



A Toolkit for Developing Local Multisector Plans for Aging in Rural Areas





Executive Summary

Background

In January 2021, California launched its first Multisector Plan for Aging (MPA), called the Master Plan for Aging, to enhance systems, policies, partnerships, and programs for all Californians, especially older adults, adults with disabilities, and caregivers. The MPA brought together state agencies, departments, and diverse community leaders to create a 10-year blueprint for healthy aging and quality of life.

Recognizing the need for MPAs at all government levels, the California Department of Aging published a Local Playbook for community-level MPA development. However, rural communities faced resource limitations for local planning. To bridge this gap, The SCAN Foundation (TSF) launched a ‘Rural MPA Initiative’ from January 2022 to December 2023, supporting three coalitions to create local MPAs covering seven counties across California. Throughout the two-year initiative, the coalitions shared their processes, templates, tools, and lessons learned, which have been compiled in this toolkit to aid other rural communities to develop MPAs.

“The MPA process has increased awareness of not only the diversity of resident needs, but the range of resources and supports currently in existence. Partners have long recognized the importance of collaboration and sharing information and working on the MPA provided a time-bound and structured format in which to have critical discussions and form partnerships.”

- Sharon Brisolara, PhD, Consultant, North State Local Master Plan for Aging; Director, Inquiry that Matters

What?

What is a Multisector Plan for Aging?

A Multisector Plan for Aging is a comprehensive strategy designed to address the challenges and opportunities associated with an aging population. MPAs drive cross-sector collaboration to address gaps in infrastructure, increase access to resources, and build out assets such as health care, transportation, housing, care coordination, and support services. MPAs provide an overarching framework and a set of strategies to create age-friendly environments that promote equity, inclusion, dignity, independence, and physical, emotional, and financial well-being of older adults and caregivers.

Why?

Why are MPAs essential in rural communities?

Age-friendly models from urban and suburban areas often don't translate to rural settings. Local, cross-sector engagement is critical to tailor practices, policies, and programs to the community. MPAs are essential to understand and address the trends that many rural communities face, including:

- An aging population
- Higher prevalence of disabilities
- Financial insecurity
- Racial and ethnic disparities
- Barriers to health care & behavioral health services
- Lower access to long-term services and supports (LTSS), including home- and community-based services (HCBS)
- Greater reliance on informal caregivers
- Transportation challenges
- Digital Divide
- Greater vulnerabilities to severe weather and climate-related disasters
- Lack of representation or attention to rural needs among statewide coalitions focused on health or policy making

10 Steps

The Rural MPA Toolkit Describes 10 Steps to Develop a Local MPA

- Step 1:** Identify MPA Leadership and Staffing
- Step 2:** Form a Local Advisory Committee
- Step 3:** Build Public Awareness and Support
- Step 4:** Conduct a Landscape Analysis of Local Data and Aging Services
- Step 5:** Facilitate Inclusive Community Engagement
- Step 6:** Synthesize Findings & Recommendations
- Step 7:** Solicit Additional Input to Solidify MPA Goals
- Step 8:** Build out the Implementation Plan
- Step 9:** Evaluate MPA Progress
- Step 10:** Ensure Accountability & Sustainability

How?

How to use the Rural MPA Toolkit

Each community is unique and starting from a different place. While the toolkit outlines 10 steps to develop an MPA, they are not necessarily sequential; many will be executed simultaneously. We encourage you to follow the steps that suit your community's process. While the TSF Rural MPA Initiative occurred in California, this Toolkit is relevant to rural leaders anywhere, including those located in plains, deserts, and mountain areas. Many steps throughout the toolkit include examples from the TSF Rural MPA Initiative, including links to templates and tools used by the three regions. These can be adapted for your community. Additionally, we've included links to many pertinent external resources in the [Appendix](#).



Let's Get Started!

Establishing a local MPA requires dedication and persistence. Continually educating and engaging non-traditional, cross-sector partners is essential as the community strives to adapt and better serve changing demographics. We hope this toolkit supports your efforts to enhance the quality of life for older adults, adults with disabilities, and family caregivers in your community.



“An MPA can help create connections between resource providers and build infrastructure to sustain social connection for aging individuals in rural areas, improving their quality of life.”

**- Elizabeth Bogumil, MA, PhD(c),
Consultant, Inland Empire Master
Plan for Aging**

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Introduction

In January 2021, California launched its first-ever Multisector Plan for Aging (MPA), known as the Master Plan for Aging, to reimagine how systems, policies, partnerships, and programs can best serve Californians at every stage of life, with a focus on older adults, adults with disabilities, and their caregivers.

The [California MPA](#) brought together agencies and departments across the state, along with diverse community leaders representing service providers, academia, philanthropy, and more to develop a 10-year blueprint for promoting healthy aging and supporting quality of life.

At the same time, there was a recognition that to truly implement change, MPAs need to be developed at all levels of government – from the state, to counties, to cities. The California Department of Aging published a [Local Playbook](#) to inform MPA development at the community-level. However, resources to support this type of local planning were limited in rural communities.

To address this gap, from January 2022 through December 2023, The SCAN Foundation (TSF) launched a ‘Rural MPA Initiative,’ supporting three coalitions to develop local MPAs. Throughout the two-year initiative, the regions, noted below, shared processes, templates, tools, and lessons learned with one another, facilitating progress in each region. These experiences and resources have been catalogued within this toolkit to support rural communities and states in multisector planning for aging nationwide.



Coalition Name	Region of Focus
Diversability Advocacy Network	Shasta, Butte, and Glenn Counties (Northern California)
Central Valley Long-Term Services and Supports Coalition	Kings and Tulare Counties (Central Valley)
Inland Coalition on Aging	San Bernardino and Riverside Counties (Inland Empire)

How to use the Rural MPA Toolkit

Each community is unique and starting from a different place. While the toolkit outlines 10 steps to develop an MPA, they are not necessarily sequential; many will be executed simultaneously. We encourage you to follow the steps that suit your community's process. While the TSF Rural MPA Initiative occurred in California, this Toolkit is relevant to rural leaders anywhere, including those located in plains, deserts, and mountain areas. Many steps throughout the toolkit include examples from the TSF Rural MPA Initiative, including links to templates and tools used by the three regions. These can be adapted for your community. Additionally, we've included links to many pertinent external resources in the [Appendix](#).

“Having an MPA in rural communities is important because these are often underserved areas and the Local MPA has allowed us to connect with people and organizations that we normally would not have. We have been able to serve clients that were not known to us and provide information to communities that had very little knowledge of our services.”

- Dayna Wild, MS, Director, Kings Tulare Area Agency on Aging

What is a Multisector Plan for Aging?

A Multisector Plan for Aging is a comprehensive strategy designed to address the challenges and opportunities associated with an aging population. MPAs drive cross-sector collaboration to address gaps in infrastructure, increase access to resources, and build out assets such as health care, transportation, housing, care coordination, and support services. MPAs provide an overarching framework and a set of strategies to create age-friendly environments that promote equity, inclusion, dignity, independence, and physical, emotional, and financial well-being of older adults and caregivers.

Why are MPAs essential in rural communities?

MPAs are essential to understand and address the trends that many rural communities face, including, but not limited to:

- **An aging population:** Across the globe, people are experiencing increased longevity, with adults aged 65 and above constituting the fastest growing demographic group. In the US, this trend is more pronounced in rural areas, where adults aged 65 and older make up a higher share of the population (19%) as compared to urban and suburban ones (15%).^{1,2} Furthermore, the proportion of older adults is expected to continue to grow to over 26% by 2034.²
- **Higher prevalence of disabilities:** Rural counties exhibit a higher prevalence of all types of disabilities as compared to urban counties, with older rural adults and racial/ethnic minorities experiencing particularly elevated disability rates compared to their urban counterparts.³⁻⁵



“Access to services and resources to residents of rural areas is complicated by many factors including lack of robust infrastructure, geographic distance, limited services, and the high cost of providing supports to people with multiple, complex needs. State and national programs often neglect to effectively respond to rural needs. Deep attention to rural contexts, strengths and constraints is needed to ensure that such policies and initiatives are responsive to the true needs of rural communities.”

