine Community Foundation.

## An Introduction to Rural Aging

This primer, *New Frontiers for Funding*, is offered as part of a larger philanthropy-centered initiative from Grantmakers In Aging (GIA), called Creating a Sustainable Network for the Rural Aging Movement. GIA is leading a three-year effort to connect and support key players in rural aging, share knowledge, and expand the resources and services available to older adults in rural areas by involving new funders and creating new partnerships and collaborations. Funding for the initiative was provided by Margaret A. Cargill Philanthropies.

*New Frontiers for Funding* will provide guidance specifically for grantmakers, including how to get started; where those already working in the field see the greatest potential and greatest need; where to locate the right partners and grantees; why focusing early on program sustainability is essential; how to define and measure success; examples of programs that are working; the importance of working creatively with government; and how working on rural aging issues can increase the impact of many different kinds of philanthropies.

Experienced grantmakers say that, while it requires an open mind and a unique approach, funding rural aging can be rewarding for funders and productive for a whole range of stakeholders. “I’ve done a lot of statewide systemic change work and have never seen so many folks from different sectors and different experiences coalesce around an issue like aging, particularly rural aging,” observes **Becky Boober** of the Maine Community Foundation.

We hope you will want to join this growing philanthropic movement and invite you to explore more resources at our website, visit [GIAGING.org/rural-aging](https://GIAGING.org/rural-aging) or to contact GIA directly to discuss strategies and collaborations in this important area.







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## Getting Started: Defining Rural America

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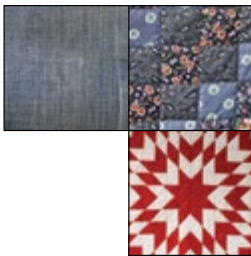
Defining rural America can be surprisingly hard. One reason is its sheer size and diversity. Another is the fact that the U.S. government, a major player in rural issues, uses two different definitions of “rural.”

One widely used measure comes from the U.S. Census Bureau, which defines any population, housing, or territory that is not in an urban area as “rural.” (The Census Bureau also [defines](#) two types of urban areas: “Urban Clusters,” with a population of 2,500 to 50,000, and “Urbanized Areas,” with a population of 50,000 or more. Most of the rural population actually lives fairly near one or the other.)

The alternative definition comes from the Office of Management and Budget, which uses a county-based system, distinguishing counties as Metropolitan, Micropolitan, or Neither. Micropolitan and Neither counties are [considered](#) rural.

Certain government entities that are active in rural places, such as the Department of Agriculture (USDA) and the influential Federal Office of Rural Health Policy (FORHP), use elements of both definitions, which can make comparing research and statistics complicated.

This document will refer to census data unless otherwise stated, and funders can take heart from the approach of **Becky Boober** at Maine Community Foundation: “We don’t let artificial definitions get in the way—if you live in a rural area, you know it.”



### Federal Partner: Federal Office of Rural Health Policy (FORHP)

Funders interested in rural health care will want to explore the Federal Office of Rural Health Policy (FORHP). Part of the Health Resources & Services Administration (HRSA), FORHP increases access to care for underserved populations and builds capacity with grantmaking for community-based health care, rural hospitals, their Office for the Advancement of Telehealth (OAT), and the [Rural Health Information Hub \(RHIHub\)](#).

FORHP also operates the [Rural Health Research Center \(RHRC\) Program](#) — the only federal program dedicated entirely to producing policy-relevant research on health care in rural areas.

FORHP funded 71 communities across 36 states to transform health care delivery, mostly in behavioral health/mental health/substance abuse, chronic disease, and oral health. 14 percent of projects reached seniors.

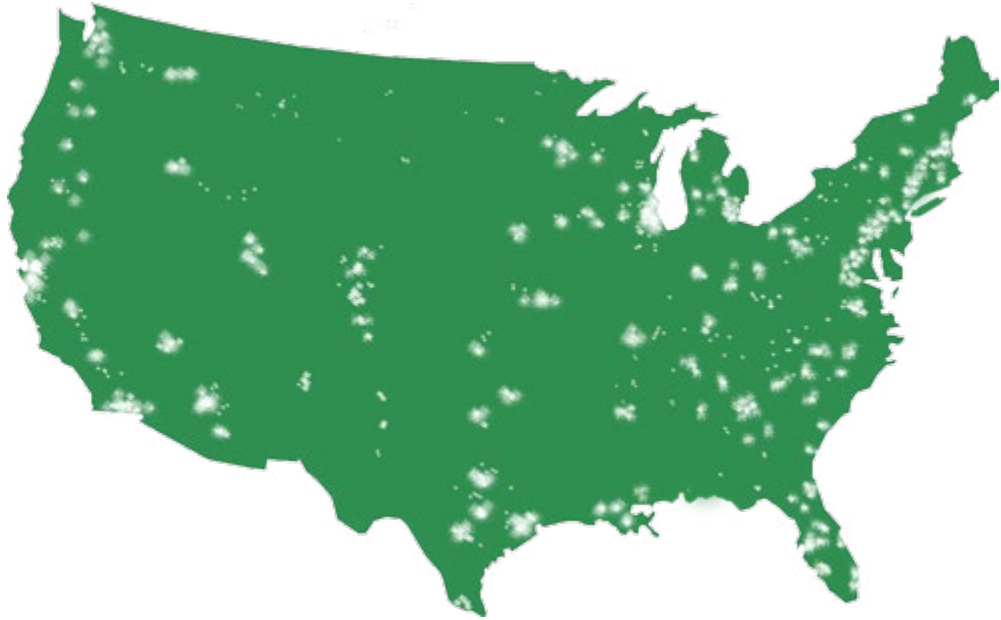
Learn more in this FORHP [video](#).





