

Human Services in Rural Contexts Comprehensive Report

January 2023



Human Services Programs in Rural Contexts Comprehensive Report

OPRE Report 2023-030
January 2023

Emily Brimsek, James Murdoch, Emma Ward, Neel Chakraborti, and Ashton Cain, 2M Research

Submitted to:

Aleta Meyer and Lisa Zingman, Project Officers
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Contract Number: HHS 75P00119F37004
Project Director: James Murdoch, 2M Research
1521 N. Cooper Street, Suite 600
Arlington, TX 76011

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Acknowledgments

2M Research (2M) would like to thank the members of this study's three active engagement groups who shared their expertise and experience delivering and studying human services in rural contexts. We would also like to thank the federal program officers and representatives of Community Action Agencies that connected us with potential interviewees in the 12 rural counties included in this study. 2M would like to acknowledge our partners from the Federal Leadership Team—Aleta Meyer and Lisa Zingman from the Office of Planning, Research, and Evaluation (OPRE), and Aira Jae Etheridge from the Health Resources and Service Administration (HRSA). In addition, we would like to acknowledge the contributions of Heather Hahn, Corianne Scally, Amelia Coffey, and Anna Morgan from the Urban Institute, who were partners in qualitative data collection, qualitative thematic analysis, and review of this document. Finally, we want to acknowledge support from the larger team at 2M; this includes William Vaughn for his diligent review and edits to this report, Joshua Townley for his help with formatting and 508-compliance, and Hiren Nisar for his review of the quantitative analysis.

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Overview

While significant research has come forward to improve our collective understanding of human services programs and their contribution to the economic and social well-being of individuals and families, notable knowledge gaps continue to persist regarding how these programs can best serve the needs and interests of rural communities. This study aims to address these knowledge gaps in the delivery of human services programs in rural communities and to expand our knowledge base through a mixed methods approach that is focused on the following goals:

- Providing a rich description of human services programs in rural contexts
- Determining the remaining need¹ for human services in rural communities
- Identifying opportunities for strengthening the capacity of human services programs to promote the economic and social well-being of individuals, families, and communities in rural contexts

To meet these study goals, we employed a mixed methods research design combining county-level data analysis with qualitative data collected from more than 100 interviews with human services program providers in 12 diverse rural counties (Elgin et al., 2021a).

Overall, the study was able to draw the following conclusions:

1. Economic and social well-being needs in rural contexts are intertwined. We identified needs across transportation, employment, mental health services, and reliable broadband internet. While urban communities may face similar needs, human services staff informed us that these needs are prevalent across rural communities.
2. Federal and state requirements such as data collection, reporting, and restrictive eligibility requirements can prove burdensome for human services program staff and can take away time that is otherwise dedicated to the delivery of services that address remaining needs in rural communities. Local factors such as limited staffing and high turnover can also hinder effective service delivery.
3. In rural contexts, organizations implementing federally-funded human services can partner (either formally or informally) with other nonprofits to address many of the resource and capacity gaps in rural communities. In many cases, nonprofits with multiple funding streams (including non-federal sources) are less constrained by regulation regarding what services they can provide as well as the avenues through which they can seek and spend funding.
4. While the level of remaining need for human services is consistently high across rural counties in the United States, there are 26 clusters or geographic concentrations of rural counties that have significantly higher needs than the average. These counties

¹ Remaining need for services is defined as **the difference between the eligible population and the population served** by the four programs of focus for the study. The greater the difference, the greater the remaining need.

are in different rural regions and contexts, but we found that persistent poverty and state-administered systems (as opposed to state-supervised and county-administered systems) are more common in these clusters than we see in rural counties overall. The clusters are more likely to be in specific rural regions including Appalachia, the Colonias, the Delta, and Native Lands than rural counties overall. The clusters also seem to lack high levels of human services funding, but our statistical analysis was limited due to a general lack of funding across most rural counties in the United States. Although we found some associations with high remaining need for human services in rural counties, we did not identify any factors that fully explain why some counties have much higher remaining need than others.

5. There are several lessons learned related to human services program delivery that can address remaining need for human services in rural contexts, including the following:
 - a. A tailored approach to service delivery can provide human services practitioners with an opportunity to address highly contextual implementation challenges.
 - b. During the COVID-19 pandemic, expanded resources and increased flexibility (including both funding and programmatic) improved the ability of human services programs to meet the needs of rural communities.
 - c. Greater state technical assistance and support for collaboration across programs can improve program adoption and fidelity.
6. Human services program practitioners can share several recommendations to mitigate barriers to access and improve capacity, including the following:
 - a. Unify human services in rural areas to mitigate barriers to access.
 - b. Understand and value local culture and knowledge in developing and delivering human services in rural communities.
 - c. Prioritize flexibility and allow for ad hoc adjustments in making local decisions.

The study team recognizes that additional studies could contribute to our understanding of human services programs in rural contexts. While this study leverages qualitative data from program staff, future research could collect and analyze the participant experience of human services in rural contexts. It may also prove instructive to compare the ways in which human services programs are delivered in rural and urban environments to establish a basis for: identifying key similarities and differences, uncovering barriers that may be unique to each setting, and identifying ways to improve program delivery in both settings. Finally, we recognize that understanding and fully explaining the drivers of higher levels of remaining need for human services in rural contexts will require more research and analysis. While our interviews suggest much remaining need is likely context-specific and unique to each rural community, future research could take a closer look at the 26 clusters of high remaining need that we identified. Such insight would give us a better understanding of the common needs, strengths, and challenges in those clusters.

Executive Summary

Rural contexts present unique opportunities and challenges for administering human services programs (Fleming et al., 2018). Rural communities have many assets such as strong community ties and relationships that include nonprofit organizations, faith-based groups, and multiple generations of families living in proximity to one another. However, some rural communities struggle with access to employment opportunities, housing, transportation, broadband internet, and health and human services.

In 2019, the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), a division of the U.S. Department of Health and Human Services (HHS), in collaboration with the Health Resources and Services Administration's Maternal and Child Health Bureau (referred to hereafter as "the Federal Team"), selected 2M Research and its partner, the Urban Institute (referred to hereafter as "the 2M Team"), to conduct a study to advance the understanding of human services delivery in rural contexts.

The Study Employs a Mixed Methods Study Design to Meet Its Goals

While significant research has come forward to improve our collective understanding of human services programs and their contributions to the economic and social well-being of individuals and families, notable knowledge gaps continue to persist regarding how these programs can best serve the needs and interests of rural communities.² This study aims to address these knowledge gaps in the delivery of human services programs in rural communities and to expand our knowledge base through a mixed methods study that focuses on the following goals:

- Providing a rich description of human services programs in rural contexts
- Determining the remaining need³ for human services in rural communities
- Identifying opportunities for strengthening the capacity of human services programs to promote the economic and social well-being of individuals, families, and communities in rural contexts

To meet study goals and further learning agendas, we employed a mixed methods research design combining county-level data analysis with qualitative data collected through virtual site visits to 12 diverse rural counties (Elgin et al., 2021a). For the purposes of this study, "rural" was defined using USDA Rural-Urban Continuum Codes for counties and our analysis

² For this study the primary unit of analysis is a rural county, which is defined in accordance with the U.S. Department of Agriculture's Rural-Urban Continuum Codes (U.S. Department of Agriculture [USDA] 2013). The terms "rural counties" and "rural communities" are used interchangeably as multiple rural communities can exist within a single county.

³ Remaining need for services is defined as **the difference between the eligible population and the population served** by the four programs of focus for the study. The greater the difference, the greater the remaining need.

covered several distinct regions including U.S. Census regions and places like Appalachia, the Colonias, the Delta, and Native Lands (Elgin et al., 2021b).

Human Services Programs of Focus

Human services is a broad and interdisciplinary field comprising diverse programs serving a variety of populations. The Federal Team selected four human services programs as the study's primary focus. Each program is administered in whole or in part by ACF and provides complementary yet varied services that accomplish the following goals: 1) support families with very low incomes and connect participants to job skills training and employment opportunities; 2) fill gaps in available services to ensure proper care for pregnant women, infants, and children; 3) strengthen parenting skills and encourage healthy relationships among parents to improve children's well-being and ultimately their growth into adulthood; and 4) address workforce shortages in healthcare by training new professionals.

The primary programs of focus (listed in order of program size) include the following:

- **Temporary Assistance for Needy Families (TANF):** The TANF program fosters economic security and stability for low-income families through state block grants that can be used to design and operate programs that support needy families trying to achieve self-sufficiency.
- **Maternal, Infant, and Early Childhood Home Visiting (MIECHV):** The MIECHV program is a voluntary home visiting program that supports pregnant women and parents with young children. These individuals often live in communities that face greater risks and challenges to achieving positive maternal and child health outcomes.
- **Healthy Marriage and Responsible Fatherhood (HMRP):** The HMRP programs support discretionary grants, contracts, research and evaluation, and other activities to strengthen families, promote responsible parenting, and improve family economic stability.
- **Health Profession Opportunity Grants (HPOG)⁴:** The HPOG program awards discretionary grants to organizations that provide education and training to TANF recipients and other individuals with low incomes for well-paying healthcare occupations and others expected to either experience labor shortages or high demand. The HPOG program also funds research and evaluation to explore the outcomes and impacts of the grants.

In addition to the four primary programs of focus, the study also examined those human services programs that align with the services of TANF, MIECHV, HMRP, and HPOG, namely early care, housing assistance, and job training.

⁴ The HPOG program was authorized through September 29, 2021, and no longer operational at the time of the study's publication.

Economic and Social Well-Being Needs in Rural Contexts Are Intertwined

The study identified several economic and social well-being needs in rural contexts from the extant literature, a group of needs that we were able to confirm in our conversations with human services program leadership and staff across 12 sites, including both tribal and non-tribal rural communities. We describe a select number of these most commonly-identified needs by human services program staff and practitioners below.

Need for transportation. Individuals or families may lack a vehicle, access to public transit, or the ability to obtain a reliable means of transportation. As a result of this resource gap, program staff and community partners noted that households often have difficulty in many aspects of daily living such as securing and maintaining employment; accessing healthcare services; attending important appointments; or following through with referrals for other supportive services.

Need for employment. Program staff and community partners noted limited and seasonal job opportunities in some communities due to a relatively sparse population and meager public services. They noted that even in the presence of available jobs, there is often a disconnect between required qualifications for openings and the availability of skilled labor in rural areas.

Need for mental health services. Our conversations revealed a number of concerns regarding the accessibility and availability of mental health services for rural populations. These include the cultural stigma usually associated with accessing mental health services, social isolation enhanced by pandemic-related circumstances, and a lack of available alcohol and substance use treatment programs in the communities.

Need for reliable broadband internet. Human services program practitioners noted that geographic features and widely dispersed population centers can make travel and transportation for jobs and critical services inconvenient for rural residents, often resulting in a serious time commitment and increased anxiety. Although the COVID-19 pandemic has increased opportunities for some individuals to now work remotely from home, this assumes the availability and accessibility of reliable broadband internet. Many human services programs have also moved to hybrid or virtual modes of service delivery. As a result, any areas with a lack of access to reliable broadband internet significantly hinders the ability of individuals and families to access these important services.

While the specific needs of rural communities serviced by human services programs are context-specific, our conversations revealed that economic and social well-being needs in rural contexts are significantly intertwined and impact one another in clear and observable ways. As noted by program staff, economic need often causes extreme stressors. We found that these stressors can then evolve into social well-being needs, one manifestation of which can be the need for mental health care services.

Program Policies, Funding, and Oversight Can Hinder the Ability of Communities to Meet Needs in Rural Contexts

Staff involved with administering the four primary programs of interest expressed challenges with implementing federally-determined requirements given the diversity of rural communities across the United States.

Funding restrictions. Program staff across all four of the human services programs of focus expressed a desire for more flexibility in how human services leadership can use and distribute the funds. Program staff believed flexible funding would allow human services programs the ability to meet the unique needs of people in rural communities. For example, program staff mentioned ways in which flexible funding could be used to improve capacity, including for staff salaries, broadband supports, transportation supports and one-time provision of services to clients.

Data collection. Procedures and requirements are not standardized across human services programs, and states have data recording and reporting requirements that program staff and leadership must follow to maintain compliance. In rural areas, however, capacity issues associated with staffing may make it more difficult for programs to meet these administrative requirements.

Staffing. Challenges include difficulties with recruitment, high rates of turnover and attrition, and a lack of high-quality pre-service and in-service training for staff. One program staff member noted that “finding individuals that meet the qualifications for [certain roles] and then maintaining them is practically impossible in our community. With all the other opportunities in . . . the surrounding area for those type of degrees, we cannot compete.”

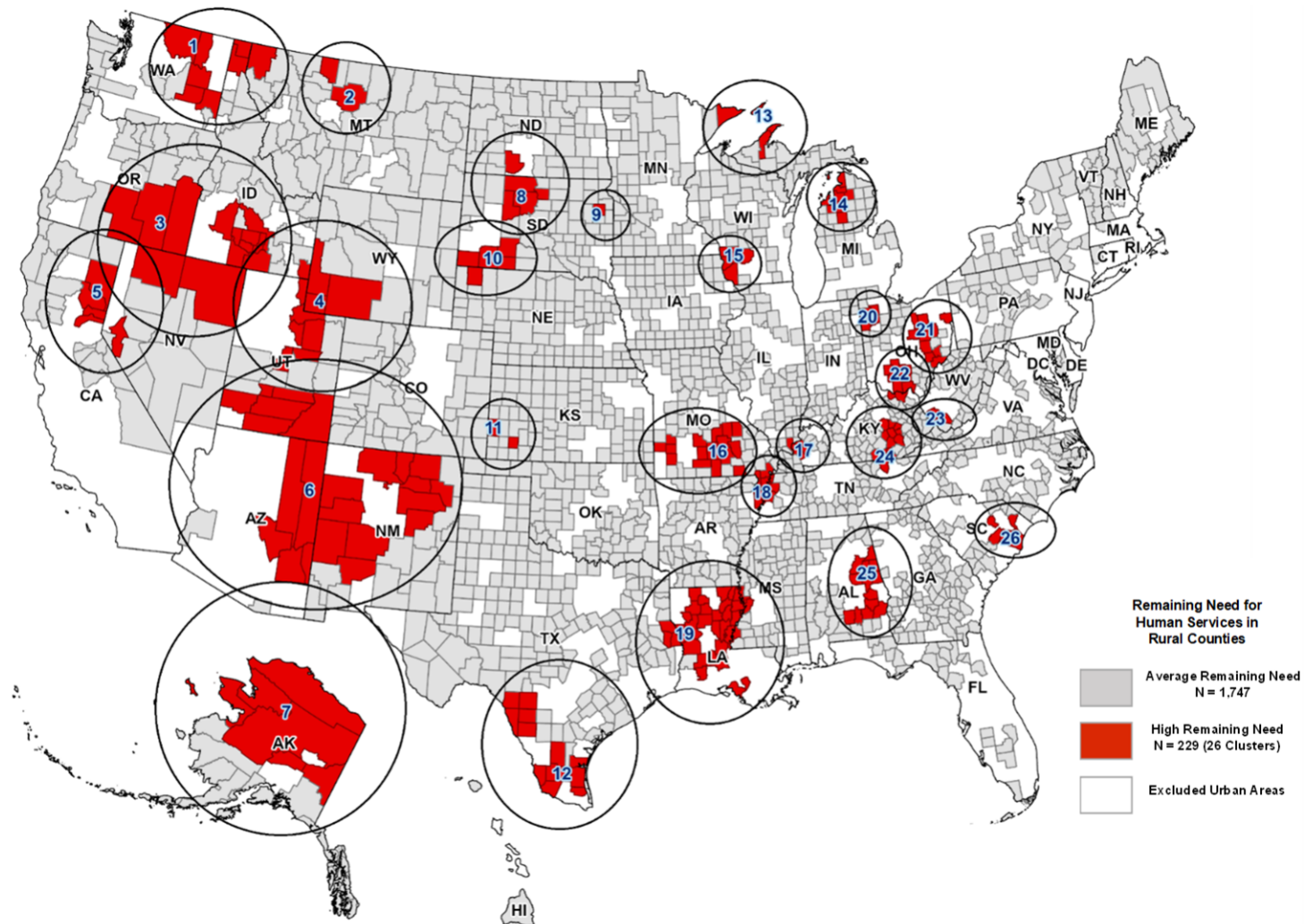
To address these challenges, program leadership identified partnerships (either formal or informal) with non-federally funded community partners as instrumental in helping to address many of the resource and capacity gaps in rural communities. In many cases, these community partners are less constrained by regulation or funding streams regarding what services they can provide as well as the avenues through which they can seek and spend funding. Although we found these challenges to be common across the study sites, it is worth noting that local contexts and circumstances have a major impact on the delivery of human services programs, particularly as they relate to staffing resources, material needs, availability of high-quality technical assistance, and the quality of community partnerships.

Several Rural Counties Among 26 Clusters Had High Remaining Need

In general, the four human services programs of focus are allocating their resources to rural counties with higher levels of need. Remaining need—which we define as the difference between the eligible population and the population already served—is generally consistent across most rural counties except for the 26 places where counties with very high remaining need are clustered together as shown below in Exhibit 1. Most of these clusters of high

remaining need have a combination of a large difference between eligible and served populations, low non-federal human services expenditures, and a high baseline of need.

Exhibit 1. Locations of Rural Counties with High Remaining Need⁵



⁵ We numbered the clusters of high remaining need shown on the map from 1 through 26, starting from the upper left corner of the map and ending at the lower right corner. Section 7.4.2 in the Technical Appendix provides additional details on the corresponding counties in each cluster of high remaining need.

Community Characteristics, Including State-Administered Systems and Persistent Poverty, Bear the Strongest Relationship to High Remaining Need

Supported by our literature reviews and active engagement with experts and the Federal Team, this study identified several community characteristics and funding measures that we expected to have an association with high remaining need. **Exhibit 2** lists the community characteristics and funding measures we identified.

Exhibit 2. Community Characteristics and Measures of Funding Expected to Have an Association with High Remaining Need

Category	Measures
Community Characteristics	Low levels of internet access; high percentages of households without a vehicle; lack of county-administered systems (e.g., state-administered or hybrid systems); high income inequality between populations of color and white populations; persistent poverty; location in a rural region (Appalachia, the Colonias, the Delta, or Native Lands)
Funding	The dollar amount of funding per case in rural counties for TANF, MIECHV, HMRF, and HPOG program services

As expected, we found associations between several of the community characteristics and funding measures and high remaining need. For example, a much higher percentage of counties with high remaining need have persistent poverty compared to rural counties overall. Additionally, lack of a county-administered system is associated with more remaining need for human services, especially for HPOG and MIECHV services. We also found that less overall funding per case is generally associated with more remaining need.

Several Lessons Learned Emerged regarding Implementation of Human Services Programs in Rural Contexts

Across our interviews with program area staff and leadership, we identified several themes and lessons that suggest opportunities for improving human services delivery in rural contexts. These insights were supported by an analysis of quantitative data relating to remaining needs in rural communities. Although some of these themes may not be unique to rural areas, they were common across the study sites and have implications for rural program models.

A Tailored Approach Can Provide Human Services Practitioners with an Opportunity to Address Highly Contextual Implementation Challenges. Program staff and partners identified a need for greater local autonomy, a change that would enable service delivery models to better attend to their specific contexts. Differences in rural communities like proximity to non-rural areas, population density, and geography were described as impacting the extent to which a given rural area may have various structural challenges such as limited access to transportation (e.g., public transit), broadband internet, certain healthcare services, and jobs. Program staff, however, recognize the need and the value for federal

guidelines in driving quality control; flexibility is therefore key to finding the right balance between local and centralized control.

COVID-19 Expanded Resources, Flexibility, and Innovation in Program Delivery. While COVID-19 has expanded the need for human services in many cases, program staff and partners described how the pandemic response has spawned some significant federal funding increases and programmatic flexibilities that have improved short-term outcomes for human services program participants. This includes increased financial assistance, greater flexibility with funding allocation for programs and grantees, and a shift to virtual and/or hybrid delivery of services.

State Technical Assistance and Collaboration Support Program Fidelity. States often vary in their underlying infrastructure and have different approaches to, and contexts for, reporting requirements, structures for collaboration across programs, and technical assistance. States may be able to make the biggest impact in supporting human services delivery with technical assistance and structured collaboration across human services programs.

Non-Federally Funded Community Partners are Critical to Supporting Human Services Program Delivery in Rural Communities. Community partners support federally-funded human services program delivery in rural communities in two key ways: 1) by helping human services programs to build social capital⁶ in the communities they serve, and 2) by helping to fill gaps created by funding constraints in order to address remaining need.

Rural Human Services Program Practitioners Share Recommendations in Order to Mitigate Barriers to Access and Improve Capacity

Across the 12 sites we examined, both human services program staff for the four federally-funded human services programs (TANF, MIECHV, HPOG and HMRF) and community partners generated a number of helpful recommendations for improving their capacity to meet remaining need. These recommendations coalesced into three broad categories:

- **Unifying human services in rural areas to mitigate barriers to access:** These recommendations include physical co-location, the alignment of application and eligibility requirements, the establishment of formal collaborative networks, and/or the creation of virtual peer learning communities.
- **Understanding and valuing local culture and knowledge in developing and delivering human services in rural communities:** These recommendations concern

⁶ Social capital” is a term used to describe the ways in which trust and bonding function in a community, defined by researcher Robert Putnam (Putnam, 2020) as the following: “A wide variety of quite specific benefits that flow from the trust, reciprocity, information, and cooperation associated with social networks. Social capital creates value for the people who are connected and—at least sometimes—for bystanders as well.”

integrating staff and services in the community and hiring local staff where possible; taking tribal contexts, knowledge, and approaches into account in the development of service delivery models; and consulting rural program staff in the creation of program requirements and service delivery models.

- **Valuing flexibility in making local decisions:** These recommendations include the establishment and prioritization of flexibility in program delivery, budgets, funding allocation mechanisms, and evaluation and data reporting.

Rural Human Services Staff Have Developed a Number of Context-Driven Innovations and Adaptations

We noted three categories of innovation across the 12 sites, each emerging from different needs and each prompting other potential avenues for future research:

Adaptations Related to the Pandemic Response. Across the sites, the COVID-19 pandemic prompted a shift to virtual and/or hybrid delivery modes. As a result, these adapted models helped to resolve a number of key barriers to service delivery in rural contexts in places with adequate broadband access.

Client-Centered Adaptations. Programs across sites evolved to better meet specific and contextual client needs in several key ways. This involved extending service delivery hours and timeframes, adapting materials for local participants, and developing and administering a local feedback system.

Systemic Innovation. Systemic innovation—in which multiple processes are changed or developed in tandem to support holistic change to meet ongoing community needs—was not widely identified across all the sites. One example, however, is The University of Alaska-Fairbanks Rural Human Services Program, which offers us a promising model for providing education, jobs, and human services in rural communities by providing a strong link between human services training and the local communities. The lack of systemic innovation across the sites may reflect the degree to which local flexibility and autonomy are present or absent in these rural communities.

The Study's Key Findings Lay the Groundwork for Future Studies

The data collected over the course of this study suggest important questions for future studies, particularly in a post-COVID context:

- How can training and technical support be more effectively delivered to rural human services practitioners?
- How can the federal government collaborate with rural human services practitioners and community members to redesign and modernize service delivery methods and systems?

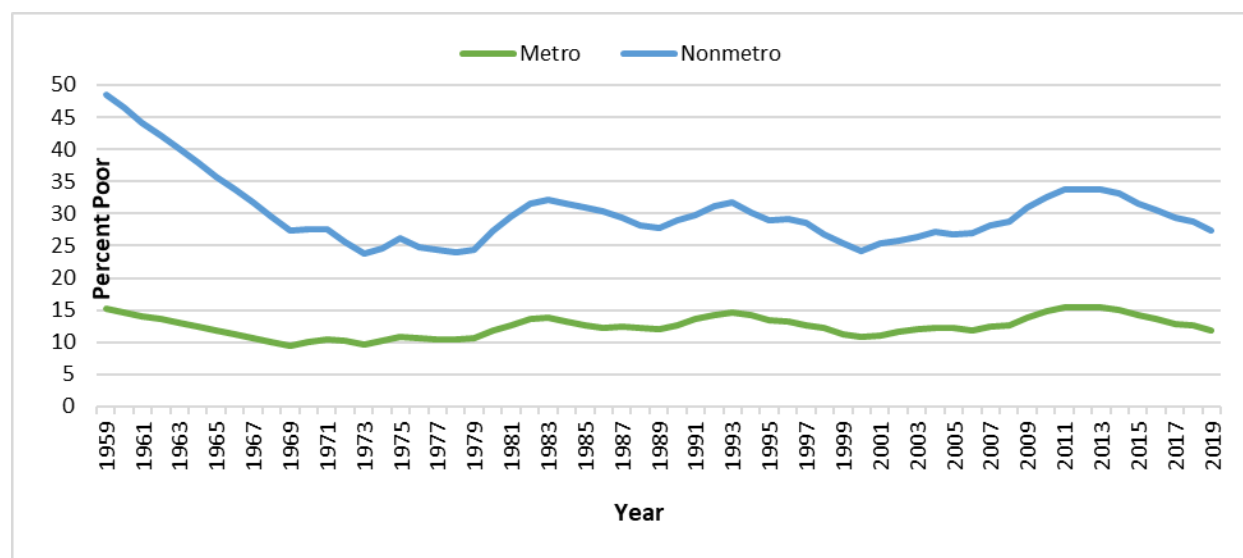
- Which flexibilities given to human services programs during the COVID-19 era should become permanent to better serve rural communities?
- How can eligibility for and access to related human services programs better align themselves to facilitate adoption by rural community members?
- How might programs and providers incorporate local ways of understanding, planning, and acting to best serve the interests and needs of rural communities?
- What is the participant experience of rural human services programs? How might a more intimate understanding of their experiences better inform our approach to addressing remaining need and improving service delivery?

The study team recognizes that additional studies may have the potential to deepen our understanding of human services programs in rural contexts. While this study leverages qualitative data from program staff, additional research, for example, might collect and analyze the participant experience of human services in rural contexts. It may also prove instructive to compare the ways in which human services programs are delivered in rural and urban environments to establish a basis for the following: identifying key similarities and differences; uncovering barriers that may be unique to each setting; and identifying ways to improve program delivery in both settings. Finally, we recognize that understanding and fully explaining the drivers of higher levels of remaining need for human services in rural contexts will require more research and analysis. While our interviews suggest much remaining need is likely context-specific and unique to each rural community, future research could take a closer look at the 26 clusters of high remaining need we identified. Such insight would give us a better understanding of the common needs, strengths, and challenges in those clusters.

1. Introduction to the Study Purpose and Design

Rural contexts present unique opportunities and challenges for administering human services programs (Fleming et al., 2018). Rural communities have many assets such as strong community ties and relationships that include nonprofit organizations, faith-based groups, and multiple generations of families living in proximity to one another. However, many rural communities struggle to access these opportunities and support systems. As shown in Exhibit 3, while rural (e.g., nonmetro) rates have generally declined over the past fifty years, they consistently exceed urban (e.g., metro) poverty rates. The data also show that rural poverty rates are consistently higher across all racial and ethnic groups (U.S. Census Bureau and U.S. Bureau of Labor Statistics n.d. Current Population Survey 1960–2019; U.S. Census Bureau n.d. American Community Survey 2007–2019). Rural poverty rates are also consistently higher across all age groups, with the highest poverty rates and greatest disparities occurring among children under the age of five (U.S. Bureau of Labor Statistics n.d. Current Population Survey 1960–2019; U.S. Census Bureau n.d. American Community Survey 2007–2019).

