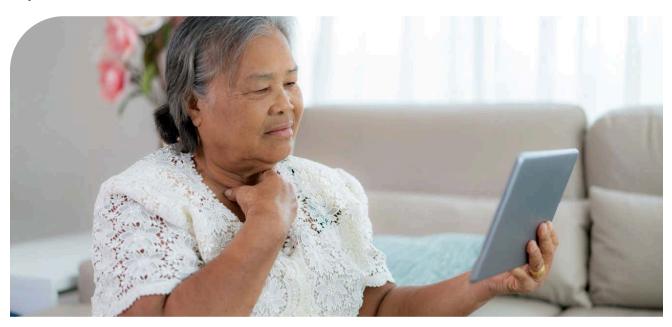
**Evidence-Based Programs for Professionals** 

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

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Kaitlyn Gibbons



# **Key Takeaways**

In a recent survey 2021 ACL falls prevention and chronic disease self management education grantees shared their strategies for reaching underserved populations through marketing, partnerships, technology, and trained leaders.

The four key strategies for reaching the underserved: tailored marketing, using technology to broaden access, training connected leaders, and partnering with the right sites and organizations.

Connect with fellow grantees if you'd like to learn more about their successes in reaching underserved communities.

During their first year, 2021 <u>CDSME</u> (chronic disease self-management education) and <u>falls prevention grantees</u> navigated obstacles, experienced successes, and hit the ground running as they developed infrastructure to provide their communities with valuable <u>evidence-based programs</u>.

NCOA invited 2021 CDSME and falls prevention grantees to participate in a survey to share their stories on how they managed to ensure that throughout the challenges of the COVID-19 pandemic, as well as with other economic and access challenges, the underserved older adults in their communities could participate in these valuable programs to decrease social isolation and develop tools to manage their chronic condition and prevent falls.

This survey results showed 2021 CDSME and falls prevention grantees were able to reach underserved populations through a variety of methods and four key strategies.

### Tailoring marketing materials to specific populations

<u>Marketing</u> is a vital part of implementing and embedding evidence-based programs in the community.

Getting the word out in a way that intrigues potential participants and allows them to understand how the programs would benefit them is essential. The 2021 grantees were able to create personalized and tailored marketing materials to engage underserved populations. For example:

• CJE (Council for Jewish Elderly) Senior Life (falls prevention) shared: "We engaged underserved populations of older adults living with HIV and those who are members of the LGBTQ community, many of whom are people of color. We spent the first few months of our grant not delivering

programs, but rather tailoring marketing materials and training a leader who is also a member of the LGBTQ community so we could have the most culturally relevant programs."

 Healthy Living for ME (CDSME) shared: "We have also set out to reach and educate Maine's 15 unbridged island communities and rural parts of the state through all forms of media, postcards, etc."

#### Using technology to improve access to programs

With COVID-19 restrictions, grantees transitioned to virtual programming,

which allowed them to reach some communities more effectively, such as home-bound older adults. This also challenged them to brainstorm ways to ensure that community members who did not have access to internet or technology were included in this programming. For example:

- MD Living Well Center of Excellence (falls prevention) shared: "The Maryland Living Well Center of Excellence initially engaged multi-cultural organizations to help with the state's tablet distribution. Although the aging network is our first option, many do not have a strong connection to non or limited English-speaking individuals. We've been able to provide nonprofit multi-cultural organizations with tablets to reach Asian, Chinese, Hindu, and Spanish speaking individuals."
- Age Options (CDSME) shared: "AgeOptions has facilitated one CDSME workshop on the Uniper platform. Uniper is a 'virtual senior center.' Through Cares Act funds, AgeOptions launched the platform targeting low income, communities of color at high risk for social isolation. Through this platform, we are able to reach new communities who may not live close enough to join a workshop, may not be able to leave home for long periods of time due to caregiver responsibilities or may be home bound for other physical reasons or lack of access to transportation."

## Train leaders who identify with the underserved population

Many grantees have had success with recruitment and retention of participants who can identify with those who are leading the sessions. Training leaders who have direct experience in the community in which they are leading creates a space where participants can relate to their leaders, resulting in increased comfort. Often, if a participant sees that their leader has had success with the program, they feel that they will be capable of improving their quality of life through the program as well.

- Age Options (CDSME) shared: "In October, AgeOptions started facilitating a CDSME leader training. For this training we targeted TCLIP (Targeting Culturally Linguistically Isolated Peoples) organizations. TCLIP agencies are a funded partner through AgeOptions, who provide various programs and services to targeted communities typically though programs and services offered in languages other than English."
- Comagine (CDSME) shared: "Oregon Wellness Network is working with Familias en Acción to retrain, or train for the first time, their Community Health Workers as peer leaders and begin offering classes in Spanish in 2022."

#### Partner with sites and organization that represent underserved populations

<u>Partnering with organizations</u> that support underserved populations is a goal many 2021 grantees pursued during the first year of their grant. Reaching out and exploring the potential for host sites, leaders, tailored marketing, and participants has diversified the communities where grantees have had the opportunity to educate.

- Putnam County & Lower Hudson Valley Fall Prevention Network (falls prevention) shared: "In other counties there is a large Spanish speaking
  community and recruiting class leaders who are Spanish speakers is a priority. One of our sites for the A Matter of Balance program is also
  designated as a Traumatic Brain Injury club and offers programming to a large disability community and also to the local veterans'
  organization. "
- Healthy Living for ME (CDSME) shared: "Living Well with HIV targets Mainer's statewide living HIV positive. Although we have one formal
  Community Provider for this new program, we are connecting with other testing sites and key contacts statewide to bring this program to more
  people. Similarly, we launched HealthMatters which will service Maine's statewide population of individuals living with Traumatic Brain Injury
  (TBI) and/or Intellectual and/or Developmental Disabilities (I/DD)."
- AgeOptions (CDSME) shared: "AgeOptions looks to partner with host sites in the west and south suburbs of Chicago, these are typically
  underserved, African American and Latinx communities."
- Cherokee Health Services Council (CDSME) shared that they partner with residential communities and retirement centers that "...especially serve disabled, minority persons, Veterans and live in a rural community in Tahlequah, Oklahoma area that has the Cherokee Nation as well and several of our participants are Cherokee."

Through the successes and challenges of implementing evidence-based programs in 2021, grantees were able to focus on making sure all members of their communities had access to improving their health and reducing their fall risk. As an ACL grantee or implementor of evidence-based programs, keep in mind that you can connect with fellow grantees if you'd like to learn more about their successes in reaching underserved communities.

#### Related resources

Resource Guide: Remote Delivery of Evidence-based Programs

**Best Practices Clearinghouse: Marketing and Recruitment** 

Marketing and Recruitment Materials for the Chronic Disease Self-Management Program

Offering Chronic Disease Self-Management Education in Rural Areas

Frequently Asked Questions: COVID-19 and Technology Resources

Tip Sheet: Engaging People with Disabilities in Evidence-Based Programs

Tip Sheet: Engaging Veterans in Evidence-Based Programs

Engaging American Indian/Alaska Native Elders in Falls Prevention Programs

Best Practices Clearinghouse: Strategic Partnerships