

VIRTUAL BRIEFING

Building Age-Friendly Rural Systems

***Strategies and Implementation Resources
for Leaders, Policymakers, and Advocates***

**UC DAVIS
HEALTH**

**BETTY IRENE MOORE
SCHOOL OF NURSING**



The
John A. Hartford
Foundation



**National Rural
Health Association**

THE SCAN FOUNDATION

Watch Video



thepeoplesay.org

Dual Eligibility Experience

Megan Burke

*Director, California Health and Aging Policy
The SCAN Foundation*



Housekeeping

- **Join the conversation:** Participants will remain muted to help limit background noise, but we encourage you to engage throughout the webinar using the chat and Q&A features.
- **Accessibility:** Zoom's accessibility features are available, including closed captioning/ live transcription, which can be enabled using the CC button in your Zoom toolbar.
- **Questions:** Please use the Q&A feature to submit questions. We'll address as many as time allows during the discussion.
- **Resources after the webinar:** The presentation, recording, and related resources will be shared with all registrants following the session.
- **Technical issues:** If you experience audio, captioning, or other technical difficulties, please let us know in the chat and we'll do our best to assist.

Narda Ipakchi

*Vice President of Policy and Programs
The SCAN Foundation*



Rebecca “Becky” Yeboah

*Program Services Coordinator
National Rural Health Association*

Marguerite Peterseim

*Senior Government Affairs and Policy Coordinator
National Rural Health Association*



Building Age-Friendly Rural Systems: Strategies and Implementation Resources for Leaders, Policymakers, and Advocates

Rebecca Yeboah, National Rural Health Association
Marguerite Peterseim, National Rural Health Association

Wednesday, September 9th, 2026
12:00 – 1:00 PM ET

This presentation is an activity of NRHA's National Rural Age-Friendly Initiative
supported by The John A. Hartford Foundation



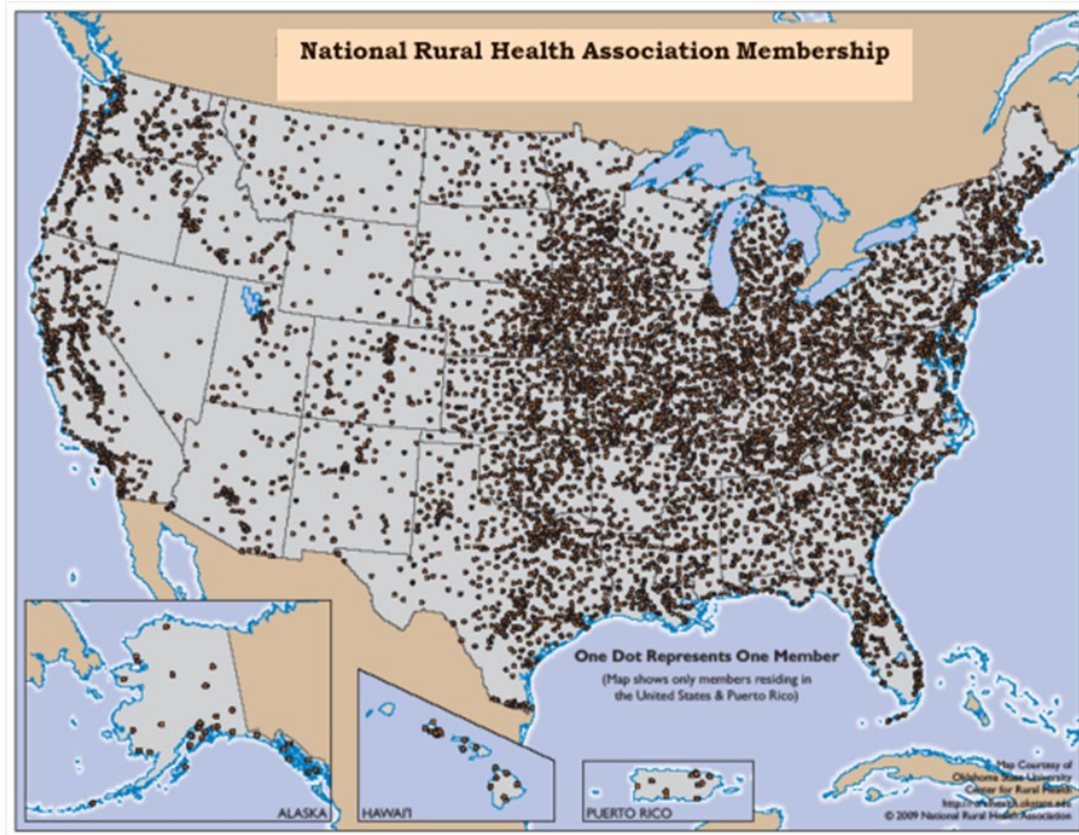
NRHA
Your voice. Louder.

**Our mission is to provide
leadership on rural health issues**

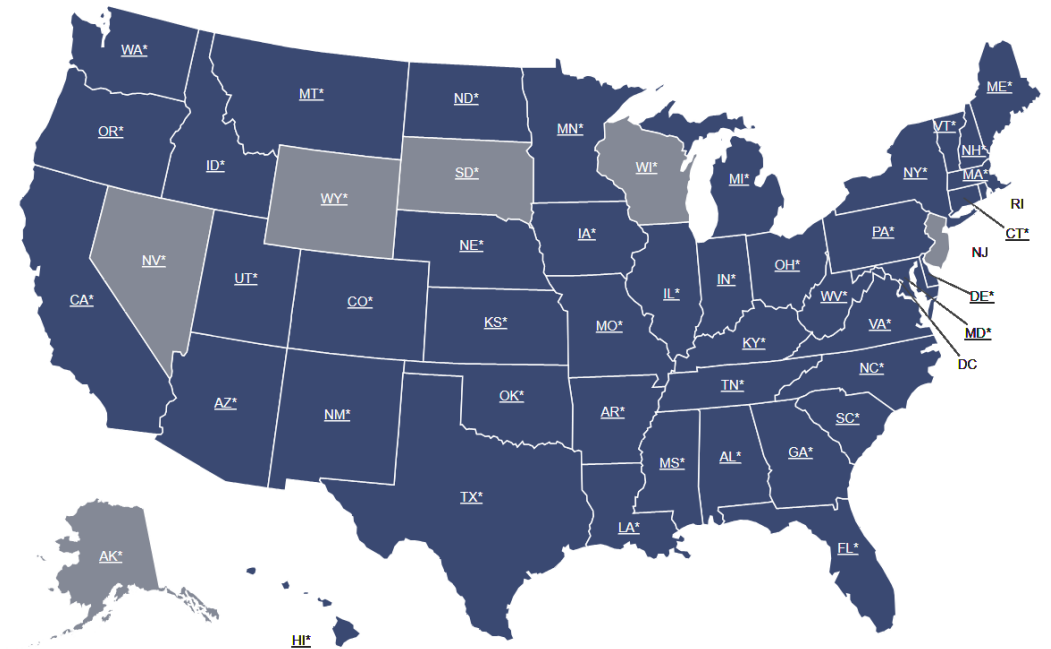
NRHA: Who We Are

- The National Rural Health Association is a Non-Profit, and Non-Partisan, organization whose aim is to improve the lives of over 62 million Americans who call rural communities their home.
- With over 21,000 members nationwide, the NRHA strives to bring resources and information to our diverse collection of individuals and organizations, who share a common interest in rural health.
- NRHA's mission is to provide leadership on rural health issues through Advocacy, Communications, Education, and Research.