Exhibit 3. County Poverty Rates by Metropolitan vs Nonmetropolitan Status from 1959–2019



Sources: Current Population Survey (1959–2006), and American Community Survey (2007–2019)

Note: Metro status of some counties changed in 1984, 1994, 2004, 2014, and 2018.

Disparities in a population’s access to human services and benefits can adversely affect a community’s social and economic well-being needs. In 2019, the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), a division of U.S. Department of Health and Human Services (HHS), in collaboration with the HHS Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (referred hereafter referred to as “the Federal Team”), selected 2M Research and its

partner, the Urban Institute (referred to hereafter as “the 2M Team”), to conduct a study to advance the field of human services delivery in rural contexts.

1.1 There is a Critical Need to Understand Human Services in Rural Contexts

While significant research has come forward to improve our collective understanding of human services programs and their contribution to the economic and social well-being of individuals and families, notable knowledge gaps persist regarding how these programs can best serve the needs and interests of rural communities.⁷ This study seeks to address these knowledge gaps by digging deeper into how human services function in rural contexts and investigating the opportunities and challenges facing human services delivery in these communities. The Federal Team selected four primary programs of focus as they are ACF-administered programs⁸ and they offer a diversity of the services ranging from cash assistance and job training to educational support for families. The four programs include:

- **Temporary Assistance for Needy Families (TANF).** The TANF program fosters economic security and stability for low-income families through state block grants that can be used to design and operate programs that support needy families trying to achieve self-sufficiency.
- **Maternal, Infant, and Early Childhood Home Visiting (MIECHV).** The MIECHV program is a voluntary home visiting program that supports pregnant women and parents with young children. These individuals often live in communities that face greater risks and challenges to achieving positive maternal and child health outcomes.
- **Healthy Marriage and Responsible Fatherhood (HMRF).** The HMRF programs support discretionary grants, contracts, research and evaluation, and other activities to strengthen families, promote responsible parenting, and improve family economic stability.
- **Health Profession Opportunity Grants (HPOG)⁹.** The HPOG program awards discretionary grants to organizations that provide education and training to TANF recipients and other individuals with low incomes for well-paying healthcare occupations and others expected to either experience labor shortages or high demand. The HPOG program also funds research and evaluation to explore the outcomes and impacts of the grants.

⁷ For this study, the primary unit of analysis is a rural county, which is defined in accordance with the U.S. Department of Agriculture’s Rural-Urban Continuum Codes (discussed in Section 2.1.2). However, this study uses the terms “rural counties” and “rural communities” interchangeably, as multiple rural communities can exist within a single county.

⁸ MIECHV is administered by the Health Resources and Services Administration (HRSA) in collaboration with ACF.

⁹ The HPOG program was authorized through September 29, 2021 and is no longer operational at the time of the study’s publication.

The study seeks to further understand other human services programs operating in rural communities related to housing, early childhood development, family development, employment, and higher education and technical training programs.

It was necessary for the 2M Team to develop an approach to studying human services in rural contexts that demonstrates consistency with current knowledge of the field and maintains a high standard of rigor. To accomplish this, the 2M Team engaged the following three groups:

- Human Services Practice Field (HSPF) experts from an array of human services programs operating in rural contexts
- Subject Matter Experts (SMEs) with expertise in rural contexts, diverse human services programs, and research methods
- Technical Working Group (TWG) members comprising selected individuals from the two previous groups

The knowledge and expertise of these groups were incorporated into the study's design, implementation, and final analysis.

1.2 The Study's Three Primary Goals Are Intended to Advance Critical Learning Agendas

This study aims to address the enduring knowledge gaps regarding the delivery of human services programs in rural communities and to expand the knowledge base by conducting a mixed methods study that focuses on the following goals:

- Providing a rich description of human services programs in rural contexts
- Determining the remaining need for human services in rural communities
- Identifying opportunities for strengthening the capacity of human services programs to promote the economic and social well-being of individuals, families, and communities in rural contexts

Each of this study's goals align with the research and evaluation agendas of the four programs of focus; namely, contributing to the research of human services programs and ultimately improving delivery methods. We have highlighted below several aspects of our [learning agendas](#) and the bigger-picture questions our report addresses as they relate to rural contexts. We found that these insights may serve not only to inform service delivery now, but also suggest opportunities for future research as it relates to more specific human services priorities and programs in rural communities.

Broad Questions for Welfare and Family Self-Sufficiency¹⁰:

- Social Services Delivery Systems – How are TANF and other ACF programs related to self-sufficiency delivered? How does TANF coordinate with or otherwise intersect with other social services programs? How could communities and program leaders improve service delivery for these programs?
- Social Context and Environment – How does the broader social context—including public policies, labor market forces, and economic conditions—affect the ability of low-income families to achieve economic self-sufficiency?
- How can training and technical assistance encourage human services providers to draw from and contribute to a shared knowledge base. How can the knowledge of best practices, useful techniques, and unique innovations reach rural providers in order to improve family self-sufficiency?

This study contributes to these questions by providing an in-depth description of TANF delivery in rural contexts as well as considering the impact of unique rural social features that contribute to remaining need in rural areas. The study further incorporates practitioner recommendations and lessons learned, ultimately shedding light on the technical assistance context at rural sites and identifying ways to improve service delivery models.

Broad Questions for Home Visiting Programs¹¹:

- How are human services staff currently implementing MIECHV-funded home visiting programs, and what can we do to improve implementation?

As with TANF, our insights contribute to a detailed description of MIECHV program delivery in rural areas—including rural needs related to maternal and infant home visiting as well as social, cultural, and structural barriers. The data draw on practitioner experiences and recommendations to suggest ways that program leaders can improve future implementations.

Broad Questions for HMRP¹²:

- How do practitioners implement HMRP programs and who do these programs serve?
- What strategies are most effective for recruiting, engaging, and retaining participants in HMRP programs?

This study leverages both quantitative and qualitative analyses to consider who these HMRP programs serve as well as to understand how practitioners implement these programs. Given the unique challenges of rural contexts in recruiting and reaching participants for this

¹⁰ As noted on p. 4 of OPRE (2020a).

¹¹ As noted on p. 3 of OPRE (2020b).

¹² As noted on p. 4 of OPRE (2020c).

program, our qualitative findings highlight successful local adaptations as a model for better recruiting participants and supporting program delivery.

Broad Questions for HPOG¹³:

- How do practitioners design and implement HPOG programs? What impacts do HPOG programs have on the outcomes of participants and their families?
- What changes to the service delivery system are associated with HPOG program implementations?

This study investigates the ways HPOG programs functioned in rural contexts—including COVID-era innovations that improved service delivery, ultimately offering lessons learned and best practices that other rural communities may consider adopting for their residents.

1.3 The Study Highlights Four Additional Topic Areas of Interest

Human services needs and delivery model effectiveness are largely dependent upon local context. To this end, a better understanding of the components driving the rural experience is crucial to 1) understanding the factors that contribute to remaining need, and 2) fully contextualizing the ways in which the four primary programs of focus function.

- **Housing support.** The lack of affordable rental housing is a widespread issue that many Americans face throughout the United States (Alvarez and Steffen, 2021), but this may disproportionately affect rural communities. People living in rural areas experience lower incomes and higher incidence of poverty (Housing Assistance Council, 2012) and may struggle to access affordable rental housing and demonstrate a greater need for housing support. Rural human services providers have indicated a need for stronger housing support in rural communities, highlighting the lack of affordable housing and access for many of their residents. People seeking housing in rural communities face different challenges from those in non-rural areas due to factors like scarcity, more limited infrastructure, and fewer housing options.
- **Broadband internet access.** We identified broadband internet in our literature review as a key area of remaining need in rural communities. Access to broadband promotes opportunities to connect to workforce development training resources, educational opportunities, and economic development (USDA, n.d.). In areas without adequate access to broadband, residents are unable to fully take advantage of these opportunities. Furthermore, limited access to broadband hinders human services delivery by preventing services such as telemedicine, virtual meetings, and online applications and resources, resulting in greater barriers to access, communication, and engagement.
- **Racial equity.** The demographics of rural communities vary widely and include highly homogeneous and heterogenous communities. Human services programs provide

¹³ As noted on p. 4 of OPRE (2020d).

critical safety net services that include economic and employment support, cash assistance, and family and early childhood support. In recent years, however, there have been growing efforts to better understand and address racial bias in human services delivery. Racial and ethnic disparities in human services are well documented throughout the literature (Fong et al., 2014; McDaniel et al., 2017; Institute for Research on Poverty, 2021; Shapiro, 2021), but little is known about how these inequities present themselves in federal human services programs in rural areas. To understand remaining need and the successes and challenges of human services programs, it is necessary to understand the role racial inequities play in social and economic well-being and how they influence access to services.

- **Early childhood.** In the wake of the COVID-19 pandemic, there has been renewed national attention on early childhood education and how these critical years of schooling prepare children for entering formal schooling, build life skills, and encourage parental engagement in the workforce. Nearly two-thirds of low-income rural communities are classified as childcare deserts (Center for American Progress, 2017). A lack of access to affordable and high-quality childcare hinders not only school readiness among children (which has long-term impacts in terms of educational attainment and other measures of adult economic and social stability), but also parental (and primarily maternal) capacity to participate in the workforce.

Throughout this report, we address the four programs of focus and these additional topic areas in greater detail where applicable. Further information is available in the following related briefs:

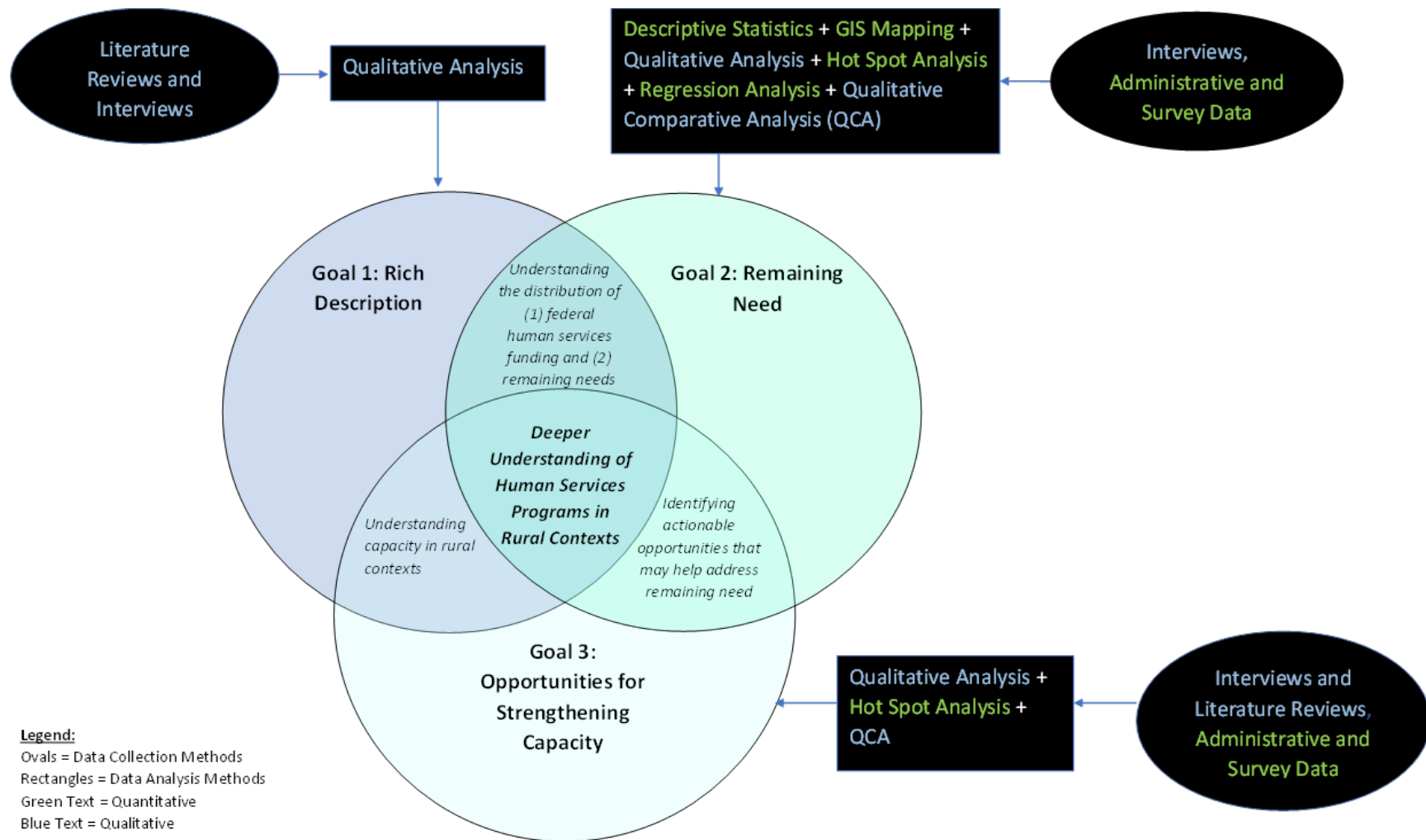
- Exploring Remaining Needs and Opportunities for Improvement in Rural Communities: A Focus on Temporary Assistance for Needy Families in Rural Contexts (TANF)
- Exploring Remaining Needs and Opportunities for Improvement in Rural Communities: A Focus on Maternal, Infant, and Early Childhood Home Visiting in Rural Contexts (MIECHV)
- Exploring Remaining Needs and Opportunities for Improvement in Rural Communities: A Focus on Healthy Marriage and Responsible Fatherhood Programs in Rural Contexts (HMRP)
- Exploring Remaining Needs and Opportunities for Improvement in Rural Communities: A Focus on Health Profession Opportunity Grants in Rural Contexts (HPOG)
- A Snapshot of Housing Supports in Rural Contexts
- A Snapshot of Broadband Internet Access in Rural Contexts
- A Snapshot of Racial Inequities in Rural Contexts

1.4 The Study Employs a Mixed Methods Study Design to Meet Its Goals

We found it most instructive to use of a mixed methods research design to achieve the study's primary goals, particularly in light of several methodological challenges associated with studying rural communities. Survey and administrative data from rural communities can have small sample and population sizes, which in turn can introduce high levels of measurement error in the process of quantitative analysis methods (Scallly, Burnstein, and Gerken, 2020). To mitigate the limitations of quantitative approaches, qualitative methods can provide detailed descriptions and helpful explanations of processes in individual rural communities. However, qualitative methods are hindered by their potential lack of generalizability. This issue is compounded by the diversity of rural communities examined by this study. Accordingly, the 2M Team conducted a series of knowledge development tasks, engaged an array of experts, and developed a mixed methods research design to address the prominent methodological challenges described above. The study design and methods are available in the previously published [Analysis and Integration Plan](#) (Elgin et al., 2021) on the ACF OPRE website. Additionally, we detail the study's data sources and methods further in the Technical Appendix (Section 7).

In **Exhibit 4**, we provide an overall framework that visually depicts the mixed methods design driving this research, including study goals, data collection methods, and data analysis strategies. The three overlapping circles (e.g., Venn diagram) at the center of the exhibit represent the study's three goals. Each goal has an associated set of data collection methods (ovals) and data analysis methods (rectangles). The exhibit also shows sources and analytical techniques of quantitative information in green and sources and analytical techniques of qualitative information in blue. The 2M Team used a triangulation protocol to systematically compare the findings from various methodologies and determine the degree to which they agreed or disagreed with one another, forming a basis of comparison that enhanced the overall validity of the study's findings as they relate to the three goals.

Exhibit 4. Mixed Methods Study Design



The exhibit shows sources and analyses of quantitative information in green and sources and analyses of qualitative information in blue. **Goal 1: Rich Description**, depicted in the blue circle in the upper left area of the Venn diagram, is informed using thematic analysis of qualitative literature review data and interview data collected during site visits to rural counties. In contrast, **Goal 2: Remaining Need**, depicted in the green circle in the upper right area of the Venn diagram, is informed using a combination of quantitative descriptive statistics, geographic information system (GIS) mapping, hotspot analysis, and regression analysis with qualitative thematic analysis and Qualitative Comparative Analysis (QCA)¹⁴. The data sources for Goal 2 also include interview data, administrative data, and secondary survey data. Finally, a combination of qualitative thematic analysis; hotspot analysis; and QCA on data from literature reviews, interview data, administrative data, and secondary survey data informs **Goal 3: Opportunities for Strengthening Capacity**, as depicted in the light green circle at the bottom of the Venn diagram.

1.5 The Report is Organized by the Study's Primary Research Goals

In line with the study's primary research goals, the remainder of the report is organized in the following chapters:

Chapter 2 – A Research-Based Background on Human Services in Rural Contexts. This section examines how “rural” is defined both in the extant literature and for the purposes of the study. This section also takes a closer look at the study's primary human services programs of focus, additional programs of interest, special topic areas for consideration, and the 12 rural counties we selected for qualitative data collection.

Chapter 3 – Social and Economic Well-Being Needs in Rural Contexts (Goal 1). This section describes how economic and social well-being needs are intertwined, discusses capacity constraints, and explains how service delivery models are playing out in rural contexts.

Chapter 4 – Meeting Human Services Needs in Rural Contexts (Goal 2). This section provides an overview of the ways human services programs are meeting the needs of rural communities, estimates and implications of remaining needs, and the factors associated with remaining needs.

Chapter 5 – Opportunities for Strengthening the Capacity of Rural Human Services (Goal 3). This section presents several lessons learned from the qualitative and quantitative data; recommendations identified by human services practitioners across the study's 12 rural

¹⁴ Qualitative Comparative Analysis (Ragin 2008) combines the methodological rigor of quantitative analysis with the causal complexity and inductive sensitivity of qualitative analysis to examine causal relationships. The QCA method examines set theoretic relationships (e.g., if *X*, then *Y*) and assesses how combinations of conditions come together to produce particular outcomes. An overview of the QCA methodology, its benefits, and its utility for studying the remaining need for human services in rural counties is presented in Section 3.4 of the [Mixed Methods Analysis, Integration, and Triangulation Plan](#).

communities; and the innovations that have taken shape in response to evolving needs and local contexts.

Chapter 6 – Conclusion. This section discusses key strategies that could inform decisions policymakers and program staff make at the federal, state, and local levels. The conclusion also identifies areas of future research that could further advance the study of human services programs in rural contexts across the United States.

2. A Research-Based Background on Human Services in Rural Contexts

In this chapter, we begin by describing our approach to defining the concept of “rural” using the U.S. Department of Agriculture (USDA) Rural-Urban Continuum Codes (RUCCs). We also explore the implications of this definition for both our findings and its general applicability to other rural sites. Based on our literature review, we then describe our four programs of focus (TANF¹⁵, MIECHV, HMRF, and HPOG) and the ways in which they interact with related human services programs in rural contexts. Finally, this chapter is intended to provide context for our analysis by framing the study sites through our definition of rural, offering background on the program services provided, and highlighting a few common service delivery models.

This chapter provides details on the following context that informs our study:

- The 2M Team determined that the USDA’s RUCCs classification system for identifying rural counties is the best fit for this study.
- The TANF program fosters economic security and stability for low-income families through state block grants. These funds are available for the use, design, and operation of programs that support needy families trying to achieve self-sufficiency.
- The MIECHV program is a voluntary home visiting program that supports pregnant women and parents with young children. These individuals often live in communities that face greater risks and challenges to achieving positive maternal and child health outcomes.
- The HMRF programs provide discretionary grants, contracts, research evaluation, and other activities to strengthen families, promote responsible parenting, and improve family economic stability.
- The HPOG program awarded discretionary grants to organizations providing education and training for well-paying and in-demand healthcare jobs to TANF recipients and other low-income individuals. The HPOG program also funds research that evaluates the outcomes of these grants (the program was operational through September 2021).
- We also examined additional human services programs that align with the programs of focus, including those focused on housing, early childhood development, family development, employment, and education and job training.

¹⁵ The most consistent and comprehensive data available are for the Tribal TANF Program and TANF cash assistance, or benefits provided in the form of cash payments, vouchers, or other forms designed to meet ongoing and basic needs. Due to these data limitations, this study focuses on the Tribal TANF Program and TANF cash assistance.

2.1 This Study Defines “Rural” Using USDA RUCCs

2.1.1 The Literature Does Not Provide a Clear Definition of Rural

We found a general lack of consensus in the literature regarding a clear definition of “rural.” Of the studies we reviewed that focused on evaluating economic and social well-being outcomes, more than 75 percent lacked an explicit definition of “rural.” Instead, they described samples as “rural” alongside other descriptors. These descriptors generally included the following:

- Mention of American Indian/Alaska Native (AI/AN) or tribal geography or population (e.g., “rural AI tribe on a reservation in the Northwest region” [Oxford et al., 2020])
- Mention of geography (e.g., “rural counties in the Midwest” [Cline and Edwards, 2013; Cline and Edwards, 2017])

2.1.2 The Study Utilized RUCCs as the Basis for Defining Rural Communities

For the purposes of this study, the 2M Team used three considerations in developing an operational definition of rural communities:

1. A definition was needed that could inform planned quantitative analyses of the level of remaining need within rural counties.
2. The definition had to accommodate sufficient nuance to ensure the study would reflect the diversity of rural contexts.
3. The definition had to account for the pragmatic reality that limited data are available for rural areas smaller than a county.

Given these three considerations, the study examined several common classification systems (**Exhibit 5**) and determined that the USDA’s RUCCs worked best for identifying rural counties. We chose RUCCs because they are county-level categories (consideration 3) well-suited for quantitative analysis (consideration 1) that allow for categorization of rural counties by population size and adjacency to metropolitan areas. This enables us to draw distinctions between different types of rural counties (consideration 2). RUCCs define counties as rural if they lie outside a metropolitan area (also referred to as a core-based statistical area). USDA uses the Office of Management and Budget’s (OMB) definition of a metropolitan area as a “geographic entity associated with at least one core of 10,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.”¹⁶ Using the RUCCs’ definition of

¹⁶ Office of Management and Budget. “2020 Standards for Delineating Core Based Statistical Areas.” Federal Register 86, no. 134 (July 16, 2021): 37770. <https://www.govinfo.gov/content/pkg/FR-2021-07-16/pdf/2021-15159.pdf>

rural—defined as counties outside of metropolitan areas—there are currently 1,976 rural counties across the 50 U.S. states.¹⁷

Exhibit 5. Common Rural Classifications

Definition Type	Categories	Strengths	Weaknesses
County			
OMB County Classifications	Metropolitan counties and Nonmetropolitan counties (two categories) based on population and commuting	County boundaries persist over time	Rural communities can exist in metropolitan counties, particularly in large western U.S. counties
USDA RUCCS	Metropolitan counties (three categories) and Nonmetropolitan counties (six categories) based on degree of urbanization and adjacency to metro areas	County boundaries persist over time; nuanced definition of rural with six categories	Rural communities can exist in metropolitan counties, particularly in large western U.S. counties
National Center for Health Statistics	Metropolitan counties (four categories) and Nonmetropolitan counties (two categories)	County boundaries persist over time	Rural communities can exist in metropolitan counties, particularly in large western U.S. counties
Census Tract			
U.S. Census Bureau (Census)	Rural Census tracts with a population of 2,500 or fewer and not part of an urbanized area (50,000 or more) or urban cluster (2,500–49,999)	Allows for more nuanced analysis of small population areas	Only available in Census data products; may be prone to greater error for smaller populations
City, Town, and/or Unincorporated Area			
USDA Rural Development Programs	City, town, and unincorporated area population sizes from 5,000 to 50,000, sometimes with an additional “rural in character” or “lack of access to mortgage credit” standard	Allows for definitions that align more practically with rural service areas and markets	Usually relies on Census data that may be prone to greater error for smaller populations

Sources: Hart, Larson, and Lishner (2005); U.S. Department of Agriculture (USDA), Economic Research Service (ERS) (2020); USDA (2013)

RUCCs add further nuance to the definition of rural by subdividing rural counties based on their adjacency to metropolitan areas and the amount of “urban” population within the county. In this approach, RUCCs first identify whether rural counties are adjacent to metropolitan areas. Counties adjacent to metropolitan areas may have different strengths and challenges when compared to those not adjacent and farther away from metropolitan areas. RUCCs then acknowledge that rural counties vary in terms of population density. Some rural counties are merely open countryside with no population centers. Others may include areas with higher density and larger populations. In other words, counties that RUCCs define as rural may have some “urban” populations in places within the county such

¹⁷ Although territories are important to understanding a full picture of rural contexts, we were unable to include them due to constraints we faced in accessing all the necessary data sources.

as small towns or even small cities. To account for this variation, RUCCs subdivide rural counties into categories based on the size of the “urban” population in the county. RUCCs use the Census’s definition of urban population, which is the number of people living in an area with at least 2,500 people and a population density of at least 500 people per square mile. The area must also have a center or “nucleus” with a population density of at least 1,000 people per square mile.¹⁸

There are nine RUCCs. The first three categories (RUCCs 1, 2, and 3) correspond to urban counties and lie outside the focus of this study. The remaining six categories (RUCCs 4, 5, 6, 7, 8, and 9) correspond to rural counties and fall within the scope of this study. Following discussions with the Federal Team, the 2M Team employed different terminology for referring to these six categories of RUCCs. We use the term “population center” in place of the term “urban population” to avoid any confusion that may arise from having “urban” populations within a “rural” county. **Exhibit 6** compares USDA’s terminology with the terminology we adopted for this study. For more information, please see the [Rural Definition Brief](#).