## Rural Aging by the Numbers

Rural life, particularly farming, played an important role in the early identity and economic development of the United States, and today most U.S. territory—more than 95 percent—is still officially designated as rural (see this [map](#) from the US Census Bureau in which the green areas are considered rural).



But for the last century or so, the rural population has been [shrinking](#), as more people have left for urban areas in search of work and opportunity (known as out-migration). About 20 percent of Americans (more than 60 million people) lived in a rural place in 2010, according to the [2010 census](#), down from 60 percent in 1900.

During times of migration and change, older people are often the ones who stay behind, which is one reason that rural America is aging more quickly than the rest of the country and rural communities tend to be older than the rest of the country. There are approximately 10 million people age 65 and older living in rural America today and one out of four older Americans [lives](#) in a small town or other rural area.



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## Smaller Scale, Great Impact: Approaches to Funding in Rural Aging

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While needs can be great, the smaller project scale in most rural communities may seem like a deterrent to some funders. But those small projects can also create powerful outcomes.

“With low density, it’s hard to get numbers that look sparkly on paper. Yet for the individuals who are helped, it’s life changing,” says **Carol Wright Kenderdine**, assistant vice president of Mobility & Transportation at Easterseals, Inc. and co-director of the National Aging and Disability Transportation Center.

That view led Older Adults Technology Services (OATS), which funds 95 percent of its work in New York City, to try new [projects](#) in Sioux Falls, South Dakota, and upstate New York with the AARP Foundation, helping rural adults get connected digitally by learning to use iPads [See Box: *What’s Working: Technology* on page 22]. “We were excited to work with rural communities because the impact is higher,” says OATS executive director **Tom Kamber**.

Similarly, great results are possible when funding rural aging, but flexibility and a different set of metrics for evaluation may be needed. “Issues arise when funders want formality in what is often a very informal system,” says **Sandy Markwood** of n4a. “The beauty of rural America is you have the blend of formal and informal. Some services don’t have a project name—they just happen. From a grant perspective, that can be difficult because there’s nothing to audit.”

Funders may want to change performance measures from numbers of people served to quality of life and lasting impact. As **Carol Wright Kenderdine** of the National Aging and Disability Transportation Center puts it, “We have to change funders’ mindset about what is success. Is the impact changing quality of life? Is it something that couldn’t have happened otherwise?”

*Great results are possible when funding rural aging, but flexibility and a different set of metrics for evaluation may be needed.*



## Tips for Successful Rural Aging Projects

Grantmakers with experience in this area offer the following peer-to-peer advice:

- **Consider community readiness.** “If the community did something challenging in the past five to 10 years that required it to rally around a project, they likely have some energy and are a good candidate for funding,” says **Allen Smart**, formerly of the Kate B. Reynolds Charitable Trust.
- **Partner and collaborate with government agencies** at all levels whenever possible to help drive sustainability.
- **Seek out and use what is there.** Do not underestimate the capacity of small organizations or even individuals in the community.
- **Find a formal home for the program.** This can be in a government agency or any other organization in the community that can provide ongoing support with convening, administrative, and operational functions. The program home may also change over time as the program evolves. For example, in Maricopa County, Arizona, an [Encore Fellow with Experience Matters](#) has support from Arizona Community Foundation, BHHS Legacy Foundation, the Bruce T. Halle Family Foundation, the Lodestar Foundation, PetSmart Charities, and Virginia G. Piper Charitable Trust, but reports to the city.
- **Think about sustainability** from the beginning.
- **Make things as easy as possible for grantees.** “We’ve funded in rural communities across Wisconsin for 25 years. Our philosophy is to go to the grantees and not expect them to come to us. We also try to help grantees find new grants,” says **Helen Ramon** of Bader Philanthropies.
- **Frame projects as age-friendly and intergenerational**—good for the whole community. At La Paz, Bullhead City, Arizona, the senior center, Boys & Girls Club, and the Department of Health worked together to create a trail system with benches and shade trees. The whole community—not just older adults—now benefits from increased physical activity, better emotional health, eco-friendly recreation, and programs.
- **Support community foundations and small funders.** Many can be very effective, but may benefit from help with due diligence, background checks, and other resource-intensive tasks.