NRHA Membership Maps:



State Rural Health Associations



NRHA Initiatives and Programs

- **National Rural Age-Friendly Initiative**
- National Rural Oral Health Initiative
- Health Equity Council
- Southwest Health Initiative
- Rural Community Health Worker Training Academy
- Rural Indigenous Peoples Health Initiative
- Rural Behavioral Health Initiative Special Interest Group
- Rural Military and Veterans Special Interest Group
- Rural Medical Education
- Rural Health Fellows Leadership Program



Older Adults and Rural Health

- 1 in 5 older adults in US live in rural areas
- Of rural population 20% are 65+, urban population 16%
- Differences in infrastructure, access to resources, and assets:
 - Health care
 - Transportation
 - Housing
 - Broadband
 - Care Coordination
 - Support services

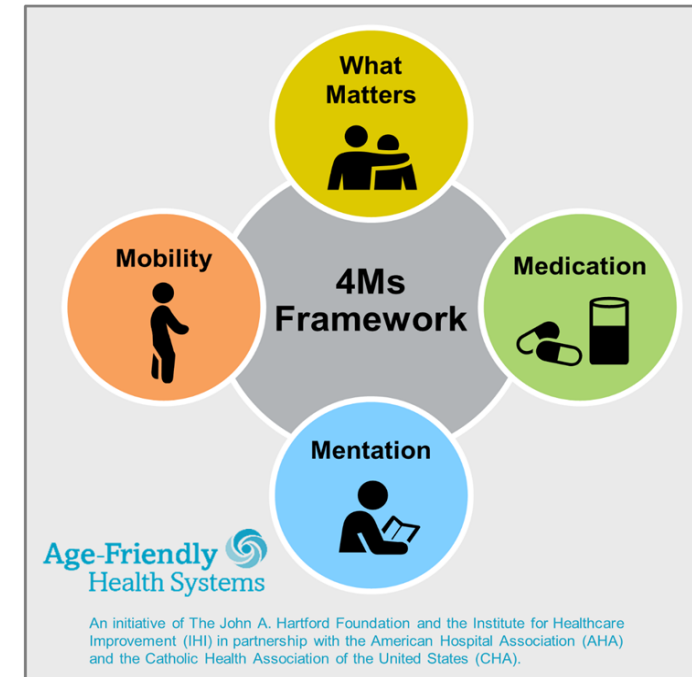


National Rural Age-Friendly Initiative Overview

Mission and Key Priority Areas

National Rural Age-Friendly Initiative (NRAFI)

- The Initiative was launched in January 2023 as a Planning Grant of The John A. Hartford Foundation. The Initiative's Implementation Grant began July 1, 2024, and extends through June 30, 2027.
 - Currently in Year 3 of the Implementation Grant
- The mission is to enhance access to age-friendly care for rural older adults by employing the national network of rural health experts with NRHA.
- Key priority areas:
 - Familiarizing our members and partners with age-friendly care -specifically the 4Ms Framework of Age-Friendly Health Systems (AFHS)
 - Rural CHWs Training Program: 4Ms
 - Promote SRHAs' rural age-friendly work
- Identifying places in the rural aging environment where NRHA should follow, partner, and lead.



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

National Rural Age-Friendly Initiative Objectives/Approaches

Convenings, Communications, Educational Activities, & CHW Trainings

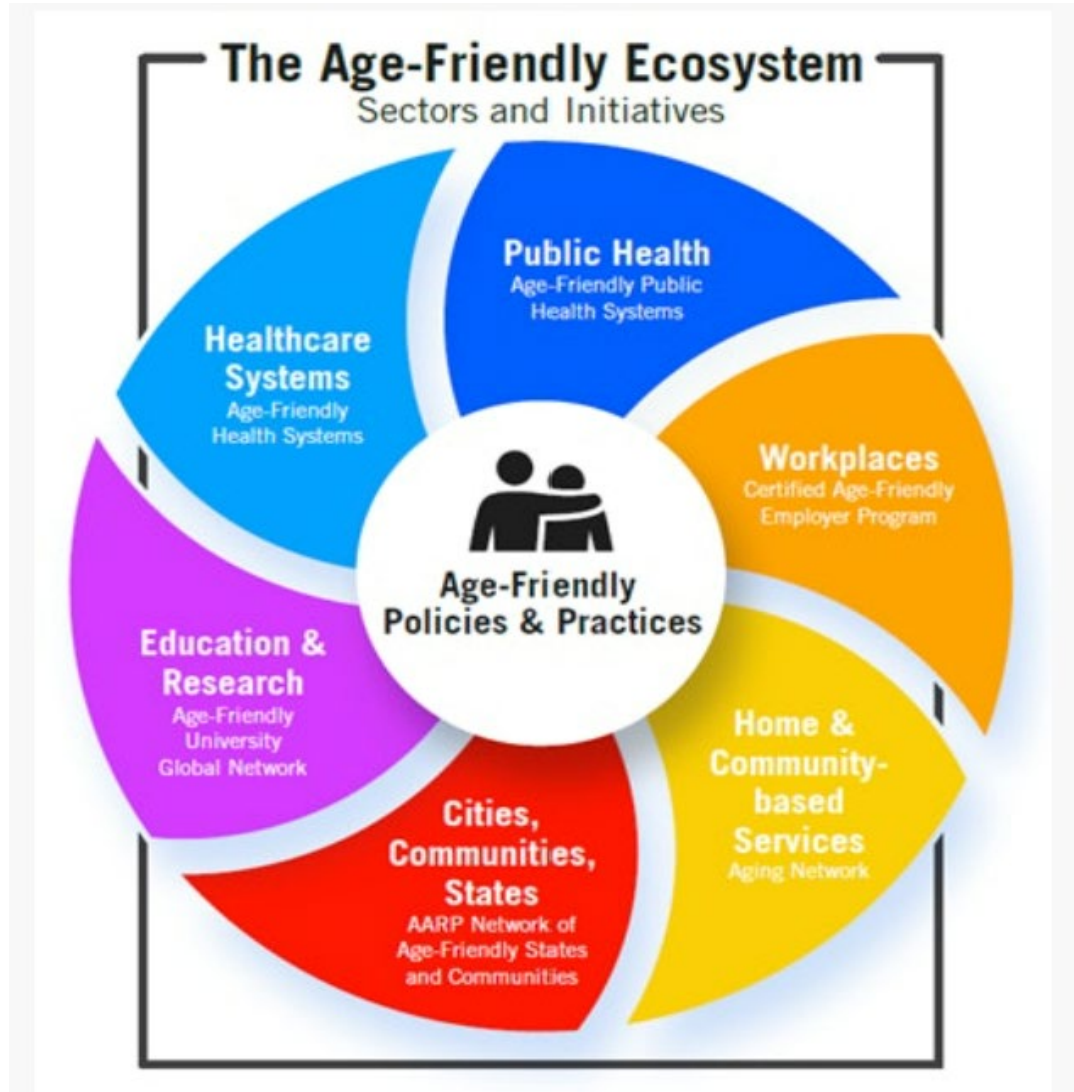
National Rural Age-Friendly Initiative: Objectives

- **Purpose:**
 - Develop resources, partnerships and strategies to build age-friendly care for the one in five older adults living in rural communities.
- **Four Objectives/Approaches:**
 - Convenings: (Interest Group/SGD)
 - Communications: (Develop resources)
 - Educational Activities: (Storytelling and SRHAT TA)
 - Community Health Worker Trainings: (223 Trained)



National Rural Age-Friendly
Initiative Resources Hub

The Need for an Age-Friendly Ecosystem



Supporting the Age-Friendly Ecosystem

The NRAFI's 4 objectives intersect with the AFE sectors & initiatives:

- **Lead:** Age-Friendly Programs
- **Partner:** SRHA's / Aging Organizations
- **Follow:** Learn, Adapt, and Apply Age-Friendly best practices