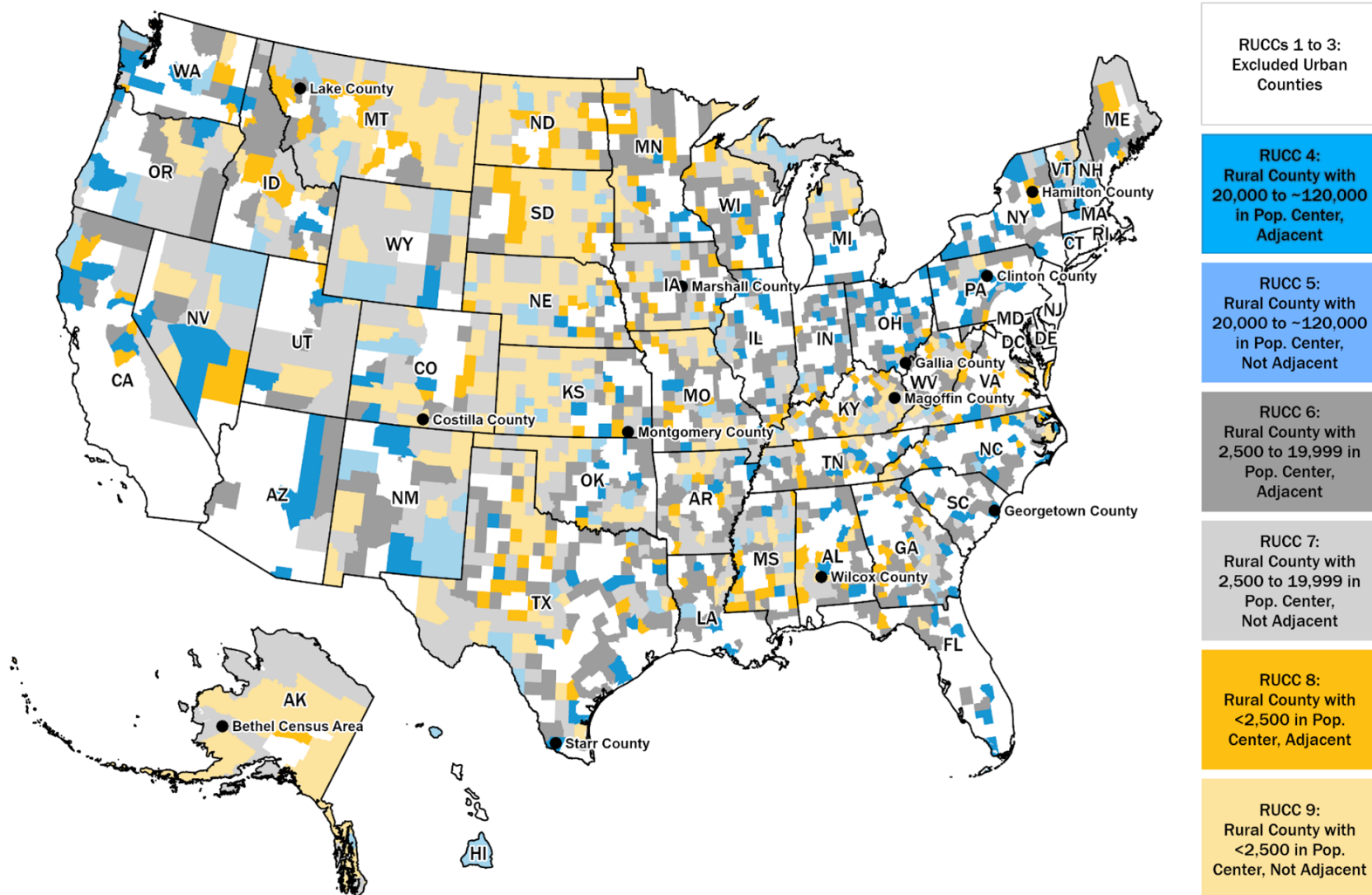
Exhibit 6. Comparison of USDA Terminology to Study’s Terminology for Rural RUCCs

RUCCs Number	USDA Terminology	Study Terminology
4	Urban population of 20,000 or more, adjacent to a metropolitan area	Rural county with 20,000 to ~120,000 people in population centers, adjacent to a metropolitan area
5	Urban population of 20,000 or more, not adjacent to a metropolitan area	Rural county with 20,000 to ~120,000 people in population centers, not adjacent to a metropolitan area
6	Urban population of 2,500 to 19,999, adjacent to a metropolitan area	Rural county with 2,500 to 19,999 people in population centers, adjacent to a metropolitan area
7	Urban population of 2,500 to 19,999, not adjacent to a metropolitan area	Rural county with 2,500 to 19,999 people in population centers, not adjacent to a metropolitan area
8	Completely rural or less than 2,500 urban population, adjacent to a metropolitan area	Rural county with less than 2,500 people in population centers, adjacent to a metropolitan area
9	Completely rural or less than 2,500 urban population, not adjacent to a metropolitan area	Rural county with less than 2,500 people in population centers, not adjacent to a metropolitan area

Notes: *There is no official maximum number of people in population centers for RUCCs 4 and 5; however, RUCCs used the 2010 Census urban and rural population numbers to develop the categories. The 2010 Census data show a maximum of 111,205 “urban” population for counties in RUCC 4 and a maximum of 114,776 in RUCC 5. These maxima likely grew since 2010. We therefore specify a maximum of ~120,000 for these two RUCCs.*

We provide a map of the rural RUCCs in **Exhibit 7**.

¹⁸ USDA ERS. 2019. “What Is Rural.” <https://www.ers.usda.gov/topics/rural-economy-population/rural-classifications/what-is-rural/>

Exhibit 7. Map of U.S. Counties Classified as Rural According to the USDA RUCC Definition

Note: The upper limit of RUCCs 4 and 5 is based on the 2010 Census estimates.

Sources: U.S. Census Bureau (2018b); USDA (2013)

Although this study's definition of rural provides a broad system for differentiating rural counties, the six categories do not fully capture the diversity of rural communities, including factors such as their distinct histories, cultures, and economic contexts that may affect the strengths and challenges of human services. This study ensures key rural regions are represented during data collection and included in the final analysis. These regions include the U.S. Census Regions (Midwest, Northeast, South, and West) as well as the following four rural regions commonly defined in federal programs (**Exhibit 8**):

- **Appalachia.** Using the service area of the federal Appalachian Regional Commission, Appalachia consists of 420 counties across 13 states, ranging from southern New York to northern Mississippi.¹⁹
- **The Colonias.** The Colonias consist of distinct rural communities along the U.S.-Mexico border that are home to predominantly Hispanic²⁰ populations and characterized by extreme poverty and a historical lack of potable water, sewer services, and electricity.²¹
- **The Delta.** Using the service area of the federal Delta Regional Commission, the Delta region consists of 252 counties in an eight-state region in the Southeastern United States and is distinct for its unique culture and complicated racial history, particularly for Black people.²²
- **Native Lands.**²³ While other rural regions tend to be clustered together geographically, Native Lands are spread throughout the United States. The Native Lands consist of a combination of American Indian reservations, trust lands, tribal jurisdiction statistical areas, tribal designated statistical areas, Alaska Native Regional Corporations, and Alaska Native Villages (U.S. Census Bureau, 1994).²⁴

¹⁹ Appalachian Regional Commission. n.d. "About the Appalachian Region." Accessed March 26, 2022. <https://www.arc.gov/about-the-appalachian-region/>

²⁰ After significant thought and deliberation, the authors have decided to use the term "Hispanic" to refer to people of Latin American origin living in the United States to align with the language used by research sources. However, the authors recognize that the term "Latinx" or "Latine" may be more inclusive. We use the term Black to describe people of African descent in the United States, in line with contemporary preferences to respect the experiences across the African diaspora in the United States although we recognize that not everyone belonging to this group identifies as such.

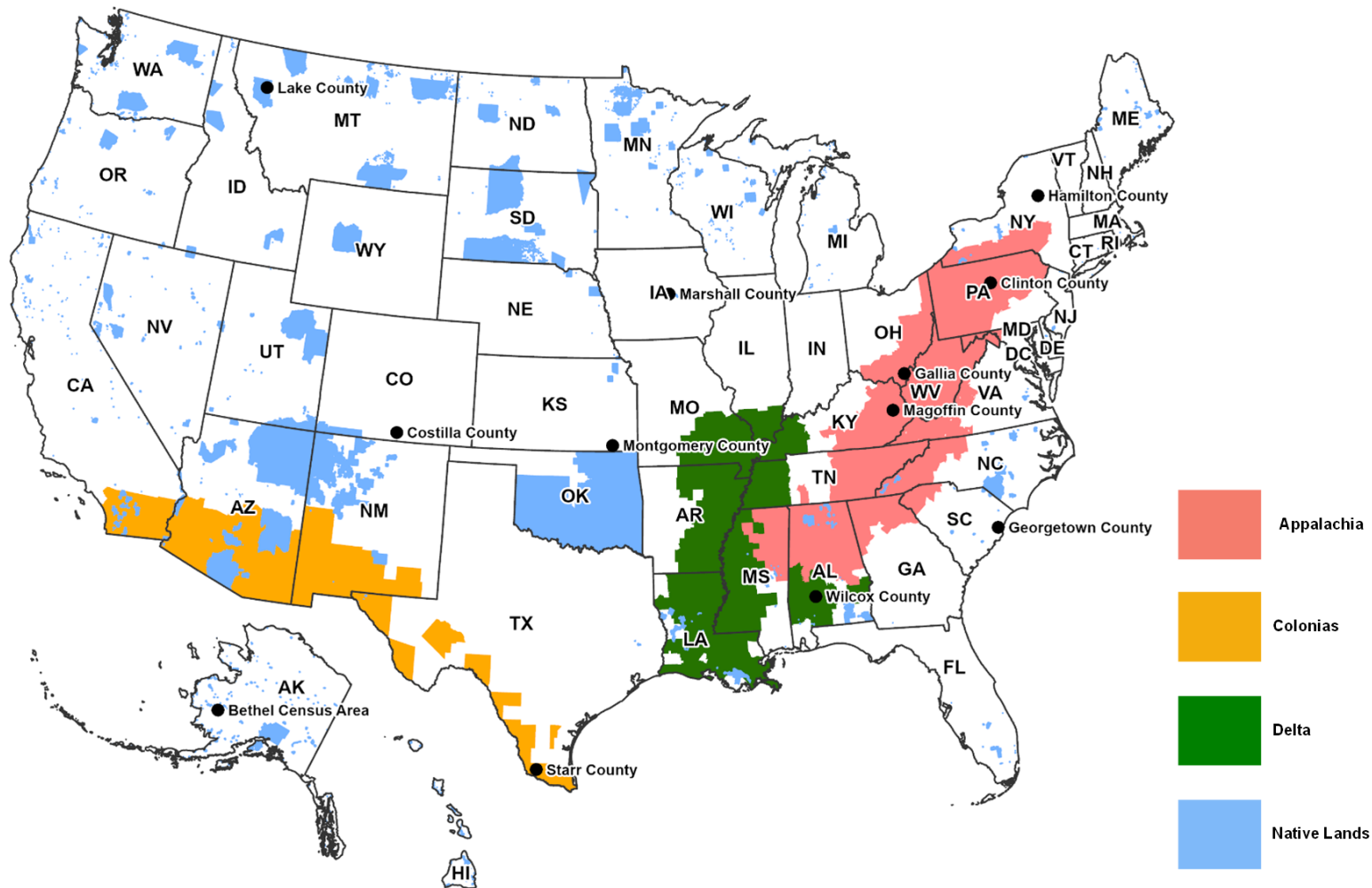
²¹ U.S. Department of Housing and Urban Development, PD&R Edge. n.d. "Southwest Border Colonias: Housing and Sustainable Development in the 21st Century." Accessed March 26, 2022, <https://www.huduser.gov/portal/pdredge/pdr-edge-trending-072516.html>

²² Delta Regional Authority. 2022. "Map Room." <https://dra.gov/about-dra/map-room/>

²³ The Native Lands definition used in this study is from the Census's Geographic Areas Reference Manual (GARM) released in 1994. This study utilizes American Indian Area Geography data from 2018 to identify native lands in accordance with the definition provided in the 1994 GARM. For clarity, we reserve the language used by the data source while acknowledging other terms may be more inclusive.

²⁴ U.S. Census Bureau, Geography Division. 2018a. "2018 TIGER/Line Shapefiles: American Indian Area." <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2018&layergroup=American+Indian+Area+Geography>

Exhibit 8. Map of U.S. Rural Regions



Sources: Appalachian Regional Commission (n.d.); Delta Regional Authority (2022); U.S. Census Bureau (2022a; 2022b); U.S. Department of Housing and Urban Development (n.d.)

2.2 The Study Includes an In-Depth Analysis of 12 Rural Counties that Reflect the Diversity of Rural Contexts

In addition to a quantitative analysis of all 1,976 counties we defined as rural, this study also synthesizes information from 100 semi-structured interviews we conducted in 12 rural counties across the United States. In the section above, we show the location of the 12 counties in relation to the RUCCs (**Exhibit 7**) and rural regions (**Exhibit 8**). The 12 sites in our study reflect the diversity of rural contexts and include the following counties:

- **Bethel Census Area, Alaska.** A rural Native Lands county located in southwestern Alaska in the Yukon–Kuskokwim Delta. The area is home to thousands of Yup'ik people. According to the July 2021 Census Population Estimates, more than 80 percent of the population in Bethel Census Area identify as American Indian/Alaska Native. According to the American Community Survey, the largest industries are public administration and educational, health care, and social assistance services (U.S. Census Bureau, n.d.).
- **Clinton County, Pennsylvania.** A rural Appalachian county located in north-central Pennsylvania in the “PA Wilds,” a large region of state and national parks and public land. The largest industries are manufacturing; educational, health care, and social assistance services; and retail trade according to the American Community Survey (U.S. Census Bureau, n.d.).
- **Costilla County, Colorado.** A rural county located in south Colorado. According to the July 2021 Census Population Estimates, over half of the population in Costilla County identify as Hispanic and the 2020 ACS reports that over 30 percent of people in the county speak Spanish at home. The largest industries are retail trade; educational, health care, and social assistance services; and agriculture, forestry, fishing, and hunting according to the American Community Survey (U.S. Census Bureau, n.d.).
- **Gallia County, Ohio.** A rural Appalachian county located in southeast Ohio. This county was originally settled by French immigrants, resulting in the name “Gallia,” a Latin term for France. The largest industries are education, health care, and social assistance services and manufacturing according to the American Community Survey (U.S. Census Bureau, n.d.).
- **Georgetown County, South Carolina.** A rural county located in South Carolina, with various riverfronts including the Great Pee Dee River and the Black River, and proximity to Myrtle Beach, a popular tourist area. The largest industries are educational, health care and social assistance services; retail trade; and arts, entertainment, recreation, accommodation, and food services according to the American Community Survey (U.S. Census Bureau, n.d.).
- **Hamilton County, New York.** A rural county, and the least populated in New York with a population of approximately 5,000 residents. The largest industries are educational, health care, and social assistance services, and construction according to the American Community Survey (U.S. Census Bureau, n.d.).

- **Lake County, Montana.** A rural county located in northwest Montana. This county is home to multiple Montana state parks including Lake Mary Ronan State Park, Wild Horse Island State Park, and Yellow Bay State Park. The largest industries are educational, health care, and social assistance services; arts, entertainment, recreation, accommodation, and food services; and manufacturing according to the American Community Survey (U.S. Census Bureau, n.d.).
- **Magoffin County, Kentucky.** A rural county on the banks of the Licking River with its county seat as Salyersville. Its largest industries are educational, health care, and social assistance services, and manufacturing according to the American Community Survey (U.S. Census Bureau, n.d.).
- **Marshall County, Iowa.** A rural county with the city of Marshalltown as its largest population center (approximately 27,500). According to the July 2021 Census Population Estimates, 22 percent of the population speak languages other than English. The largest industries are manufacturing; educational, health care, and social assistance; and retail trade according to the American Community Survey (U.S. Census Bureau, n.d.).
- **Montgomery County, Kansas.** A rural county in Southeast Kansas, in the Great Plains region. The largest industries are manufacturing; educational, health care, and social assistance services; and retail trade according to the American Community Survey (U.S. Census Bureau, n.d.).
- **Starr County, Texas.** A rural county that runs along the Rio Grande River in south Texas. According to the July 2021 Census Population Estimates, more than 95 percent of the population is Hispanic, the highest proportion of Hispanics in the continental United States. The largest industries are educational, health care, and social assistance services; construction; and retail trade according to the American Community Survey (U.S. Census Bureau, n.d.).
- **Wilcox County, Alabama.** A rural county in Alabama that is part of the Southern Black Belt, with nearly 75 percent of the population identifying as Black, according to the July 2021 Census Population Estimates. The largest industries are manufacturing; educational, health care, and social assistance services; and retail trade according to the American Community Survey (U.S. Census Bureau, n.d.).

Collectively, these 12 counties represent a wide range of rural contexts and include different rural regions, RUCCs, cultural contexts, and socioeconomic contexts. This sample of rural counties was collected in collaboration with the Federal Team and our HSPF, SME, and TWG groups. We provide details on how this sample was developed in Section 7.1 of the Technical Appendix.

2.3 The Study Focuses on Four Human Services Programs and Additional Related Services

As noted in Chapter 1, human services is a broad and interdisciplinary field comprising diverse programs serving a variety of populations. This study focuses on four human

services programs across different rural contexts, each of which provides complementary yet varied services. We describe these programs below in greater detail in order of their size and reach from largest to smallest: TANF, MIECHV, HMRP, and HPOG. In addition to these primary programs of focus, the study also provides insights into the areas of housing support, early childhood, family development, employment, higher education, and technical training.

2.3.1 TANF Provides Wide-Ranging Services to Support Families

The TANF program provides states with block grants that can be used to design and operate programs that support needy families trying to achieve self-sufficiency. As stated on the ACF Office of Family Assistance's (OFA) website (Administration for Children and Families [ACF] OFA 2022a), since 1996 TANF has been providing approximately \$6.5 billion to states, U.S. territories, and the District of Columbia each year. Additionally, federally recognized American Indian tribes and Alaska Native organizations can offer TANF through the Tribal TANF program (ACF OFA 2022a).

Services supported by TANF are designed to address at least one of the program's four broad purposes, as shown on the OFA website:

- Provide assistance to needy families so children can receive proper care in their own homes or in the homes of their relatives
- End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage
- Prevent and reduce the incidence of out-of-wedlock pregnancies
- Encourage the formation and maintenance of two-parent families

To be eligible for TANF, applicants must be a resident of the state in which they apply and must qualify as a U.S. citizen, legal alien, or qualified alien. They must also meet one of the following criteria:

- Have a child 18 years old or younger
- Be pregnant
- Be 18 years old or younger and the head of their household

Eligible applicants have low or very low income, but states have flexibility to determine financial eligibility for the TANF program as well as the provided benefit levels. Most states limit the amount of assets families can have while remaining eligible for assistance and have set income eligibility thresholds that are below the federal poverty line. The activities that the TANF program funds are diverse and vary from state to state (ACF Office of Planning, Research, and Evaluation [OPRE], 2020a). However, administrative data that capture all these activities are not consistently available. The most consistent and comprehensive data available cover the Tribal TANF program and TANF cash assistance, including benefits the government provides in the form of cash payments, vouchers, or other forms designed to

meet ongoing and basic needs. Due to this data limitation, this study focuses on the Tribal TANF Program and TANF cash assistance.

2.3.2 MIECHV Supports New Parents and Their Infants and Toddlers

The MIECHV program is an evidence-based, voluntary home visiting program for members of at risk-communities. The Maternal and Child Health Bureau (MCHB) (Health Resources & Services Administration [HRSA] and Maternal and Child Health Bureau [MCHB] 2022) states that MIECHV supports pregnant women and parents with young children who live in communities that face greater risks and challenges to achieving positive maternal and child health outcomes. Federally recognized American Indian tribes and Alaska Native organizations can offer MIECHV through the Tribal MIECHV program where grants are provided to tribes or tribal organizations that develop and implement home visiting programs (ACF OPRE, 2020b). Nurses, early childhood educators, social workers, and paraprofessionals with specialized training work with the program to support the following goals:

- Improve maternal and child health
- Prevent child abuse and neglect
- Reduce crime and domestic violence
- Increase family education level and earning potential
- Promote children's development and readiness to participate in school
- Connect families to needed community resources and support

Home visitors develop strong relationships with families by meeting regularly and addressing their needs. Examples of this include supporting healthy pregnancy practices, encouraging early language development and early learning at home, teaching positive parenting skills, and connecting families to other resources in the community (HRSA MCHB, 2022). MIECHV participants noted the importance of the MIECHV home visitors, especially their ability to provide scientifically-based and up-to-date parenting materials. Home visitors shared rural adaptations of the MIECHV program specifically to address social isolation (e.g., playdates, dinners, and game nights) and build social capital (e.g., developing relationships with maternity ward nurses).

In September 2021, approximately \$342 million in funding was awarded by HRSA to 56 states, territories, and nonprofit organizations to support communities in providing home visiting services to families (HRSA MCHB, 2022). Awardees have flexibility to select an eligible evidence-based home visiting model that best fits the needs of their communities. Examples of such models include Healthy Beginnings, Minding the Baby, Child FIRST, and Parents as Teachers (PAT). Additionally, HRSA provides technical assistance to awardees to help them implement evidence-based visiting models, meet performance goals, and improve services to families in the program (HRSA MCHB, 2022).

2.3.3 HMRF Promotes Family Stability

The HMRF programs provide \$150 million per year in discretionary grants, contracts, research and evaluation, and other activities to strengthen families, promote responsible parenting, and improve family economic stability (ACF OFA, 2020a). Currently, 111 grant awards to organizations in 30 states provide activities to promote HMRF programs (ACF OFA, 2020a). HMRF does not offer a tribal component.

The HMRF programs focus on building and sustaining healthy marriages and relationships, strengthening positive father-child relationships, and fostering economic stability. Current HMRF grants are funded under three Funding Opportunity Announcements:

- Family, Relationship, and Marriage Education Works (FRAMEWorks) — Healthy Marriage and Relationship Education promotion activities for adults
- Fatherhood Family-focused, Interconnected, Resilient, and Essential (Fatherhood FIRE) — Responsible Fatherhood promotion activities for adult fathers
- Relationships, Education, Advancement, and Development for Youth for Life (READY4Life) — Healthy Marriage and Relationship Education (HMRE) promotion activities for youth, including parenting youth

The Office of Family Assistance's (OFA) FRAMEWorks grants are intended to support programs that promote the health and well-being of families, improve individual relationship skills, and ease the path toward economic stability. These grants provide a broad array of healthy marriage promotion activities and services designed to integrate skills-based marriage education. They also provide services that address relationship skills as well as job and career advancement opportunities for adults (age 18 and older) (ACF OFA, 2020b).

Fatherhood FIRE grants fund projects that integrate robust economic stability services, healthy marriage education, and activities designed to foster responsible parenting. The program also serves fathers who are within nine months of release from incarceration and who intend to return to their communities and families (ACF OFA, 2020c).

READY4Life grants support programs intended to promote healthy relationships and marriage, with a focus on young people ages 14 to 24. These grants support a variety of activities, including high school programs, marriage and relationship education, skills development, and public advertising campaigns.

2.3.4 HPOG-Provides Training and Job Placement in the Healthcare Field

HPOG awarded discretionary grants to organizations that provide education and training to TANF recipients and other individuals with low-incomes for well-paying and in-demand healthcare jobs (ACF OFA, 2022b). Federally recognized American Indian tribes and Alaska Native organizations were able to offer HPOG through the Tribal HPOG program. ACF awarded a first round of five-year grants in 2010. In 2015, ACF awarded a second round of

HPOG grants to 32 organizations across 21 states for a five-year period (ACF OFA, 2022b).²⁵ These grantees included the following:

- Ten higher education institutions
- Five tribal organizations
- Seven workforce system agencies
- Four state government agencies
- Six community-based organizations

As part of the eligibility criteria for participants, HPOG programs ensured that participants were a good fit for a job in healthcare. In addition to education and training services, HPOG provided participants with support services to address obstacles to program completion such as childcare assistance, training supplies, transportation, and career guidance. Many participants worked with navigators to choose training for a healthcare occupation aligned to local workforce trends as well as participant interests and career goals (Thomas and Mendez, 2022). HPOG program staff worked to ensure that participants left with soft skills such as interview techniques and time management (ACF, n.d.).

Individuals who complete the program receive an industry-recognized certification. HPOG programs partner with local employers who often go beyond simply hiring HPOG participants by, for example, participating in career fairs and providing participants with work experience and job opening information (Eyster et al., 2022). Additionally, HPOG supports participants striving to move up the ladder in their healthcare careers (ACF OPRE, 2020d). The evaluation of the first-round grants of the HPOG Program found they had beneficial impacts on economic well-being by reducing financial hardship (Peck et al., 2019), and the evaluation of the second round grants is ongoing.

2.3.5 Early Childhood, Housing, and Employment Programs Provide Key Support in Rural Areas

In addition to the four primary programs of focus, this study took a close look at other human services programs that benefit communities in rural contexts.

Early Childhood

Children age out of the MIECHV program at five years old, potentially leaving families without access to necessary services, such as access to evidence-based parenting guidance and support for children's educational needs. However, many human services programs provide support that is complementary and concurrent to the services that the MIECHV program provides. Chief among these is the federal Head Start program, which promotes school

²⁵ HPOG was authorized by the Affordable Care Act, Public Law 111-148, 124 Stat. 119, March 23, 2010, § 5507(a), "Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs," adding § 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a). The second round of grant awards was extended for an additional year through September 29, 2021.

readiness for infants, toddlers, and preschool-aged children (from birth to age five) from low-income families while engaging parents and families in positive relationships. Like MIECHV, research has found that Head Start leaves a positive impact on children's school readiness (McCoy et al., 2016), approaches to learning (Lee and Ludington, 2016), and language and literacy skills (Mashburn et al., 2016). Unlike MIECHV, families can access Head Start services outside the context of home visits in settings like childcare centers and schools.

The Family and Child Education (FACE) program is like Head Start, but it tailors itself specifically to the needs of tribal communities. Developed in partnership between the Federal Bureau of Indian Education, the National Center for Families Learning, and the Parents as Teachers National Center, this federal program targets children from birth to age eight as well as their primary caretakers. Like MIECHV, FACE is a two-generation model, meaning the program focuses on supporting both children and their caretakers. Led by local and highly-trained indigenous professionals, the program is designed to operate within unique tribal contexts and has a track record of improving school readiness through increased home literacy activity (Pfannenstiel and Lente-Jojola, 2011) and early math skills; English reception and expressive vocabulary; and executive functioning (Bernstein, Malone, and AI/AN FACES, 2015; Workgroup, 2018).

Housing Support

Families eligible for human services may end up paying more than 30 percent of their income on housing costs. One national study found that in 2017 over a third of homeowners and almost half of all renters experience material hardship (Scally and Gonzalez, 2018). As a result, they may prioritize housing costs over other needs, such as seeking medical care or buying food. Families earning less than 200 percent of the federal poverty line struggled significantly more than those earning at or above 400 percent (Scally and Gonzalez, 2018). Some rural families will experience severe housing cost burdens and pay more than half of their income on housing.

Many programs work to address these challenges. Some programs specifically target residents of rural areas with solutions like the USDA Section 515 Rural Rental Housing Direct Loan program. This federal program provides direct loans to private and nonprofit entities to develop affordable rental housing in rural areas. Another initiative, the USDA Section 538 Rural Rental Housing Guaranteed Loan program, provides government-insured loans to encourage private investment in eligible rural areas (Scally et al., 2018). Additionally, the USDA offers Section 521 Rental Assistance to eligible, low-income residents in eligible units financed by Section 515 and Section 514/516 Farm Labor Housing programs (Scally et al., 2018).

There are additional programs available in rural areas that are not targeted specifically to these regions. These include federal programs that promote the development of affordable housing such as the low-income housing tax credit (LIHTC) program, project-based vouchers

(PBVs), and rental assistance programs such as HUD's Section 811 and the Section 8 Housing Choice Voucher (HCV) program (Scallly et al., 2018).

While a number of programs exist to provide housing assistance in rural areas, human services providers expressed that these programs are inadequate to address the remaining need in their communities.

Employment and Training

Consistent employment is important for ensuring financial self-sufficiency. Rural areas, however, exhibit increased barriers to attaining long-term and gainful employment. These barriers can include a lack of employment opportunities, a lack of transportation, and a lack of adequate training. Many federal, state, and local programs work to address these challenges. Building Nebraska Families (BNF), which launched through a partnership between state and federal agencies, was an intensive home visitation and life skills education program that serviced several rural counties in Nebraska from 2002 through 2005. BNF targeted “hard-to-employ” and otherwise severely-disadvantaged TANF recipients, moving individuals from welfare dependency to self-sufficiency through work and employment. By understanding the compounding challenges clients faced, the program was designed to address them by providing specialized services that are difficult to access in rural areas. For example, BNF provided an individualized education and mentoring regimen to improve service recipients' basic life skills, family functioning, and overall well-being. By focusing on employment and training, BNF was able to provide services that complemented existing programs, such as TANF, while avoiding redundancy.