## Maximizing Local Talent Requires an Asset-based Approach

In many small rural communities, traditional nonprofits and agencies may be small or even nonexistent, but there are often other powerful assets.

“The culture in small towns is more personal, and those stronger connections give rise to different solutions,” says **Amy St. Peter**.

A close-knit network of neighbors or versatile and multi-tasking local institutions can be important elements of an asset-based strategy. “Small communities tend to make the most of what they have, so you may find that the local fire station is the only social service provider for miles around on weekends, or that the local bank is doing informal wellness checks on its older customers,” says **John Feather**, CEO of Grantmakers In Aging.





Tip for successful rural funding: Partner and collaborate with government agencies at all levels whenever possible to help drive sustainability.



“There may not be as many strong nonprofits or strong identified leaders, but there are people who are used to getting things done, who are deeply committed, bringing family connectivity, history, and ownership of community,” says **Allen Smart**.

Older adults themselves can be an important resource in many different ways. One example not to be underestimated: “young-old” in-migrants—retirees who move to rural areas bringing wealth, professional skills, and a desire to contribute. **Nina Glasgow**, a sociologist at Cornell University and co-author of “Rural Aging in 21st Century America,” has studied rural in-migration by older adults and says they often have higher incomes and education levels than those in their new communities, and tend to get involved quickly, creating new organizations as well as joining existing ones such as [SCORE](#) (Service Corps of Retired Executives) and Meals on Wheels.

“Rural America is the original incubator of home and community-based services,” says **Dennis Dudley**, aging services program specialist at the Administration for Community Living, where he serves as a resource person on rural issues. “It’s the Boy Scouts and the fire department going out together to deliver service after a flood, or the county fathers deciding they want something new in transportation. It’s very informal, but it is there.”

Local knowledge and creativity can also be invaluable in program design. In Bucksport, Maine, residents came up with the idea of posting volunteers at voting centers to explore community needs and ask what services people wanted. Another grantee group of older adults in Piscataquis County turned an old theater into an event center, modern senior center, and non-medical model Adult Day Service Center.

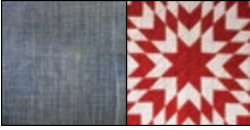
New or old to the community, older adults may contribute as much or more than they receive. As **Becky Boober** at Maine Community Foundation recalls, “I think of so many people I know who are in their 80s, and they’ll say, ‘Honey, I’ve got to go help some of ‘the older people.’”

## Trust Comes First

For an asset-based strategy to succeed, however, funders must first develop credibility. “It’s really important, every time you work with a new community, to listen, to learn, to develop trust,” says **Charlotte Haberaecker** of Lutheran Services in America.

Explore the lay of the land both personally and statistically, says **Amy St. Peter**. “Do a data analysis and review the demographics. Then get to the pulse of the community—attend town meetings, meet with town leaders, connect directly with community members, and find community champions.”

Working in partnership with the community to understand its needs through the process called Evocative Grantmaking [See Box: *Evocative Grantmaking* on page 13] can help. The approach requires a board tolerant of ambiguity and a spirit of innovation, but can work especially well in rural settings.



### Evocative Grantmaking

Too often, philanthropists behave like bank loan officers, giving grants in return for prescribed programs and outcomes. Instead, philanthropists should create collaborative relationships with grantees that cultivate critical thinking, learning, and adaptation—an approach called evocative grantmaking.

—Douglas Easterling, [writing](#) in the *Stanford Social Innovation Review*, Fall 2016

Such partnerships are essential in minority, immigrant, or tribal communities, says **Dennis Dudley**, aging services program specialist at the Administration for Community Living, who has worked extensively with Native Americans. “You must identify the community’s culture. You can’t go with a cookie cutter and try to do this.” Other advice: “Always follow through on promises. Be consistent and always there. Meeting face to face is always best. Talk with, not to, community members.” Dudley also recommends the Administration on Aging’s [Toolkit for Serving Diverse Communities](#).

### Sustainability from Day One

In places with limited resources, longterm sustainability is key. “Building the sustainability factor is really important,” says **Carol Wright Kenderdine** of Easterseals, Inc. “Yet, funders often jump into implementation without the requisite planning to make a project more sustainable.”

Finding more partners can help. Reach out to area planners, developers, businesses, metropolitan planning organizations, and county leaders to build a broad base of support that will endure and maintain a program over time. [See Box: *Looking for Partners in Rural Aging* on page 14]

One exemplary partnership is the [Tri-State Learning Collaborative on Aging](#), which joins communities, organizations, and businesses in Maine, New Hampshire, and Vermont. It is the first multi-state effort to foster collaborative, community-based strategies and systems that support older adults across an entire region. Seven funders from three states support the effort, which engages more than 1,000 locals to increase the collective impact of “aging in place” initiatives through webinars, facilitated discussions, and in-person events.