NRAFI: Partners



Initiative Partners

- ADvancing States
- American Heart Association (AHA)
- Gerontological Society of America
 - National Center to Reframe Aging
- Institute for Healthcare Improvement (IHI)
- Oregon Health & Science University (OHSU)
 - Connected Care for Older Adults
- Stratis Health
- University of Texas at Arlington

NRAFI: New or expanding relationships

- AARP
- American Library Association
- American Society on Aging (ASA)
- Center for Health Care Strategies (CHCS)
- Center for Medicare Advocacy
- Federal Transit Administration – Department of Transportation
- Geriatric Emergency Department Accreditation Program/Collaborative
- Grantmakers in Aging
- Lutheran Services in America
- Meals on Wheels America
- National Academy for State Health Policy
- National Indian Council on Aging (NICOA)
- National PACE Association
- PHI
- The SCAN Foundation
- Trust for America's Health
- Schmidt Public Affairs
- 44 State Rural Health Associations
- USAginig



How the NRAFI is Implementing a National Rural Aging Lens within the RHTP Implementation

Rural Health Transformation Program

Background:

- The federal [Rural Health Transformation Program](#) (RHTP) was created by H.R.1 (Public Law 119-21) on July 4, 2025.
- Federal initiative to improve rural health care by investing in infrastructure, workforce development, and innovative care models.
- The federal program provides up to **\$50 billion** in funding **over five fiscal years** to states to strengthen rural communities.
- RHTP aims to strengthen sustainable access to care by promoting health innovation, strategic partnerships, and technology in rural communities.



Approved Uses of RHTP Funds

Prevention and Management of Chronic Disease	Infrastructure: Workforce and Technology	Redesign of Care Delivery (and payment)
- Promoting evidence-based, measurable interventions to improve prevention and chronic disease management. - Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases. - Supporting access to opioid use disorder treatment services (as defined in section 1861(jjj)(1), other substance use disorder treatment services, and mental health services.	- Training and technical assistance for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence, and other advanced technologies. - Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years.	- Assisting rural communities to right size their health care delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines. - Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate. - Payments to health care providers for the provision of health care items or services, as specified by the Administrator.

At least three of the above activities needed to be included in each state RHTP application.

States could also propose “*Additional uses designed to promote sustainable access to high-quality rural health care services, as determined by the Administrator*”.

NRHA & Stratis Health State-wide Discussion on Incorporating Age-Friendly Strategies into Rural Health Transformation

December 4, 2025

December 8, 2025

*An Activity of the National Rural Age-Friendly Initiative
Implementation Grant*



Implementing RHTP with a Rural
Aging Lens



National Rural
Health Association

StratisHealth



The
John A. Hartford
Foundation

RHTP Discussion: Purpose & Learning Objectives

Purpose: A forum for state leaders to identify and discuss opportunities for incorporating age-friendly strategies into the Rural Health Transformation Program (RHTP) implementation.

Learning Objectives :

- Hear from other state leaders regarding ways age-friendly strategies have been included as part of their RHTP plans.
- Discuss opportunities and mechanisms for ensuring that RHTP activities incorporate strategies that address the needs of older adults in rural communities.
- Identified tools and resources that support the incorporation of age-friendly best practices into RHTP activities.

RHTP Strategic Goals & Example Age-Friendly Strategies

RHTP Strategic Goal	Example Age-Friendly Strategy
Make rural America healthy again	Implement evidence-based programs that are approved for funding through the Older Americans Act Title III-D (e.g. fall prevention)
Sustainable access	Transportation partnerships and/or mobile clinics
Workforce development	Family caregiver and direct care worker training and supports; senior volunteering and employment programs (e.g. Retired and Senior Volunteer Program (RSVP))
Innovative care	Integrated care models that address health and social needs such as Program of All-Inclusive Care for the Elderly (PACE).
Tech innovation	Partnerships to expand device access and training for older adults

NRHA RHTP: Key States Aging Initiatives

Many states are prioritizing models that enable older adults to age safely at home, reduce preventable hospitalizations, and manage chronic conditions more effectively: 16 States

Rural Health Transformation Program State Initiatives Summaries: <i>Rural Healthy Aging Program Initiatives</i>		
This is a summary of state initiatives that incorporate activities to support rural aging populations in their Rural Health Transformation Program (RHTP) applications		
State	Initiative	Activity
Connecticut	Data and Technology	Expand digital access and literacy for rural older adults and individuals with disabilities by providing technology, training, and support.
	Population Health Outcomes	Promoting healthy aging in rural Connecticut through engaging exercise.
	Care Transformation and Stability	PACE: Establish a hub to extend comprehensive, coordinated care to older adults dually eligible for Medicare and Medicaid in surrounding rural communities.
Georgia	Strengthening the Continuum of Care	Regional Nursing Home Transportation Enhancement: Leverage community partners to establish regional transportation hubs to coordinate with NEMT.
	Growing a Highly Skilled Healthcare Workforce	Expand dementia care capacity through a statewide telehealth mentoring program including a dementia training hub.

Rural Healthy Aging: Policy and Infrastructure Opportunities for the Rural Health Transformation Program (RHTP)

Opportunities for States to Integrate Aging Priorities in Rural Health Transformation

Rural communities are [aging faster than urban areas](#), with a [higher proportion](#) of older adults living alone and [managing multiple chronic conditions](#). Most rural residents [express a desire to age in place](#), yet face persistent barriers in care navigation, housing safety, transportation, workforce availability, social isolation, food insecurity, and digital access. The [Rural Health Transformation Program](#) (RHTP) provides an opportunity for states to coordinate existing aging infrastructure—such as [Area Agencies on Aging](#) (AAAs), [Aging and Disability Resource Centers](#) (ADRCs), [Community Care Hubs](#) (CCHs), and [Multisector Plans for Aging](#) - within broader rural health system redesign. More information on the RHTP is available on the [NRHA RHTP page](#).

Integrating healthy aging into rural transformation is a strategic alignment with rural demographic trends. By leveraging existing aging infrastructure—ADRCs, AAAs, CCHs, caregiver supports, technology investments, and long-term services and supports (LTSS) policy frameworks—states can enable older adults to age safely in their communities while strengthening the sustainability of rural health systems. Integrating aging priorities is not additive, but structural: it aligns health transformation strategies with demographic realities.

Key Resources:

- Connect with your state's agency on aging.
 - If you are not sure who to contact in your state, reach out to ADvancing States for assistance at Aging@advancingstates.org.
- Aging-focused organizations:
 - [American Association of Retired Persons](#) (AARP)
 - [Administration for Community Living](#) (ACL)
 - [ADvancing States](#)
 - [Aging and Disability Business Institute](#)
 - [Alliance for Aging Research](#)
 - [Center for Health Care Strategies](#) (CHCS)
 - [Center for Medicare Advocacy](#)
 - [Center of Excellence for Telehealth and Aging](#)
 - [Dementia Friendly America](#)
 - [Diverse Elders Coalition](#) (DEC)
 - [Institute for Healthcare Improvement](#) (IHI)
 - [LeadingAge CAST](#)
 - [National Academy for State Health Policy](#) (NASHP)
 - [National Alliance for Caregiving](#)
 - [National Conference of State Legislatures](#) (NCSL)
 - [National Council on Aging](#) (NCOA)
 - [National PACE Association](#) (NPA)
 - [Trust for America's Health](#) (TFAH) [age-friendly initiatives](#)
 - [USAging](#)
- Rural Health Information Hub (RHIfhub) [Aging in Place Toolkit](#)
- National Rural Health Association [National Rural Age Friendly Initiative](#)
- [The John A. Hartford Foundation](#)

[RHTP States' Breakdown of Aging Initiatives Jan 2026](#)

NRHA RHTP: Key States Aging Initiatives Cont.