Similarly, Enhanced Early Head Start (EHS) was a federally-administered two-generation intervention that aimed to address the impacts of economic uncertainty on children's early development. This was done by incorporating formalized services aimed at the parents' employment and self-sufficiency needs. EHS targeted low-income families with infants under age three or families who were expecting a child in two program sites in rural Kansas and Missouri from 2004 through 2006. These service enhancements—which included activities like coaching parents, training staff, and building community partnerships—were offered in conjunction with child development, parent education, social services, and family support assistance, a bundle of services typically found in traditional EHS programs.

Currently, the USDA offers various grant programs that offer grant assistance to support the creation of new businesses and projects that will ultimately introduce jobs and employment opportunities in rural areas. These programs include the Rural Economic Development Loan and Grant program, the Rural Innovation Stronger Economy (RISE) Grant Program, and the Rural Cooperative Development Grant Program (USDA, 2015).

Additionally, ACF's Administration for Native Americans offers Social and Economic Development Strategies (SEDS) grants to eligible nonprofits, Native American tribal governments, and Native American tribal organizations to support “community-driven

projects designed to grow local economies, strengthen Native American families, including the preservation of Native American cultures, and decrease the high rate of current challenges caused by the lack of community-based businesses, and social and economic infrastructure in Native American communities” (ACF and ANA, 2021a). The ANA also offers an iteration of this program specific to Alaska, the SEDS-AK program (ACF and ANA, 2021b).

The study’s four primary programs of focus, along with related human services programs, offer a support network to rural communities through various types of service provisions and service delivery models. In the following chapter, we dive deeper into how these service delivery models are operationalized in rural contexts, drawing on a series of interviews with local practitioners across the 12 sites.

3. Economic and Social Well-being Needs in Rural Contexts

The previous chapter describes the web of support the four programs of focus provide for rural communities across the study's regions. In conjunction with a discussion of the social and economic well-being needs found in this chapter, these programs help to meet the study's first primary goal providing a rich description of human services in rural contexts. The findings we present in this chapter draw from our interviews with human services practitioners and community partners across the 12 study sites, findings that we connect to the existing literature concerning the social and economic well-being needs of rural community members. As described in Chapter 2 and detailed in the [Analysis and Integration Plan](#) (Elgin et al., 2021), the 2M Team used a five-step qualitative analysis approach (Miles and Huberman, 1994) to code and conduct the qualitative thematic analysis that forms the basis of our high-level themes and summary-level findings across the study sites. This chapter aims to provide greater insight into rural needs, service delivery in rural contexts, and the federal and local factors that influence program capacity. Although some findings may not be entirely unique to rural settings, they emerged as clear themes as we spoke with practitioners. Furthermore, we identified other key features of rural contexts whose specific impacts may be directly related to the rural communities from which our findings are drawn.

Our findings support the conclusions of many previous studies of human services delivery in rural contexts (Bloom, Bullock, and Parsons, 2012; Hamlin, 2018; Howe and Kramer, 2019; MacDowell et al., 2010; Meit et al., 2016; Probst et al., 2019). By analyzing the relationship between human services delivery and the remaining social and economic well-being needs of rural areas, we can suggest avenues through which human services delivery may improve.

In this chapter, we draw the following conclusions:

- In rural contexts, economic and social well-being are closely intertwined
- Many programs across the observed sites are experiencing resource limitations and challenges with the application of different services delivery models in rural areas
- Decisions at the federal level impact services delivery in rural areas in several ways, including the amount of funding programs receive and the implementation of data reporting requirements
- Factors local to rural areas that impact economic and social well-being needs are often structural, social, or programmatic in nature

3.1 Economic and Social Well-Being Needs in Rural Contexts Are Intertwined

They're unable to pay bills or afford childcare to get a job or a car to get to a job or get their kids to school transportation. I think we have a lot of families that are really struggling for that. I think the social and emotional, the mental health, the stigma on that also plays a cycle in maybe not families being able to keep a job either with the things that they're facing. -- TANF Staff Member

The needs of rural communities serviced by human services programs are highly context-specific; **the unique characteristics of each rural community and the ways in which local context factors interact with human services delivery and existing need is a key theme that emerges from the data.** Across the sites, however, a few consistent findings emerge, namely how program staff described the strong interrelationships between economic and social well-being needs in rural contexts.

3.1.1 Access to Transportation and Broadband Internet

From our interviews with human services staff and the existing literature, we identified a lack of transportation as a barrier to both employment and the utilization of services. McCay et al. (2019) described the La Plata County Department of Human Services (DHS) Colorado Works team's approach to implementing components of TANF and the barriers they encountered by the families they served. La Plata County DHS found that families who lacked a car, access to public transit, or a means of transportation from friends or family tended to miss TANF appointments or were less likely to follow through with referrals to other supportive services. Human services staff interviewed for this study reported similar barriers related to transportation, noting that rural areas are often geographically isolated and many residents lack reliable access to transportation. This study agrees with the existing literature, suggesting that transportation remains a key barrier to receiving services for residents living in rural areas, ultimately creating a cycle of unmet need.

Additionally, human services staff identified broadband internet access as a key area of remaining need in rural communities. As many services moved to a hybrid or virtual delivery model during the COVID-19 pandemic, a lack of broadband internet access has hindered virtual service delivery and outreach in rural communities and has widened the digital divide. Staff noted that greater internet connectivity for the public would likely facilitate communication with program participants and help address remaining need.

3.1.2 Access to Healthcare and Specialty Services

Existing literature has described the healthcare-related needs of rural communities. Rural areas often experience a shortage of healthcare professionals, leading to an increase in remaining need for healthcare services. Hamlin (2018) noted that rural areas lack obstetric care and rural hospitals close rapidly. These issues compound, meaning women in rural

areas are forced to travel great distances in order to receive basic care. Women who have to travel more than 30 miles for inpatient obstetric care had fewer prenatal visits, lower birth weight, and lower gestational-age infants on average. Development of health professions in rural communities may lead to an increase in healthcare access for rural residents, ultimately leading to better health outcomes. Multiple human services providers across our study sites confirmed these findings and specifically identified lack of access to maternal health service providers as a source of remaining need in their communities.

In our review of the literature, we found two primary challenges associated with healthcare staffing in rural communities: job availability in the healthcare field and a shortage of qualified individuals to fill these positions. Meit and colleagues (2016) found that healthcare workers often experience challenges finding healthcare positions in rural areas, necessitating the need to move to more urban areas to find employment. Similarly, Howe and Kramer (2019) noted the shortage of rural healthcare workers in the geriatrics field and acknowledged the dearth of published work in this area. A study by Probst et al. (2019) found that nurses working in rural settings had a higher likelihood of reporting inadequate training, which impacted their ability to properly do their job compared to those working in urban areas.

3.1.3 Barriers to Receiving Mental Healthcare and Other Specialty Services

A finding that emerged across interviews with program staff is that other specialty services, particularly mental health and substance use treatment services, are often unavailable in many communities. This lack of availability forces members of rural communities, who may have inflexible work or childcare schedules and who may have limited access to transportation options, to travel in order to receive required assistance. As with other healthcare professions, there are specific rural barriers to hiring and retaining staff who are qualified to provide mental health support. A staff member from a rural TANF program explained, “We need to support social service careers and mental health service providers by paying them more, to be honest . . . they’re like second-tier jobs where people don’t get paid enough money or compensated enough for the work that they’re doing or for their educational level.”

I think we’re a lot better than we used to be, but I think mental health is still a big taboo for a lot of places and especially in rural areas. It’s a sign of weakness to say that you need to go see a psychiatrist or you’re having a problem. – TANF Staff Member

In addition to a lack of services and providers, program staff described a cultural stigma associated with receiving mental health services in many rural communities. Staff from TANF, MIECHV, and HPOG all indicated that they felt the COVID-19 pandemic has exacerbated existing mental health issues. Stigma and the increase in the need for mental health services have been compounded by the lack of broadband internet access in rural areas, resulting in virtual delivery models being largely inadequate for addressing the

remaining needs of rural communities. During the COVID-19 pandemic, younger populations in particular have felt the consequences of this general lack of effective mental health treatment. Increased social isolation and a lack of in-person schooling have proven challenging and led to behavior issues that remain unaddressed. Staff from a partner organization interviewed in the fall of 2021 explained, “We have kids with behaviors that are off the charts. These kids haven’t been in programs for over a year and a half, some of them, and they’re coming in for the first time. And it is just unbelievable . . . the behaviors.”

Additionally, many program staff across rural communities, particularly those working with TANF and MIECHV programs, identified a lack of access to programs for alcohol and substance use treatment as key social well-being needs. Three factors contribute to this particular set of unmet needs: 1) a lack of local centers; 2) social and cultural barriers to seeking help; and (3) unresolved substance use issues that lead to reduced uptake of social services, often as a result of participant concerns about interacting with government representatives or engaging in home visits.

3.1.4 Social Isolation and Vulnerability

That is a big struggle that we see . . . is that often these families just feel and act isolated.
– MIECHV Staff Member

Mental health and substance use have been linked in the literature to social isolation (Copeland et al., 2018; Evans and Fisher, 2022), and may be more prevalent in rural communities due to factors like limited transportation and employment opportunities. Multiple program staff members highlighted the need to address the social isolation that residents of rural communities feel. Social isolation affects both the needs of rural populations and the ways in which human services program staff must adapt to meet these needs.

The experience of social isolation in rural areas is felt especially severely by mothers. Whittaker and colleagues (2019) found that not only were rural MIECHV participants socially isolated, but there existed few community resources to support new mothers and residents experiencing loneliness or depression. Additionally, Bloom and colleagues (2012) explored stressors among a sample of 23 rural pregnant women and found that most respondents reported high levels of stress. The most common stressor was financial, and most women reported either having no vehicle or an unreliable vehicle. Many women also described their housing environments (e.g., high rent, poor condition, crowded living conditions) and work situations as stressful. Several women reported substantial lifetime exposure to violence (physical and/or sexual). The study also found that nearly two-thirds of the sample were depressive and exhibited post-traumatic stress disorder symptoms. When asked what would help reduce stress for rural women, participants suggested that individuals could connect through community centers for mentoring and increased access to resources such as

housing and utility assistance. Participants also suggested additional education or training could be a way to increase occupational opportunities.

It's a cocktail of things, you throw in COVID too, which further complicates employment and poverty. And families aren't able to go somewhere because of our lack of transportation to get jobs farther than they can walk or . . . So, they're home a lot and struggling more. So, I think that leads a bit more to depression. And we can see when we go in the homes, lack of engagement in general, that's a big trend and it's disheartening. You see so often that while families are maybe meeting the child's needs as far as keeping them safe and keeping them fed, but nobody's talking to the child, nobody's playing with the child until the child does something wrong. – MIECHV Staff Member

Community cohesion is closely linked to the economic well-being of individual community members, and many of those we interviewed for this study across the sites of interest clearly articulated this connection.

3.1.5 Access to Employment

There's a limited job pool for a variety of different reasons, and sometimes because folks in the communities don't have requisite education or background experience to be employed in the positions that hire. – TANF Staff Member

Access to employment is one of the central economic well-being needs of rural populations. According to program staff, jobs in many rural communities are unavailable due to a lack of population and employment services. Specifically, staff described a disconnect between the required qualifications for available job openings and the qualifications of the available workforce in rural areas. They noted that highly specialized jobs may be available in their community, but a lack of available positions that match the education and skill levels of their clients is persistent. Further compounding this issue are factors like a lack of transportation and childcare, limited education and training, low wages, and the potential for disqualification due to previous criminal convictions.

3.1.6 Tribal Well-Being Needs

This community hasn't healed from things that systematically or historically happened generations ago. Not that long ago, either . . . that all was, that interruption of traditional ways of being. I think that, that leaves this community still in a place of massive upheaval and massive change . . . There aren't any jobs in the villages . . . It's a completely different life experience. And it's really hard because people are taught to subsist . . . And they're not taught on how to make a salary, and keep your house, and all [those] sort of things . . . And sometimes people give up and go back to their abusive situations because just making it in this introduced Western system is harder than going back to a violent relationship. – Tribal Community Partner

Interviews with program staff in tribal communities revealed the existence of remaining needs similar to those describe above alongside tribal-specific needs. These include needs that may go beyond the typical experiences of non-tribal communities due to significant trauma throughout a community. Program staff shared that tribal communities have historically experienced trauma in the form of compulsory assimilation to Western culture through policies like forced removal from their tribal lands and involuntary re-education in boarding schools—trauma that still affects the communities' social and economic well-being today. Staff felt that tribal knowledge, traditional ways of living, and modes of community building are often undervalued by people outside of tribal communities. Program staff felt that forcing the tribal population to adapt Western value systems adds to their historical trauma and creates further distrust of government. This cultural disconnect ultimately dissuades people in tribal communities from accessing human services. As a result, these communities often experience higher rates of mental health challenges, substance use, and domestic violence. Tribal program staff described two key differentiators between tribal and non-tribal rural communities that impact service delivery:

1. Historical trauma due to past interactions between the federal government and tribal governments and residents
2. A disconnect between Western and tribal cultures, expectations, beliefs, and perceptions of success, resulting in a misalignment of services to community needs and priorities

3.1.7 Intertwined Barriers Create a Cycle of Need

Across the 12 sites, a majority of the interview data on social and economic well-being in rural contexts confirm what many past studies have found. As described by a nonprofit human services partner, existing economic and social needs create a difficult cycle of need that contributes to the necessity of seeking human services. A paper by Whittaker and colleagues (2019) addressed this cycle, highlighting several adaptations that MIECHV staff have used to address the unique needs of their clients. In our interviews, rural administrators and home visitors also noted that their clients lacked personal transportation options and lacked access to broadband internet or computers, ultimately limiting their accessibility to social interaction, news, knowledge of public events, and health information.

3.2 Several Service Delivery Models Are Being Used Effectively, With Some Challenges and Limitations

During interviews, program staff and partners described their use of different models of service delivery. Existing literature broadly identifies two successful models for human services delivery, and these findings are largely consistent with the experience of program staff. The two models of interest here are the Community Partnerships Model and the Integration of Human Services Programs Model (Carson and Mattingly, 2018; National Advisory Committee on Rural Health & Human Services, 2012). The Community Partnerships Model is characterized by the coordination of programs with other community assets (e.g., employers and colleges). Similarly, the Integration of Human Services Programs Model involves the collaboration between human services programs in specific areas to reduce overlap in service offerings. While this model is applicable across programs, a 2011 report by HHS ACF noted it was particularly common among HMRF programs.

We have identified five modes of service delivery (some of which are combined within a given model):

- **In the Home:** Programs and services were placed in this category if they were delivered within the client's place of residence.
- **On-Site:** Programs and services were categorized as on-site if clients went to a central location to receive them.
- **Video/Virtual:** Programs and services were categorized as video/virtual mode if they were delivered remotely through video conferencing.
- **In Transit:** Programs and services were categorized as in transit if staff provided them to clients entirely or in part while clients were being transported.
- **Multi-Mode/Hybrid:** Programs and services were considered multi-mode if they were delivered using more than one modality (e.g., delivered virtual and on-site).

Interviews with program staff and partners in rural contexts provided more information on the models and modes they used in their programs.

Program staff across all programs described a multi-mode service delivery approach. During the COVID-19 pandemic, staff had to implement virtual service delivery as an alternative to the on-site offerings. Many staff noted that they have continued to offer virtual aspects of their programs even after on-site services have resumed. While staff from all programs described a multi-mode delivery, including on-site and virtual delivery modes, MIECHV's home visiting program would also fall under the "in the home" delivery mode.

Interview data across programs stress the importance of considering the holistic needs of human services clients during the delivery of services. Program staff highlighted collaborative models in which different services work together as effective in some areas or have pointed to a lack of collaboration as a barrier to capacity. Models that allow for some degree of flexibility to adapt to client needs, as well as some degree of autonomy for

adapting programs to local contexts, seem to prove effective across the various human services programs. Models that account for specific strengths and barriers to success within an individual's life are more useful. This is likely the case because these models focus on long-term outcomes and sustainability rather than short-term fixes. For example, programs might administer a vulnerability assessment tool to participants to determine the areas in which participants need assistance and are likely to struggle with in the future. This can be contrasted with more rigid service delivery models that are focused on meeting short-term metrics and complying with guidance. Notably, the more holistic approaches may need greater collaboration between and integration across programs to meet the needs of clients and fully address their barriers.

Many staff members across the sites described using service delivery models like the Community Partnerships Model and the Integration of Human Services Programs Model, although they did not name them specifically. Alternately, some staff—when describing challenges in their current service delivery models—expressed a need for adopting components of either the Community Partnerships Model or the Integration of Human Services Programs Model. In their view, they see these models as instructive in potentially improving upon their current implementation. They also stressed the importance and efficacy of both partnerships within the community (including nonprofit partners) and the unification of human services programs in rural areas. The models above are broad approaches to service delivery. Below we describe the program-specific models that program staff reported using at their sites.

3.2.1 Temporary Assistance for Needy Families

Rural TANF program staff described two approaches to caseload management: the traditional case-based style in which one caseworker is responsible for a caseload, and a task-based model in which one caseworker is responsible for the same task across statewide caseloads. One staff member, however, described challenges with their program's shift from working with local clients to working with clients across their state. They found that the task-based model diminished accountability and led to a lack of ownership for the work and services provided. In this instance, the staff member's office moved to a regional task-based model because of these issues with the statewide model. They noted that challenges still exist when working with regional-level caseloads. Specifically, they took issue with the lack of face-to-face client meetings in favor of telephone meetings, which they found to be less impactful to the client.

TANF program staff also reported that TANF programs are increasingly shifting to a **coaching model** that considers multiple factors of the client's life (e.g., living in a rural location) in order to provide services tailored toward achieving long-term outcomes. Multiple staff members noted that their TANF program was looking into beginning implementation of a coaching model that focuses on barrier remediation and long-term outcomes as opposed to immediate employment that may not lead to long-term self-sufficiency. One staff member stated that the coaching model allows participants to feel more at ease in the program; they

describe the approach as “more customer service-driven . . . more engaging . . . and we speak conversationally rather than [having an] inquisition.”

3.2.2 Maternal, Infant, and Early Childhood Home Visiting

MIECHV programs use various models and corresponding curriculums depending on the program. They all have different eligibility requirements, but they all must use an approved and evidence-based curriculum. The MIECHV program staff we interviewed in rural communities reported more success using the Nurse Family Partnership (NFP) model and Parents as Teachers (PAT) model than the Healthy Families America model and Growing Great Kids curriculum in their specific contexts. However, we were unable to generalize this finding across all the sites.

The NFP model requires specific visit schedules, income requirements, and participation requirements. Participation is limited to women who are enrolled prior to 28 weeks of gestation and who are first-time mothers. The model involves flexible guidelines regarding the covered topics, and the model emphasizes a client-driven approach whereby program staff consult the client as they set goals and choose types of support. One staff member described the client-centered nature of the model as “the idea that the client is the expert on their own life . . . meaning we’re not there to give advice but rather to help them set goals that are pertinent to their own idea or picture that they’re painting.” Once the client’s child is born, program staff administer Ages and Stages questionnaires every two months to track developmental progress and identify any needs for early intervention services.

The PAT model targets parent behavior in addition to the child’s behavior as opposed to solely addressing the child’s behavior. One staff member describes the PAT model as an evidence-based model that offers different ways to learn while focusing on family goals and child development outcomes. A MIECHV staff member reported that the PAT model is successful in their area due to its home-visiting and family-centered approach, explaining, “This program allows us to deliver the quality home-based early childhood education . . . developmentally age-appropriate activities that we can provide to the parents and even resources . . . depending on the family needs . . . each family has different needs, and each family wants to learn different things.” Program staff mentioned health, discipline, and developmental questions or concerns as examples of different family priorities.

MIECHV staff also reported challenges associated with some models. One prime example includes the HFA model, which uses the Growing Great Kids curriculum. One staff member described HFA’s accreditation process as “very rigorous, especially for a small rural county,” noting it took the staff five attempts to successfully achieve accreditation. The greatest barrier to accreditation seemed to have been meeting the program’s data collection and reporting requirements. Staff expressed that they often must serve multiple roles at once due to difficulties in recruiting and retaining staff (see section 3.3.3) and felt that the time spent on accreditation took away from time spent directly serving program participants. Another staff member noted that “HFA has some very . . . time-consuming spreadsheets

[and] they're confusing . . . and a lot of the HFA providers [who] are implementing that model [are] frustrated with these spreadsheets and [getting] them filled out." Furthermore, the HFA model's Growing Great Kids curriculum has been met by criticism by program staff. One staff member explained, "While the curriculum is helpful, it's designed [such that staff] go in and read to the parent, and the people in this area feel that we're talking down to them when we're doing things like that. Now there are parents that we have that can't read that we obviously have to read the information to . . . [but] parents don't really want to be read to. Now it may work [at] other places, but that's just what our experience has been here."

3.2.3 Healthy Marriage and Responsible Fatherhood

The HMRF staff we interviewed were unable to identify specific service delivery models or curriculums used in their programs. As mentioned above, however, a 2011 report by HHS notes that the majority of HMRF programs use the Integration of Human Services Programs Model to deliver services. While HMRF staff did not confirm that they used this model, they described collaborating with multiple human services programs to reduce overlap in service offerings, which is a key component of the Integration of Human Services Programs Model.

3.2.4 Health Profession Opportunity Grants

According to interviews with program staff, the Two-Generation, sometimes called 2Gen (Office of the Assistant Secretary for Planning and Evaluation [ASPE], n.d.), or the family approach model, has been successful at implementing HPOG programs in rural communities. While this model is not unique to HPOG, several HPOG program staff described its usefulness in the delivery of services in rural contexts. Staff explained that this approach, which focuses on social capital, assesses 18 different domains across factors like childcare, transportation, substance use, food insecurity, access to healthcare, economic well-being, housing, food security, and employment training. Collectively, these domains help staff to understand a client's needs and create a goal-based plan to address those needs. The 2Gen/family approach focuses on addressing the needs of vulnerable children and their parents together,⁵ as well as assessing the overlap of multiple areas of need while aligning resources to increase family self-sufficiency. Combining services for children and parents has the potential to produce better outcomes as opposed to delivering support separately (ASPE, n.d.). Program staff also felt that the 2Gen/family approach model helps to facilitate service delivery because participants know they can receive help with what they need to be successful in the program. One HPOG staff member described the 2Gen approach as "the secret sauce to helping a family move from living in poverty toward self-sufficiency."

3.3 There Is a Delicate Balance Between Local and Federal Factors Impacting Service Delivery in Rural Contexts

Human services programs are subject to multiple levels of policy, funding, and oversight across the federal, state, and regional/county levels. Conversations with human services

practitioners and community partners over the course of the study provided context about the ways these policies, funding sources, and oversight mechanisms impact their ability to deliver services effectively. They often articulated a tension between available funding, guidance, oversight, and their ability to make local adaptations. Practitioners shared that federal factors both hindered and helped service delivery.

Critical federal factors that impact capacity include funding, data and reporting requirements, and guidelines for program eligibility. Each of these federal factors interact further with state and local contexts, causing variability in service delivery practices and experiences.

3.3.1 Federal Funding Impacts Program Capacity Based on the Amount of Overall Funding and the Ways Funding Can be Allocated

Funding is the predominant federal factor influencing capacity according to the staff we interviewed across sites. According to interviews with service providers, the amount of funding a program receives is often equally as impactful as the amount of discretion a program has in spending those funds. For example, an HMRF program staff explained that funding flexibilities could be used to address service barriers: “I’m trying to think of ways that we could be more flexible in how we allow spending. For example, extending the temporary use of money for broadband and technology [. . .] so that they could do virtual classes because of the pandemic . . . allowing programs to buy cell phones or cell phone minutes . . . I think that that would be really helpful.” Other program staff mentioned other ways flexible funding could help improve capacity, including staff salaries and one-off or one-time provision of services to clients.

Exhibit 9 shows that each of the four programs of focus has a different overall funding capacity and funding mechanism. TANF, the largest program, serves all states and its services are funded through state and tribal block grants. The second largest program, MIECHV, provides funds at the local level through formulas that allocate funds. Finally, HMRF and HPOG are smaller programs that award grants to human services providers through a competitive process. Our estimate of TANF funding in FY 2018 is \$6.5 billion, which is by far the largest of the four in terms of overall funding.²⁶ We estimate that about 11 percent (\$724.9 million) of TANF funds went to families in rural counties. In FY 2018, MIECHV had \$372.8 million in funds, of which we estimate about 16 percent (\$58 million) went to rural counties. Finally, in FY 2018, HMRF had \$100.1 million and HPOG had \$71.9 million in funds. We estimate about 7 percent (\$7 million) of HMRF and 13 percent (\$9.6 million) of HPOG funds went to rural counties.

²⁶ Our estimate of TANF “funding” is a combination of 2018 federal and state maintenance of effort (MOE) spending for cash assistance and 2018 funding for the Tribal TANF program. We excluded relative foster care maintenance payments and adoption and guardianship subsidies from both federal and state MOE spending estimates.

Exhibit 9. Federal Funding for the Four Programs of Focus

Program	Overall Funding in 2018 (Excluding the Territories)	Estimated Funding to Rural Counties	Percent of Overall Funding to Rural Counties	Grant Type
TANF (Cash Assistance and Tribal TANF)	\$6.5 Billion	\$724.9 Million	11.2%	Block grants at the state/tribal level
MIECHV (Non-Tribal and Tribal)	\$372.9 Million	\$58.0 Million	15.6%	Formula at State/tribal level
HMRP	\$100.1 Million	\$7.0 Million	7.0%	Competitive
HPOG (Non-Tribal and Tribal)	\$71.9 Million	\$9.6 Million	13.4%	Competitive

Source: ACF OFA and HRSA administrative data

Exhibit 10 provides further details on the funding for each of the four programs in rural counties. Except for TANF, the exhibit shows that most rural counties do not receive any funds (the median is consistently \$0). Moreover, we found significant variation between rural counties in terms of funding for all four programs. For each program, the standard deviation of county-level funding is substantially larger than the mean. Second, the mean funding for each program is larger than the median, highlighting a skewing in the distribution of funding for each program. Our estimates show that a small number of rural counties in FY 2018 received very large amounts of funding (each program has a very large maximum when compared to the minimum, median, and mean).