## Looking for Partners in Rural Aging

Funders with experience in the field recommend approaching potential partners across a range of sectors including:

- Federal agencies, such as the US Department of Agriculture (USDA), the US Department of Housing and Urban Development (HUD), the US Department of Veterans Affairs (VA), Centers for Medicare and Medicaid Services (CMS), Health Resources and Services Administration (HRSA), the Administration for Community Living (ACL), and the US Department of Transportation.
- Area Agencies on Aging (AAA), state agencies on aging.
- State Medicaid directors, Federally Qualified Health Clinics (FQHC), rural health clinics, state offices of rural health, state rural health associations, and state public health departments.
- State departments of transportation, public transportation programs, other transportation providers.
- Regional planning associations, regional councils of government, state associations of cities and counties.
- Housing finance agencies, public housing authorities, homeless assistance providers, and rural nonprofit housing developers.
- National nonprofits, such as National Council on Aging and AARP.
- Local hospitals, home health agencies, community health agencies, and mental health agencies.
- Aging services providers.
- Chambers of commerce, economic development agencies, community action agencies, and major area employers.
- Community Development Corporations and community development financial institutions.
- Local universities, including cooperative extension services.

A good opportunity to make connections is the Public-Private Collaborations in Rural Health meeting, which [convenes](#) about 120 public and private foundations, researchers, and policymakers annually to discuss federal programs and foundation led-initiatives in rural areas and explore co-funding.

“The federal government can only provide assistance to a point, so they are looking at philanthropic organizations to meet halfway...to join forces to address some of the gaps in rural health care access,” says **Amy L. Elizondo**, program services vice president for the National Rural Health Association, which has [co-sponsored](#) the meeting with Grantmakers in Health and the White House Rural Council.



## Do Not Overlook Government as a Partner

**Tom Kamber**, executive director of OATS, offers this frank explanation for the need to partner with government when seeking sustainability. “The stronger your strategic skills get, the more likely you can get a technology pilot going. Long term, however, you must have government money.”

Government agencies have huge and diverse portfolios. USDA isn’t just about agriculture; it also administers SNAP, the Supplemental Nutrition Assistance Program, an essential tool for fighting hunger. HUD runs housing, but also low-income energy programs. HHS includes the Health Resources and Services Administration and the Indian Health Service, as well as the Centers for Medicare and Medicaid Services (CMS) and much more. Bringing together programs with similar objectives can present opportunities to leverage government’s unique strengths.

For example, federal Aging and Disability Resource Centers (ADRC) may have a very strong presence and be able to assist funders in making headway in rural areas that could otherwise be difficult to navigate, says **Dennis Dudley** of the ACL. The same is true of the Senior Medicare Patrols program, a national program that provides outreach, counseling, and education to Medicare beneficiaries, their families, and caregivers; and the [Community Action Partnership](#), an alliance of nonprofit private and public organizations that was created under the Economic Opportunity Act of 1964 to serve people in poverty, including seniors. All do a lot of their work in rural settings.

Finding government contact, even in the federal government, can be easier on a regional level. “You don’t have to cold call an office in Washington, DC because most federal agencies have offices in your region,” says **Cindy Padilla**, program lead for GIA’s Creating a Sustainable Network for the Rural Aging Movement initiative. “You can find people with expertise in the issues right in your region, whether you’re interested in community development, health, housing, disabilities, mental health, tribal issues, and a long list of other topics.”

For more information on government resources, please visit the GIA website at [bit.ly/GIA\\_gov](http://bit.ly/GIA_gov).

*Government agencies have huge and diverse portfolios. USDA isn’t just about agriculture; it also administers SNAP, the Supplemental Nutrition Assistance Program, an essential tool for fighting hunger.*

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## Core Topics in Rural Aging

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Rural aging combines a host of issues that many national and regional funders already care about, making it a natural addition to many portfolios.

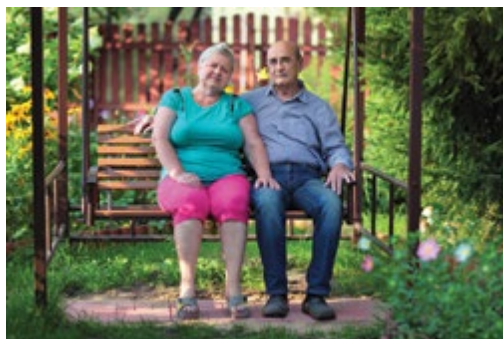
“If you work in rural areas, you are already working in aging,” says **John Feather**, CEO of Grantmakers In Aging. “And if you fund health, housing, transportation, or community development, you will find huge opportunities for innovation, impact, and collaboration that can add a whole new dimension to your work.”

This section will cover several fundamental issue areas, including Health, Special Populations, Transportation, Technology, Housing, and Social Isolation. It will also offer examples of programs that have been proven effective in rural aging. At the end of this document, you can also find additional resources and information, or visit the GIA website for much more information by topic, at [bit.ly/GIARuralResources](https://bit.ly/GIARuralResources).