- ***Expansion of care models tailored to older adults:***
 - PACE expansion (CT, KS, LA, MA, PA, WV)
- ***Chronic disease prevention and wellness:***
 - Alzheimer's and related Dementia, engaging exercises (CT, GA, ID, TN, WA)
 - Lifestyle Medicine 6 pillars for reducing risk (OH)
- ***Home-Based Care Models: Aging in Place***
 - Mobile clinics and Telehealth monitoring (HI, TN, WV)
 - Transportation (GA)
 - Revenue Strengthening and AAA (MD)
- ***Workforce and Caregivers Support, training, development, and sustainability:***
 - CHW's integration into primary care and outreach programs (HI, OR)
 - The hub-and-spoke network to connect specialized clinics with existing neuropsychiatry resources, telehealth, and trained non-clinical staff (TN)
- ***Digital Access and Literacy***
 - Technology training (CT)

Incorporating age-friendly strategies into the Rural Health Transformation Program

1/27/26



NRHA & Partners RHTP/Age-Friendly Resources



RHTP/Age-Friendly Articles/Blogs/Other Resources:

- **New NRHA webpage** “[Implementing RHTP with a Rural Aging Lens](#)” within the [National Rural Age-Friendly Initiatives Resources Hub](#).
- **American Society on Aging “Generations Now” RHTP & Age-Friendly Initiative Incorporation Blog**
 - [ASA Generations Now: Integrating Rural Age-Friendly Care Initiatives into States' RHTP Implementation Dec 2025](#)
- **NRHA and Stratis Health RHTP/Age-Friendly Discussion Report Blog:** Published on NRHA’s Rural Health Voices Blog
 - [Incorporating age-friendly strategies into the Rural Health Transformation Program Jan 2026](#)
- **NRHA/Stratis Health and six other partners:** RHTP/Age-friendly resource document (Living Document)
 - [Rural Healthy Aging Policy and Infrastructure Opportunities and Resources Dec 2025](#)
- **NRHA RHTP States' Breakdown of Aging Initiatives:** (Living Document)
 - [NRHA RHTP States' Breakdown of Aging Initiatives Jan 2026](#)

NRAFI QR Code to Resources



National Rural Age-Friendly
Initiative Resources Hub



Resources Submission
Form



Implementing RHTP with
a Rural Aging Lens

RHTP Aging-focused Themes Across State RFPs

Marguerite Peterseim, National Rural Health Association

Rural Health Transformation Program

How States Can Integrate Age-Friendly Care Initiatives

Make Rural America Healthy Again

- Expand prevention programs for conditions which are prevalent in older adults in rural areas.
- Deliver preventive and wellness programs/services directly to places where rural older adults live and connect
- Support behavioral health and social-connection initiatives to reduce social isolation, loneliness and depression among older adults living in rural areas.

Sustainable Access

- Strengthen rural hospitals' ability to deliver geriatric and tele-geriatrics services and expand emergency services.
- Foster partnerships with rural aging service organizations to implement successful and sustainable age-friendly initiatives in rural areas.
- Expand home-based care, food and transportation access for rural older adults.

Rural Health Transformation Program

How States Can Integrate Age-Friendly Care Initiatives

Workforce Development

- Integrate geriatric and dementia-care training into rural clinician pipelines.
- Recruit, train, develop, and retain rural community health workers (CHW) and pharmacists to assist older adults
- Ensure sustainable funding models for rural CHWs by developing state policies.
- Incentivize clinicians with geriatric expertise to serve in rural areas.

Innovative Care

- Implement rural age-friendly elements that reward fall prevention, chronic-care management, and home-based interventions into value-based care models.
- Embed the [4Ms Framework](#) of age-friendly care in new aging care models.
- Advance the [Age-Friendly Ecosystem](#) model through partnerships to promote rural age-friendly care initiatives.

Rural Health Transformation Program

How States Can Integrate Age-Friendly Care Initiatives

Tech Innovation

- Invest in broadband access and digital literacy for rural older adults.
- Expand remote-monitoring and telehealth solutions that support rural aging in place.
- Ensure data-sharing systems integrate rural hospitals, clinics and long-term-care providers.
- Support the development and funding of rural-relevant, technology-driven home-enhancement products that promote safety and help prevent falls.
- Promote intergenerational programs that pair young adults with older adults living in rural areas to provide hands-on technology assistance and foster social connection.

Rural Health Transformation Program

Breadth of State Aging Commitments

- 33 states proposed initiatives to grow the health care workforce caring for older adults, including direct care aides and home-based support workers
- 32 states proposed initiatives to build upon the long-term care system for older adults, including home care, nursing home care, and related services and supports
 - 19 of those 32 states specifically focused on nursing homes in their proposals
- 25 states proposed initiatives related to improving care and coordination for dually eligible individuals (Medicare & Medicaid)
- 24 states proposed telehealth and technology initiatives to improve access, health monitoring, and communication for older adults
- Source: NASHP, Rural Health Transformation Program: [State Focus on Aging](#) (March 2026)

Aging-focused Themes Across State RFPs

- Remote patient monitoring and telehealth to support aging in place (AR, CT, NE, SD, VT)
- Dementia and memory care navigation (TN, WA, MO, WV)
- Direct care workforce development: training home health aides and caregivers serving older rural adults (33 states)
- Alternative PACE site expansion: using rural hospital infrastructure to extend community-based, all-inclusive care for older adults (LA, OR)
- Area Agency on Aging (AAA) partnerships to extend care coordination reach into rural communities (MD, WA, WV)

[RHTP RFP Interactive Map and Table](#)

RHTP Program Resources

Rural Health Potential Partners & Resources

- Federal Partners:
 - [CMS Office of Rural Health Transformation](#)
 - [Federal Office of Rural Health Policy \(HRSA\)](#)
 - [CDC Office of Rural Health](#)
- State Organizations
 - [State Rural Health Association](#)
 - [State Offices of Rural Health](#)

NRHA RHTP Resources

- [NRHA Rural Health Transformation Hub](#)
- [NRHA RHTP State Plan Summary Guide](#)
- [NRHA RHTP RFP Tracker](#)
- [State Contact Directory](#)

NRHA RHTP Resources

- [Integrating Rural Age-Friendly Care Initiatives into States' RHTP Implementation](#)

Office of Rural Health Transformation

- CMS formally established the Office of Rural Health Transformation (ORHT) within the Center for Medicaid and CHIP Services
- Will lead implementation of RHTP
- Core functions:
 - Guide states in implementing approved rural health transformation plans
 - Provide TA and strategic guidance
 - Coordinate federal-state partnerships
 - Ensure program oversight, accountability, and stewardship
- Includes 16 project officers throughout CMS regional offices to work with states

2026 NRHA Advocacy Goodies

- Sign up to receive [NRHA's Rural Roundup](#) & [NRHA Today](#).
- [Register](#) for NRHA's Monthly Grassroots Call.
- Contact your NRHA Government Affairs Team
 - Email: [Carrie Cochran-McClain](#), [Alexa McKinley Abel](#), [Zil Joyce Dixon Romero](#), [Sabrina Ho](#), [Marguerite Peterseim](#), [Reese Lycan](#)
- Engage with NRHA Advocacy online!



One stop scan of our advocacy goodies here!



National Rural Health Association



National Rural Health Association



advocacy@ruralhealth.us



@NRHA_Advocacy



@NRHA_Advocacy

Thank you!