Exhibit 10. Funding for the Four Programs of Focus in Rural Counties

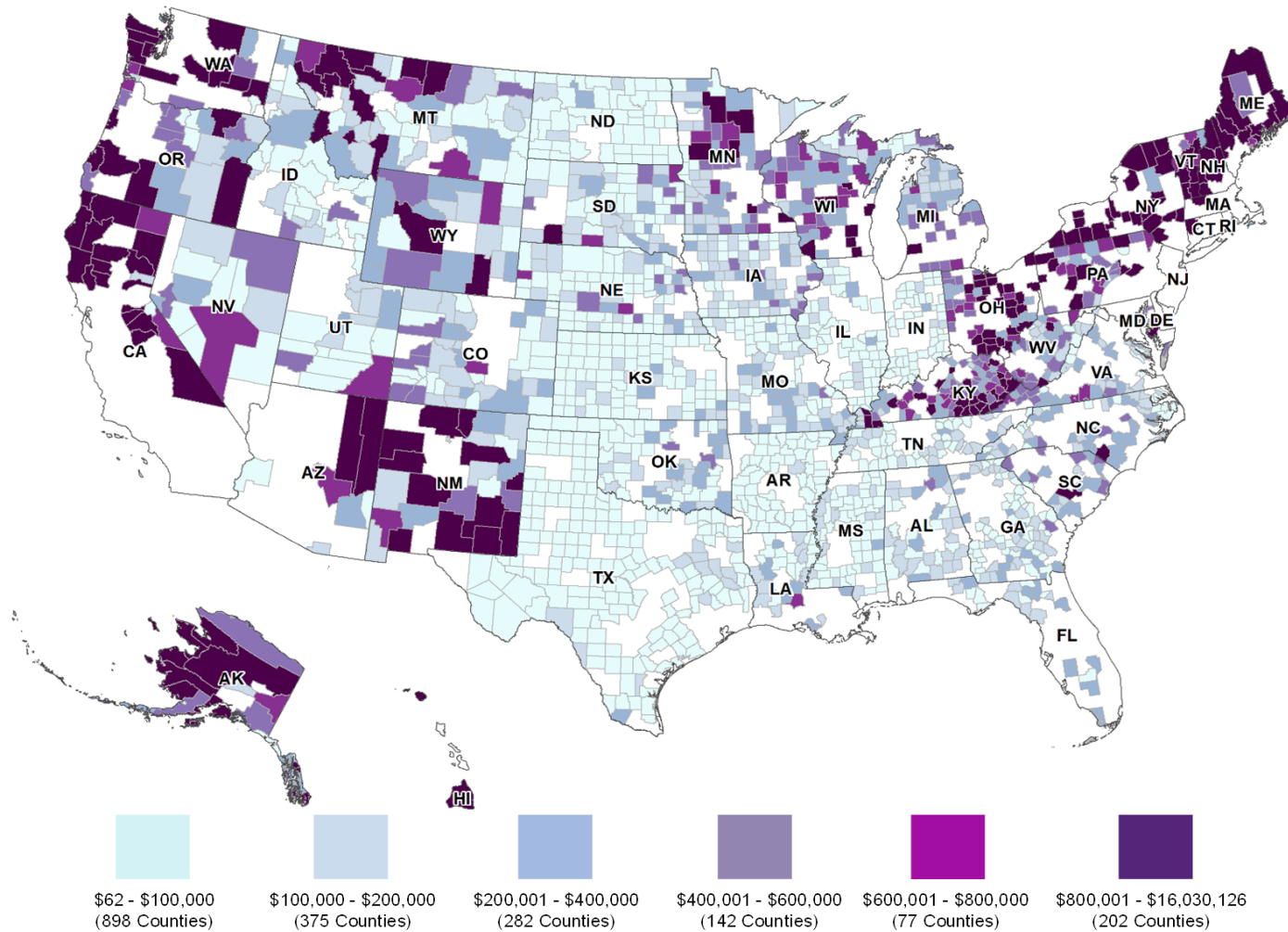
Program	Sum	Mean	Standard Deviation	Minimum	Median	Maximum
TANF (Cash Assistance and Tribal TANF)	\$724,889,146	\$366,847	\$877,539	\$62	\$116,496	\$16,030,126
MIECHV (Non-Tribal and Tribal)	\$57,987,199	\$29,346	\$93,120	\$0	\$0	\$1,168,098
HMRP	\$6,972,895	\$3,529	\$30,406	\$0	\$0	\$999,999
HPOG (Non-Tribal and Tribal)	\$9,601,000	\$4,859	\$55,293	\$0	\$0	\$2,343,096

Source: ACF OFA and HRSA administrative data

Exhibits 11 to 14 are maps of the geographic distribution of funds for each of the four programs. The four programs differ in terms of where funds tend to concentrate in rural counties. However, they all show notable variability in funding and a skewed distribution.

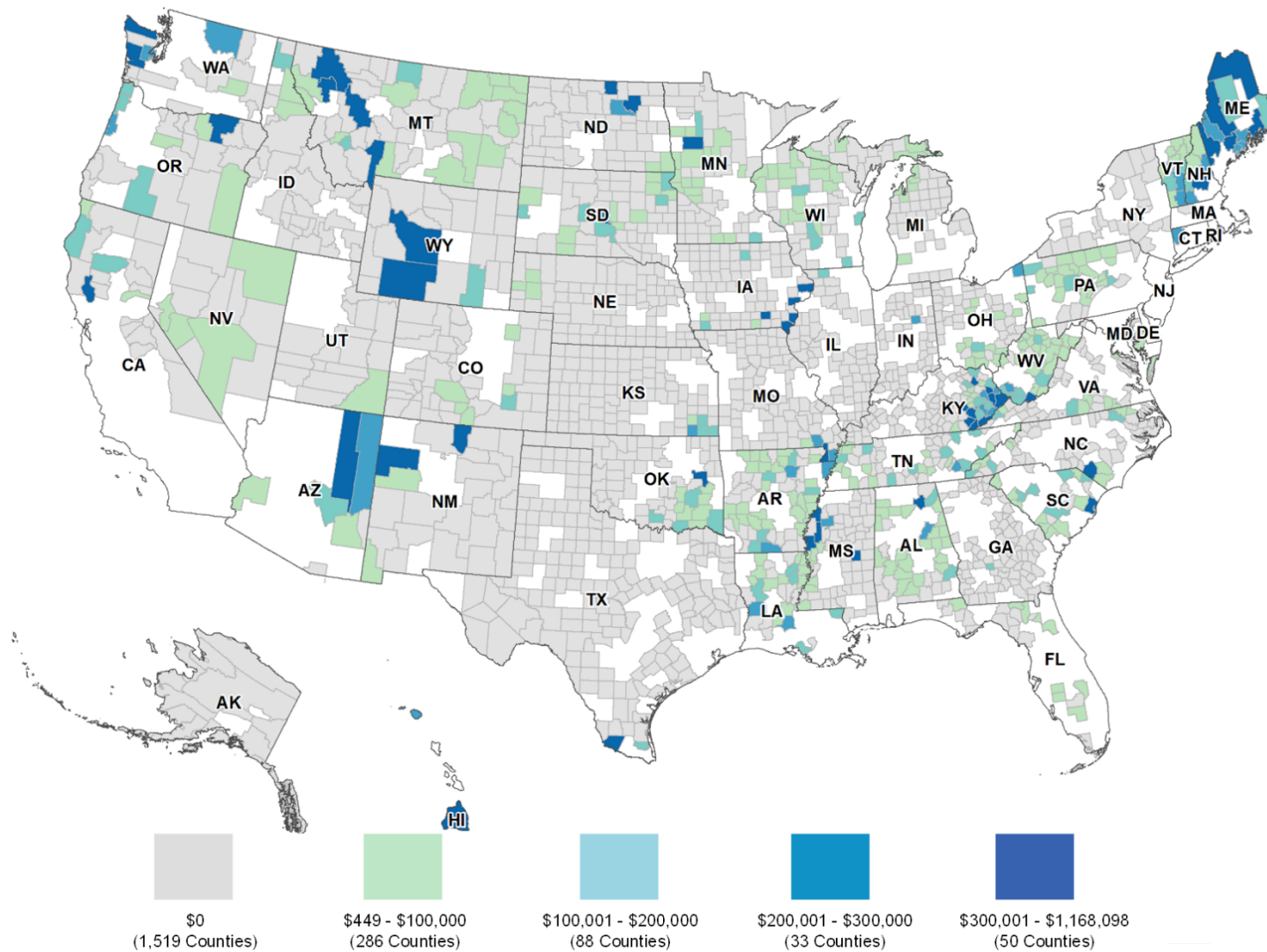
- **Exhibit 11** shows TANF is available in all rural counties, but cash assistance spending and Tribal TANF funds totaled \$100,000 or less in many (898 of the 1,976) rural counties in FY 2018. These rural counties with limited TANF funding tend to be in the Deep South and in the central part of the country (for example, the Dakotas, Kansas, and Missouri)

- **Exhibit 12** shows MIECHV had a larger proportion of funds for rural counties in the Deep South than TANF in FY 2018, but the program still appears to allocate more funds to the Northeast (especially Maine) and to pockets in the West and the country's Rocky Mountain region
- Both HMRF (**Exhibit 13**) and HPOG (**Exhibit 14**) are much smaller in terms of funding and the maps clearly show funding is much sparser for the two programs:
 - HMRF funds to rural counties in FY 2018 went to pockets mostly in the Midwest and Northeast as well as to the South and West (specifically, Washington, Idaho, Wyoming, and Utah)
 - HPOG funds to rural counties in FY 2018 were concentrated mostly in the Dakotas, Nebraska, Kansas, and Missouri, as well as parts in the Northeast, the Southeast (especially South Carolina), one pocket in Louisiana, and another pocket across Utah and Colorado

Exhibit 11. Map of FY 2018 Funding for TANF (Cash Assistance Spending and Tribal TANF Funds) in Rural Counties

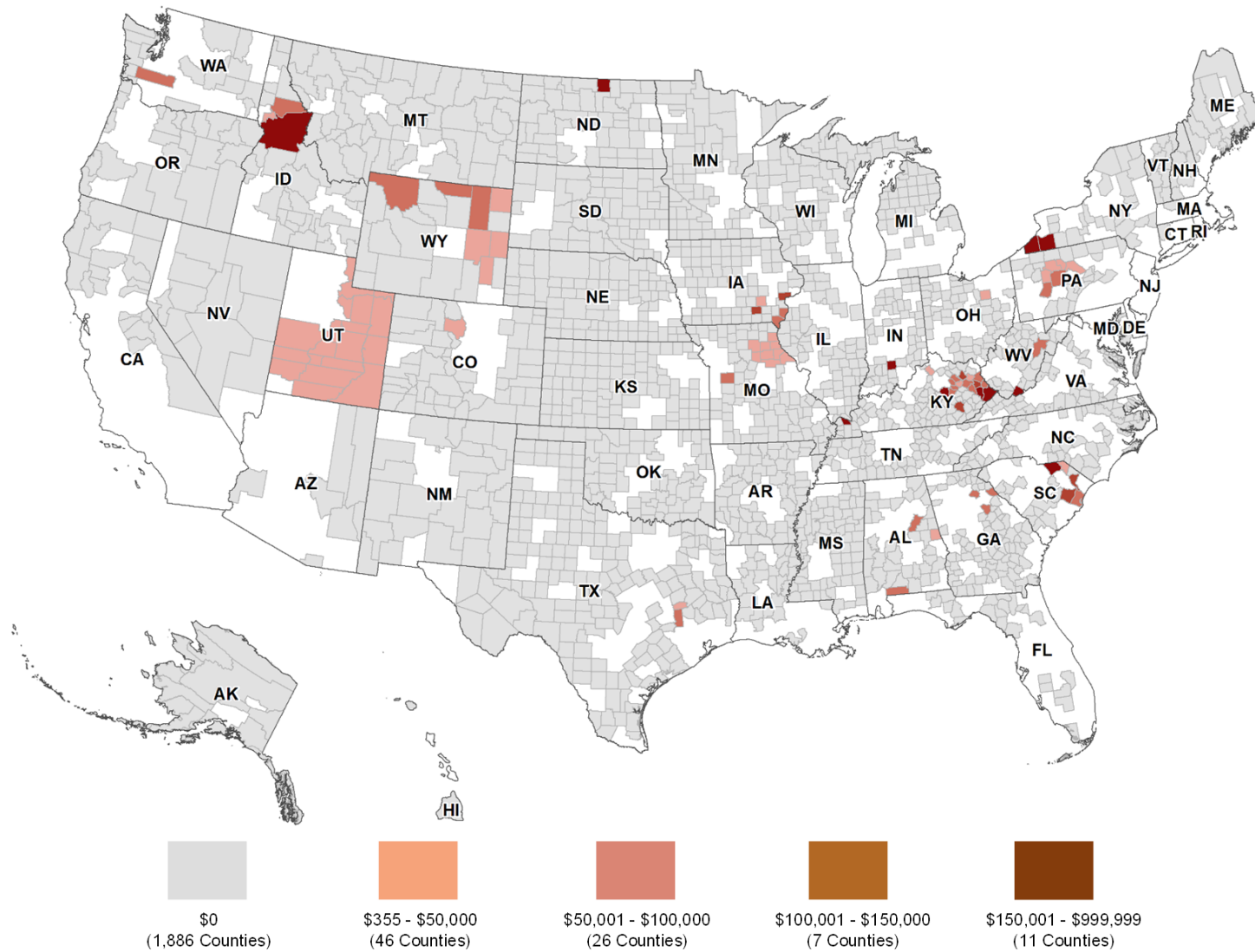
Notes: The amount allocated to each rural county was estimated by weighting statewide cash assistance spending and tribal funding by the number of low-income families in each county. This method assumes families in need throughout the state are equally as likely to access TANF cash assistance and Tribal TANF funds. Our estimate of cash assistance includes federal and state MOE spending but excludes relative foster care maintenance payments and adoption and guardianship subsidies.

Sources: ACF OFA administrative data; U.S. Census Bureau (2018a)

Exhibit 12. Map of FY 2018 Funding for MIECHV (Non-Tribal and Tribal) in Rural Counties

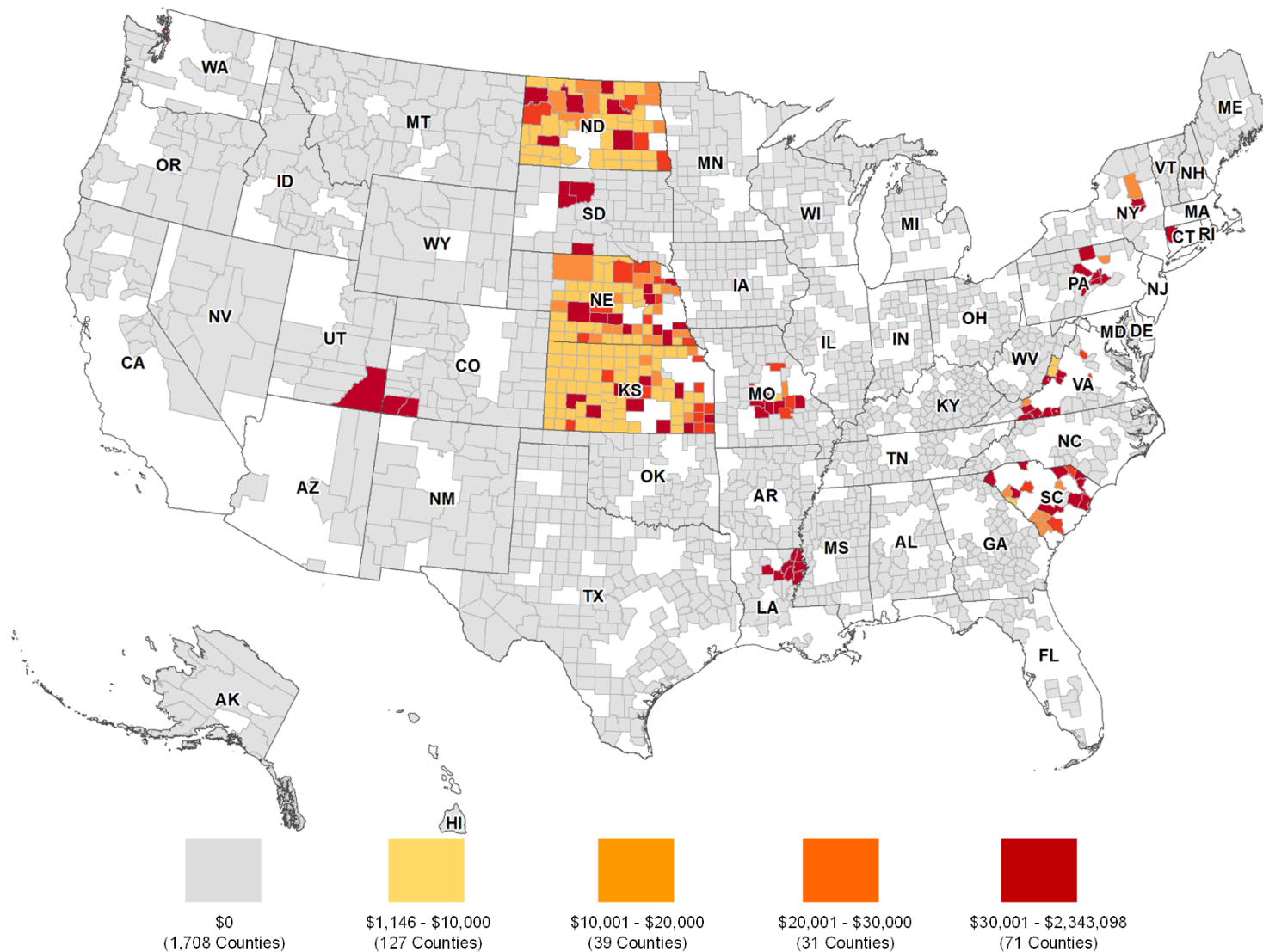
Notes: The amount allocated to each rural county was estimated by mapping grantee service areas to the county level. In 2018, there were two new MIECHV Tribal Grantees (covering rural counties in Alaska and South Dakota) who did not serve clients during that year.

Sources: HRSA administrative data; U.S. Census Bureau (2018a)

Exhibit 13. Map of FY 2018 Funding for HMRF in Rural Counties

Note: The amount allocated to each rural county was estimated by mapping grantee service areas to the county level.

Sources: ACF OFA administrative data; U.S. Census Bureau (2018a)

Exhibit 14. Map of FY 2018 Funding for HPOG (Non-Tribal and Tribal) in Rural Counties

Note: The amount allocated to each rural county was estimated by mapping grantee service areas to the county level.

Sources: ACF OFA administrative data; U.S. Census Bureau (2018a)

3.3.2 Data and Reporting Requirements, As Well As Guidelines for Program Eligibility, Are Two Additional Federal Factors that Influence Capacity

Across interviews with staff from the four programs, staff expressed challenges with the implementation of federally-determined requirements (e.g., funding requirements, data reporting requirements, or eligibility requirements) that may be poorly suited for their intended goals given the diversity of rural communities.

Data and Reporting Requirements

Data collection procedures and requirements are generally not standardized across the human services programs. While federal guidelines within each program are uniform, states have their own data recording and reporting requirements that program staff must follow. Staff indicated that in many, if not most, cases, data reporting requirements are time-consuming and impact staffing capacity in other areas. This strain on resources presumes the program already has sufficient staff with capacity to conduct interpretation and analysis and carry out direct local policies. Across sites, however, staff noted difficulties with staff recruitment and retainment in human services programs in rural areas (see section 3.3.3) and often described feeling as if they perform multiple jobs at once. In some cases, especially with the MIECHV program, staff mentioned that data collection efforts can be a sensitive issue between staff and their participants because they involve home visits and family practices. Carrying out such sensitive data collection efforts requires a trust factor among participants and the ability of human services staff to build mutual respect with the communities they serve. Such trust-building and long-term relationships take time and can potentially strain staff capacity especially when programs are understaffed.

Guidelines for Program Eligibility

We need to figure out ways to allow programs to be more flexible . . . Because what works well for people in Texas, in Alabama, or Ohio doesn't necessarily mean it's the same as the people in rural Montana or Kentucky, or even here in [our county]. The more rural you get, you can see quality of life regarding health, social services, [and] it's a lot different. And it changes based on how rural people are because of [a] lack of ability to access basic needs. – Community Partner

Staff described state and federal guidelines for program eligibility as a factor influencing capacity. The chief concern expressed by staff was that eligibility requirements are frequently misaligned with the realities of rural communities. One consequence is that individuals and families who would benefit from human services programs are instead excluded. TANF program staff frequently expressed this issue, as they felt eligibility requirements²⁷ constrained their ability to serve populations in need. In one example, TANF

²⁷ TANF Programs are administered at the state level where states set welfare thresholds that, in many cases, are stricter than the federal guidelines.

staff explained that a low-income couple with qualifying needs will often apply for assistance, but they are restricted from eligibility because they have no children. As another example, multiple TANF staff expressed concern about the program's income requirements. Although the goal of their program is to help families become monetarily self-sufficient, many clients in their view are unable to become employed without losing their benefits. Staff suggested that a step-down approach would greatly benefit participants. This would imply that "you incrementally decrease the benefits as individuals start earning more." TANF staff also felt the requirements contribute to a lack of mutual trust in the program among rural communities. One staff member disclosed that people perceive eligibility requirements as a message akin to the following: "We're here to help, but you have to do what we tell you to do or we're going to kick you off the program." Staff felt that their program was one of the few employment-related resources available to their community and that the program's eligibility requirements—alongside limited employment opportunities often characteristic of rural areas—contribute to their community's remaining need.

A tribal service partner elaborated by explaining that the eligibility requirements are disconnected from specific rural contexts and needs: "It's hard . . . when we have a lot of regulations on programming and funding and stuff that come from DC . . . when they don't even have a real understanding of rural communities. [It] is really a disservice to people in rural communities whether they're indigenous or not . . . you're creating programming and funding on a blanket-type idea as one program fits all, or one source fits all [and it] can really be harmful."

3.3.3 Local Factors that Influence Capacity Can be Categorized as Structural, Social, or Programmatic

Human services program staff identified multiple local factors that influence capacity, and these fall into three categories: 1) structural, including access to broadband internet, childcare, healthcare, and transportation (as discussed in depth in Section 3.1); 2) social characteristics, including social isolation, lack of social cohesion, and cultural differences (as discussed in depth in Section 3.1); and 3) program features, including staff capacity, materials and technology for program management, technical assistance, and community partners. We discuss these program features in greater detail below.

Staffing

We just don't have the kind of money to compete . . . When you have high expectations for staff and when you have highly qualified staff, you have better programming and [you] are able to offer a better quality of service. And when you want to maintain that, you have to compensate staff for it to keep that level of quality. – MIECHV Staff Member

Staffing is a critical component of organizational capacity that impacts the extent to which programs can meet their stated goals and service delivery expectations. Local factors impact

the ability of human services programs to staff appropriately. We found staffing challenges tended to fall into three categories: 1) difficulties in recruitment; 2) high rates of turnover and attrition; and 3) lack of high-quality pre-service and in-service training for staff. Human services program staff often need specialized skill sets that include technical skills, subject matter expertise, and the ability to serve the diverse needs of participants. Program staff reported that staff are particularly effective when they are committed to human services, involved in the community, and possess a robust understanding of the community's needs and culture. A TANF staff member reported that “finding individuals that meet the qualifications for that and then maintaining [their skills] is practically impossible in our community. With all the other opportunities in . . . the surrounding area for those type of degrees, we cannot compete.” Across many interviews, staff also identified low pay, a small applicant pool, and few qualified candidates as major factors driving recruitment challenges. Staff retention in rural areas is impacted by low pay, challenging work conditions, staff burnout, and possible competition with private sector jobs. Concerns about the lack of capacity to compensate staff fairly or competitively were common across many programs and study sites. A MIECHV staff member explained, “I'm paying my girls \$12 an hour to do this work. I'm paying them poverty wages to work with poverty-stricken families. That's not okay.”

I'm a hundred percent managing the grants, but that doesn't mean I'm not listening to somebody cry about their trauma here in my office. Or trying to figure out what we do with a person who's schizophrenic living in the shelter. – TANF Staff Member

In many interviews, we found that inadequate compensation with a prevalence of staff burnout contribute to turnover and attrition. One descriptive example from the TANF program highlighted ways in which limited staff in rural areas can strain personnel and become a barrier to progress, especially when programs have to manage the complexities of grant and funding applications: “All those hoops to jump through funding is too much . . . I need my funders to be as flexible to me as I am toward people receiving services because otherwise . . . it'll burn our staff out [and] it'll burn me out.” The same staff member elaborated by explaining the reason that these requirements are especially challenging in rural settings, claiming that program staff must often assume many different roles to compensate for a lack of adequate staffing capacity. Naturally, this overloading of staff responsibilities often leads to staff becoming overworked and experiencing burnout.

Physical Materials and Technological Needs

Program staff described the provision and possession of physical materials as a critical local factor influencing capacity. Human services program staff commonly expressed that rural areas like their non-rural counterparts require certain material capacity in order to provide services. In rural areas, however, these materials are difficult to obtain. Requisite physical materials depend on a program's delivery model and can include, for example, physical space such as access to training rooms and classrooms needed for HPOG and TANF

programs. HPOG program staff identified a need for specialized equipment in order to conduct forensic medical exams (e.g., cameras and disposable medical exam tools). Other examples of material needs identified by staff across the programs include office supplies and printed materials. A TANF staff member noted that printed materials are key to their outreach and recruitment efforts, stating that “We do have a lot of printed resources that we have that we take with us whenever we go out on outreach.” Access to these materials makes a critical impact on whether these programs can deliver services effectively.

Staff across all programs described a common challenge regarding technological capacity, namely that rural human services programs cannot always rely on access to broadband internet. A related technical need many program staff identified was the provision of hardware, such as laptops or tablets, that staff can take with them into the field. They also mentioned the need for software and related services like databases, data storage, and secure servers.

Technical Assistance

Program staff described receiving technical assistance as a key factor influencing local program capacity in rural communities. Current sources of technical assistance seem to vary widely across programs and even across states within the same program. However, technical assistance appears to come from a few key sources: 1) the federal government, 2) the state government, and 3) internal staff with dedicated technical assistance roles.

Across our interviews, staff reported a wide divergence in their experiences with technical assistance. One TANF staff member expressed a positive view of their technical assistance, explaining that “We have that peer . . . system set up through the association. So big or little . . . sometimes I get questions . . . that I cannot answer . . . and then I can send that on behalf of everybody . . . and they help us . . . So, I would say that the people that oversee our grants . . . are very responsive to us and provide technical assistance when we ask for it.” A Tribal TANF program staff, however, reported an opposite experience: “I’m starting to feel very jaded about technical assistance. It’s so often not worth it . . . technical assistance is typically [from] people living in a place completely unlike our own and trying to give [us] information. It just doesn’t seem worth my time. When I do need help, I go to other people like me.”

Despite this divergence of experience, staff tended to articulate shared priorities for ways in which technical assistance can improve, or detract from, capacity. These technical assistance priorities include the following: 1) timeliness and responsiveness to requests for information sharing, 2) assistance with data requirements and capacity, and 3) training that is relevant and aligned with staff roles.

Timeliness and responsiveness to requests for information sharing. Many staff members, especially TANF staff, emphasized the importance of quick and timely responses to information requests: “When I get a quick turnaround from somebody [who] answers my

questions, it means so much to me personally because then it means that I can turn around and help people quicker.” TANF staff also identified educational updates for staff and centralized communication as helpful forms of technical assistance.