- Sharon Brisolara, PhD, Consultant, North State Local Master Plan for Aging; Director, Inquiry that Matters

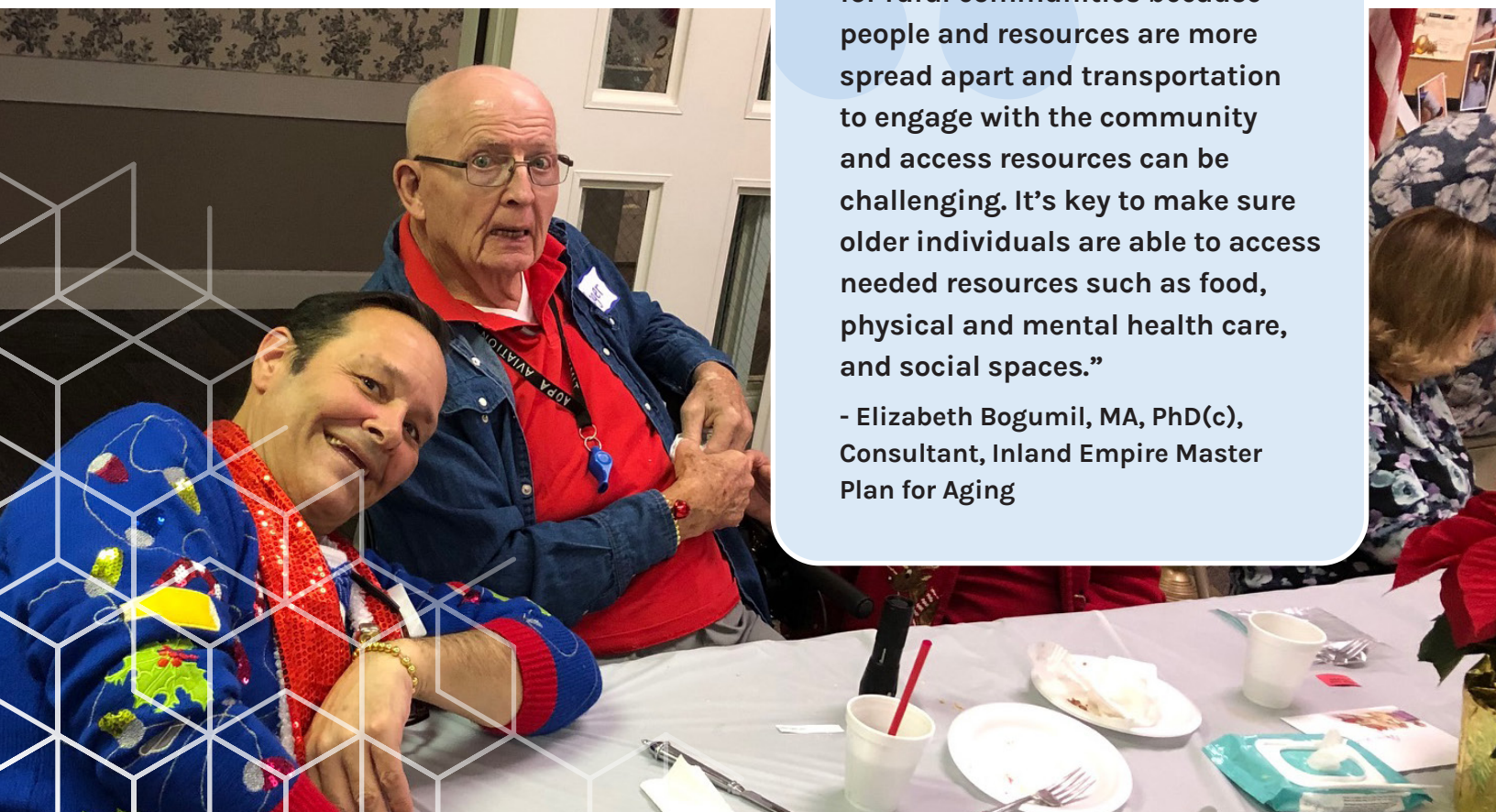
- **Financial Insecurity:** Among older adults, Near Duals – financially insecure individuals on the cusp of full dual eligibility – are more likely to reside in rural communities (28%) compared to all other older adults (16%).⁶
- **Racial and ethnic disparities:** Almost one in four rural Americans is a person of color and geographic disparities intersect with and exacerbate racial and ethnic disparities.^{2,7} These disparities are driven by many factors, including health care shortages, cultural and historic factors, weather-related vulnerabilities, underdeveloped public health infrastructure, barriers to qualifying for funding in rural areas, and more.⁷
- **Barriers to health care:** Rural residents, particularly persons of color and those living on tribal lands, have lower access to health care as compared to urban and suburban areas. According to the US Congress Joint Economic Committee,

91% of all rural counties face a shortage of primary care physicians.² Nationally, there are only 10.9 physicians per 10,000 people in rural areas versus 31.7 in urban areas.⁸ Additionally, between 2010 and 2021, a total of 136 rural hospitals and health systems closed, exacerbating shortages.² Rural regions experience shortages in nurses, physician assistants, dentists, and dental hygienists.⁷

- Even when an adequate supply of health care services exists in the community, there are other factors that may impede health care access.⁹ For instance, to effectively access health care services, rural residents require financial means for health care coverage, access to transportation, language proficiency and health literacy, and confidence in the quality of care. All these factors can cause patients to delay care, leading to worse health outcomes and greater mortality.
- **Lower access to behavioral health services:** Rural regions experience a shortage of psychologists, psychiatrists, licensed clinical social workers, and psychiatric nurse practitioners. More than 60% of rural Americans reside in regions officially designated as experiencing a shortage of mental health providers.^{7,10-12}

“Developing an MPA is important for rural communities because people and resources are more spread apart and transportation to engage with the community and access resources can be challenging. It’s key to make sure older individuals are able to access needed resources such as food, physical and mental health care, and social spaces.”

- Elizabeth Bogumil, MA, PhD(c),
Consultant, Inland Empire Master
Plan for Aging



- **Lower access to long-term services and supports (LTSS), including home- and community-based services (HCBS):** Rural areas face a severe shortage of direct service workers (DSWs), including personal care aides, home health aides, and nursing assistants.^{13,14} Rural Medicaid LTSS recipients are more likely to receive nursing facility care as compared to their suburban or urban counterparts. Another barrier to HCBS is affordability. Due to limited incomes, many older adults in rural areas struggle to afford LTSS. Once their personal finances are depleted, the majority of rural residents turn to Medicaid to fund their essential care needs.^{15,16}
- **Greater reliance on informal caregivers:** In rural areas, family members, neighbors, and friends often fill gaps by providing informal HCBS. However, migration of younger family members to larger, more urban areas reduces the number of family members available to provide care.¹⁷
- **Transportation challenges:** Long distances, road conditions, and seasonal variations in weather contribute to transportation challenges in rural regions, where residents must travel long distances to access groceries, opportunities for socialization, health care and other services. Over 20% of older adults do not drive, leading to a rising need for accessible transportation options.¹⁸ Rural older adults report an increased reliance on caregivers, friends and neighbors for transportation, though some report having no one they can reach out to for help.
- **Digital Divide:** A third of Americans living in rural areas lack adequate access to broadband.¹⁴ This impacts access to online information and resources, telehealth, financial services, digital communication, social connection, and more.¹⁹
- **Greater vulnerabilities to severe weather and climate-related disasters:** Disasters disproportionately effect older adults and individuals with disabilities. As climate change causes more frequent and severe weather fluctuations, rural communities bear the brunt of these impacts.²⁰ Over 85% of the rural and unincorporated areas of California are situated in zones categorized as having “high” or “very high” severity for wildfire risk.²¹ Rural areas are also especially vulnerable to flooding due to inadequate investment in physical infrastructure, including poor maintenance of levees and irrigation channels.²⁰

Cross-sector collaboration is essential to tailor a local MPA to communities’ unique resources, bridging service gaps, addressing health disparities, and meeting the diverse needs of residents across all age groups.²² While many examples of age-friendly planning initiatives exist in urban and suburban areas, these models often don’t translate to rural settings. In rural communities, local government leadership and civic engagement are pivotal to develop collaborative networks for community mobilization and collective impact.^{22,23} MPAs enable rural communities to tackle complex community challenges and drive population and systemic change by leveraging individual, community, and jurisdictional factors.^{24,25}



Overview of Steps to Develop a Local MPA

This toolkit describes ten steps to develop a local MPA as shown below. We will describe each step in detail, as well as provide case studies and templates developed during The SCAN Foundation Rural MPA Initiative. While the toolkit describes these steps in order, some of these steps occur simultaneously and iteratively. For example, building public awareness and support should occur throughout all phases of the initiative, and community engagement will be an iterative process.



TIP!

Click on any of the steps below to jump to the relevant section in the Toolkit.



[Step 1: Identify MPA Leadership and Staffing](#)



[Step 2: Form a Local Advisory Committee](#)



[Step 3: Build Public Awareness and Support](#)



[Step 4: Conduct a Landscape Analysis of Local Data and Aging Services](#)



[Step 5: Facilitate Inclusive Community Engagement](#)



[Step 6: Synthesize Findings & Identify Recommendations](#)



[Step 7: Solicit Additional Input to Solidify MPA Goals](#)



[Step 8: Build Out the Implementation Plan](#)



[Step 9: Evaluate MPA Progress](#)



[Step 10: Ensure Accountability & Sustainability](#)



Step 1: Identify MPA Leadership and Staffing



Developing a successful MPA requires many commitments, including time, human resources, and strong partnerships. Before embarking upon the development of an MPA, some aspects of community readiness to consider include:

Existing partnerships, coalition, or network: It is essential that a diverse cohort of leaders take responsibility for developing and overseeing implementation of the local MPA.

Lead Entity: Effective multisector collaboration requires leadership. Local MPAs can be led by government agencies, community-based organizations, or coalitions. It is helpful to identify one entity who can serve as a lead coordinator or administrative entity, possibly also serving as the fiscal agent and housing staff and consultants.

Committed staff (paid or in-kind): While much of your MPA development will be volunteer driven, at least one staff member should have a percentage of time devoted to the project. Staff responsibilities may include:

- Coordinating and facilitating Advisory Committee activities, such as inviting new members, making executive decisions, and determining when a decision should be brought to the full Advisory Committee.
- Supporting needs assessment activities.
- Recruiting and hiring consultants.
- Developing meeting agendas.
- Managing calendar invitations, sending out meeting minutes.
- Creating and updating a website.

Funding: Consider opportunities to embed MPA work into existing structures, staff positions, and funding streams. Or, seek out new funding. The Rural Health Information Hub hosts an online library of [funding opportunities](#), common [fundors of rural health programs](#), and [practices and resources to support rural communities seeking to build partnerships with philanthropies across the US](#).