Rebecca Yeboah, Ryeboah@ruralhealth.us

Marguerite Peterseim, MPeterseim@ruralhealth.us

Regan McManus

*Senior Director of Aging Initiatives
Lutheran Services in America*



Rural Aging Action Network





Lutheran
Services
in America™



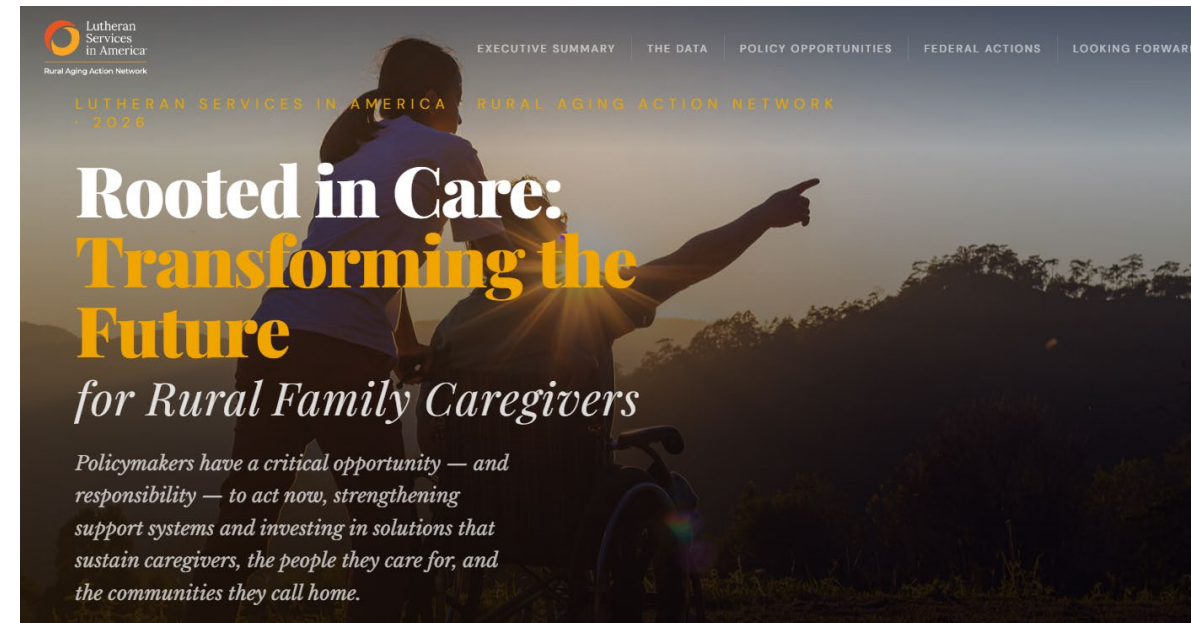
Building Age-Friendly Rural Systems

From Rural Voices to Systems Change: Lived
Experience Shaping Aging and Caregiving
Policy

REGAN MCMANUS, MHA
SENIOR DIRECTOR OF AGING INITIATIVES

From Rural Voices to Systems Change

Centering rural older adults & family caregivers to shape policy, practice, and systems



LIVED EXPERIENCE → SHARED CHALLENGES → POLICY & SYSTEMS-LEVEL OPPORTUNITIES

What We Heard

Rural Older Adults



Difficulty navigating services



Transportation & distance



Complex eligibility



Workforce shortages



Digital access

Rural Family Caregivers

Often don't identify as "caregivers"



Fill gaps in formal services



Limited respite & support



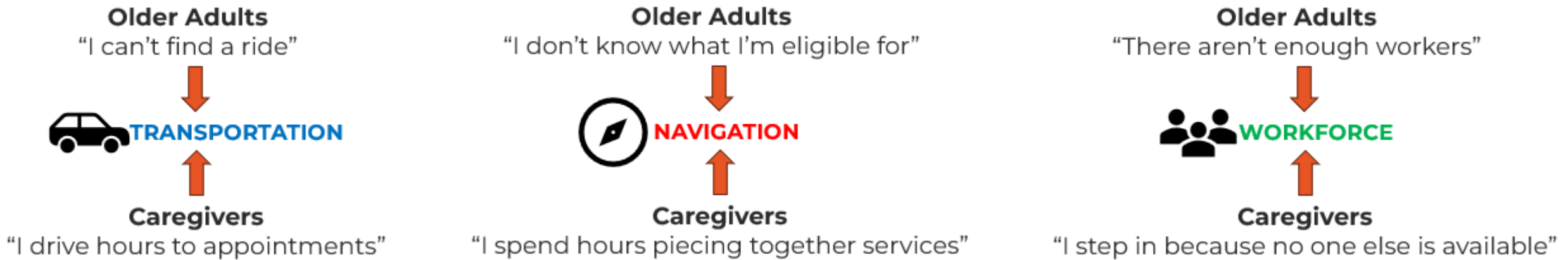
Financial & emotional strain



Want a seat at the table



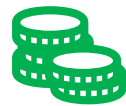
Different Voices. Shared Challenges.



Shared across both....



Digital Access •



Financial Strain •

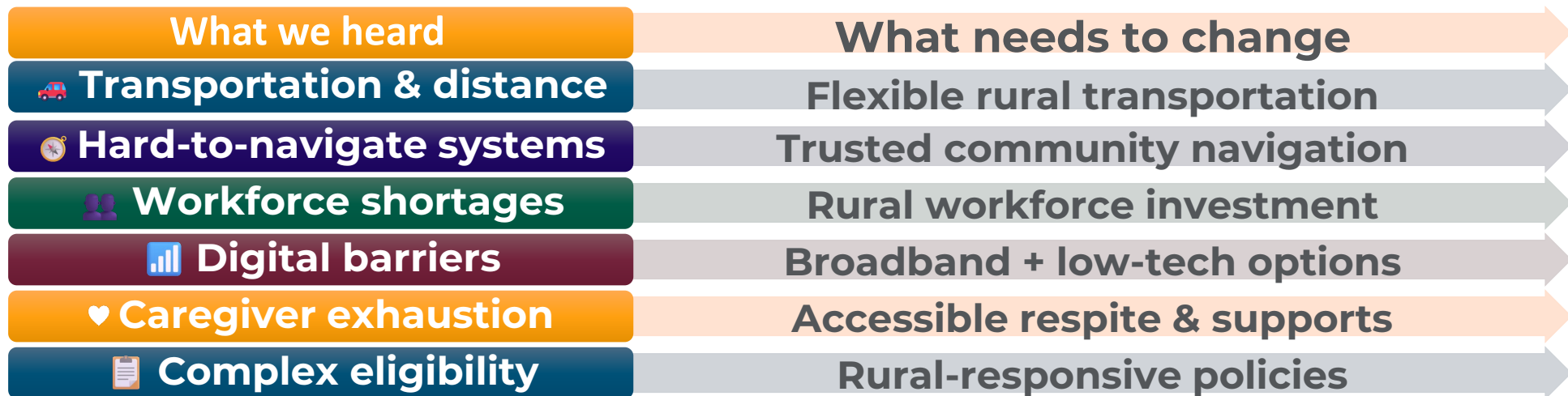


Fragmented Systems

When systems have gaps, rural families and communities fill them.

Turning Lived Experience into Action

LISTEN → IDENTIFY PATTERNS → TRANSLATE INTO ACTION



“You can be asset rich and cash poor.”

DATA TELLS US **WHERE** GAPS EXIST. LIVED EXPERIENCE HELPS US UNDERSTAND **WHY** AND **WHAT** NEEDS TO CHANGE.

From Lived Voice to Shared Power

Rural older adults and family caregivers aren't just beneficiaries of systems change. They are partners in designing it.