### Health: Meeting the Needs of Vulnerable Older People

Older adults in rural communities are at a considerable health care disadvantage, because access to care is more difficult and their health problems are often more extensive.

Rural residents have greater rates of chronic disease than any other segment of the U.S. population, according to the Federal Office of Rural Health Policy [See Box: *Federal Partner: Federal Office of Rural Health Policy (FORHP)* on page 7]. Rural older adults are less likely to have Medigap insurance and are more likely to be Medicare-Medicaid [dual eligibles](#) than their urban and suburban counterparts. The opioid epidemic has ravaged rural communities and residents of all ages, and a recent [study](#) by the Centers for Disease Control and Prevention (CDC) showed that rural residents of all ages are more likely to die from five leading causes than their urban counterparts and that more rural deaths were potentially preventable. [See Box: *Opioids: A Threat to Rural America* on page 19]





### Fast Facts about Rural Older Adults' Health

- Thirty percent of Medicare beneficiaries in rural areas are Medicare-Medicaid [dual eligibles](#).
- Less than 1 percent of all rural Medicare beneficiaries received a [telemedicine](#) visit in 2013.
- About one-third of rural dwellers lose all of their teeth by age 65 for lack of dental services and fluoridation.
- Some 2,000 rural communities have only one pharmacist, who often is the only local health care provider.
- [Social isolation](#), common among older rural people, is a driver of poor health outcomes and increases the risk of falls, dementia, depression, re-hospitalization, and all-cause mortality.
- Kidney [dialysis appointments](#) are a special hurdle for rural patients, who may have to travel up to 100 miles to a clinic. In some places, this represents more than 50 percent of non-emergency medical transportation needs among rural older adults.

Meanwhile, 65 percent of [health professional shortage areas](#) are in rural communities, and rural hospitals are closing at an alarming rate, with the [most closings](#) in the South and as many as 700 rural hospitals at risk nationally, [according](#) to the National Rural Health Association.

One emerging response is telehealth, which the Helmsley Charitable Trust is [supporting](#) in seven rural states through a partnership with Avera eCare. “We are huge fans of telemedicine because it works so well in frontier regions,” [says Heidi Schultz](#), rural health care program officer at Helmsley.

The “hub-and-spoke” model helps specialists in one hub extend pharmacy, emergency room, and intensive care to hospitals and patients in rural, underserved areas. “Aging is not part of our strategy, but you can’t talk about rural health without talking about older Americans,” she says. So Avera has built out their teams to include geriatricians, geriatric pharmacists, geriatric nurse practitioners and coordinators, and social workers, she adds. Explore a recorded “Conversations with GIA” webinar featuring Heidi Schultz [here](#).

Other models are more grassroots-oriented. In Wisconsin, Bader Philanthropies provides support for the Faith in Action program, an interfaith volunteer caregiving program that provides services to people in need, especially the frail, elderly and homebound. Bader program officer **Helen Ramon** calls the program “a godsend.” Originated by the Robert Wood Johnson Foundation, which funded the program from 1983 to 2008, it now operates nationally through the [National Volunteer Caregiving Network](#).





Racial and ethnic minorities (of all ages) make up about 15 percent of the rural population and 30 percent of the rural poor nationally. Needs can vary drastically based on circumstances, geography, race, and ethnicity.



## What's Working: Rural Health

In rural Georgia, the Verizon Foundation, in partnership with the National Rural Health Association (NRHA), is [supporting](#) the Northwest Georgia Healthcare Partnership to provide computer tablets and FitBits to help people with Type 2 diabetes track their A1C levels, monitor their physical activity, and take ownership of their health. The program targets those who might not otherwise have any other intervention or health education.

## Opioids: A Threat to Rural America

“Ongoing prescription opioid misuse and heroin abuse pose a threat to the future of rural America.” That is the stark assessment that HRSA’s National Advisory Committee on Rural Health and Human Services delivers in its brief, [Families in Crisis: The Human Service Implications of Rural Opioid Misuse](#).

In 2015, opioids killed more than 33,000 people, [according to the Centers for Disease Control \(CDC\)](#), more than any other year on record. While older adults do not have the highest death rate in this epidemic, Medicare recipients do have very high, and rapidly growing, rates of opioid use disorder—[six times](#) the rate of people with commercial insurance.

Rural communities have suffered disproportionately in the epidemic, with a drug-related death rate 45 percent [higher](#) than in urban areas.

Specific rural challenges include:

- health professionals overprescribing pain medications to older adults;
- long distances to treatment facilities and appropriate treatment, particularly Medication Assisted Treatment;
- a lack of trained providers and access to alternative treatments, such as massage and chiropractic;
- widespread use of opioids due in part to demanding physical jobs (such as coal mining) that can cause workplace injuries and chronic pain; and
- aggressive [marketing](#) in rural places.

Rural older adults not addicted themselves often feel the impact of the epidemic anyway, in the damage to their families, including children and grandchildren, and their communities.