Experience: MPA leaders should bring experience engaging diverse communities and building consensus around important community issues. It is helpful to have a history of partnering with and engaging elected officials.

If MPA leaders do not have experience gathering community input via town halls, listening sessions, focus groups, and/or surveys, consider identifying local consultants, community-based organizations, or local academics that could provide this expertise. Bringing on an outside expert can have the added benefits of bringing a new perspective, sharing the workload, and offloading some of the political pressure that can arise through providing a more neutral voice.



TIP!

We'll highlight strategies to engage elected officials in [Step 3](#) of the toolkit.



Case Study: TSF Rural MPA Initiative

Local Leadership & Staffing Structures

NORTHERN CALIFORNIA (SHASTA, BUTTE, AND GLENN COUNTIES)

Lead Entity

[Diversability Advocacy Network \(DAN\)](#). Formed in 2012, DAN brings together over 500 members to advocate for older adults and people with disabilities in the Northern California region, including Butte, Colusa, Glenn, Plumas, Tehama, Lassen, Modoc, Shasta, Siskiyou, and Trinity counties.

Fiscal Agent

Disability Action Center (DAC), an independent living center.

Staff Support

One staff member and two part-time consultants.

CENTRAL VALLEY (KINGS AND TULARE COUNTIES)

Lead Entity

[The Central Valley Long-Term Services and Supports \(CV LTSS\) Coalition](#) (founding roots in 1997). The CV LTSS Coalition covers five counties, including Kings and Tulare Counties, and includes members from protective agencies, social services agencies, law enforcement, legal services, senior service providers, private attorneys, and advocates.

Staff Support

One staff member, who is also the CV LTSS Coalition lead. Additional support provided by an Area Agency on Aging (AAA) Director and one part-time consultant.

INLAND EMPIRE (RIVERSIDE & SAN BERNARDINO COUNTIES)

Lead Entity

[The Inland Coalition on Aging](#) (formed in 2008), which brings together the expertise of diverse health care entities, community-based organizations, public officials, and advocates to better serve older adults, adults with disabilities, and caregivers in San Bernardino and Riverside Counties.

Fiscal Agent

Community Access Center (CAC), an independent living center.

Staff Support

One part-time CAC staff and two part-time consultants. Additional funds from an Advisory Committee Member Organization supported temporary, part-time staff for some community engagement and event planning activities.

All three regions relied heavily on volunteer support through Advisory and Steering Committees, as will be described next.

“Through this body of work, we are reminded that true progress in aging must be community-led and rooted in the unique voices of those we serve. The Rural MPA Toolkit represents not just a plan but a pathway to ensuring that older adults in rural areas—who too often face disparities in access to quality, timely, and affordable care—can age with dignity, purpose, and respect.”

- Sarita A. Mohanty, MD, President and CEO, The SCAN Foundation





Step 2: Form a Local Advisory Committee

As you begin this journey, consider who to engage on your MPA Advisory Committee. The Advisory Committee will be instrumental in guiding MPA development, including setting priorities; developing a community engagement strategy; implementing a needs assessment; and making program, policy, and practice recommendations for inclusion in the MPA.

We recommend beginning with a smaller group of 10 to 15 committed members who will actively participate in monthly meetings. We highly recommend including representatives from your local Area Agency on Aging, Independent Living Center, municipal staff, and elected officials. Additionally, consider what expertise might be needed to address key challenges in your community. Consider members who represent diverse sectors, geographies, and demographic subpopulations, for example:

- Aging Services - (CBO, Government, Area Agency on Aging)
- Disability Services (CBO, Government, Independent Living Center)
- Elected Officials (County Board of Supervisors, City Council, City Mayors)
- Aging Advocacy (Commission on Aging)
- Disability Advocacy
- Public Health
- Health Care Services
- Health Plans
- Caregiving
- Information & Access (United Way/211, Aging and Disability Resource Center)
- Transportation
- Housing
- Emergency/ Disaster Response/ First Responders
- Diversity, Equity, Inclusion (DEI)
- Racial Equity
- LGBTQ+ Equity
- Elder Justice
- Aging and Disability Research
- Alzheimer's Disease and Other Dementia
- Higher Education/ Academia
- Direct Care Workforce/ Labor

It may be challenging to narrow down to only 10-15 members at this stage, however, those not selected to serve on the committee will have several future opportunities to provide input, for example via participation in focus groups, town halls, surveys, and/or workgroups tasked with building out the implementation plan.

Clear expectations and an engaged membership are key to a successful Advisory Committee. A charter and/or bylaws outlining attendance, participation, and outcome expectations from the outset can help prepare committee members for the time commitment. For example, your charter may cite a maximum number of unexcused absences without losing one's seat on the committee and the specific outcome expected of the committee, such as a report on a specific topic or development of MPA policy, program, and partnership recommendations.

Sample Invitation For Advisory Committee Members

Once the list of target Advisory Committee members is complete, send out personalized invitations and a scheduling poll for a regular monthly meeting day/time.

[A sample email template is available here.](#)



Form a Steering Committee

In addition to your Advisory Committee, a steering committee of 4-5 people will make key decisions, facilitate meetings, and ensure the Advisory Committee's work progresses. Steering Committee responsibilities may include developing meeting agendas, developing and reviewing project materials, and identifying opportunities that keep Advisory Committee members engaged and contributing between meetings.

Suggested Steering Committee membership composition:

- Representative of the Lead Agency (fiscal agent)
- One to three other members of the Advisory Committee (e.g., Directors from County Health and Human Services Departments)
- Project Consultant(s)
- Administrative assistant who will take minutes, manage meeting schedules, and coordinate communications/emails.



Step 3: Build Awareness & Support

Building awareness and support is a central goal of an MPA and should occur throughout all phases of MPA development. To be successful, the local MPA needs buy-in from elected officials, jurisdictional staff, community-based organizations, and community members.

A few strategies to increase awareness and support include the following:

- Presentations to elected officials
- Press releases
- Newsletters
- MPA webpage
- Social media
- Tabling and outreach at various community events

Presentations to Elected Officials

Elected officials offer an eagle-eye view of diverse issues and efforts in a community. They can facilitate cross-sector buy-in and access to resources, increase community awareness, and influence local policy. A great way to garner the attention of local elected officials is to get onto the official meeting agenda for a County Board of Supervisors and/or local City Council meeting to share local MPA efforts and invite their involvement. Many elected officials have personal experience with gaps in services related to aging and caregiving and can become great champions for the local MPA. When entering an election year, there may be opportunities to engage local candidates before they enter office and encourage them to champion aging issues as part of their (re)election platform.

Topics to cover in presentations and meetings with elected officials could include:

- Demographic projections of the region
- Major gaps in services/unmet needs – both current and forecasted

- Overview of current and anticipated efforts (e.g., advisory committee membership; community engagement through town halls, focus groups, interviews, or surveys)
- Vision for what the local MPA will accomplish
- Existing momentum around addressing aging issues (e.g., a statewide MPA, neighboring regions with an MPA)
- Proposed elected officials' involvement and next steps, such as:
 - › an elected official “champion” who believes in the rural MPA mission and can support its success
 - › an elected official who can join monthly MPA Advisory Committee meetings
 - › identification of alignment of MPA goals with other city or county initiatives
 - › identification of potential resources and support that could be leveraged to address older adults' unmet needs
 - › opportunity to return and present at a future meeting – with the goal of obtaining their support for implementation

Prepare a document to leave behind: A one-page handout that summarizes key points and includes MPA contact information will allow elected officials and staff to review the material later. [A sample one-page handout from Glenn County can be viewed here.](#)



Multimedia Campaigns

There are many ways to increase awareness and support using media such as websites, newsletters, flyers, brochures, social media, press releases, or radio or TV interviews.

A webpage should share the MPA vision, activities, meeting schedule, and contact information so community members, the media, and local leaders can learn more and find out how to get involved. A newsletter can share MPA updates and remind people to revisit the website to stay informed about MPA development. Be sure to include a “sign up” button on your webpage.



Case Study: TSF Rural MPA Initiative

Multimedia Examples

INLAND EMPIRE

The Inland Empire placed significant focus on raising awareness and support for the Local MPA using multimedia. You can check out their website at inlandaging.org.

They developed:

- A video introducing the Inland Empire’s Master Plan for Aging in [English](#) and [Spanish](#).
- A [flyer and brochure](#), distributed throughout partner networks, including information about the coalition and MPA efforts.
- A [social media toolkit](#) providing sample content for Advisory Committee members to post on Facebook, Instagram, and LinkedIn.
- A series of short videos, posted on the [Inland Caregiver Resource Center’s YouTube channel](#), raising awareness about resources to support older adults, adults with disabilities, and caregivers, with an emphasis on cultural diversity and combating the stigma of reaching out for help with behavioral health challenges.



Press Releases

Sharing press releases with local news outlets is an excellent way to spread the word about the MPA and its progress. It is valuable to engage the media at every step of the MPA process. For example, media coverage of the following milestones will increase awareness, interest, and participation in local MPA efforts:

- initiative launch, including the formation of the MPA Advisory Committee,
- launch of community input phase,
- findings gathered through community input, and
- release of the draft and final MPA.

TSF Rural MPA Initiative Sample Media Coverage

[Inland Empire press release content shared with media outlets](#)

[Inland Empire 20-minute interview with a local radio station](#)

[Central Valley sample article on the MPA launch in the local news](#)





Step 4: Conduct a Landscape Analysis of Local Data and Aging Services



Before gathering new data through the MPA needs assessment, become familiar with existing and relevant data, programs, and services within the community.