Assistance with data requirements and capacity. Given the data reporting requirements of human services programs, staff also noted that technical assistance related to data collection and access is highly valuable. One MIECHV staff explained how this type of assistance can support program capacity, explaining that “The state is . . . very responsive, and we can talk to the data team . . . this week I had a question about my MIECHV data and I had the whole data team coming and saying, ‘Oh, okay,’ and we actually found a glitch in the workflow.” Additionally, TANF program staff feel access to their data would be helpful for monitoring ongoing internal progress. One staff member expressed, “That would be really beneficial to us to see how our program is performing because right now we know the data is out there, but we don’t have access to it. Anything we could get in more real time would be beneficial too.”

Training that is relevant and aligned to staff roles. Staff also emphasized the importance of ongoing staff trainings and support. One TANF staff member noted these ongoing support services are helpful and give the impression that “They care about us knowing what to do . . . I would say.” A Tribal TANF staff noted, “In the rural areas, it’s very difficult to get training . . . there’s nobody . . . out here that would provide that training because it has to be certified by the [behavioral health] commission . . . so [with] the training technical assistance, it’s always been a need here.” Access to training varies by location and type, and all forms of technical assistance relate to the larger issues of staffing capacity.

Community Partners

Non-federally funded nonprofits providing human services operate alongside the federally-funded human services programs of focus in rural areas. Partnerships (either formal or informal) are often established to provide aligned and cohesive human services to a community. However, this alignment varies significantly across regions and is predicated on the types of services offered by nonprofits as well as the structures in place for communication and collaboration between federally-funded human services programs and nonprofits with multiple funding streams (including non-federal sources). This interplay of services and infrastructure therefore plays a key local factor in the delivery and efficacy of services.

The following cross-cutting themes emerged from our interviews and help to depict the most common ways human services programs work with nonprofits:

1. Providing food to participants in the form of food banks, food drives, and food boxes
2. Establishing trust between the community and government programs
3. Providing information about, and referral to, government programs to individuals
4. Providing adequate transportation options to participants

5. Connecting participants with housing resources such as rent and utility assistance, short-term housing, and shelters
6. Running women's centers and places that provide temporary housing for those experiencing domestic violence and providing legal resources for domestic disputes

We don't have to jump through hoops . . . Social Services called us the other day. An elderly couple moved into a place. It was kind of dirty and they had no cleaning supplies . . . Well, Social Services could not go out and go buy that . . . They'd have to do a needs [assessment]. They would have to do an income eligibility. They'd have to say, 'Do you really need this? Or can you walk on a dusty floor?' . . . They called us . . . We went to our hardware store and we were able to buy it . . . We could just go and do it. We don't have to deal with the red tape. – Nonprofit Community Partner

Overall, the picture of support that emerges from our interviews shows a level of flexibility among nonprofits with multiple funding streams that can fill some of the gaps that federally-funded human services programs experience. In many cases, nonprofits with multiple funding streams are less constrained by regulation or funding streams regarding what services they can provide and how they can seek and spend funding. In addition to the services mentioned above, our interviews revealed other services that include the provision of Christmas gifts, cold weather clothing for children, career fairs, and access to jobs within the community. Such flexibility often lies in direct juxtaposition with human services program models throughout the sites.

Partnerships with nonprofits ultimately encompass a highly contextual set of relationships that, together with staffing, technical assistance, and material needs, has a major impact on the experience of human services delivery in any given community.

3.4 Several Factors Impact Well-Being Needs and the Ability of the Programs to Meet those Needs

Overall, the social and economic well-being needs of the rural population are often intertwined and naturally impact one another. Economic need, for example, often causes extreme stressors that are translated into social well-being needs, which in turn impacts mental and/or physical health. Across the 12 sites, we often heard about a network of interrelated needs in rural communities, including transportation, broadband internet, healthcare, substance use treatment services, health information, job opportunities, and expanded and affordable childcare options. Human services staff leverage various service delivery models to address these needs, but staff often highlighted the importance of considering the holistic needs of human services participants, as well as the shortcomings of many of these models in rural contexts. Given this context, human services staff believe that models that allow for some degree of flexibility to adapt to client needs, together with some degree of autonomy and local contextualization, seem to be more effective across the various programs. The efficacy of these models is further impacted by local factors, such as

staff capacity, access to adequate materials and technology for program management, the quality of technical assistance, and relationships with community partners.

Given these findings, it is important to assess whether human services programs in rural contexts are fully meeting the needs of rural communities. To this end, we use quantitative data in Chapter 4 to assess needs and whether these programs are meeting them from a national perspective.

4. Meeting Human Services Needs in Rural Contexts

While the previous chapters used qualitative data from our interviews across 12 rural sites to discuss the social and economic well-being needs of rural communities, in this chapter we incorporate quantitative data measuring these needs across all 1,976 rural counties. We first describe the needs of rural populations that the four programs of focus address. We organized these needs into broad categories defined by a set of key indicators from our quantitative data sources. Additionally, we quantify the degree of remaining need for human services in each rural county and identify characteristics associated with high remaining need. Importantly, the focus of this study was specifically to identify and describe remaining needs, as opposed to evaluating the four programs' impact on reducing the needs of rural populations. Our findings on remaining need did not differ substantially between the four programs. As such, we chose not to report them separately and instead reported the results together across all four programs. In Section 7.4 of the Appendix, we provide the detailed results of remaining need in a map for each program.

In this chapter, we draw the following conclusions:

- While the four programs of focus meet several economic and social well-being needs of rural populations, all rural counties have remaining need for program services
- Most rural counties have similar levels of remaining need for human services
- Some counties have significantly higher levels of remaining need than all other rural counties. These counties are clustered together in 26 locations referred to as “clusters of high remaining need”
- The 26 clusters of high remaining need are located throughout the country in different rural regions and RUCC codes. Some key characteristics associated with these clusters include persistent poverty and state-administered systems for human services delivery
- The 26 clusters have some association with low levels of funding for the four programs of focus, but the relationship between funding and remaining need is difficult to determine due to the limited funding that many rural counties receive
- The features examined in this study, such as county characteristics and amount of funding received, do not fully explain the variation in the level of remaining need between rural counties. This fact, together with the results of our qualitative research, suggests that remaining need is highly context specific. As such, effective strategies for combating remaining need must themselves be highly contextual and adapted to the specific needs of the individual community

For more information on the methods of analysis we used to produce the results in this chapter, please refer to Chapter 3 in our [Mixed Methods Analysis, Integration, and Triangulation Plan](#), especially Section 3.1 (which describes our approach to producing descriptive statistics and GIS maps); Section 3.2 (which describes our approach using “hotspot analysis,” which led to the discovery of the 26 clusters); and Section 3.4 (which

describes how we used QCA to identify associations between community characteristics, funding, and high remaining need).

4.1 Federal Human Services Programs Meet Several Economic and Social Well-Being Needs of Rural Populations

As previously described in Section 2.2, the four programs of focus serve various functions in rural communities. As a result, they address different, but overlapping, categories of need. In **Exhibit 15** below, we introduce the categories of need for rural populations eligible for services from the four programs of focus. We identified these needs based on findings from our literature reviews and through active engagement with our HSPF and SME groups and the Federal Team. Importantly, we selected categories that we could measure with our quantitative data sources. These categories may not be fully comprehensive of all the needs of rural populations. We also do not have comprehensive data on all the services provided to meet these needs.²⁸ Finally, while some categories of need are associated with more than one program, the specific indicators we used for a given category of need varies depending on the program (see Section 7.3.4 in the Technical Appendix for more information on how we quantified each category of need). As a result, we identified 16 different sets of indicators for the categories of need (i.e., a set of indicators for each “X” in the exhibit).

Exhibit 15. Key Categories of Need for Rural Populations Eligible for the Four Human Services Programs of Focus

Category of Need	TANF (Cash Assistance and Tribal)	MIECHV (Non-Tribal and Tribal)	HMRP	HPOG (Non-Tribal and Tribal)
Family health and well-being		X		
Family self-sufficiency	X	X	X	
Healthcare jobs in high demand				X
Healthy child development		X		
Infant health		X		
Individual self-sufficiency	X			X
Marital or family stability			X	
Maternal health and prenatal care		X		
Parental support services			X	
Programmatic support services (e.g., transportation assistance)	X		X	X
Targeted outreach for at-risk high school students			X	

Exhibit 16 shows the difference in the mean score (on a scale of 1 to 10 with 1 at the lowest level of need and 10 at the highest) for each category of need in rural counties with and

²⁸ The populations and categories of need we defined for this study have some overlap with legislatively-defined program areas and outcomes for the programs of focus. However, we are not attempting to recreate those in this study. Moreover, these are not meant to be comprehensive of all potential needs and eligible populations for the four programs. Instead, we present the categories we could quantify based on available county-level data sources.

without services provided by the programs of focus.²⁹ This data shows that the four programs of focus do provide services to rural counties with higher levels of need on average. Furthermore, the data shows that different programs target different needs. For example, counties served by the HMRF program have higher need for outreach to at-risk high school students. Likewise, counties served by the HPOG program have higher need for in-demand healthcare jobs. By contrast, counties served by the MIECHV program have higher than average need in all categories considered by this study.³⁰ While the specific category of need varies, counties served by the four programs of focus have a higher than average need in at least one relevant category.

Exhibit 16. Difference in the Average Level of Need in Rural Counties Served by the Programs of Focus Compared to Rural Counties Not Served by the Programs of Focus

Program	Category of Need	Average Need Score in Rural Counties with Program Services (Scale of 1 to 10)	Average Need Score in Rural Counties without Program Services (Scale of 1 to 10)	Difference in Means p-value
MIECHV 465 rural counties served	Family health and well-being	4.4	3.6	<0.01
	Family self-sufficiency	4.6	3.6	<0.01
	Healthy child development	2.2	1.8	<0.01
	Infant health	3.9	3.8	0.09
	Maternal health and prenatal care	4.1	3.8	<0.01
HMRF 90 rural counties served	Family self-sufficiency	8.6	8.6	0.65
	Marital or family stability	4.7	4.6	0.20
	Parental support services	3.3	3.5	0.27
	Programmatic support services	3.8	4.0	0.20
	Targeted outreach for at-risk high school students	2.9	2.7	0.01
HPOG 268 rural counties served	Healthcare jobs in high demand	5.2	4.8	<0.01
	Individual self-sufficiency	1.7	2.3	<0.01
	Programmatic support services	5.5	5.6	0.24

Notes: All rural counties are served by TANF Cash Assistance. Therefore, a difference in means analysis for that program is not possible. A p-value less than 0.1 indicates a statistically significant difference with a 90 percent confidence.

Sources: See section 7.3.4 in the Appendix

One counterintuitive finding is that rural counties served by HPOG have a lower level of individual self-sufficiency need (the average need score is 1.7 in counties served by HPOG and 2.3 in counties not served by HPOG). However, it may be the case that this finding is a consequence of how this study measured self-sufficiency needs, rather than a true reflection

²⁹ The Technical Appendix provides more information on the indicators we used to measure each category of need. To develop a need score for each category, we first created a standardized sum of the indicators for the category. Then we rescaled the sum to fall within the range of 1 to 10 for ease of interpretation.

³⁰ One of the requirements of the MIECHV Program is to direct services to areas in greatest need based on a needs assessment. The other three programs do not have this requirement.

of the needs of rural communities served by the HPOG program. We measured self-sufficiency need using the number of individuals with a high school degree as their highest level of education (see Section 7.3.4 in the Technical Appendix for more information). However, about half of the individuals served by the HPOG program have at least some college education (Sick and Loprest, 2022). By excluding individuals with more than a high school education from our measure of self-sufficiency needs, we may have underestimated the level of need. An alternative explanation could be the fact that the level of individual self-sufficiency need in counties served by HPOG is truly lower on average. HPOG provides services to individuals and families that meet a strict set of eligibility criteria. Rural counties with lower levels of need may have more individuals that can more easily meet these criteria. Given this context, our analysis above shows the programs of focus are meeting some of the human services needs present in rural counties while others may be underserved.

4.2 Although Many Needs Are Met, Rural Populations Still Have Remaining Need for Human Services

Although each of the four programs provides services to rural counties with higher levels of need, many rural counties have some level of remaining need for human services. Furthermore, it may not be possible for these programs to address this remaining need given funding and staffing constraints. In this section, we define remaining need and describe how we estimated the levels of remaining need that exist in the 1,976 rural counties in this study's sample. In summary, we found that levels of remaining need are consistent across most rural counties, except for 26 clusters of counties with very high levels of remaining need. We describe the characteristics of each cluster, including adjacency to metropolitan areas, the number of people living in population centers, the difference between populations eligible for services and populations served, the level of non-federal human services expenditures, and each cluster's baseline level of need.

4.2.1 Remaining Need is the Difference Between the Number of People Eligible for Services and the Number of People That Receive Services

We defined remaining need for services as **the difference between the eligible population and the population served**. The greater this difference, the greater the remaining need. In Sections 7.3.1 and 7.3.2 of the Technical Appendix, we provide more detail on how we measured these eligible populations and populations served for each program.

However, simply subtracting the number of people eligible for the four federally-funded programs by the number of people receiving services would overestimate the level of remaining need in rural counties (as this figure would not take into consideration the amount of non-federal human services activity). The more non-federal human services activity that exists in a community, the lower the estimate of remaining need should be as non-federal programs can cover some of the unmet needs left by federal programs.

Similarly, it is necessary to account for the baseline level of need that exists in each county. Baseline level of need refers to the level of need that exists in a given county before services are provided. Baseline need is broader than the population eligible to receive human services as not everyone who may benefit from a particular program is eligible to receive benefits. When comparing the level of remaining need across rural counties, those with higher baselines of need should have higher levels of remaining need because this indicates a higher level of need to meet in the county. In some cases, the number of people served may be large enough to correct for a high baseline of need, but in other cases the baseline level of need may be much larger than what the program can realistically serve given funding and other constraints. We measured baseline need using the categories of need described above in Section 4.1. Sections 7.3.3 and 7.3.4 of the Technical Appendix include details on how we measured non-federal human services activity as well as the baseline level of need for each of the four programs of focus.

Below is the formula we used to develop 16 estimates of remaining need (one for each of the categories of need shown above in **Exhibit 15**) for each rural county:

$$\frac{Eligible - PopulationServed}{NonFederalHumanServices + 1} + BaselineNeed$$

where

- *Eligible* is the size of the population eligible to receive human services from a program associated with the given category of need,
- *PopulationServed* is the size of the population served by said program,
- *NonFederalHumanServices* is the state, local, and nonprofit human services expenditures per family in poverty, and
- *BaselineNeed* accounts for baseline need by providing the standardized sum of the key indicators for the given category of need.

We add 1 to the state, local, and nonprofit expenditures to ensure the formula does not divide by 0 in instances for which there were no pertinent expenditures within a given rural county.

4.2.2 The Level of Remaining Need is Consistent Across Most Rural Counties, Except for a Few Outliers

We can compare the levels of remaining need associated with each program of focus. To accomplish this, we averaged the estimates of remaining need within each program (**Exhibit 15** above shows the categories of need for which we developed remaining need estimates and how they are related to each program).

- Remaining Need for TANF Services (Cash Assistance and Tribal TANF) is the average of three remaining need estimates for family self-sufficiency, individual self-sufficiency, and programmatic support services.
- Remaining Need for MIECHV Program Services (Non-Tribal and Tribal) is the average of five remaining need estimates for family health and well-being, family self-sufficiency, healthy child development, infant health, and maternal health and prenatal care.
- Remaining Need for HMRF Program Services is the average of five remaining need estimates for family self-sufficiency, marital or family stability, parental support services, programmatic support services, and targeted outreach for at-risk high school students.
- Remaining Need for HPOG Program Services (Non-Tribal and Tribal) is the average of three remaining need estimates for healthcare jobs in high demand, individual self-sufficiency, and programmatic support services.

Exhibit 17 provides basic descriptive statistics for the four overall estimates of remaining need. We scaled each of the estimates from 1 to 10, with 10 being the highest amount of remaining need and 1 being the lowest for ease of interpretation. The average level of remaining need for HMRF, HPOG, and MIECHV program services in rural counties is about the same (1.17, 1.10, and 1.16, respectively). The average remaining need for TANF program services (specifically cash assistance and services provided by the Tribal TANF program) in rural counties is slightly higher (2.06). Additionally, **Exhibit 17** shows remaining need is consistent in most rural counties (i.e., the variance is small) and most remaining need estimates hover around the mean. These results show that most rural counties experience similar levels of remaining need.

Exhibit 17. Descriptive Statistics of Remaining Need Estimates

Name	Mean	Minimum	Maximum	Median	Variance	Skewness ³¹	Kurtosis ³²
Remaining Need for TANF Program Services (Cash Assistance and Tribal TANF)	2.06	1	10	1.96	0.17	8.06	106.39
Remaining Need for MIECHV Program Services (Non-Tribal and Tribal)	1.16	1	10	1.09	0.16	12.73	225.35
Remaining Need for HMRF Program Services	1.17	1	10	1.02	0.30	7.14	73.88
Remaining Need for HPOG Program Services (Non-Tribal and Tribal)	1.10	1	10	1.01	0.18	11.82	198.55

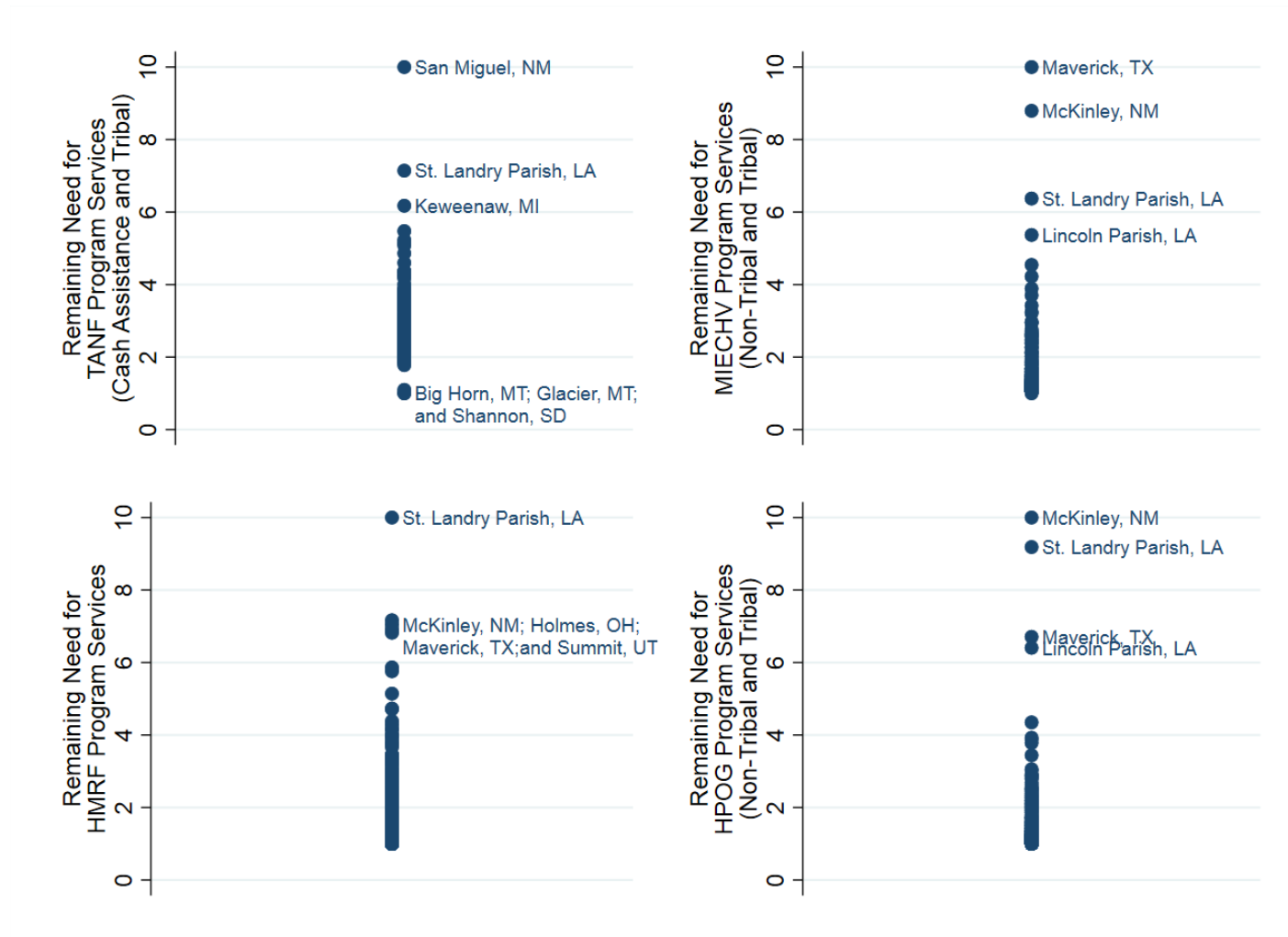
Sources: See section 7.3 in the Technical Appendix

However, there are some extreme outliers with very high remaining need. **Exhibit 18** shows plots of the scores for remaining need for each program. The dots represent rural counties. Most counties cluster together in the plots, showing that most rural counties have a similar level of remaining need for each of the four programs; however, it is also clear in the plots that some rural counties have extremely high remaining need scores (or in the case of TANF, a few counties with extremely low remaining need). We have labeled these outlier counties in the plots. Some outliers are consistent across more than one program including McKinley, New Mexico (outlier for HMRF, HPOG, and MIECHV); Maverick, Texas (outlier for HMRF, HPOG, and MIECHV); Lincoln Parish, Louisiana (outlier for HPOG and MIECHV); and St. Landry Parish, Louisiana (outlier for all four programs).

³¹ Skewness is a measure of the degree to which a distribution deviates from a normal (bell curve) distribution. If the skewness is close to zero, the distribution of the variable is close to a normal distribution. Negative skewness indicates the distribution is left-skewed and the mean of the distribution will be significantly less than the median (in a normal distribution the mean and median are equal). Positive skewness (which is shown in this table) indicates the distribution is right-skewed and the mean of the distribution will be significantly more than the median.

³² Kurtosis is another measure that indicates deviation from a normal distribution. Kurtosis values above zero indicate the distribution has heavier tails than a normal distribution. A normal distribution has an expected kurtosis value of 3. Values substantially larger than 3 indicate the presence of outliers in the variable.

Exhibit 18. Distribution of the Four Remaining Need Estimates



Notes: We scaled each of the remaining need estimates from 1 to 10, with 10 at the highest amount of remaining need and 1 at the lowest for ease of interpretation.

Sources: See section 7.3 in the Technical Appendix

4.2.3 Outlier Rural Counties with High Remaining Need Tend to Cluster Together in Specific Locations

To better understand the location of rural counties with levels of remaining need that are significantly higher than the average, we performed a geographic hotspot analysis on the remaining need estimates for each of the four programs. However, we report findings across all four programs of focus because findings were virtually the same for each program. We provide more detailed maps of remaining need by program in Section 7.4.1 of the Technical Appendix.

For each of the four program remaining need estimates, the hotspot analysis achieved the following:

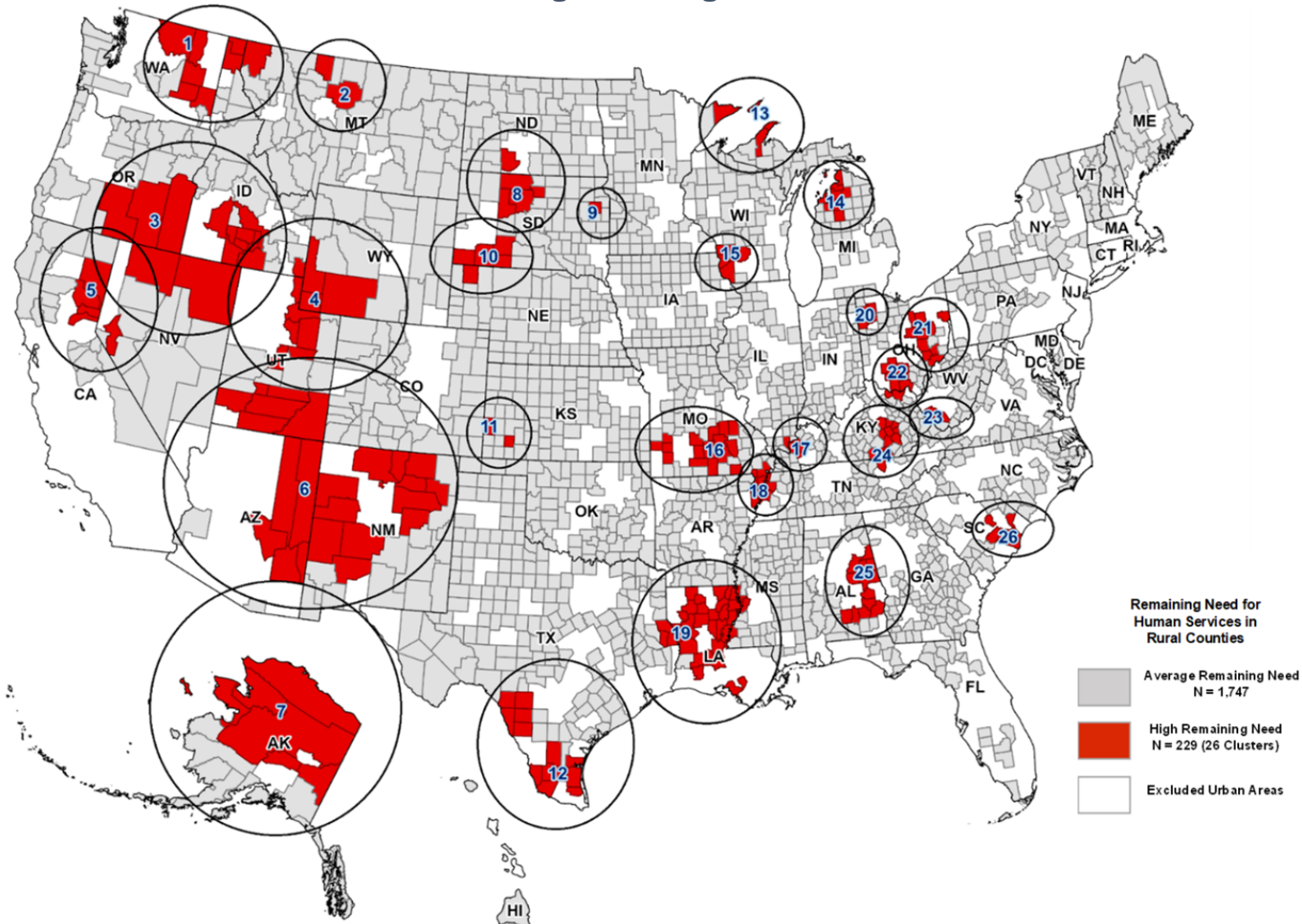
- Created a “local” average of remaining need for each rural county, which was the average of the remaining need for the program’s services in the rural county and its five nearest rural counties (in terms of distance).
- Compared the local average of each rural county to the overall average across all 1,976 counties.
- Identified rural counties as having high remaining need if the county had a local average that was statistically significantly higher than the overall average.^{33,34}

Exhibit 19 shows a map of the rural counties that the hotspot analysis found to have high remaining need for at least one of the four programs ($N = 229$). Importantly, the analysis found most rural counties ($N = 1,747$; 88 percent) do not have significantly higher or lower remaining need than the average. This is consistent with the findings described above in Section 4.2.2 that suggest the level of remaining need is mostly consistent across rural counties. However, the map clearly shows 26 clusters of counties with high remaining need. The clusters appear in several different locations across the country. At least one cluster appears in each of the rural regions (Appalachia, the Colonias, the Delta, and Native Lands), but none are located in the Northeast.