“It’s not a fundamentally rural problem,” says Tom Vilsack, former Secretary of Agriculture, who led the White House Rural Council and was tasked by President Obama with tackling the opioid epidemic. “But it’s a unique problem in rural America because of the lack of treatment capacity and facilities.”

## Special Populations: Special Needs

Racial and ethnic minorities (of all ages) make up about 15 percent of the rural population and 30 percent of the rural poor nationally. Needs can vary drastically based on circumstances, geography, race, and ethnicity. Somali refugees in Minnesota need something very different than Mexican farm workers in the Southwest. While Maine has aging farmers, it also has aging New York bank presidents. Tailoring programs to cultural sensitivities is important.



### What's Working: Special Populations

[Promotores](#), or community health workers, on the U.S./Mexico border are trained on diabetes, prevention, and eye care. The [National Community Health Worker Training Center](#) is a leading nonprofit in the field. Promotores provide transportation by driving people or getting them a bus ride to health care appointments or screenings, teach people to read nutrition and drug labels, help grandparents raising grandchildren by teaching them about healthy lifestyles and health conditions, and encourage people to see primary care doctors.

## Transportation: A Rural Imperative

Access to transportation is a huge determining factor in aging well in a rural place. An older adult who cannot drive is immediately at risk. Yet options can be sorely limited: the [Housing Assistance Council](#) has found that 13 percent of rural seniors have no vehicle and approximately 40 percent of all rural residents live in counties with [no public transportation services](#).

“Fundors need to get past the assumption that people have access to basic services. For example, in the West in winter, older adults who have transportation challenges may not be able to leave their homes for two or three weeks at a time,” says **Allen Smart**.

One response with a good track record in rural communities is ride-sharing programs, often formed through partnerships with community organizations and staffed partly with volunteers. These programs can keep older people in their own homes longer by providing an affordable and reliable way to get to doctors’ appointments and grocery shopping and maintain social connections. [See Box: *Ride Sharing: A Tech-Driven Transportation Hack* on page 21]

Long-term sustainability often comes from tapping state or federal transportation funding, but philanthropy can be essential for funding pilot programs and providing early operating support.

Freedom Express, a partnership between government, nonprofits, and a foundation, based in Wickenburg, Arizona, has offered 9,000 free rides since its inception on 2015. [See Box: *What's Working: Transportation* on page 21]





### What's Working: Transportation

The rural Arizona town of Wickenburg, population just over 6,000, had no public transportation, leaving seniors lonely and isolated. The Arizona Age-Friendly Network developed a public-private partnership to launch Freedom Express, a transportation program that offers free rides to Wickenburg residents 60+, five days a week. Funders include the Wellik Foundation, the Wulkan Foundation,

Arizona state lottery funding, and the Salvation Army's annual Red Kettle Campaign. "At one point, eight older adults in Wickenburg needed transportation to dialysis, and 100 percent of them received it," says **Amy St. Peter**, assistant director of the Maricopa Association of Government. "Freedom Express is not just giving rides—it's saving lives."

### Ride Sharing: A Tech-Driven Transportation Hack

Every year, [millions](#) of Americans miss health care visits and other appointments for lack of transportation. For older adults, many of whom may no longer drive or can't afford a car, this is a recipe for poor health and social isolation, particularly in rural places.

Ride sharing through services like Uber and Lyft that focused first on urban Millennials is now beginning to look to the needs of older adults, and reaching well outside city limits.

The possibilities are intriguing. Lyft recently [announced](#) a partnership with [CareLinx](#) (a national professional caregiving service with an online platform), and [another](#) with in-home care provider Home Care Assistance, donating a portion of fares to the Village to Village network. Lyft also [began](#) providing non-emergency patient transportation for [Ascension](#), the largest nonprofit health system in the U.S.

To make service more accessible to older adults without smartphones, in some instances a concierge service will help book the rides.

"It's really a door-through-door solution," [notes Dan Trigub](#), who oversees Lyft's health care partnerships. (Learn more in a "Conversations with GIA" [webinar](#) on this subject featuring Trigub.)

There may be other advantages as well. Unlike some other non-emergency transportation providers used by large institutions such as the Department of Veterans Affairs (VA), "there's no stigma" attached to using a ride-sharing service, says **Linda Redford**, [director](#) of the Geriatric Education Center (GEC) at the Center on Aging at the University of Kansas Medical Center, "and they're more prompt."



## Technology: Making Good on the Promise

Internet access offers rural older adults a vibrant connection to friends, families, and the rest of the world, and supports aging in place safety technology, telehealth solutions, long-distance education, and more. In rural places, however, older residents may lack technology skills, or digital access, or both.

Unfortunately, high-speed broadband is available to [less than half](#) the rural population, presenting a huge opportunity for philanthropy.

Blandin Foundation, located in Grand Rapids, Minnesota and devoted to strengthening rural communities in the state, sees the rural broadband issue as one of both access and fairness, [according to Bernadine Joselyn](#), director of the foundation's public policy and engagement program area. "The reality is that Minnesotans without access to high-speed broadband and the ability to use it are denied equal opportunity to participate fully in community life. At Blandin Foundation, we have come to understand that broadband access and the skills to use it are fundamental to everything we care about as a foundation."