TIP!

The Toolkit [Appendix](#) includes links to a variety of reputable data sources to reference in your landscape analysis.

A landscape analysis outlines the strengths, resources, and needs of a particular community. Compiling and reviewing available data, including the demographic and social characteristics of the community, and mapping out your community's aging services landscape (an asset inventory) will help to identify strengths, gaps and redundancies in services, and potential partnerships.

Through this process, the Advisory Committee can identify areas of focus for the next MPA development step, Facilitate Inclusive Community Engagement.

During the landscape analysis, it is important to become familiar with programs, community plans, initiatives, or reports across sectors that impact older adults and caregivers. For example:

- Area Agency on Aging Area Plans
- Community Health Improvement Plans
- Housing and Transportation Plans
- Plans released by county or municipal agencies, such as the Parks and Recreation, Transportation, and Health & Human Services Departments



Case Study: TSF Initiative Regions

Data Collection & Analysis Examples

CENTRAL VALLEY

The MPA Advisory Committee compiled call-in data from the Kings County Commission on Aging, Community Services Employment Training (CSET), and 211 from United Way in Kings and Tulare counties into unduplicated calls, and a yearly average of calls was estimated to determine the greatest areas of need. This data helped the Advisory Committee narrow priorities to focus on during the community engagement process. Of all incoming calls, nutrition requests were the most in demand, including home-delivered meals and general food insecurity, and affordable housing was identified as the second most needed service.

INLAND EMPIRE

The Inland Empire referenced a variety of data sources in their [interim report](#).

Some data sources included:

- Local Area Plans and County Transportation plans
- Needs assessment reports published by local health plans
- Data from the National Council on Aging, the California Department of Aging, the Alzheimer's Association, and the Family Caregiver Alliance National Center on Caregiving
- National Association of Counties
- AARP Livability Index
- Survey data from three local tribal nations gathered via [a national survey of tribal elders aged 55 and older](#), collected by the University of North Dakota School of Medicine & Health Sciences and the National Resource Center on Native American Aging

The screenshot shows the NRCNAA website with a navigation bar including 'Services', 'Resources', 'Data', and 'About Us'. The main content area features a sidebar with 'NRCNAA Services' and a main section titled 'Needs Assessment, Identifying Our Needs: A Survey of Elders'. The main section includes a description of the survey, a 'Why should we trust the NRCNAA with our data?' section with bullet points, and a 'Survey Results' section with a link to the '2024 Final Report'. A right sidebar contains 'Assessment Materials', 'Interested in Participating? Contact:' with names like Collette Adamson and Heather Skadsem, and 'Title VI Grants'.



Step 5: Facilitate Inclusive Community Engagement

Now that you have formed an Advisory Committee, started to build public awareness and support, and conducted a landscape analysis of existing data, programs and services in your community, it is time to gather community input to inform the MPA.

There are many methods for gathering input, such as focus groups, town halls, interviews, and surveys. It is important to gain input on people’s experiences accessing programs and services (both positive and negative), unmet needs and priority issues, and recommendations to expand or develop new policies or programs.

The three TSF Rural MPA Initiative regions captured community input through a series of focus groups and interviews; the data gathering process in each of the three regions occurred over a period of six months. We’ll describe the process used by the three regions to capture community input, and then share links to template and sample documents in the Case Study section below that you can adapt and use in your community.

Focus Groups & Interviews

Develop Interview Guides

If you plan to gather community input through focus groups or interviews, one of the first steps will be to tailor an interview guide to your region. The interview guide should focus on priority topics identified through your landscape analysis and via Advisory Committee input. Consider developing one interview guide for community members to capture lived experiences, and a separate interview guide for professionals. The interview guide should be adapted and translated for the various ethnic and cultural groups that you plan to engage.

Conduct Initial Focus Groups with the Advisory Committee

It is important to test your interview guide prior to deploying to the community. Hosting an initial focus group with the Advisory Committee helps capture committee member input in a structured way and will allow you to pilot test the interview guide to ensure it is succinct and covers all necessary topics.

Develop a Participant Recruitment Strategy

Brainstorm a list of professional and community perspectives to engage to inform the MPA. When it comes to engaging professionals, consider the list of sectors we shared in Step 2: Form a Local Advisory Committee. When it comes to engaging community members, it is important to be intentional about engaging individuals who are not connected to services. Capturing the lived experience of diverse community members is essential to ensure the MPA has a focus on equity and inclusion.

Some subpopulations to consider engaging for input could include:

- Various age groups, e.g., Ages 50-59, 60-74, and 75+
- Intergenerational
- Focused Geographic Area
- Family Caregivers
- Veterans
- Diverse Ethnic/ Racial Groups
- LGBTQIA+
- Low Income
- Agricultural
- Unhoused
- Previously Incarcerated
- Individuals with Disabilities

Present this list of potential subpopulations to your Advisory Committee to spark conversation. Consider language and accessibility needs for each target population and how these could be met. After your Advisory Committee has identified which populations to target, brainstorm a list of partners who could assist with recruitment. Potential partners may include libraries, recreation centers, senior centers, caregiver resource centers, faith communities, food pantries, or Federally Qualified Health Centers.

For each potential partner agency, identify specific contact names and assign Advisory Committee members to reach out to those with whom they have existing relationships. Consider making a spreadsheet with four columns:

1. target population,
2. potential partner agencies,
3. contacts, and
4. the Advisory Committee member assigned to reach out.

Organize Focus Groups

Next, plan to hold focus groups to engage the subpopulations identified in your recruitment strategy.

Identify a Host or Consider Video Conference Options: Reach out to partner agencies regarding their ability to host a focus group and/or to spearhead recruitment. If a partner doesn't have a good space to host a focus group, consider reserving space at a local library, community center, faith community, or health center.

In some cases, it may be appropriate to arrange a focus group over video conference. This can eliminate some barriers such as transportation challenges. However, it is essential to be mindful of participants' internet access and digital literacy skills. AARP/ Older Adult Technology Services offers a [free guide on using Zoom](#) that may be helpful to distribute to participants in advance of the focus group. Consider organizing test meetings with participants prior to the focus group to allow troubleshooting.

Incentives: Consider offering incentives to participants, for example, gift cards to local grocery stores of \$25 to \$50. Additionally, if you are engaging family caregivers in a listening session or focus group, consider offering funds to cover respite care.

Recruitment Materials: Develop recruitment materials, such as flyers, email templates, and social media content. Additional recruitment options include community newsletters, newspapers, or NextDoor. Recruitment materials should be adapted and translated for the various ethnic and cultural groups that you plan to engage.

Accessibility Considerations: When individuals RSVP, gather their email address, mailing address, and accessibility needs. For example, some participants may need closed captioning, American Sign Language translation, language interpretation, or transportation to the focus group.

Participants Preparation: Prior to the focus group, mail or email participants a summary of discussion topics they can expect, information about parking and public transportation, and a consent form. The consent form should clarify that their comments will remain confidential, and feedback will remain anonymous; it should describe how notes and recordings will be handled; and inform participants that they aren't required to answer any questions they are not comfortable with.

Participants may be unaware of existing services. Be prepared to share a list of community resources, such as the Aging and Disability Resource Center, as well as to provide participants with information and direct referrals to meet their various needs, ranging from in-home support to Meals on Wheels.

On the day of the focus group, be prepared with:

- equipment to audio-record the session
- notepad and pen for taking notes
- nametags
- snacks
- incentives/gift cards



Case Study: Rural MPA Initiative

Facilitate Inclusive Community Engagement

The three TSF Rural MPA regions collected community input through a mix of focus groups and interviews. This community engagement process was led by consultants with expertise conducting and analyzing qualitative research and presenting results to facilitate discussion and MPA planning. The consultants developed interview guides that were informed by the California MPA's five bold goals, priority needs identified through local landscape analyses, and Advisory Committee member input. In each region, interview guides were tailored for both providers and community members.

The interview guides are available for use and adaptation:

Region	Priority Topics	Interview Guide for Providers	Interview Guide for Community Members
Northern California	Housing, Transportation, Health Care	Click here.	Click here.
Central Valley	Outreach, Housing, Caregiving, Transportation, Food Security	Click here.	Click here.
Inland Empire	Housing, Transportation, Health Care, Dementia, Caregiving, Mental Health/ Social Support	Click here.	For English version, click here. For Spanish version, click here.

After hosting the first focus groups with Advisory Committee members, notes were consolidated and shared back with members, allowing them to suggest edits and provide further input.

Final summaries for the [Inland Empire are available here](#) and for [Northern California are available here](#).

Following the process described above, the Advisory Committees agreed upon a recruitment strategy. You can view sample recruitment strategy documents for [Northern California here](#) and the [Inland Empire here](#).

Recruitment flyers were adapted to each subpopulation. View sample recruitment flyers in English ([LGBTQIA+](#), [African American](#), [IHSS Recipients](#), [General Advocates](#)) and in Spanish [here](#). You can also view [sample recruitment emails to partner agencies and individuals here](#).

Participants were sent confirmation letters in advance of the focus groups ([English](#), [Spanish](#)), along with an overview of topics to be discussed ([Inland Empire English](#); [Inland Empire Spanish](#)), and informed consent forms (view the consent forms in [English](#) and [Spanish](#)).

“This toolkit and the underpinning project is a great example of how philanthropy can connect people and policymakers, centering the voices of older adults and local leaders to build a future where every community has the tools to thrive.”