³³ To determine whether the local average was significantly higher than the overall average, the hotspot analysis used the Getis-Ord G_i^* statistic, which is a z-score. We identified the z-score as statistically significant if the associated p -value was less than or equal to 0.1 (90 percent confidence level). For more information on the Getis-Ord G_i^* statistic, please see Getis, Arthur and J. K. Ord. 1992. “The Analysis of Spatial Association Using Distance Statistics.” *Geographical Analysis* 24 (3): 189–206. <https://doi.org/10.1111/j.1538-4632.1992.tb00261.x>

³⁴ Hotspot analysis can also identify locations that are significantly lower than the overall average (cold spots). In our analysis, only one county was identified as having significantly lower than average remaining need. Since there were virtually no counties with statistically significant low remaining need, we only focus on high remaining need in this report.

Exhibit 19. Locations of Rural Counties with High Remaining Need



Note: We numbered the clusters of high remaining need shown in the map by starting in the upper left corner of the map and working our way toward the lower right corner. We refer to the clusters by number in additional analyses performed below so the reader can refer to the map as needed.

Sources: See Section 7.3 in the Technical Appendix

Exhibit 20 lists the 26 clusters we identified in the map and provides a name that describes the location of the cluster. The exhibit also indicates which of the program remaining need estimates have higher-than-average levels in each cluster. We found that of the 26 clusters, 17 include counties with high remaining need for more than one program. Only eight clusters have remaining need for only one program; three (9. East South Dakota, 11. West Kansas, and 20. Northwest Ohio) have remaining need for HMRF program services only; and five (5. Northeast California and Nevada, 7. Alaska, 8. North Dakota and South Dakota Border, 13. Upper Peninsula, and 26. South Carolina) have remaining need for TANF Cash Assistance only. None of the clusters have remaining need for only HPOG or MIECHV program services.

Exhibit 20. High Remaining Need for Program Services in Each Cluster

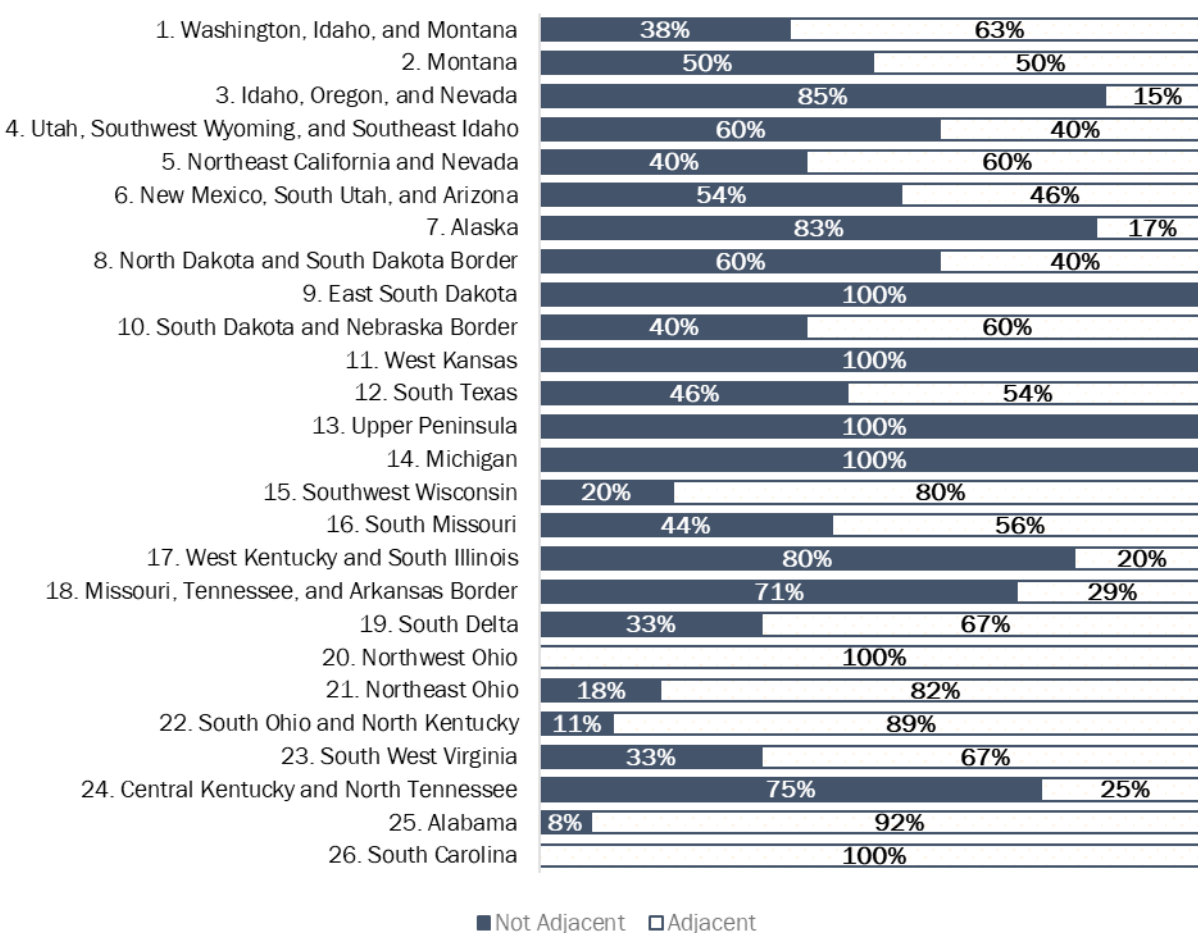
Cluster No.	Cluster Name	High Remaining Need for TANF Program Services (Cash Assistance and Tribal TANF)	High Remaining Need for MIECHV Program Services (Non-Tribal and Tribal)	High Remaining Need for HMRF Program Services	High Remaining Need for HPOG Program Services (Non-Tribal and Tribal)
1	Washington, Idaho, and Montana	X		X	X
2	Montana			X	X
3	Idaho, Oregon, and Nevada	X	X	X	X
4	Utah, Southwest Wyoming, and Southeast Idaho	X	X	X	X
5	Northeast California and Nevada	X			
6	New Mexico, South Utah, and Arizona	X	X	X	X
7	Alaska	X			
8	North Dakota and South Dakota Border	X			
9	East South Dakota			X	
10	South Dakota and Nebraska Border		X		X
11	West Kansas			X	
12	South Texas		X	X	X
13	Upper Peninsula	X			
14	Michigan	X	X	X	X
15	Southwest Wisconsin	X		X	
16	South Missouri	X	X	X	X
17	West Kentucky and South Illinois	X		X	
18	Missouri, Tennessee, and Arkansas Border		X		X
19	South Delta	X	X	X	X
20	Northwest Ohio			X	
21	Northeast Ohio	X		X	
22	South Ohio and North Kentucky	X	X	X	X
23	South West Virginia	X	X	X	X
24	Central Kentucky and North Tennessee	X	X	X	X
25	Alabama	X	X	X	X
26	South Carolina	X			

Sources: See Section 7.3 in the Technical Appendix

4.2.4 Clusters of High Remaining Need Vary in Terms of Adjacency to Metropolitan Areas and Number of People Living in Population Centers

After identifying the specific clusters of rural counties with high remaining need, we examined whether the rural counties in each cluster were adjacent or not adjacent to metropolitan areas. Additionally, we recorded the number of people living in population centers within the counties in the clusters. **Exhibit 21** shows the percentage of rural counties adjacent and not adjacent to a metropolitan area in each cluster. Twelve clusters have more counties that are not adjacent to a metropolitan area and 13 clusters have more counties that are adjacent. One cluster is a 50/50 split. It appears therefore that high remaining need is present in both rural areas that are adjacent and not adjacent to metropolitan areas.

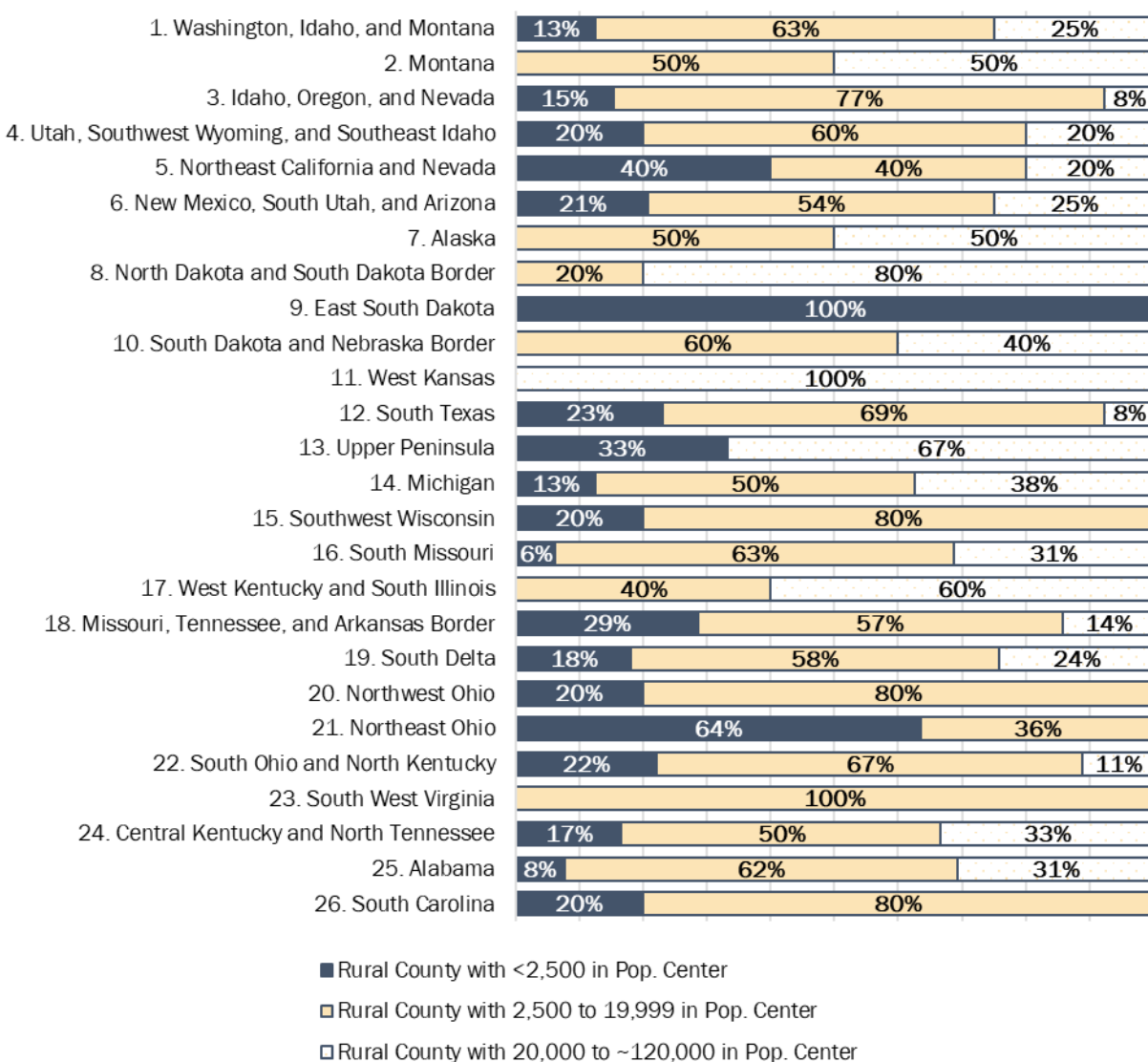
Exhibit 21. Percentage of Rural Counties Not Adjacent and Adjacent to Metropolitan Areas in Each Cluster of High Remaining Need



Sources: See Section 7.3 in the Technical Appendix

Additionally, we examined the potential for a relationship between the size of population centers and remaining need. County population centers were categorized into small (containing less than 2,500 people), moderate (containing between 2,500 to 19,999 people), or large (containing more than 20,000 people). **Exhibit 22** shows the percentage of counties within each cluster that contain small, moderate, or large populations centers. The exhibit shows that 24 of the 26 clusters are dominated by counties with moderate or large population centers. This may indicate that rural counties with fewer people concentrated in population centers tend to experience less remaining need than counties that are more densely populated.

Exhibit 22. Percentage of Rural Counties by Number of People Living in Population Centers in Each Cluster of High Remaining Need



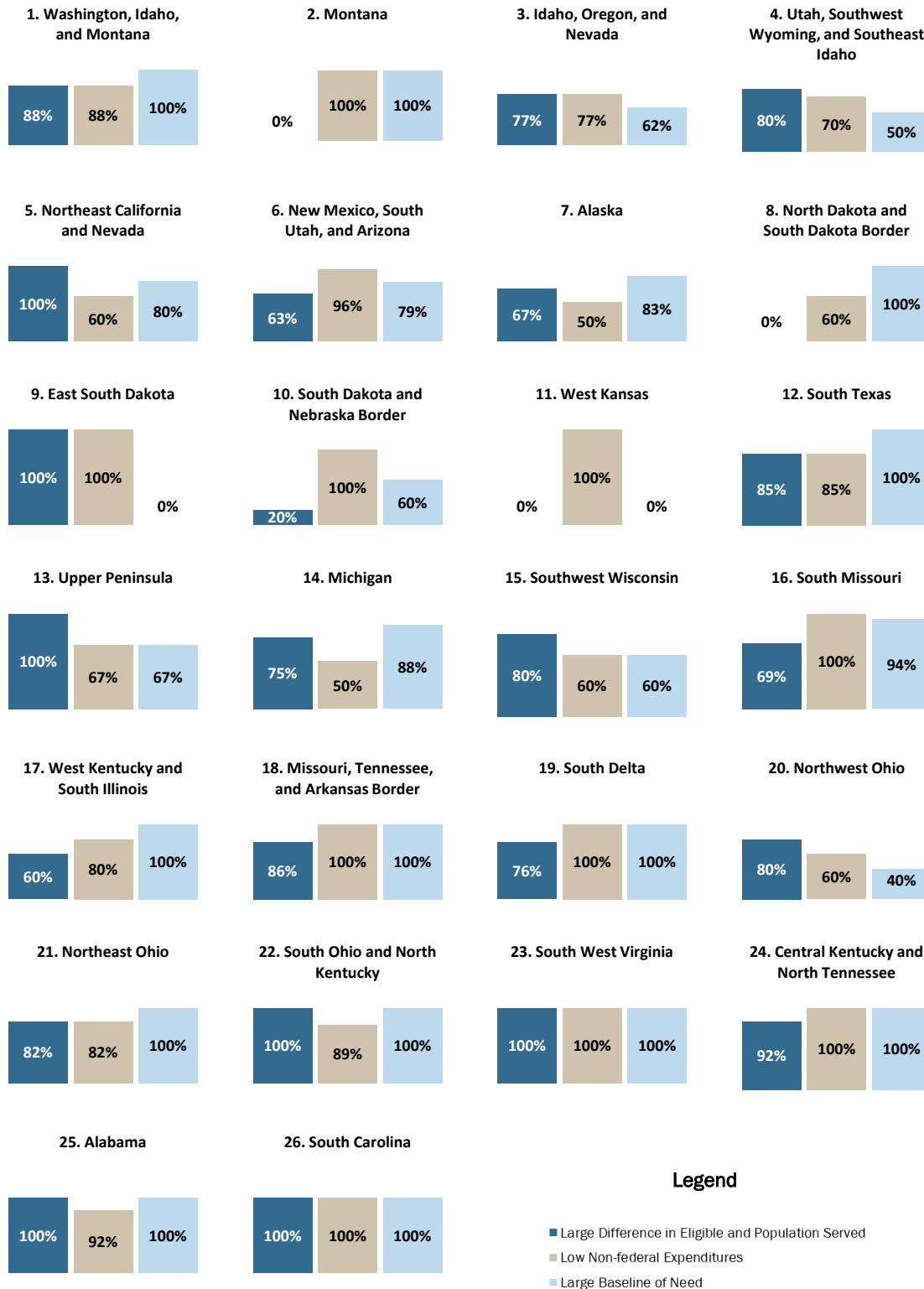
Sources: See Section 7.3 in the Technical Appendix

4.2.5 Most Clusters of High Remaining Need Have a Combination of a Large Difference Between Eligible and Populations Served, a Small Amount of Non-Federal Human Services Expenditures, and a Large Baseline of Need

Based on the way this study calculates remaining need, high remaining need is the product of three components: 1) a large difference between the population eligible for program services and the population served by program services; 2) a small amount of non-federal human services expenditures; and 3) a large baseline of need.³⁵ **Exhibit 23** shows the percentage of rural counties with each component of high remaining need in each cluster. Most clusters have a combination of each component. Four exceptions include the Montana (cluster 2), North Dakota and South Dakota Border (cluster 8), East South Dakota (cluster 9), and West Kansas (cluster 11) clusters. The Montana, North Dakota, and South Dakota Border clusters did not have any rural counties with a large difference between eligible and population served. Instead, these two clusters were identified because of rural counties with low federal expenditures and a high baseline of need only. The East South Dakota cluster did not have any rural counties with low non-federal expenditures. While this cluster has a similar level of funding to the overall average across rural counties, the counties in this cluster do have large differences between eligible and population served and a high baseline of need. Finally, the West Kansas cluster did not have a large difference between eligible and population served or a high baseline of need. This cluster was identified solely because it has a low level of non-federal human services expenditures compared to other rural counties.

³⁵ We defined a “high” difference in eligible and population served as any county with an above average difference. We defined a “low” level of non-federal human services expenditures as any county with a below average level of expenditures. We defined a “high” baseline level of need as any county with an above average baseline level of need.

Exhibit 23. Percentage of Rural Counties in Each Cluster of High Remaining Need with a Large Difference in Eligible and Population Served, a Small Number of Non-Federal Expenditures, and a Large Baseline Level of Need



Sources: See Section 7.3 in the Technical Appendix

4.3 Factors Associated with High Remaining Need

The 2M Team analyzed the association of several community characteristics and information regarding the funding of human services with high remaining need. **Exhibit 24** lists the community characteristics and measures of funding we analyzed, how we defined them, and their corresponding data sources. The specific community characteristics and measures of funding analyzed here were chosen in collaboration with the Federal Team. After a review of the existing literature and discussions with the HSPF and SME groups, these community characteristics and measures of funding were chosen because they were anticipated to have a significant impact on service delivery and, by extension, remaining need in rural contexts.

³⁶ The community characteristics we selected included low levels of broadband internet access; high percentages of households without vehicles; state-supervised and county-administered administrative systems; high income inequality between populations of color³⁷ and white populations; and persistent poverty. We also included location in a rural region (either Appalachia, the Colonias, the Delta, or Native Lands). Measures of funding included the amount of FY 2018 funding divided by the number of cases in each rural county for the four primary human services programs.

Exhibit 24. Community Characteristics and Measures of Funding Hypothesized to Influence High Remaining Need

Measure	Definition	Data Source
Low levels of broadband internet access	At least 60 percent of the population in the county lacks access to fixed terrestrial 25/3 megabytes per second (Mbps) and/or mobile long-term evolution (LTE) with a minimum advertised speed of 5/1 Mbps	FCC, 2018 Broadband Deployment Report: Deployment of Fixed Terrestrial 25/3 Mbps and Mobile LTE With a Minimum Advertised Speed of 5/1 Mbps Services By County
High percentages of households without a vehicle	At least 10 percent of households in the county lack a vehicle	American Community Survey (ACS), 2018: Five-Year Estimates. Tenure by Vehicles Available

³⁶ In Section 3.4.2 in the Mixed Methods Analysis, Integration, and Triangulation Plan, we adopted the language of QCA and refer to the community characteristics as “remote” conditions and measures of funding as “proximal” conditions. In this report, we use the terms “community characteristics” and “measures of funding” to avoid unnecessary use of jargon and to increase the readability and clarity of our findings.

³⁷ Under this definition, “populations of color” are defined as people identifying as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, Some Other Race, Two or More Races, or Hispanic or Latino Origin (of any race). The primary reason for combining these subpopulations into a single populations of color category is the lack of reliable race and ethnicity data on individual subpopulations collected by ACS for small population areas such as rural counties. However, the definition may miss important nuance regarding the degree of income inequality experienced by each of these subpopulations. By combining them into a single populations of color category, members of these subpopulations may feel excluded or marginalized by the selected definition and the associated condition.

Measure	Definition	Data Source
Lack of a county-administered system	The county is not in a state that administers services through a state-supervised and county-administered system (e.g., the county is in a state that administers services through a state-administered or hybrid system)	Child Welfare Information Gateway (2018). State vs. County Administration of Child Welfare Services Fact Sheet ³⁸
High income inequality between populations of color and white populations	Median income of the white population in the county is at least two times the median income of populations of color	ACS, 2018: Five-Year Estimates. Household Income in the Past 12 Months
Persistent poverty	The poverty rate in the county has been at least 20 percent for 30 years or more	Congressional Research Report # R45100 The 10-20-30 Provision: Defining Persistent Poverty Counties
Located in Appalachia	The county is in the Appalachian rural region	Appalachian Regional Commission
Located in the Colonias	The county is in the Colonias rural region	U.S. Department of Housing and Urban Development
Located in the Delta	The county is in the Delta rural region	Delta Regional Authority
Located in Native Lands	The county is in the Native Lands rural region	2018 TIGER/Line Shapefiles: American Indian Area from the U.S. Census Bureau
Funding per HMRF case	The total estimated funding for HMRF program services in the county divided by the number of HMRF cases in the county	HMRF FY 2018 administrative data
Funding per HPOG (Non-Tribal and Tribal) case	The total estimated funding for HPOG program services in the county divided by the number HPOG cases in the county	HPOG FY 2018 administrative data
Funding per MIECHV (Non-Tribal and Tribal) case	The total estimated funding for MEICNV program services in the county divided by the number of MIECHV cases in the county	MIECHV FY 2018 administrative data
Funding per TANF (Cash Assistance Spending and Tribal) case	The total estimated federal and state MOE spending and tribal TANF funding in the county divided by the number of cash assistance and tribal cases in the county	TANF FY 2018 administrative data

Below we report results from several analyses including descriptive statistics, multivariate analyses, and QCA that we employed to understand how the community characteristics and measures of funding present in rural counties are associated with high remaining need.

³⁸ Although the data source we used to determine county-administered systems is specific to child welfare, we found that the same states typically adopt similar administrative structures for other programs and therefore our measure is a good proxy of the overall administrative structure for human services of counties in each state. For example, Hahn et al. (2015) identify four states—California, Colorado, Minnesota, and North Dakota—as having county-administered TANF programs, which our data source also identifies as county-administered. Additionally, all nine states that our data source identifies as county-administered were also identified as county-administered states for the TANF program by the National Association of Counties (National Association of Counties, 2018). Finally, Cahill, Tracy, and Cheyne (2018) identified 10 states as county-administered for the SNAP program. Our data source identified all nine of these states as county-administered and one as hybrid.

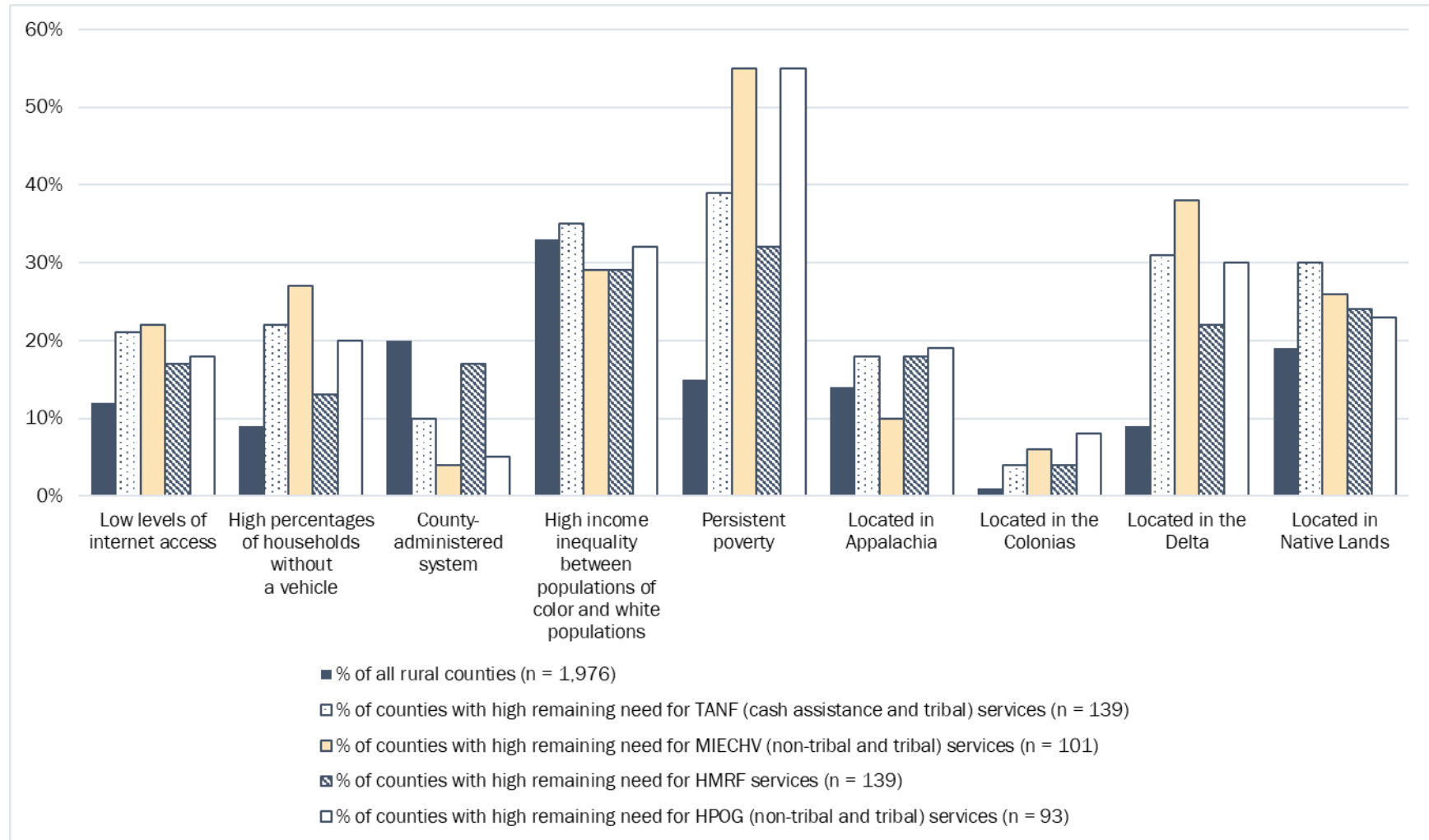
4.3.1 Community Characteristics, Including State-Administered Systems, Persistent Poverty, as well as Location in the Colonias and Delta Rural Regions Have the Strongest Association with High Remaining Need

Exhibit 25 compares the percentage of rural counties overall and the percentage of rural counties with high remaining need for each program. Several key findings from the exhibit include the following:

- Persistent poverty is much more common in rural counties with high remaining need. Only 15 percent of rural counties overall have persistent poverty compared to 39 percent of counties with high remaining need for TANF, 55 percent of counties with high remaining need for MIECHV and HMRF, and 32 percent of counties with high remaining need for HPOG services.
- County-administered systems are less common in rural counties with high remaining need. About 20 percent of rural counties overall are county-administered, while smaller percentages of counties with high remaining need for each program are county-administered. This is especially the case for counties with high remaining need for HPOG services (five percent) and MIECHV services (four percent). Since we identified counties as either county-administered or not, this finding also implies that counties that are not county-administered (e.g., those that are state-administered or hybrid systems) are more likely to have higher remaining need.³⁹
- Counties in the four rural regions are more likely to have high remaining need. This is especially true for the Delta region. Only nine percent of rural counties overall are in the Delta region, where there is high remaining need for the four programs of focus according to the following percentages: 31 percent of counties have high remaining need for TANF, 38 percent of counties have high remaining need for MIECHV, 22 percent of counties have high remaining need for HMRF, and 30 percent of counties have high remaining need for HPOG services.
- Income inequality does not appear to be associated with high levels of remaining need. Low levels of internet access and high percentages of households without a vehicle are also more common in rural counties with high remaining need, but subsequent analyses found this association was not statistically significant.