Listen → Learn → Elevate → Act



Pauline DeLange Martinez

*Research & Community Engagement Manager
Family Caregiving Institute, Betty Irene Moore
School of Nursing at UC Davis*

UC DAVIS
HEALTH

BETTY IRENE MOORE
SCHOOL OF NURSING



Advancing Rural Aging Equity Through Policy Action



Pauline DeLange Martinez, PhD
Family Caregiving Institute | UC Davis Betty Irene Moore School of Nursing

Building Age-Friendly Rural Systems | September 9, 2026

A California Example: From Local Voices to Policy Action

Over five years, our work moved from local planning to state-level policy engagement:

1. Listen

Community engagement through rural Multisector Plan for Aging regional planning

2. Translate

Tools and policy products that turn community findings into practical action

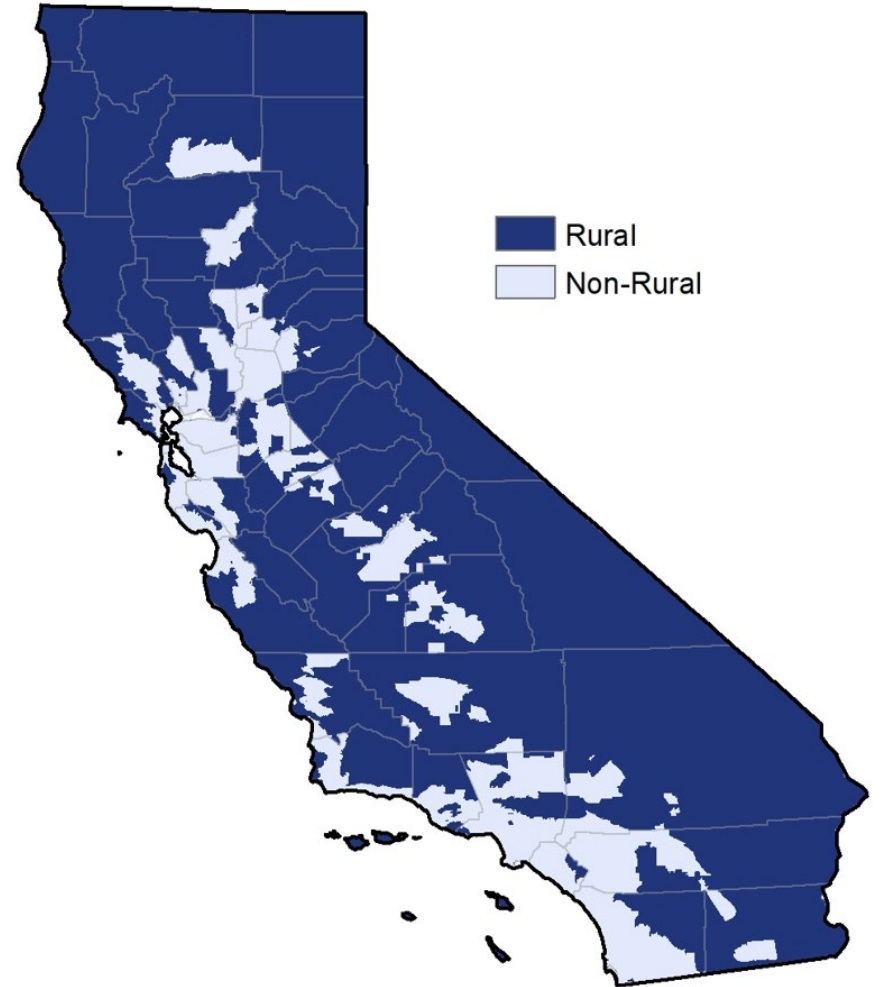
3. Engage

Disseminate resources through policy, advocacy, health care, and rural networks to support action

California Context

California is more rural than many realize — and its rural population is rapidly aging.

- 57 of California's 58 counties include rural communities
- More than half a million Californians age 65+ live in rural communities
- In rural counties, 1 in 4 residents is age 65+ — compared with 1 in 6 statewide
- More than 40% of rural older adults live with a disability
- By 2040, the rural 85+ population is projected to grow 158% — nearly 50 times faster than the traditional working-age population (ages 18–64).



From California's MPA to Rural Community Action

Statewide context

California's Master Plan for Aging (MPA) launched in 2021.

However, rural partners saw a gap: rural needs and lived experiences needed stronger visibility in statewide aging policy.



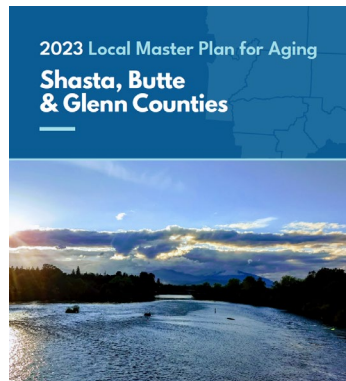
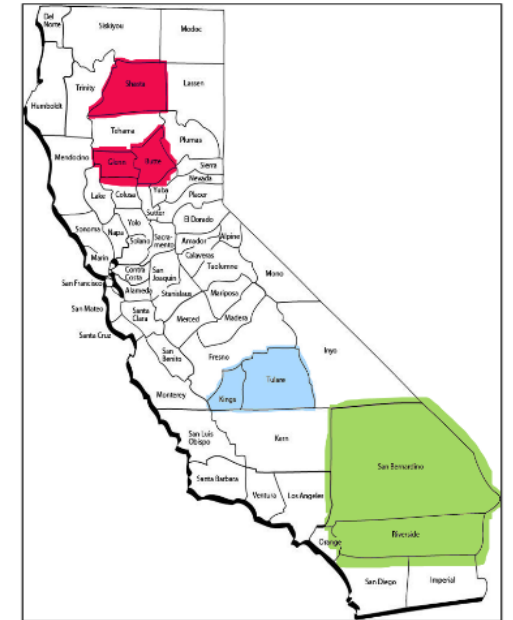
Rural MPA Initiative

The SCAN Foundation funded three rural coalitions to develop local MPAs.