- Kali Peterson, MS, MPA, Program Officer, The SCAN Foundation



Community Surveys

If your community has the resources and data analysis capacity, a great way to collect input from the public is through a survey. Consider offering both paper and digital response options, as well as surveys in languages other than English. There's no reason to start from scratch, as sample surveys are available online. For example, AARP offers an [Age-Friendly Community Survey](#) on its website that is available in both English and Spanish. Communities who are part of AARP's Age-Friendly Network can request access to a digital version of the survey that can be completed and submitted online. Age-Friendly Minnesota offers '[A Guide to Including a Diversity of Older Voices in Age-Friendly Communities Work](#),' which includes a sample survey and was designed to help people who are working with older populations to improve data gathering from diverse communities to address disparities.

Surveys can be distributed via partners, such as community-based organizations, senior and community centers, Area Agencies on Aging programs, faith-based organizations, libraries, and health care providers.



TIP!

The [Appendix](#) includes helpful resources for gathering community input via surveys and qualitative methods, including tools to ensure diversity, equity and inclusion.





Step 6: Synthesize Findings & Identify Recommendations

Present Findings to the Advisory Committee and Develop MPA Recommendations

Once data collection is complete, summarize and present findings by topic to the Advisory Committee. These presentations should cover:

- Methods (subpopulations engaged, number of participants, location, date, partner agencies who assisted with recruitment)
- Emerging themes and priorities
- Challenges, barriers, and unmet needs, noting similarities across all groups and findings that varied by subpopulation
- Recommendations identified through the community engagement process
- Sample practices, policies, and programs from other communities that could be considered for local MPA implementation

At the end of each presentation, engage the Advisory Committee in brainstorming MPA recommendations that will improve or expand practices, policies, programs and services.



TIP!

Be sure to plan sufficient time for this step. In the three TSF Rural MPA regions, this process of discussing community input, reviewing models from other communities, and identifying recommendations for the local MPAs took approximately six months.

Look to Other Communities to Identify Models and Best Practices

There are many examples of practices, policies, and programs that have been implemented across the US to address common challenges. The Appendix includes a variety of resources to identify sample practices from other communities.

Consider assigning Advisory Committee members to research MPA implementation ideas related to their domain of expertise. For example, one member might research sample policies and programs related to housing, while another member may research transportation models. They could present their findings to the full Advisory Committee for discussion.



TIP!

The Toolkit [Appendix](#) describes several resources to identify models and programs for implementation.



“According to the U.S. Surgeon General’s 2023 report, “Our Epidemic of Loneliness and Isolation,” social connections have very real health benefits. As a result, it is exceptionally important for mental and physical health outcomes to make sure those in rural communities have spaces to develop social connections—senior centers, religious spaces, parks and recreation spaces—as well as ways to get there.”

- Elizabeth Bogumil, MA, PhD(c), Consultant, Inland Empire Master Plan for Aging



Case Study: TSF Rural MPA Initiative

Presentations of Findings to Advisory Committees to Drive Development of MPA Recommendations

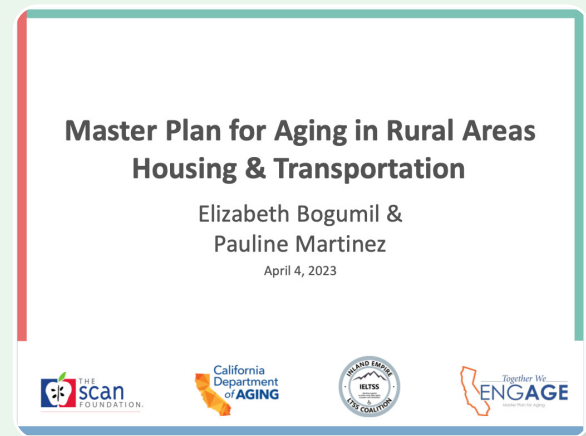
INLAND EMPIRE

Community findings, along with sample programs and policies, were presented to the Advisory Committee who used the information to develop recommendations for strategies and actions to include in the MPA.

The PowerPoint decks can be viewed here:

- [Housing PowerPoint](#)
- [Transportation PowerPoint](#)
- [Health Care & Mental Health PowerPoint](#)
- [Dementia & Caregiving PowerPoint](#)

As a result of these presentations and discussions, the Inland Empire Advisory Committee identified 74 recommendations for advocacy and implementation, organized around seven topics: 1) Housing, 2) Transportation, 3) Health Care, 4) Alzheimer's and other dementias, 5) Behavioral Health & Social Support, 6) Caregiving, and 7) Education & Awareness ([View the recommendations here](#)).



NORTHERN CALIFORNIA

Upon completion of community input, findings were organized by emerging themes, contextual factors, challenges, resources, and potential solutions. Findings were presented to the Advisory Committee in PowerPoint and summary report formats:

- [Housing \(PowerPoint, Summary Report\)](#)
- [Transportation \(PowerPoint, Summary Report\)](#)
- [Health Care \(PowerPoint, Summary Report\)](#)

Based on the findings, the Advisory Committee identified 76 recommendations for their local MPA ([see here](#)). A subcommittee, including diverse perspectives (elected official, government and CBO staff) narrowed down the recommendations to a focused list of 26 recommendations. [The final 26 recommendations can be viewed here.](#)



To ensure an MPA that is reflective of the community, it is essential to solicit input and secure buy-in extending far beyond the Advisory Committee.

Preliminary recommendations identified in Step 6 can be released for public comment by:

- posting them on your website,
- distributing them in a newsletter or at a community event,
- organizing presentations for local coalitions and committees, and/or
- partnering with the media to highlight opportunities for public input.

Host Public Events to Share Preliminary Recommendations and Build Community Buy-In

Public events, whether they be virtual, in-person, or hybrid, are an excellent way to welcome new voices to the conversation, garner new champions, and elevate awareness of aging issues and the MPA.

Public MPA events can achieve or advance the following:

- Offer education to increase awareness of issues facing older community members and their caregivers
- Share about the MPA planning and development process, acknowledging the contributions of the Advisory Committee, and describing how the current recommendations were developed
- Highlight local leaders as champions for the MPA, such as elected officials and municipal leaders



TIP!

The Toolkit [Appendix](#) highlights resources to ensure your virtual or in-person events are accessible.

- Invite input on preliminary MPA recommendations
- Attract new community leaders to engage in building out the MPA implementation plan
- Share information through a resource fair/exhibitors at the event
- Garner media attention



Case Study: TSF Rural MPA Initiative

Public Events to Build Community Buy-In

All three of The SCAN Foundation Rural MPA regions hosted public events to raise awareness of local MPA efforts and share Advisory Committees' preliminary recommendations, drawing between 120-300 attendees each. While planning these events required significant time and effort, the events dramatically increased community awareness and support for the local MPAs, even attracting local and national media attention through interviews and feature articles. The events served as an opportunity to cement support from Elected Officials and expand cross-sector participation. New leaders were identified to join the Advisory Committees or participate in topic-specific workgroups, and attendees were invited to email input on MPA recommendations.

NORTHERN CALIFORNIA REGION

Event

Half-day located at a community center; included a resource fair.

Speakers

Opening ceremony and Land Acknowledgment led by local Tribal leaders. Representatives from California Department of Aging, Area Agencies on Aging, Independent Living Center, county health and human services departments, the Health Alliance of Northern California, and community-based organizations.

Presentations/Agenda

The context of the California statewide MPA, efforts underway to address rural service challenges, MPA needs assessment findings and recommendations, and goals for long-term impact.

North State Master Plan for Aging Community Awareness

October 20, 2023
1500 S Jackson St, Red Bluff, CA 96080

www.aging.ca.gov
www.dhs.ca.gov

Leadership Voices on Healthcare Direction

Questions | Assistance: 530-893-8527 carolyn@actionctr.org

Registration Now Open
12:00 – 4:00 PM • No Cost to Attend
Register here for October 20 - LMPA
<https://northstate-lmpa.eventbrite.com>

Join us for Information, Resources, and a regional update on the California Rural Local Master Plan for Aging & 5 Bold Goals for 2030. Keynote address by Susan DeMaris, Director, California Department of Aging. Learn how you can engage.

A grid of logos for various partner organizations including SCAN, SCD, AirBurn, 211, and others.

Accessibility

Live captioning was offered to increase accessibility. Sponsors supported the cost of the rental space and light snacks.

- [View the Northern California MPA Event Flyer](#)
- [View the full agenda](#)
- [View the Northern California MPA Event Program Guide](#)
- [View a Press Release promoting the event](#)

CENTRAL VALLEY REGION

Event

Drew a standing-only crowd of approximately 300 community members and providers. The event also included a resource fair and raffle.



Speakers

The event featured remarks from a State Senator, representatives from the California Department of Aging and both counties' Board of Supervisors, and Advisory Committee members.

Presentations/Topics

Advisory Committee members each presented on one topic from the local MPA (e.g., housing, transportation, nutrition access, caregiving and dementia, and resource awareness), describing needs assessment findings and recommendations.

- [View the Kings/Tulare event program here](#)
- [View the PowerPoint presentation highlighting needs assessment findings and recommendations here](#)
- [View a local journal article summarizing the event](#)

INLAND EMPIRE REGION

Event

“Our Roadmap for Aging Well,” was generously hosted and supported by the Inland Empire Health Plan and included a catered lunch. Printed copies of MPA recommendations were distributed to all attendees.

Speakers

Directors from both county Departments of Aging, a representative from the Senior Commission in San Bernardino County, the Chair of the California Commission on Aging, a state Assemblywoman, and the Director of the California Department of Aging.

