Adapting Evidence-based Interventions in Rural Settings:
An Analysis of 70 Community Examples

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OBJECTIVE

This poster explores the barriers and solutions to adapting evidence-based practices to rural contexts.
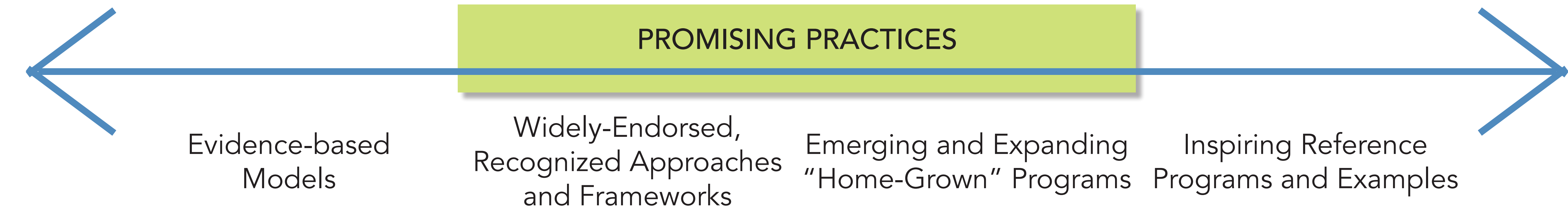
METHODS

A descriptive, qualitative analysis was conducted using data from 70 grantees funded by the Federal Office of Rural Health Policy to implement evidence-based practices in rural settings.

RESULTS

Grantees selecting "evidence-based" practices reported adapting these models to match their rural reality, resulting in programs tailored to meet community-specific needs and interests.

Range of Models Implemented

PROMISING PRACTICES

Evidence-based Models | Widely-Endorsed, Recognized Approaches and Frameworks | Emerging and Expanding "Home-Grown" Programs | Inspiring Reference Programs and Examples

On the left end of the spectrum are the textbook evidence-based practices—time-tested interventions built on cumulative, credible evidence of effectiveness in multiple settings.

The midsection of the spectrum consists of two distinct types of promising practices as operationalized by the grantees: widely endorsed and recognized approaches and frameworks and secondly, emerging and expanding homegrown programs.

On the far right end of the spectrum are less well-documented reference programs that grantees said "inspired" their intervention designs.

A vast majority of the cohort employed strategies that fall within the "promising practice" range, versus the much smaller subset that applied strictly-defined evidence based practices (far left). Grantees attributed this disparity to the limited selection of evidence-based models that had demonstrated effectiveness in rural settings or that seemed feasible in their rural contexts.

How Rural Communities Adapted Evidence-based and Promising Practices to Rural and Frontier Settings

Because relatively few evidence-based models have been developed or thoroughly tested in rural contexts, the grantees faced cultural and practical realities translating otherwise reputable practices into frontier and rural community settings. The rural community context, the shortage of sufficient workforce capacity, and practitioner support are some factors that can influence the translation of evidenced-based into any community setting but often play out differently in rural communities.

How these factors complicated implementation across grantee sites included:

- *Cultural misalignment.* A lack of alignment between the programmatic content and the target population
- *Practical limitations.* Practical obstacles related to the time and financial resources required to conduct and participate in staff training and patient education classes (e.g., time to travel long distances, expenses incurred for travel)
- *Lack of practitioner or partner buy-in.* Resistance from strategic partners and providers in implementing new clinical guidelines, approaches, standards
- *Insufficient capacity.* Barriers to health care workforce development, recruitment, and retention surfaced as a persistent challenge in rural communities
- *Unfavorable policy conditions.* Significant contextual challenges that were beyond grantee control (e.g., reimbursement policies)

CONCLUSION

Levers for building a more robust rural evidence base include investments to incentivize evidence-based programming in rural settings; rural-specific research and theory-building; translation of existing evidence using a "rural lens"; technical assistance to support rural innovation; and prioritization of evaluation at the local level.

By stipulating that funded communities implement a promising or evidence-based practice, FORHP provided an opportunity to explore what is involved in the translation of recognized approaches specifically in rural and frontier settings. Funded agencies and consortia chose a broad range of evidence-based and promising practices and modified them to fit the contexts and the needs of rural and frontier communities. In combination, these federal and local investments have begun to create the conditions for cultivating a new generation of rural-specific evidence-based practices.