3
rural
regions

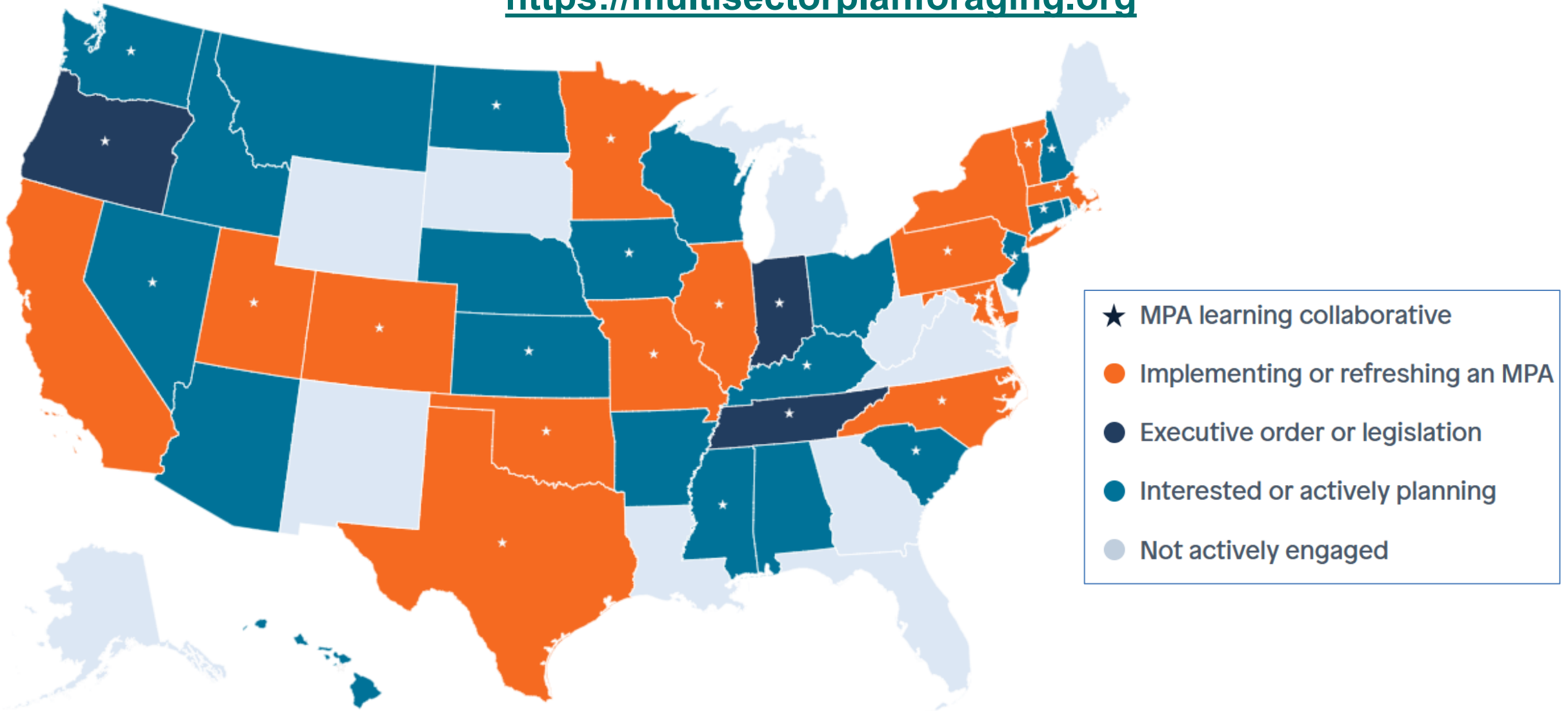
7
counties

227
voices

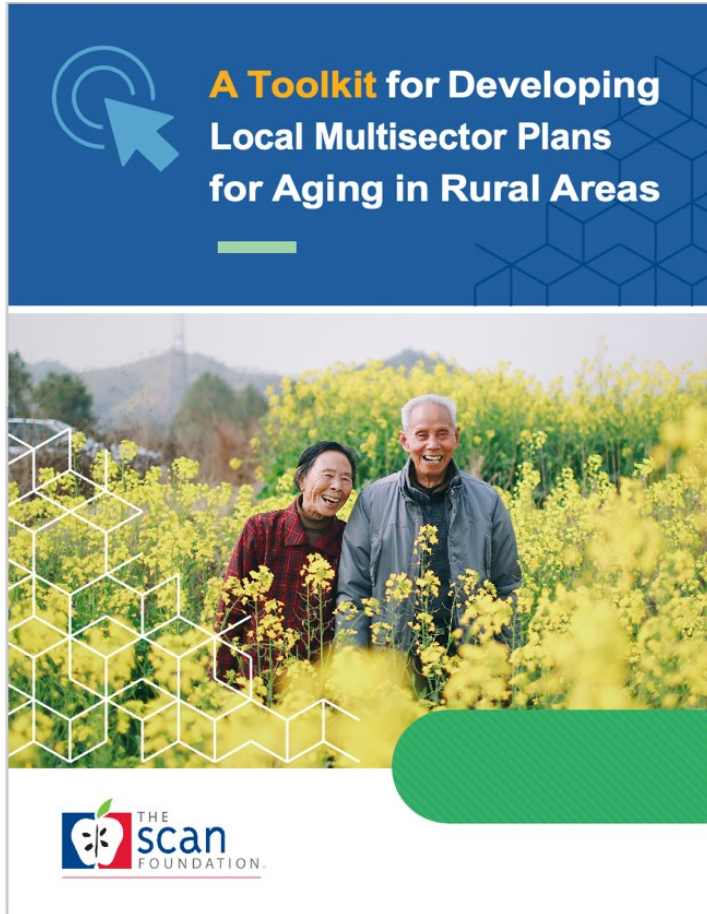


Local needs assessments and action plans elevated priorities across housing, transportation, food access, caregiving, behavioral health, and health care.

<https://multisectorplanforaging.org>



Toolkit for Developing Local MPAs in Rural Areas



A practical guide for rural leaders developing age- and disability- friendly community plans.

bit.ly/ruralMPAtoolkit

- 10 steps
- Case studies from the Rural MPA Initiative
- Templates, tools, implementation examples, and other resources

From Community Findings to State Policy

Closing the Care Gap: Strengthening Long-Term Services and Supports in Rural California

CALIFORNIA POLICY BRIEF • NOVEMBER 2025

By UC Davis Health and The SCAN Foundation*

Contributors: Pauline DeLange Martinez, PhD; Elizabeth Bogumil, PhD; Helen Miltiades, PhD; Sharon Brisolara, PhD; Katie Spears, MPH; Megan Burke, LCSW*; and Olivia Burns, MSW*

Nearly 1 in 11 Californians ages 65+ lives in a rural community.¹ Rural California has higher proportions of older adults, adults with disabilities, and chronic illness, yet faces severe shortages of services and providers. Long-Term Services and Supports (LTSS), including home- and community-based services (HCBS) and institutional care, are essential for dignity, independence, and cost-effective care. While institutional care remains necessary for some, HCBS allows more people to remain safely at home and reduces state spending on costly nursing home and hospital care.

Budget and Policy Landscape: Why Action Matters Now

Federal budget cuts through H.R.1 (2025-2026) and a tight fiscal environment create real constraints on new investments. Yet failing to act on rural LTSS will lead to higher long-term costs through preventable hospitalizations, premature institutionalization, workforce gaps and turnover. Our policy recommendations prioritize scalable, cost-effective strategies that strengthen care now while reducing expenditures over time.

Rising Demands of Rural Aging

- **Higher share of aging residents:** In rural counties, 1 in 4 residents is ages 65+, compared to 1 in 6 statewide.²
- **More disability:** On average across rural counties, over 40% of rural older adults live with a disability vs. 34% in non-rural counties.³
- **Higher rates of serious illness:** Rural older adults face greater prevalence of conditions like heart disease (23% vs. 19%), stroke (8.3% vs. 6.2%), and lung disease (13% vs 6%).⁴
- **Economic insecurity:** 10.8% of rural adults ages 65+ live below the federal poverty line.⁵
- **Explosive growth in population ages 85+:** By 2040, the population ages 85+ in rural California will grow 158%—nearly 50 times faster than the traditional working-age population (ages 18-64).⁶

UC DAVIS
HEALTH

BETTY IRENE MOORE
SCHOOL OF NURSING

THE SCAN
FOUNDATION

Rural Aging in California Policy Brief Series

bit.ly/RuralCApolicybriefs

- Built on Rural MPA findings and 60 policy expert interviews
- Designed for policymakers, state agencies, and advocates
- Two framing briefs + three topical briefs:
 - [Addressing Older Adult Housing Instability in Rural California](#)
 - [Strengthening Long Term Services and Supports in Rural California](#)
 - [Rural Health Care Policy Solutions for California's Older Adults](#)

From Community Findings to State Policy

Public Policy & Aging Report, 2025, 00(00), 1-10
https://doi.org/10.1089/ppar/ppar012
Policy Analysis Article



Advancing rural aging policy in California: recommendations for state policy on housing, long-term services and supports, and health care access

Pauline DeLange Martinez, PhD^{1,✉}, Helen Miltiades, PhD², Elizabeth Bogumil, PhD³, Sharon A. Brisolara, PhD⁴, Olivia Burns, MSW⁵, Heather M. Young, PhD, RN, FAAN¹

¹Betty Irene Moore School of Nursing, University of California Davis, Sacramento, California, United States

²Department of Social Work Education, California State University Fresno, Fresno, California, United States

³Department of Sociology, University of California, Riverside, Riverside, California, United States

⁴Inquiry That Matters Program Evaluation, Redding, California, United States

⁵The SCAN Foundation, Long Beach, California, United States

[✉]Address correspondence to: Pauline DeLange Martinez, PhD. E-mail: pdmartinez@health.ucdavis.edu

Decision Editor: Michael J. Lepore, PhD, FGSA

Keywords: Multisector plans for aging, Rural aging, Long-term services and supports, Housing, Health care access

Introduction

Rural communities are aging faster than urban and suburban areas and bear a higher burden of disability and chronic conditions, intensifying demand for long-term services and supports (LTSS), accessible housing, and health care (Cohen & Greaney, 2023; Monnat, 2025). This demand collides with longstanding structural constraints: geographic isolation, workforce shortages, chronic underinvestment, and thin service infrastructures that disadvantage low-density regions where distance and limited capacity make uniform policy models less feasible (Bennett et al., 2019; Rhubart et al., 2021). Together, these cross-domain challenges define a persistent rural aging equity gap.