Presentations/Topics

Local needs assessment findings and a panel discussion including representatives with expertise in each of the 6 key topics in the Inland Empire MPA: health care, dementia, housing, transportation, behavioral health, and caregiving.

- [View the IE-MPA Launch Event Highlight video here](#)
- [View the Inland Empire event invitation here](#)
- [View the Inland Empire program guide here](#)
- [View the Launch Event Slide deck here](#)
- [View the IE-MPA recommendations distributed at the event](#)
- [View a journal article from PR Newswire summarizing the Inland Empire event here](#)



**The Inland Empire
Master Plan for
Aging Well**

Please join us:
September 29, 2023 | 10 a.m. – 1 p.m.
Inland Empire Health Plan (IEHP)
10801 Sixth Street | Rancho Cucamonga, CA 91730

We look forward to seeing you.
[RSVP HERE](#)

 **Inland Coalition
on Aging**





Step 8: Build Out the Implementation Plan

The California statewide MPA provided a blueprint to guide advocacy and action over a ten-year period. Similarly, local MPAs can be structured around broad goals that will remain consistent over a long period of time.

For example, one long-term goal might be ‘Affordable & Age-Friendly Housing for All.’ These high-level goals should be adaptable to shifting priorities, budgets, and political and economic landscapes. Additionally, each goal should be supported by specific strategies, and each strategy can be addressed through a series of activities that will help your community achieve your long-term goals.

Assess Recommendations for Inclusion in the Plan

The MPA is built upon partner and community recommendations developed via steps 1-7. The Advisory Committee must review the preliminary MPA recommendations, consider additional community input, and assess each for feasibility of implementation. This process must also include discussions with leaders of partnering organizations. From our experience in the TSF Rural MPA Initiative, the recommendations that came out of the earlier steps of community engagement included a mix of goals, strategies, and activities. In other words, some recommendations were broad and high-level, while others could be immediately implemented.



TIP!

The Toolkit [Appendix](#) includes tools to support building out your implementation plan.

For each recommendation, consider:

- What is the overarching, long-term goal?
- What strategies will support this goal?
- What specific activities can be implemented to address or advance each strategy?
- What agency(s) would be responsible for implementing each activity?

“We have connected with many providers and are working towards a coordinated care system. We have relationships with organizations in two of our most rural areas and have provided information and services in these communities.”

- Dayna Wild, MS, Director, Kings Tulare Area Agency on Aging

- Who will partner on implementation?
- Do we have any legislative champions on the issue?
- What resources are available?
- What resources are needed?
- What is a realistic timeline?
- What level of impact can we expect and for whom?
- Will it contribute to advancing equity?

In the first year or two, the MPA may largely focus on advocacy and other steps that will lay the foundation for higher impact activities in

the following years. Communities may choose to strategically focus on one or a few domains during the first phase of MPA implementation.

Consider Forming Workgroups to Develop the MPA Implementation Plan

It may be helpful to form workgroups led by organizational decision makers (i.e. Area Agencies on Aging, county departments and agencies, and well-resourced CBO's) comprised of subject matter experts, service providers, and consumers to review the recommendations and build out sector- specific implementation plans.





Case Study: Rural MPA Initiative

Moving from Recommendations to Action

CENTRAL VALLEY REGION

At the end of the two-year TSF Rural MPA Initiative, this region dove into MPA implementation with oversight from the Kings and Tulare Area Agency on Aging in conjunction with Tulare County Adult Services. The Kings/Tulare MPA includes 5 goals, 14 strategies, and 60 activities, as described in [their local MPA here](#).

Here are some sample activities planned to address one strategy in their local MPA:

Goal 1

Support families and persons in caregiving roles.

Strategic Priority 1.1

Build formal and informal caregiver capacity through training and access to resources.

Lead Agency

Tulare County Adult Services: Kings and Tulare Area Agency on Aging

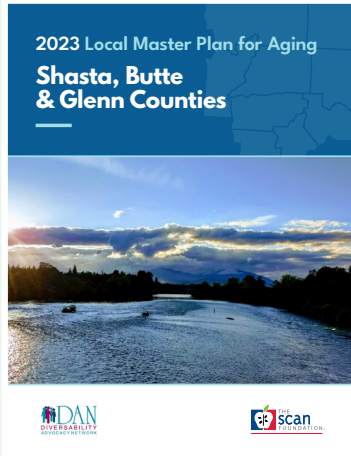
Activities

- Increase capacity of existing service providers to offer more caregiver training, and support groups.
- Provide ongoing training and mentoring to family caregivers in English and Spanish. Family caregivers need training in financing, caregiving skills, disease processes, dementia, and available programs/resources.
- Increase awareness of existing services and resources through social media, connecting with non-traditional providers, and holding resource fairs.



INLAND EMPIRE AND NORTHERN CALIFORNIA

At the end of the two-year TSF Rural MPA Initiative, these two regions published interim MPA reports that summarized findings from the community engagement process and Advisory Committee recommendations. You can view the [Northern California interim report here](#) and the [Inland Empire interim report here](#). The two regions received funding from the California Department of Aging's 'Local Aging and Disability Action Planning' grant program to cover an



additional 15 months of local MPA planning efforts to move from these preliminary recommendations to detailed, sector-specific implementation plans.

The Inland Empire MPA Advisory Committee launched four workgroups, focused on the following domains: 1) housing, 2) transportation, 3) caregiving and dementia, and 4) behavioral health. Each workgroup was led by two co-chairs, who were Inland Empire MPA Advisory Committee members or subject matter experts within the region.

PowerPoints from the workgroup kick off meetings are below:

- [Housing Workgroup Kick Off Meeting PowerPoint](#)
- [Transportation Workgroup Kick Off Meeting PowerPoint](#)
- [Caregiving and Dementia Workgroup Kick Off Meeting PowerPoint](#)
- [Behavioral Health Workgroup Kick Off Meeting PowerPoint](#)

Over a period of 6 months, the workgroups met monthly to build out the MPA’s first three years of implementation activities, including identifying activity leads and partners, timelines, and accountability metrics. Building off their interim report, workgroup members reviewed and discussed each recommendation, assessing its priority level, potential impact, and feasibility, as well as reviewing existing relevant activities and/or models and best practices. Based on these analyses, the workgroups developed key paths of action (such as advocacy, community/provider outreach & education, programs/services) in collaboration with partner agencies for advancing work across the domain areas. View the latest update on [Inland Empire MPA efforts here.](#)





Step 9: Evaluating MPA Progress



Prior to beginning implementation, consider how you will evaluate MPA outputs and outcomes, and how you will keep community members and advocates updated on progress.

Tracking Outputs

Outputs include any activities that are completed to address the MPA goals and strategies. For example, for each activity in your plan, you may want to develop a tracking system of what activities are in progress or completed. This could be a simple color-coded dashboard, shared in an annual report or posted on your website.



TIP!

The Toolkit [Appendix](#) includes tools for evaluating MPA progress.



Here is a fictional example of a progress dashboard reporting implementation progress for the Kings/Tulare MPA strategy 1.1:

Goal 1: Support families and persons in caregiving roles.

Strategic Priority 1.1: Build formal and informal caregiver capacity through training and access to resources.

Lead Agency: Tulare County Adult Services: Kings & Tulare Area Agency on Aging

Activities	Progress	Notes
Increase capacity of existing service providers to offer more caregiver training and support groups.	InProcess	Partnering with other coalitions across California to develop a policy brief and arrange meetings with state legislators to increase awareness of the need for more funding support for caregiver resources in rural areas.
Provide ongoing training and mentoring to family caregivers in English and Spanish. Family caregivers need training in financing, caregiving skills, disease processes, dementia, and available programs/resources.	Completed	Partnering with the Alzheimer’s Association to promote their free classes, offered in English and Spanish, through Advisory Committee members’ listserves.
Increase awareness of existing services and resources through use of social media.	InProcess	The County Information Officer is developing a social media toolkit with content for partner agencies to post on their existing social media accounts.
Increase awareness of existing services and resources through connecting with non-traditional providers.	InProcess	The MPA Advisory Committee is organizing presentations for First 5 California, the Kings Tulare Homeless Alliance, and a local organization that trains Promotoras and Community Health Workers.
Increase awareness of existing services and resources through holding resource fairs.	Completed	Annual resource fairs are being held in Kings and Tulare Counties in October at the Community Center.

Key: InProcess Completed

Tracking Outcomes

Outcomes include short-term and long-term impacts of MPA activities for the community. Outcomes can be harder to track than outputs (particularly long-term outcomes) but providing evidence to demonstrate MPA impact will facilitate advocacy efforts and drive increased support from legislators.

For example, some short-term outcomes might include:

Short Term Outcomes	Ideas for Measurement
Expanded and strengthened network partnering to address aging and disability issues in the community	Number of members and/or agencies represented at an aging- and disability-advocacy coalition
Increased enrollment at an adult day center	Track change over time in number of clients enrolled
More clients being provided with case management	Track change over time in number of clients served
Increased awareness of aging and disability issues across non-traditional sectors and among the general public	Conduct regular surveys of a representative sample of local residents to track changes over time in awareness

Some long-term outcomes might include:

- Improved quality of life for older and disabled residents
- Improved health outcomes for older adults
- Decreased institutionalization
- Decreased health care costs

Keeping Community Members and Advocates Up to Date on MPA Progress

In addition to evaluating MPA progress, it is important to share updates with MPA supporters, partners, legislators, and the public. Consider publishing regular progress reports (e.g., via a newsletter, the media, and/or on your website). Also, organize regular verbal updates to elected officials, local coalitions, and other key interest groups.