### What's Working: Technology

In North Country counties of New York State, only one in three older adults has a broadband connection at home, contributing to a wider problem of isolation and marginalization. Older Adults Technology Services (OATS) built a Senior Planet Exploration Center in a shopping mall. Initial classes filled quickly, and 400 people enrolled. Many bought devices, and 20 percent signed up for web access. OATS also outfitted a vehicular mobile lab to deliver training to communities scattered throughout the region. A great example of multi-sector cooperation, the program had funding from a "Connect NY" grant from the New York State Broadband Program Office as well as Macquarie Group Foundation and the CTA Foundation.

## Housing: Aging in Place, by Necessity or Design?

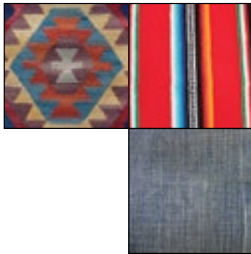
Safe, appropriate housing is an essential ingredient for aging in place, but can be in short supply. To accommodate the fast-growing number of older adults, rural communities will need to develop a range of housing options, such as more rental housing, rehabilitation and repair programs, housing with services, and assisted living.

Houses in rural areas tend to be older: 63 percent of rural homes are at least 30 years old, according to the [Urban Institute](#). They may not hold up well in bad weather: In the rural South, 18 percent of older homeowners live in mobile homes, according to a [report](#) from the Joint Center for Housing Studies at Harvard University. Conversely, houses may be too large for an older person to maintain without help.

Housing costs are also a burden to nearly a third of rural and small-town seniors, according to the Housing Assistance Council's [Housing an Aging Rural America](#). Alternatives are hard to come by: rural seniors have less access to rental housing and other options than city or suburban residents.

Numerous government resources exist to help improve rural housing options. The Department of Housing and Urban Development (HUD) administers project-based rental assistance, public housing, and Section 202 Supportive Housing for the Elderly, which provides housing assistance to low-income seniors. Funders interested in these and other possibilities may want to review [Senior Housing and Services: Challenges and Opportunities in Rural America](#), a report from the September 2015 convening by HUD's Office of Policy Development and Research of housing and health experts.

Through its [Rural Housing Service](#), the Department of Agriculture (USDA) also provides technical assistance, loans, and grants to build or improve housing and essential community facilities in rural areas in partnership with nonprofit organizations, Indian tribes, state and federal government agencies, and local communities. Of particular interest is USDA's [Section 504](#) Housing Repair and Rehabilitation Loan/Grant Program for low-income rural residents.



### What's Working: Housing

[Support and Services at Home \(SASH\)](#) coordinates social service agencies, community health providers, and nonprofit housing organizations to support approximately 5,000 Vermonters who choose to live independently at home. A Wellness Nurse and a trained SASH Care Coordinator provide individualized, on-site support. In addition to funding from CMS, SASH has [funding](#) from the state of Vermont and many foundations and nonprofits, including the MacArthur Foundation, Enterprise Community Partners, Vermont Community Foundation, and the Housing Assistance Council. "SASH takes the fear out of aging," [says](#) one participant.

## Institutional Care and Options

Rural older adults may need extra support to stay at home. The [PACE](#) model (Program of All-Inclusive Care for the Elderly) delivers the entire continuum of care and services to seniors with chronic care needs while maintaining their independence in their home for as long as possible. It has been successfully adapted in numerous rural settings, such as Piedmont Senior Care in North Carolina, since Congress first authorized funding for 15 rural pilot programs in 2006. PACE now operates in 32 states. Detailed case studies are available in [Expanding Rural Elder Care Options: Models That Work](#), a report from the Rural Long Term Care Workgroup.



The state-based network of Aging and Disability Resource Centers (ADRC) provides information on all aspects of long-term care, including alternatives to institutionalization for rural seniors, from emergency rentals and housing to transportation and caregiver support. About three-quarters of the nation's Area Agencies on Aging (AAA) also [function](#) as their region's ADRC.

Older adults who need to move to a nursing home can have difficulty finding a bed near them and the facilities themselves face numerous challenges. They often cannot meet consumer demand, the [quality](#) of care can be uneven, and they often [struggle](#) to comply with regulations because of difficulty finding enough staff, caring for a higher-than-average percentage of Medicaid patients, and meeting physician visiting requirements.

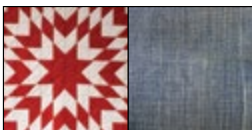
## Social Isolation: Needing a Little Help from Friends or Others

Delivering social services across a wide geographical area can stress the traditional aging and social services network. Older adults in rural places often can't travel easily enough to use centrally located programs, and travelling to their homes spreads staff and volunteers too thin. Either way, the outcome can be social isolation, which research has [proven](#) can be as dangerous as [smoking](#), and increases the risk of cognitive decline, depression, stress, chronic disease, and even premature death.