California's Multisector Plan for Aging (MPA), known as the Master Plan for Aging, is a model now adopted or explored by 37 states, offering a pivotal platform to coordinate across sectors (West Health, 2024). However, translating statewide frameworks into equitable outcomes for rural communities requires intentional engagement and policy adaptation.

In 2022, The SCAN Foundation launched the *Rural MPA Initiative*, supporting coalitions across three rural regions spanning seven counties. Grounded in collective impact and community-engaged research principles (National Academy of Medicine, 2022), regional coalitions convened cross-sector advisory committees and engaged residents historically underrepresented in planning and policy processes. Over three years, 227 community members and professionals provided qualitative input through focus groups, listening sessions, and interviews. This input was coupled with secondary data to identify barriers and develop locally grounded action plans.

Translating statewide frameworks into equitable outcomes for rural communities requires intentional engagement and policy adaptation.

In 2025, community-identified challenges and recommendations from the three regions were synthesized and refined through iterative consultation with 82 state and local experts, including advocacy organizations, government agencies, and rural providers, resulting in the *Rural Aging in California: Policy Brief Series* focused on long-term services and supports (LTSS), housing, and health care access (DeLange Martinez et al., 2025a).

This article describes the cross-domain challenges identified by rural older adults, caregivers, and providers and presents corresponding implementation-oriented policy recommendations codeveloped with state and local experts and adapted for other states. Although grounded in California, this approach provides a replicable model for ensuring that state MPAs reflect unique local needs, resulting in more inclusive plans.

Long-term services and supports

Long-term services and supports (LTSS) encompass the spectrum of paid and unpaid assistance such as personal care, medication management, and specialized housing or community programs that people with disabilities and chronic conditions need over time. LTSS includes home and community-based services (HCBS), institutional facilities, and caregiver support. In rural

National article in the Public Policy & Aging Report:

“Advancing rural aging policy in California: recommendations for state policy on housing, long-term services and supports, and health care access”

bit.ly/RuralPolicyPPAR

- Translates the California briefs for a national audience
- Tables describe community-identified challenges → structural barriers → state policy recommendations
- Offers recommendations that other states can adapt

What We Learned

Housing, LTSS, and health care challenges rarely show up alone — and many policy levers cut across systems.

Housing stability

What we heard:

Financial precarity, inaccessible housing, disaster impacts, and "hidden homelessness."

Policy levers:

Prevention, home repair, navigation, improved data collection, and disaster resilience.

LTSS & caregiving

What we heard:

Caregivers carry more care; HCBS and paid workers are often unavailable.

Policy levers:

Respite/training, ADRCs, case management, travel pay, and workforce investment.

Health care access

What we heard:

Distance, workforce gaps, weak transitions, digital access, and trust/language barriers.

Policy levers:

Workforce pipelines, age-friendly primary care, transportation, telehealth, CHWs.

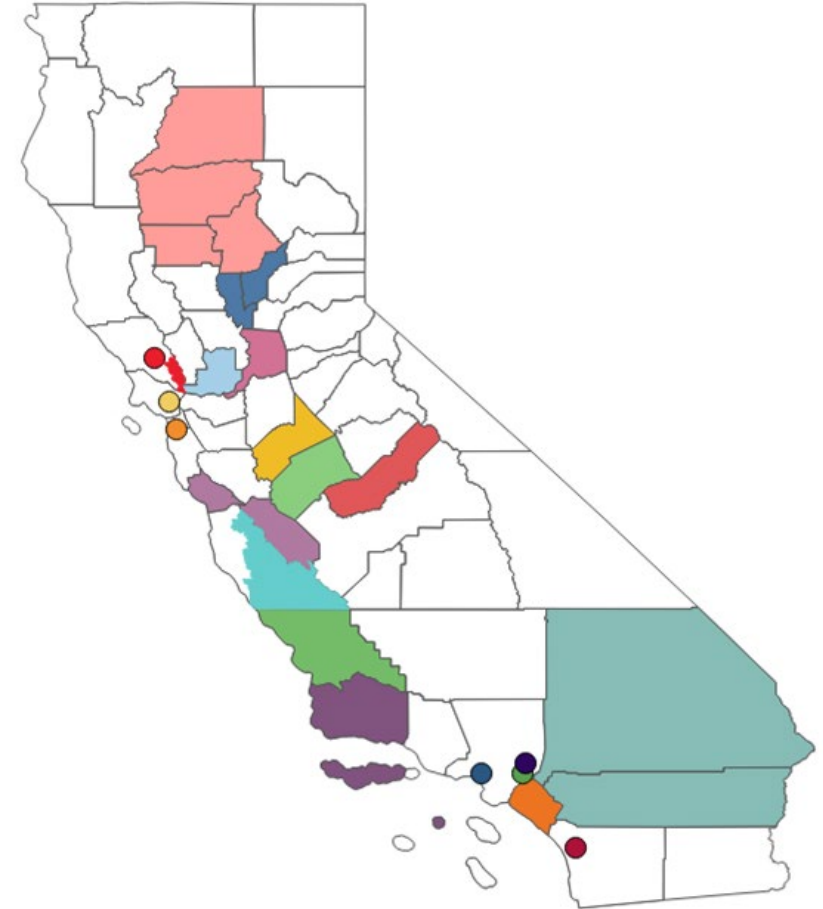
Ripple Effects

A philanthropy-supported pilot helped inform public investment

- \$4.5M California Local Aging and Disability Action Planning (LADAP) grant program
- 20 counties supported, many rural

Sample LADAP Impacts

- \$600K rural ADA-accessible transportation grant
- Community college caregiver training/ career pathways
- New philanthropic investments in aging
- New rural PACE development
- And many more...!



<https://mpa.aging.ca.gov/LocalMPAGrantProgram>

Rural Aging Gains Visibility Statewide

- Rural aging increasingly reflected in statewide MPA conversations
- California Department of Public Health + California Department of Aging to host webinar for National Rural Health Month: *'Breaking Down Silos: Advancing Aging and Disability Equity in Rural California'*

Bringing an aging lens to Cal-RHTP

- Formal age friendly recommendations submitted to California's RHTP leaders
- Aging and disability partners encouraged to get involved
- California Department of Aging representative on Cal-RHTP Policy Council
- Cal-RHTP funding for Dementia Care Aware to expand dementia clinical training, detection, diagnosis, and care planning in rural communities

Resources

LISTEN

Toolkit for developing Local Multisector Plans for Aging in Rural Communities

bit.ly/ruralMPAtoolkit

TRANSLATE INTO POLICY

Rural Aging in California Policy Brief Series

bit.ly/RuralCApolicybriefs

Public Policy & Aging Report article

bit.ly/RuralPolicyPPAR

LEVERAGE CURRENT OPPORTUNITIES

Age-Friendly Recommendations Letter for California's RHTP

bit.ly/CA-RHTP_Age_Friendly_Recs

Join The Conversation!

*Use the Q&A feature to submit questions.
We'll address as many as time allows
during the discussion.*





Thank you

UC DAVIS
HEALTH

BETTY IRENE MOORE
SCHOOL OF NURSING



The
John A. Hartford
Foundation



National Rural
Health Association

THE **SCAN** FOUNDATION