Step 10: Ensure Accountability & Sustainability

It's never too early to start planning for sustainability for your local MPA efforts. One important question to answer early on is, who will be accountable for overseeing MPA implementation?

While diverse agencies or departments might be responsible for implementation of various activities in the MPA, you'll want to have one entity that owns and oversees the entire plan. This may be a county or city department, community-based organization, or local coalition.

An advisory or oversight committee to track MPA implementation may be helpful. Members can facilitate progress by serving as liaisons between various organizations responsible for different aspects of implementation. Additionally, the committee can provide guidance on how to adjust MPA implementation if things don't go as planned or if there is a change in available resources. Consider if your MPA Advisory Committee will continue to meet, or if you'd like to form a new MPA implementation oversight committee. You may also choose to fold responsibility of MPA oversight into an existing Advisory Committee, such as that of your local Area Agency on Aging.



TIP!

The MPA implementation plan should be revisited and refreshed every two to three years. This timeframe allows your community to make meaningful progress, while also ensuring that the plan is adaptable and responsive to shifting priorities and environments.

Sustainability

There are many ways to ensure your MPA initiative is sustainable, such as:

Include MPA oversight into the job description of at least one staff member who will have the capacity to track and facilitate progress across sectors and domains.

Secure future funding: Funding can support continued planning, oversight, evaluation, and implementation. Potential funding sources include local foundations, local tax revenue, or state or federal grants. Also, consider if there are aspects of the local MPA that can be built into existing municipal or agency budgets.

Maintain community engagement: Building up local advocates is a key element to ensure continued commitment by local leaders. Strategies include providing regular MPA updates, promoting opportunities for input (such as program and policy development), and developing an MPA implementation advisory committee.

Develop a strengthened network of organizations collaborating to support older adults, people with disabilities, and caregivers: Undoubtedly, your MPA efforts will engage a broad array of providers and advocates throughout your region. Consider how these individuals will stay engaged throughout the MPA implementation phase. For example, in the Inland Empire, the Inland Coalition on Aging offers monthly meetings that offer education, networking, and coordination around advocacy efforts.



TIP!

The Toolkit [Appendix](#) includes rural-specific fund development.

“I hope that more community residents will learn of resources available to them and their communities and become engaged in shaping them. I also hope that, in the long-run, a strong coalition of elected and appointed leaders, community organizations, planners, state-wide organizations, and residents will be successful in improving transportation services, increasing access to health care and caregiving, and investing in the development of affordable housing, particularly for low-income older adults and their families.”

- Sharon Brisolara, PhD, Consultant, North State Local Master Plan for Aging; Director, Inquiry that Matters



Join AARP’s Age-Friendly Network of Communities and States: MPAs align with AARP’s goals of age-friendly communities and can be complementary processes. Joining AARP’s Age-Friendly Network as part of your MPA journey will allow you to gain access to technical assistance and resources, such as:

- **[AARP Age-Friendly Network Member Portal:](#)** Resources for members of AARP’s Network of Age-Friendly States and Communities.
- **[AARP Rural Lab:](#)** Participants from over 250 rural communities meet monthly to share resources.
- **[AARP Age-Friendly Community Surveys:](#)** Downloadable and adaptable Age-Friendly Community Surveys in English and Spanish.
- **[AARP Community Challenge Grants:](#)** Annual grant opportunity for making communities more livable for people of all ages.

Embed aging and disability advocates into other municipal planning bodies. For example, advocates can be embedded in your public health department’s Community Health Improvement Planning efforts or other taskforces that are developing housing or transportation plans for the region.

Embed aging- or disability-specific survey measures into existing community assessments. Identify existing community surveys and consider adding measures that can track outcomes related to your MPA goals and strategies.

Engage Elected Officials in releasing a formal resolution: When elected officials make public statements to affirm their support for the MPA through a resolution, the efforts and its potential for sustained attention and success are often taken more seriously.

“Although still in process, becoming an [AARP] Age-Friendly community and communicating findings may provide an opportunity for local government bodies to work across the aisle at a time where political divisiveness is strong and anti-government sentiments are expressed strongly by some community groups and local elected officials.”

- Sharon Brisolaro, PhD, Consultant, North State Local Master Plan for Aging; Director, Inquiry that Matters

Conclusion & Acknowledgments

Toolkit Conclusion

Developing a local MPA requires dedication and persistence. While we've provided best practices and examples throughout this toolkit, the process in your community might look different, and that's ok! Any efforts made to increase awareness of aging- and disability-specific needs in your community will undoubtedly make a positive impact. We hope this toolkit can support your efforts to improve the quality of life of older adults, adults with disabilities, and family caregivers in your community.

Acknowledgments

The content in this toolkit was developed by the University of California, Davis – Family Caregiving Institute, based in the Betty Irene Moore School of Nursing. Pauline DeLange Martinez, PhD served as the lead consultant for the TSF Rural MPA Initiative and led production of the Rural MPA Toolkit together with Amanda Lawrence, MPH, independent consultant and former Project Director of the California statewide MPA.

This toolkit was informed by the two-year TSF Rural MPA Initiative, implemented in three regions across California and led by the Diversability Advocacy Network, Central Valley Long-Term Services and Supports Coalition, and the Inland Coalition on Aging. We would like to recognize and thank the leaders in these three regions, including Carolyn Nava, Sharon Brisolaro, Tiffany Rowe, Shelby Boston, Bill Wathen, and Cindy Lane in Northern California; Helen Miltiades and Dayna Wild in the Central Valley; and Carmen Estrada, Anna Swartz, and Elizabeth Bogumil in the Inland Empire, along with the support of the members of the three regional MPA Advisory Committees.

This project was supported by a grant from The SCAN Foundation. The SCAN Foundation envisions a society where all of us can age well with purpose. We pursue this vision by igniting bold and equitable changes in how older adults age in both home and community. For more information, please visit www.TheSCANFoundation.org.

Appendix: External Links and Resources

BACKGROUND

- [California Master Plan for Aging](#)
- [California Department of Aging's Local Playbook](#)

STEP 1: IDENTIFY MPA LEADERSHIP AND STAFFING

Rural-Specific Fund Development Resources

- [Rural Health Information Hub: Funding Starting Points](#): Browse the online library of funding opportunities, read funding announcements, get real-time notifications or custom alerts, check eligibility for rural funding, and more.
- [RHI Rural Funders](#): Access a list of common funders of rural health programs, including federal funders, associations, foundations and charitable organizations.
- [RHI: A Guide to Working with Rural Philanthropy](#): This guide compiles emerging practices and resources to support rural communities seeking to build partnerships with philanthropies across the US. The guide is targeted towards rural organizations including health care providers, nonprofit organizations, faith-based organizations, businesses, health coalitions, and community-based organizations, and more.

STEP 3: BUILD AWARENESS & SUPPORT – COMMUNICATIONS RESOURCES

Resources for Storytelling

- [Media Strategies \(Age-Friendly MN\)](#): The Minnesota Leadership Council on Aging provides guidance on how to share your story with the media. They offer a step-by-step guide with templates and resource documents.
- [Guide to Responsible Storytelling](#) developed by Harnessing Momentum and The SCAN Foundation.

Ensuring Accessibility in Multimedia Campaigns

- [Web Accessibility in Mind](#): Highlights best practices from the Institute for Disability Research, Policy, and Practice.
- [Communication Resources from NCHPAD](#): the National Center on Health, Physical Activity and Disability (NCHPAD) developed this resource to ensure that all messages are inclusive of people with disability both in terms of their content and dissemination.
- [Making social media accessible for people with disabilities](#) is a webinar with examples from Facebook, Twitter, Snapchat, Instagram, and TikTok.

STEP 4: CONDUCT A LANDSCAPE ANALYSIS OF LOCAL DATA AND AGING SERVICES

National Data

- **[AARP Livability Index](#)**: An initiative of the Public Policy Institute to measure the quality of life in American communities across multiple dimensions: [housing](#), [transportation](#), neighborhood characteristics, environment, health, opportunity, and civic and social engagement. The Livability Index is an interactive, easily navigated website allowing users to compare communities, adjust scores based on personal preferences and learn how to take action to make their own communities more livable. The Index includes “policies” as an indicator.
- **[Community Assessment Survey for Older Adults \(CASOA\)](#)**: A survey that equips local governments with invaluable insights on how to effectively support the aging population, sourced directly from residents.
- **[Census.gov: The US Census includes important](#)** demographic data, such as age, sex, race and Hispanic origin, families and households, and housing). Sample age-focused briefs & visualizations include: [Aging of the U.S. Population 2000-2020](#) and [Exploring Age Groups in the 2020 Census](#)
- **[Elder Economic Index](#)**: A tool that shows how much income older adults need to meet their basic needs and to age in place with dignity. Users can compare county, state, and national Elder Index values.
- **[Healthy Places Index \(HPI\) The HPI, available in CA only: A resource that of neighborhood](#)** maps of data on social conditions that drive health — like education, job opportunities, clean air and water, and other indicators that are positively associated with life expectancy at birth.
- **[Rural Data Hub](#)**: A range of tools to explore issues that impact rural health. The visualizations are based on data from federal and other publicly available data sources. Data are illustrated in a variety of formats and are available for download.
- **[National survey of tribal elders aged 55 and older](#)**, collected by the University of North Dakota School of Medicine & Health Sciences and the National Resource Center on Native American Aging

State & Local Data

- Data dashboards maintained by your state health and human services department, e.g., [California Data Dashboard for Aging](#) and California Health and Human Services Agency [Open Data Portal](#).
- Most counties and some cities have publicly available needs assessments, such as those led by Housing, Transportation, and Health Agencies
- Service Delivery and Access Data from government agencies and health plans, such as Adult Protective Services, Office of the Long-Term Care Ombudsman, Medicaid and Medicare services

- Incoming call data to the Area Agency on Aging, Aging and Disability Resource Center, United Way/ 211, Independent Living Center, and/or other community-based services.

