

Successfully making a change within an organization, such as the delivery of a new evidence-based practice (EBP), is challenging. Over the past decade, there has been **an increased focus on how to best implement change** in social service and behavioral health systems. However, much of the research has been done in urban areas, leading to a deficit in what is known about the **unique implementation challenges in rural communities** and how to best address them. This brief summarizes what is known about the implementation needs of rural areas and provides some strategies to address them and increase the likelihood of successful and sustained changes.

Rural areas have been shown to have higher levels of need and more complex needs than urban areas. At the same time, access to social services and behavioral health care has been limited by issues with the **availability, accessibility, and acceptability** of these services in rural communities. These issues will need to be considered and addressed during any implementation effort:

## AVAILABILITY

Availability is defined here as **having a sufficient number of qualified providers and services to meet the community's needs**. In rural areas, a diverse range of needs must be served by a smaller delivery system leading to clinicians who serve as generalists or are a “jack of all trades.” The same providers may be serving clients of all ages with a wide variety of needs and diagnoses. This may result in the inability to focus and develop skills in any one area or to become proficient in the numerous EBPs that are needed. Rural providers can also feel isolated, as they may have few or no co-workers and a limited professional support network. Provider burnout and turnover are a concern in rural areas as well, with one study showing that 63% of rural social workers had looked for a new job in past year, a rate higher than urban or suburban areas. Finally, rural areas often suffer from a lack of resources and funding, making it difficult to provide needed trainings and materials for new programs.

## ACCESSIBILITY

Accessibility is defined here as **being able to reach the available services or providers**. In rural areas, distance is often a factor in access, with the large geographical areas leading to a physical separation from service providers as well as social and cultural isolation. Other factors, such as a lack of public transportation and harsh weather, are often an issue as well, with many rural areas reporting significant access challenges in winter, when snow may close roads for significant amounts of time.

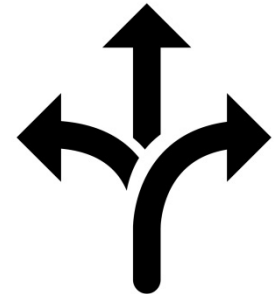
## ACCEPTABILITY

Acceptability is defined here as **the willingness of consumers to use services**. Stigma about receiving behavioral health or social services is, unfortunately, common in many communities. However, this may play an even larger role in rural communities where everyone knows everyone else in town and no one wants to be seen going into the therapist's office. In some cases, the provider may be someone you see regularly at the grocery store or local school, leading to concerns about privacy and general discomfort on both sides.

While rural communities have complex challenges to implementation that are not found in more urban areas, many agencies and providers have been **able to overcome these barriers** to successfully implement new programs. Here are some examples of effective strategies for rural communities to consider when adopting new programs:

### Careful Program Selection and Preparation

- Selection and preparation are key phases to implementing any change and should be done before any providers are trained in any new program.
- Research programs that address the population and the unfulfilled need using the CEBC and narrow them down.
- Conduct a pre-implementation assessment to ensure the program being considered is appropriate.
- Create plan for booster training, as well as training of new staff.
- Additional information and resources are available at <https://www.cebc4cw.org/implementing-programs/>



### Build Partnerships

- Band together with other rural areas or providers to share training costs and set up support networks after training.
  - Consider programs that have Train-the-Trainer models so that you can build local capacity.
  - Work with program developers to see if they are willing to offer reduced-rate training for rural areas.
- Conduct a regional or multicounty needs assessment.
  - Convene meeting of providers and Community-Based Organization (CBOs) to talk about needs
- Connect with a university in your state, even if not local
  - Look for volunteer support through internship options, evaluation projects, thesis or dissertation work, etc.
- Connect with state or county initiatives regarding mental health awareness, suicide prevention, substance abuse prevention or programs, or domestic violence awareness or services to access resources.



### Dealing with Distance

- Rotate staff to more remote areas or set up a satellite office.
- Provide mobile work options with Wi-Fi for staff so they can work remotely.
  - Ensure that all needed resources can be accessed outside the office.
- Offer telehealth and video options for service delivery.
- Investigate task-sharing options – are there tasks that can paraprofessionals do?
  - Use transportation provider for visits instead of the case-carrying worker.
- Provide an agency automobile for longer trips or daily required travel.



## Supporting Staff

- Ensure that your agency policies and practices are trauma-informed and address the secondary traumatic stress needs of staff.
- Review any existing turnover data and staff surveys.
  - Conduct exit interviews with staff to examine and address reasons for departure.
- Establish support networks for isolated staff by offering video or audio calls on a regular basis that are facilitated by a supervisor or clinician.
- See if your agency qualifies for loan forgiveness and reimbursement programs to attract staff to the area (<https://www.ruralhealthinfo.org/topics/scholarships-loans-loan-repayment>).
- Assist with locating housing for staff by developing relationships with local rental housing providers and realtors.
- Offer online continuing education options to reduce out-of-area travel while retaining staff.
- Conduct a periodic staff survey to examine satisfaction and engagement and develop a plan to respond to deficiencies.



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