In small rural communities, solutions require service providers to be creative, says **Charlotte Haberaecker**, president and CEO of Lutheran Services of America. "What programs really work and what combinations are needed?"

From providing transportation and caregiver respite, to running errands and simply keeping homebound people company, the [Senior Companions](#) program can help. Administered by the Corporation for National and Community Service, and [organized](#) by state, the program uses volunteers age 55 and older to help adults with physical, emotional, or mental health limitations to live at home.

[Meals on Wheels](#) has also responded with its "[More than a Meal](#)" campaign. Through partnerships with insurers, hospitals and health systems, trained Meals on Wheels volunteers use their delivery visits to connect with clients, report red flags, and make progress reports on changes in their clients' health to help prevent emergencies.



### What's working: Social isolation

An innovative variation on the traditional home-delivered meal model that is working for older adults in rural Arizona is Mom's Meals. Through an arrangement with Federal Express, meals are delivered by specially trained drivers who also perform a friendly wellness check for each client. Clients also receive mandatory telephone "reassurance calls" from a supervising social service agency. "This approach was more cost-effective than relying on volunteers, who got burned out by driving long distances and the constant need," says **Amy St. Peter**.



Older adults in rural places often can't travel easily enough to use centrally located programs, and travelling to their homes spreads staff and volunteers too thin.

## Seize the Opportunity to Make a Difference

The time to pay attention to rural America has come. As the rest of America begins belatedly to listen and respond to a group of people long politically and socially overlooked, philanthropy should do the same. Rural America's needs are pressing, but its potential is great, its people are diverse and resourceful, and the chance for funders to use their expertise to make a meaningful, even life-changing impact is real. Funding in rural aging means a chance to work creatively across a huge spectrum of issues, deepening relationships, strengthening communities, and supporting individuals who may have few other places to turn but much to offer.

For funders who wish to pursue a mission of social justice, health improvement, and community and economic development, this is a unique opportunity not to be missed.

## For More Information

Funders who wish to learn more about the initiative or join the Creating a Sustainable Network for the Rural Aging Movement collaborative may contact GIA by emailing [info@GIAging.org](mailto:info@GIAging.org) or writing to GIA project lead **Cindy Padilla**, at [cindypadilla53@gmail.com](mailto:cindypadilla53@gmail.com).

*Rural America's needs are pressing, but its potential is great, its people are diverse and resourceful, and the chance for funders to use their expertise to make a meaningful, even life-changing impact is real.*



## Additional Resources

These are just a few places to begin researching rural aging. Many more resources, reports, and websites are available at [bit.ly/GIARuralResources](http://bit.ly/GIARuralResources).

[Atlas of Rural and Small-Town America \(USDA\)](#)

[Rural Assistance Council – Data Portal](#)

[The Power of Rural Philanthropy \(2005\)  
From The Forum of Regional Associations of  
Grantmakers](#)

[USDA Rural Development 2016 Progress Report](#)

[Elder Health in Rural America: A National Rural  
Health Association Policy Brief](#)

[A Toolkit for Serving Diverse Communities: U.S.  
Administration on Aging](#)

[Housing in Aging Rural America: Rural Seniors  
and Their Homes, from The Housing Assistance  
Council](#)

[Senior Housing and Services: Challenges and  
Opportunities in Rural America  
From the U.S. Department of Housing and Urban  
Development](#)

[Aging in Place, Stuck without Options: Fixing  
the Mobility Crisis Threatening the Baby Boom  
Generation, from Transportation for America](#)

Overview of Relevant U.S. Government Agencies,  
compiled by GIA  
[bit.ly/GIA\\_gov](http://bit.ly/GIA_gov)

For a list of past and current funders of rural  
aging, please visit [bit.ly/RuralFunders](http://bit.ly/RuralFunders).

## Acronyms

AAA .....	Area Agencies on Aging
ACL .....	Administration for Community Living
ADRC .....	Aging and Disability Resource Centers
CMS .....	Centers for Medicare and Medicaid Services
DOT.....	US Department of Transportation
FORHP .....	Federal Office of Rural Health Policy
FQHC .....	Federally Qualified Health Clinics
GEC .....	Geriatric Education Center
HRSA .....	Health Resources & Services Administration
HUD .....	US Department of Housing and Urban Development
n4a .....	National Association of Area Agencies on Aging
NRHA.....	National Rural Health Association
OAT .....	Office for the Advancement of Telehealth
OATS .....	Older Adults Technology Services
PACE .....	Program of All-Inclusive Care for the Elderly)
RHIHub.....	Rural Health Information Hub
RHRC .....	Rural Health Research Center
SNAP.....	Supplemental Nutrition Assistance Program
USDA .....	US Department of Agriculture
VA .....	US Department of Veterans Affairs





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Learn more at [GIAging.org/rural-aging](https://GIAging.org/rural-aging)