STEP 5: FACILITATE INCLUSIVE COMMUNITY ENGAGEMENT

- **[AARP: Age-Friendly Community Survey](#)**: An adaptable community survey in English and Spanish to learn what older adults think about where they live. It is organized into nine sections (eight topics related to age-friendly communities, plus demographics) and 44 questions, plus one open-ended question at the end of each section for respondents to free-write comments if they choose.
- **[AARP Roadmap to Livability: Community Listening Session Tool Kit](#)**: A guide to gather public feedback in small group settings.
- **[Dos and Don'ts of Survey Research](#)**: Ten tips to succeed in survey research.
- **[Involving Family Caregivers to Shape Multisector Plans for Aging](#)**: A document that describes strategies states could use to engage family caregivers to shape and implement an MPA. It also lists considerations for how MPAs can prioritize family caregivers and includes examples of language referring to family caregivers used in MPAs in two states – Minnesota and Texas – that participated in CHCS' Helping States Support Families Caring for an Aging America initiative.
- **[The Healthy Aging in Rural Towns \(HeART\) Toolkit](#)**: This toolkit contains guidelines and resources for conducting a needs-and-assets assessment and for choosing strategies to strengthen your community's support network and help older adults thrive. Tips and anecdotes have been added by the authors based on their experiences from projects conducted in 2018–2019 in three rural Wisconsin communities.
- **[Needs Assessment Toolkit: A Guide to Including a Diversity of Older Voices in Age-Friendly Communities Work \(Age-Friendly MN\)](#)**: A toolkit designed to help people who are working with older populations to improve data gathering from diverse communities to address disparities. The needs assessment resources assess what is working and what is needed to improve current programs, services, and policies for older Minnesotans.
- **[SAGE: Strengthen Your State and Local Aging Plan: A Practical Guide for Expanding the Inclusion of LGBT Older Adults](#)**: A guide to help planners understand the unique challenges and needs of LGBTQ people as they age through tools and resources to advance the inclusion of LGBT older adults in state and local planning.

STEP 6: SYNTHESIZE FINDINGS & IDENTIFY RECOMMENDATIONS

Resources to Identify Models and Programs for Implementation

Rural- Specific Resources

- [**AARP’s Annual Rural Lab**](#): AARP Rural Lab connects rural leaders to share replicable solutions to common rural challenges and introduces communities to resources for taking action.
- [**Healthy Aging in Rural Towns \(Strategies, Programs, Models and Projects\)**](#): This document shares sample programs and policies to address housing, transportation, caregiver support, social inclusion, health care access, public safety & emergency preparedness.
- [**Human-Centered Design to Address Ageism and Ableism in Rural America**](#): This article explores how a human-centered design (HCD) process can circumvent entrenched ageism and ableism to yield creative solutions that positively impact everyone in a community, using the successful roll-out of a healthy food initiative in Wilkesboro, NC, as a case study.
- [**National Academy for State Health Policy \(2019\) Toolkit: State Strategies to Support Older Adults Aging in Place in Rural Areas**](#): This toolkit highlights state initiatives to help rural older adults age in place by increasing services that help people remain in their homes, expanding and professionalizing the caregiver workforce, improving transportation access and services, and making delivery system reforms within Medicaid programs.
- [**The Rural Health Information \(RHI\) Hub**](#) offers several useful resources for guidance in planning initiatives and programs, such as the following:
 - › [**Community Supports for Rural Aging in Place and Independent Living**](#): This guide includes information about home-based services and community supports available to support aging in place and independent living and discusses challenges for people receiving services and those providing them.
 - › [**Rural Community Health Toolkit**](#): This toolkit provides rural communities with the information, resources, and materials they need to develop a community health program in a rural community. Each of the toolkit’s six modules contains information that communities can apply to develop a rural health program, regardless of the specific health topic the program addresses. The toolkit also links to [**issue-specific toolkits**](#) for more in-depth information.
 - › [**Rural Health Networks & Coalitions Toolkit**](#): The purpose of this toolkit is to provide resources, strategies, and examples to communities who are considering developing a new or expanding an existing health network or coalition.

- › [Rural Aging in Place Toolkit](#): The toolkit compiles evidence-based and promising models and resources to support aging-in-place in rural communities across the United States. The modules in the toolkit contain resources and information focused on developing, implementing, evaluating, and sustaining rural aging-in-place programs.
- › [Rural Health Research Gateway: Aging in Place in Rural America: Challenges, Opportunities, and Policy Initiatives](#): A webinar presenting results from a range of studies investigating challenges, opportunities, and policy implications for older adults living in rural areas. Results are drawn from nationally representative survey data, a content analysis of state-level policies and initiatives, and a survey of representatives of State Offices of Rural Health.

Non-Rural Specific Resources

- [AARP Livable Communities A-Z Topics](#): A searchable collection of articles, reports, action plans, studies, publications, and downloads related to housing, transportation, public spaces, community engagement, and other areas of interest.
- [Dementia Friendly America’s Community Toolkit](#): A research-informed resource that fosters adoption of dementia friendly practices, providing straightforward, adaptable steps and standardized tools to evaluate community efforts with trusted measures. The toolkit is organized into four phases. Within each phase, there are detailed steps and accompanying resources.
- [N4A: Making Your Community Livable for All Ages](#): N4a collaborated with six Area Agencies on Aging and their local partners to advance Livable Community initiatives through a learning collaborative. This report shares brief descriptions of these community efforts, lessons learned, and strategies pivotal to successfully creating livable communities for all ages, ensuring appropriate resource allocation to improve physical and social support infrastructures.
- [Long Beach Equity Toolkit for City Leaders and Staff](#): This resource provides specific strategies that can be applied to improve equity through policies, programs and services. The toolkit includes resources and case studies related to communications; gathering data and information; monitoring and evaluation; program, service, and project planning; policy development; strategic planning; and more.
- [WHO Global Database of Age-friendly Practices](#): Learn about age-friendly practices, policies, and programs from all over the world.
- Another way to learn from other communities is to join a special interest group, subscribe to newsletters, and/or attend annual meetings offered by the [American Society on Aging \(ASA\)](#), [Gerontological Society of America \(GSA\)](#), or the [American Public Health Association \(APHA\)](#).

STEP 7: SOLICIT ADDITIONAL INPUT TO SOLIDIFY MPA GOALS

Resources to Support Planning of Accessible Events

- This [event planning guide for engaging with people who are disabled](#) from Equality Rights includes multiple checklists about what to consider when planning event in which people with disabilities and barriers feel included.
- This [Accessible Meeting & Event Checklist](#) is another excellent resource in planning accessible events.
- This [checklist from Cornell University](#) provides a comprehensive list of what to think about when planning for accessible meetings and events.
- The [Build Back Better Vision for a Post-Pandemic World that is Person Centered and Inclusive for All People with Disabilities](#) video provides an excellent case study of how to include people with a variety of disabilities in a virtual event.

STEP 8: BUILD OUT THE IMPLEMENTATION PLAN

- [AARP: How to Create a Community Action Plan](#): Provides the format for developing a Community Action Plan based on AARP's Eight Domains of Livability
- [Community Toolbox](#): This toolkit by University of Kansas provides guidance through assessment, planning, action, evaluation, and sustainability of community action.
- [Developing a Multisector Plan for Aging](#): Developed by Center for Health Care Strategies, this tool outlines core tenets to guide cross-sector MPA development. State examples are included throughout to provide tangible illustrations of the process.

STEP 9: EVALUATING MPA PROGRESS

- [Age-Friendly Communities Evaluation Guide: Using Indicators to Measure Progress](#): A resource developed by the Public Health Agency of Canada to provide communities with practical information on how to use indicators to measure progress and evaluate their age-friendly initiatives.
- [State of CA Master Plan for Aging Implementation Tracker](#): An example of how a state or community may choose to track the progress of their MPA initiatives using a publicly accessible database.

STEP 10: ENSURE ACCOUNTABILITY & SUSTAINABILITY

AARP's Age-Friendly Network of Communities and States

- [AARP Age-Friendly Network Member Portal](#)
- [AARP Rural Lab](#)
- [Support for gathering AARP Age Friendly-Community Surveys](#)
- [AARP Community Challenge Grants](#)

Rural-Specific Fund Development Resources

- [Rural Health Information Hub: Funding Starting Points](#): Browse the online library of funding opportunities, read funding announcements, get real-time notifications or custom alerts, check eligibility for rural funding, and more.
- [RHI Rural Funders](#): Access a list of common funders of rural health programs, including federal funders, associations, foundations and charitable organizations.
- [RHI: A Guide to Working with Rural Philanthropy](#): This guide compiles emerging practices and resources to support rural communities seeking to build partnerships with philanthropies across the US. The guide is targeted towards rural organizations including health care providers, nonprofit organizations, faith-based organizations, businesses, health coalitions, and community-based organizations, and more.

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