³⁹ We also identified a small number of rural counties (those in Nevada and Wisconsin) as “hybrid,” which are counties in states that are partially state-administered and partially county-administered. In our analysis, we did not distinguish between hybrid and state-administered. We identified counties as either county-administered or not.

Exhibit 25. The Percentage of Rural Counties Overall Compared to the Percentage of Rural Counties with High Remaining Need with Different Community Characteristics



Sources: See Section 7.3 in the Technical Appendix

Logistic regression models confirmed that persistent poverty; location in rural regions, especially the Colonias and the Delta; and the presence of a state-administered or hybrid systems are associated with high remaining need for most of the programs. **Exhibit 26** provides the results of our regressions and shows the following:

- Persistent poverty and location in the Delta region are the only community characteristics for which the association with high remaining need is statistically significant for all programs
- The presence of a county-administered system, as opposed to a state-administered or hybrid system, is associated with less remaining need for all programs except HMRP
- Location in the Colonias has a statistically significant association with high remaining need for TANF services, MIECHV services, and HPOG services
- Location in Appalachia has a statistically significant association with high remaining need for HPOG services, HMRP services, and TANF services
- Location in Native Lands has a statistically significant association with high remaining need for HMRP services, MIECHV services, and TANF services
- Counterintuitively, high income inequality has a negative association with high remaining need for MIECHV services. A potential explanation could lie in the fact that MIECHV services are often provided in areas with high income inequality, and they therefore tend to have less remaining need

Exhibit 26. Increase in the Probability of High Remaining Need Due to Remote Conditions

Remote Conditions	Increase in the Probability of High Remaining Need for TANF (Cash Assistance and Tribal) Services	Increase in the Probability of High Remaining Need for MIECHV (Non-Tribal and Tribal) Services	Increase in the Probability of High Remaining Need for HMRF Services	Increase in the Probability of High Remaining Need for HPOG (Tribal and Non-Tribal) Services
Low levels of broadband internet access	2%	0%	1%	0%
High percentages of households without a vehicle	1%	0%	-2%	-1%
County-administered system	-3%*	-4%*	0%	-3%*
High income inequality between populations of color and white populations	0%	-2%*	-1%	0%
Persistent poverty	5%*	10%*	7%*	10%*
Located in Appalachia	7%*	-1%	4%*	3%*
Located in the Colonias	14%*	11%*	13%	17%*
Located in the Delta	16%*	9%*	9%*	6%*
Located in Native Lands	8%*	3%*	4%*	2%
Pseudo-R-Squared	0.12	0.19	0.05	0.16
N	1,976	1,976	1,976	1,976

Notes: * indicates $p < 0.1$ or that the increase is statistically different from zero with at least 90 percent confidence. Results were produced by conducting separate logistic regressions with the different measures of remaining need as the outcome and the remote conditions as the predictors. Log odds results were transformed into probabilities.

Sources: See Section 7.3 in the Technical Appendix

The finding that location in the four rural regions is associated with high remaining need raises additional questions about how community characteristics specific to rural regions may contribute to high remaining need. Some possibilities include many of the issues we discussed during our interviews, including social isolation, lack of access to healthcare, limited access to affordable housing, and enduring cultural issues such as histories of racism. Furthermore, each of the models shown in **Exhibit 26** only explain a moderate amount of the variation in high remaining need (between 5 and 19 percent as shown by the pseudo r-squared). This indicates a need for further research to identify additional factors that may influence high remaining need for human services programs in rural contexts.

4.3.2 The Amount of Funding Per Case is Also Associated with High Remaining Need, but the Exact Relationship is Hard to Determine Because So Many Rural Counties Lack Human Services Funding

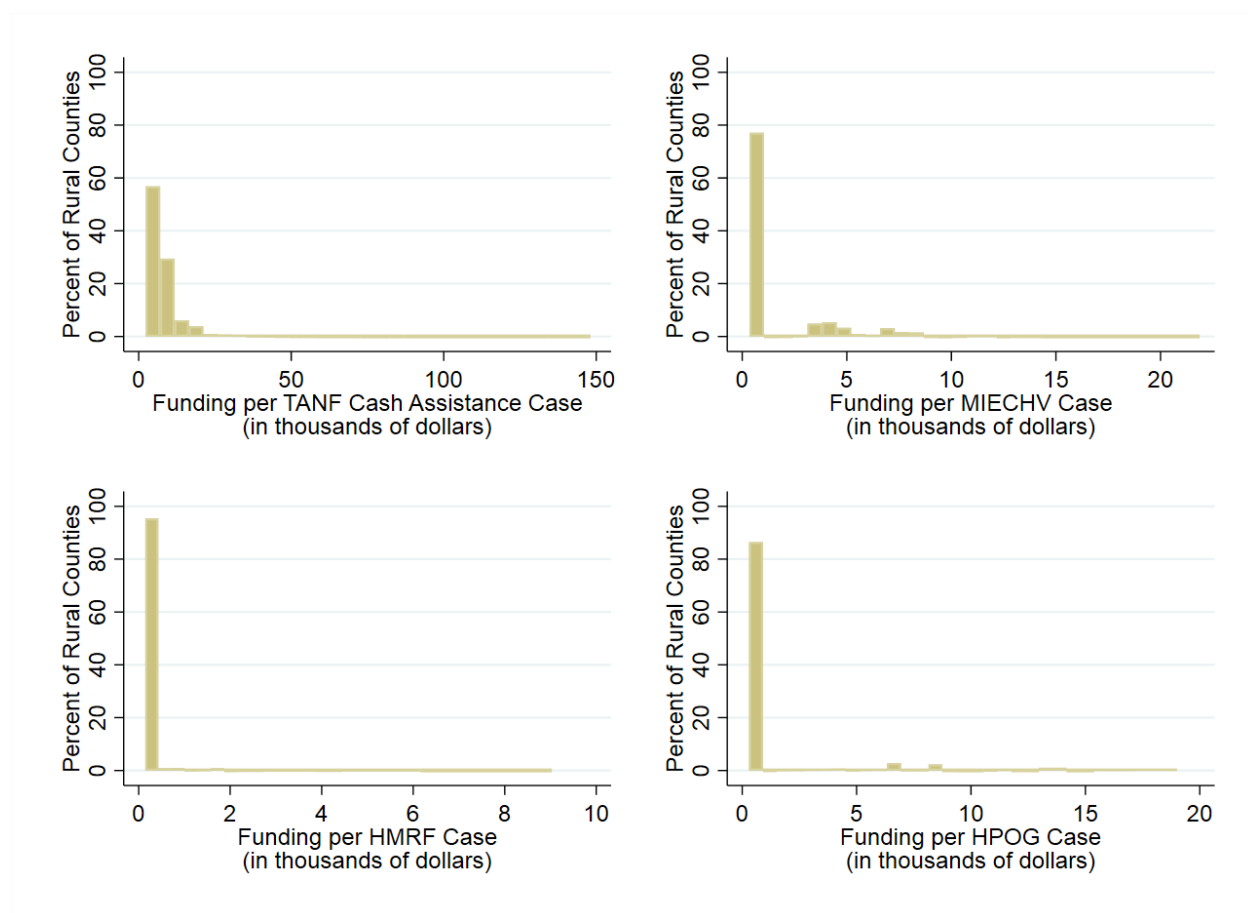
As we analyzed the data on the amount of funding per case, it became clear that most rural counties have either no or very little funding for each of the four programs of focus. This fact complicated the analysis of the relationship of funding per case with high remaining need. For example, as shown in **Exhibit 27**, more than 90 percent of rural counties have no

funding per HMRF case (because these rural counties do not receive HMRF services). This would not be a problem if the counties that do not receive program services had low remaining need. However, the data and our interviews and discussions with the Federal Team and HSPF and SME groups indicate that many of the rural counties without services would likely receive services if the programs had a larger funding base. This means that both counties with high remaining need and low remaining need are receiving the same amount of funding (e.g., zero). This creates noise in the data that makes it difficult to quantitatively analyze the relationship between funding per case and remaining need.

Unlike the other three programs, all rural counties do technically receive TANF Cash Assistance services, but the histogram of funding per TANF case in **Exhibit 28** shows that most rural counties, even in the case of TANF, have a relatively low amount of funding and a much smaller percentage of counties have higher levels of funding. To address the large amount of skew in the funding distributions of all the programs, the 2M Team developed squared terms that we can use to model the relationship of funding with high remaining need at higher levels of funding per case. The squared terms allow us to better understand rural counties that do receive substantial funding whether or not the amount of funding per case is associated with high remaining need for program services.⁴⁰

⁴⁰ We also tried removing counties with zero funding from the data. Doing so produced similar results as the squared terms. For example, if we remove counties with zero funding for HMRF and run a logistic regression, the coefficient for funding per HMRF case is virtually the same as the coefficient for the squared term in the full model (see **Exhibit 28**). This gave us further confidence that the squared terms correctly model the data.

Exhibit 27. Distributions of Funding Per Case (In Thousands of Dollars) for Each of the Four Programs



Sources: ACF OFA and HRSA administrative data

Exhibit 28 details the results of logistic regressions with the funding per case measures as independent variables and the indicators of high remaining need as the dependent variable. The results show that each of the variables capturing funding per case have some statistically significant association with high remaining need, but the overall pseudo-R-squared is small for each model (ranging from 0.04 to 0.06). Overall, funding per case does not fully explain the variation in high remaining need, which is expected given the skew in the data we discussed previously. Interestingly, funding per HMRF case appears to have the largest association with both high remaining need for HMRF as well as for HPOG and TANF Cash Assistance services. At the higher end of the distribution (represented by the squared term), increasing HMRF funding per case by \$1,000 decreases the probability of high remaining need for HMRF services by 12 percent, high remaining need for HPOG services by 13 percent, and high remaining need for TANF Cash Assistance by three percent. At the lower end of the distribution, the reverse is true, suggesting that increases in funding per HMRF case are initially associated with a higher probability of high remaining need (as the lower end of the distribution has several counties with high remaining need). In other words,

the relationship between funding per HMRF case and high remaining need for each of the four programs is nonlinear. Increases in funding are initially associated with increases in the probability of high remaining need, but eventually the increases in funding are associated with significant decreases in the probability. The same nonlinear relationship is present for funding per MIECHV case and funding per TANF case although the coefficients are much smaller and often statistically insignificant. We provide visual depictions of the nonlinear relationship of each funding variable to high remaining need for each program in Section 7.4.3 of the Technical Appendix.

Exhibit 28. Increase in the Probability of High Remaining Need Due to Funding Per Case

Measures of Funding	Increase in the Probability of High Remaining Need for TANF Cash Assistance for Every \$1,000 Increase	Increase in the Probability of High Remaining Need for MIECHV Services for Every \$1,000 Increase	Increase in the Probability of High Remaining Need for HMRF Services for Every \$1,000 Increase	Increase in the Probability of High Remaining Need for HPOG Services for Every \$1,000 Increase
Funding per TANF Cash Assistance Case	1%*	0%	0%	0%
Funding per TANF Cash Assistance Case Squared	-0.01*	0%	0%	0%
Funding per MIECHV Case	1%*	2%*	1%*	2%*
Funding per MIECHV Case Squared	0%	-0.1%	0%	-0.2%*
Funding per HMRF Case	10%*	3%	22%*	19%*
Funding per HMRF Case Squared	-3%*	-1%	-12%*	-13%*
Funding per HPOG Case	-1%	-1%*	-2%*	-2%*
Funding per HPOG Case Squared	0.1%*	0.1%*	0.1%*	0.1%*
Pseudo-R-Squared	0.04	0.05	0.04	0.06
N	1,976	1,976	1,976	1,976

Notes: * indicates $p < 0.1$ or that the increase is statistically different from zero with at least 90 percent confidence. Results were produced by conducting separate logistic regressions with the different measures of remaining need as the outcome and the proximal conditions as the predictors. Log odds results were transformed into probabilities.

Sources: See Section 7.3 in the Technical Appendix

4.3.3 Although Some Community Characteristics and Funding Levels are Associated with High Remaining Need, None of the Measures We Analyzed Fully Explain Why Remaining Need is Higher in Some Rural Counties than Others

As outlined in Section 3.4 of our [Mixed Methods Analysis, Integration, and Triangulation Plan \(hhs.gov\)](#), the 2M Team also conducted a QCA to understand if any of the measures we analyzed (e.g., community characteristics and measures of limited funding) or different combinations of these measures were necessary or sufficient for the presence of high remaining need.⁴¹ We found some evidence that being a rural county that is not county-administered (e.g., state or hybrid-administered counties) is necessary for the existence of high remaining need for TANF services and that lack of funding per case can be necessary for the existence of high remaining need (depending on the program). However, we did not find anything that sufficiently explained the presence of high remaining need for human services. We provide detailed results of the QCA findings in Section 7.4.3 of the Technical Appendix.

More research in this area can help to determine whether other factors may better explain why remaining need is much higher in some rural communities over others. At the same time, it may be plausible that no easily identifiable explanation exists that is consistent across rural counties. Based on our qualitative interviews with human services staff, we expect this to be a more likely conclusion because we repeatedly heard that each rural community has its own unique context and needs. As human services staff have a need for local autonomy and flexibility with the use of funds and decision-making, we recognize there may be similar needs to address the complex web of factors that uniquely explain remaining need for human services in each rural county.

⁴¹ We defined a measure as necessary for high remaining need if it was present in at least 90 percent of the counties with high remaining need for a program. We defined a measure as sufficient for high remaining need if high remaining need was present in at least 80 percent of the rural counties with the measure.

5. Opportunities for Strengthening the Capacity of Rural Human Services

This chapter addresses the final goal of the study: identifying opportunities for strengthening the capacity of human services programs to promote the economic and social well-being of individuals, families, and communities in rural contexts. To this end, we suggest several lessons learned that may help reduce remaining need. We highlight the voices and experiences of on-the-ground practitioners, including a series of their recommendations based on their experience engaging human services programs in the field. Finally, we discuss several context-driven adaptations and innovations to improve service delivery. Although some of these findings may not be entirely unique to rural settings (for example, the impact of COVID-19 on service delivery), they emerged as clear themes as we spoke to rural practitioners, and other key features of rural contexts means that although these findings may not be confined to rural communities, their specific impacts are directly related to the rural communities from which the findings are drawn.

The key lessons learned and practitioner recommendations we gleaned from our study include the following:

- Human services in rural contexts may function best with a tailored approach
- COVID-19 has changed the landscape for human services needs and delivery
- State contexts play a role in service delivery
- Nonprofit partners often function as a bridge between communities and human services programs, helping to establish mutual trust and build social capital
- Human services program partnerships with nonprofits can fill gaps that inevitably result from funding and staffing constraints
- Human services program practitioners recommend unifying human services in rural communities to mitigate barriers to access
- Human services program practitioners highlight the importance of understanding and valuing local culture and knowledge as they develop and deliver human services in rural contexts
- Human services providers value flexibility in program delivery
- Rural human services staff have developed several context-driven innovations and adaptations to improve capacity and reduce remaining need

5.1 Several Lessons Learned Emerged Regarding Implementation of Human Services Programs in Rural Contexts

Program staff described several lessons learned and implementation considerations that impact how remaining need for human services could be better addressed in rural contexts.

5.1.1 A Tailored Approach Can Provide Human Services Practitioners with an Opportunity to Address Highly Contextual Implementation Challenges

A key theme that emerged across many of the interviews with program staff and partners is the need for service delivery models to better tailor themselves to their specific contexts. Many staff members articulated that rural contexts have a unique set of needs and structural differences and highlighted that cultural differences can impact the delivery of services. Without leaving some degree of flexibility for local customization, service delivery models are not necessarily portable across rural contexts.

Structural differences between and across rural regions (as described in Chapter 3) include potentially limited access to transportation (particularly public transit), broadband internet, certain healthcare services, and jobs. There may also be geographic features and widely dispersed population centers that make travel for jobs and services inconvenient in terms of time commitment. However, these structural differences cannot be generalized to all rural areas; differences like proximity to non-rural areas, population density, and geography all impact the extent to which a given rural area may have these structural challenges.

In some ways, the structural differences may be easier to accommodate than the cultural differences highlighted by program staff. This is likely because while these two may vary in degree, local program practitioners with firsthand knowledge of their communities can largely anticipate and potentially accommodate structural concerns (see Section 5.4). Cultural characteristics highlighted by program staff include varying levels of trust in the government and government services, community cohesion or lack thereof, lack of privacy within small or close-knit communities, perceived community stigma to receiving human services, and cultural norms that may necessitate changes to service delivery approaches.

As one HMRF staff member framed these differences, “I like to say people know if you can speak their language . . . if I sent . . . staff to . . . one of our servicing areas . . . I’m like ‘I don’t think I’m the one [who] need[s] to go there.’ I may be too buttoned-up for them . . . There’s a staff I know that goes there and he speaks that language . . . in certain rural areas . . . being authentic . . . plays a huge role.”

One of the things that the staff told me during my site visit there [was] that it was really important that people knew that the staff themselves were local . . . they grew up there, they’ve been there, and that made them . . . trustworthy [to the] participants, that they were not an outsider. – HMRF Staff Member

Staff across other programs also echoed this sentiment, voicing their belief that a deep understanding of the community is key to building trust and ensuring that potential program participants have access to any information they may need about human services.

Regardless of where staff may come from, however, it is important that they possess an understanding and awareness of the local culture, context, and any local barriers to service uptake.

These lessons also extend to rural tribal contexts, which differ in key ways. Specifically, tribal communities have their own cultural contexts that human services providers should understand and accommodate (see Section 3.1.5). Furthermore, tribal communities often have fewer resources than other rural communities. On the other hand, there are unique components of rural tribal contexts that support effective delivery of human services. In many cases, tribal regions have in place more cohesive organizing structures that facilitate human services delivery and information sharing than other rural areas.

As a result of the varied contexts, a request for greater local autonomy was a common theme among respondents from all programs. Autonomy was a common request in areas such as eligibility requirements, service delivery models, data reporting requirements, and use and allocation of funds. At the same time, program staff also demonstrated an appreciation for the role of and need for federal guidelines to ensure quality control and fidelity of program implementations. Ultimately, human services program staff and practitioners seek flexibility as a means of finding an appropriate balance between fidelity and efficacy in their local rural contexts.

5.1.2 COVID-19 Expanded Resources, Flexibility, and Innovation in Program Delivery

Oh, definitely mental health has gotten worse during the pandemic with our participants . . . Before we used to meet with them in person, and we stopped doing that. And then it was a personal choice and then they don't want to meet. I think it's made a little disconnect of their comfort level with us because we do everything through Zoom or phone and text.
– HPOG Staff Member

The COVID-19 pandemic has impacted rural communities in much the same way it has affected other communities across the country: increased social isolation, job loss, illness and mortality, rising housing costs, and a general increase in community trauma. Collectively, these forces have impacted the social and economic well-being of tens of millions of Americans. Expectedly, this new reality has led to a deepened and expanded need for human services among rural populations. A MIECHV staff member described the impact on children and families: “I would say the need has increased. Especially the substance abuse issue with our families . . . I would say in the past two years, I’ve seen a significant uptick and we’ve had families overdose [and] families incarcerated.” Staff members also shared that they have seen signs of isolation and mental health concerns among their participants, exacerbated by the increasing lack of face-to-face contact and diminished social interaction.

Although COVID has expanded the need for human services, it has also prompted significant federal funding increases and programmatic flexibilities that program staff believe have

improved short-term outcomes for their clients. This includes increased financial assistance; greater flexibility regarding the use and allocation of program and grantee funding; and a shift to virtual and/or hybrid delivery of services that has improved accessibility. Both HPOG and MIECHV staff mentioned that they saw extended benefits to their participants in the form of increased government assistance for food purchases. In the case of MIECHV, for example, participants saw greater access to goods such as gas, benefits that are typically excluded by the Special Nutritional Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children.

On shifts to virtual service delivery, the COVID-19 pandemic increased access to services for many people as it significantly eliminated transportation concerns; allowed for greater scheduling flexibility; and enabled people to access services like online classes that previously may have been more limited or even unavailable. While this virtual shift brought benefits to many, the online migration of programs also made it harder to provide services to those rural populations with little or no connectivity. Additionally, COVID exacerbated the digital divide as many schools shifted to virtual learning, empowering those districts and students with resources, and hindering those that lacked knowledge or preparation on how to take advantage of virtual learning and connection platforms like Zoom. As a result of the increased reliance on digital service delivery modes by schools and government agencies, staff from multiple programs believe there is now remaining need in the form of technology education. Staff believe they can manage some of this need through existing programs, while other educational needs will require additional resources. Within HPOG, for example, a staff member shared, “Students who hadn’t used the computer in 20 years and then they have to switch to an online class. And . . . how can we teach ourselves to then teach other people how to navigate an online or remote class environment?” Among MIECHV programs, one staff member said, “At the beginning, some of the families didn’t know how to use Zoom. Some of the families didn’t know how to video conference [or] anything related to that. [And] they didn’t really know how to use the laptops. So that’s one of the things that the parent educators help them with. They literally gave them like step-by-step [instructions] on how to be able to use these different platforms.”

5.1.3 State Technical Assistance and Collaboration Support Program Fidelity

U.S. states—namely those that contain our study’s sites of interest—have different approaches and contexts for reporting requirements, structures for collaboration across programs, and technical assistance. They also vary in terms of their underlying infrastructures. Each of these variations influences the ability of human services program staff and leaders to implement their programs with fidelity and diligence (see Chapter 3, Sections 3.3.1, 3.3.2, and 3.3.3).

Two key areas where states may be able to make the biggest impact in supporting human services delivery are technical assistance and structured collaboration. At several sites, program staff highlighted the state’s responsiveness in providing access to data, engaging in training activities, and responding to questions from program staff. Other states containing

our study sites also have formal structures for collaboration including workforce boards and intermediate units. Together these facilitate both cooperation between programs and access to technical assistance, particularly in rural communities which may have more limited resources. These resources can be expanded by networks, collaboratives, and other types of state support tailored to rural needs.

5.1.4 Community Partners Help to Establish Trust and Cultural Capital

We have connections within the communities that we serve, and those individuals who are in need of our services. We're a trusted partner. So, we're not the government, we're not social services . . . [The] flexibility and connection to the community make us an amazing partner in those programs. The . . . credibility and reputation help us access those communities that need us most. So, we do have a pulse on what the community needs probably more often than not [compared to] governmental agencies, or those administrating large projects would ever have. – Community Partner

Community partners, specifically non-federally funded nonprofits, typically operate without many of the trust and cultural barriers within rural communities compared to government programs. This means they can connect more readily to community members in order to establish trust between community members and government programs, ultimately helping to establish a clear sense of the community's needs. This may be particularly important in rural contexts, where communities may be somewhat more static than in non-rural areas and trust in the government was reported to be low by human services practitioners. This constructive relationship is shared from both sides of the partnership with both program staff and nonprofit staff recognizing the roles they play in supporting their communities. A TANF staff member noted, "Any program that you do . . . it takes a community to do it. If a human services agency believes that they're going to be able to go out and provide services on their own without getting different organizations and partners involved . . . [then they are mistaken]."

5.1.5 Human Services Program Partnerships with Community Partners Can Fill Gaps Created by Funding Constraints

Overall, our interviews reveal a picture of support and flexibility among community partners that can fill key gaps in human services programs that result from funding constraints. Nonprofit partners can meet the demand for specific and urgent needs such as food while also providing additional services to the community in areas such as clothing, gift drives for children, the hosting of career fairs, and access to vocations and jobs within the community. Across our many interviews, community partners described a degree of flexibility and real-time intervention that represent a noticeable contrast with government programs.

We try to partner . . . in many ways . . . We kind of work in conjunction. [For example, meeting the needs if] somebody needs a food box . . . they're really trying to sign up for SNAP or food stamps . . . and that application process takes time. And many of these families are maybe in a car and [have] no food for this evening. – Nonprofit Community Partner

A large portion of remaining need appears to lie within the margins of human services delivery—namely the need for services and support that are potentially immediate, short-term, ad hoc, or all the above. Another community partner described a program tailored toward meeting these needs called Helping Hands: “It’s basically what it sounds [like] . . . they give out stuff . . . whether that be . . . diapers and clothes for little ones, or . . . gas vouchers to be able to get to appointments. They can help with . . . housing application fees . . . because a couple of our housing units require a \$15 [or] \$20 nonrefundable deposit and that’s kind of absurd for some families.” In rural communities, community partners are well-positioned to have a deep understanding of local context and needs, and to address those needs in connection with human services providers.

Our findings suggest that the alignment of community partners and human services programs work best in addressing remaining need when there is a structure in place for communication and collaboration between the entities.

5.2 Human Services Program Practitioners Recommend Unifying Human Services in Rural Communities in Order to Mitigate Barriers to Access

Program staff from TANF and HPOG, as well as partners across both tribal and non-tribal rural communities, described unique components of the rural context that cause can cause difficulty with effective service delivery. A few of these include large geographic coverage, small populations, limited access to transportation and broadband internet, and attendant staffing constraints. In response to these challenges, a handful of rural program staff suggested a more unified approach to delivering human services that improves collaboration across programs and associated partners, efforts that may ultimately improve capacity. This expressed desire for stronger unification makes up the first of three central sets of recommendations provided by rural practitioners, based on the remaining need in their rural contexts.

5.2.1 Physical Co-location Mitigates Transportation Barriers

In several locations, human services staff suggested that co-location of program offices and/or service delivery sites would be an effective way to ensure that participants have access to all eligible services under one roof. Such integration would not only improve delivery and save resources, but also help to overcome transportation challenges that are common across rural communities. One site highlighted the development of a community center in a disused big box store where they were able to co-locate their Head Start

programs, senior services, work ready services, and an application center for other social services—all with the goal of improving access.

5.2.2 Align Application and Eligibility Requirements

Many staff members expressed support for the idea of a single application that participants could use to apply for multiple eligible human services programs at the same time. In some cases, program staff also recommended standardizing eligibility requirements across programs to ensure practitioners can serve participants most effectively. One TANF staff recommended “break[ing] down silos” between programs, noting that barriers to service often result from situations in which a participant needs to meet different eligibility criteria for food assistance and childcare or needs to submit two different applications with the same criteria. Staff members believe that integrated application and eligibility requirements would also eliminate barriers to access by cutting down on participant paperwork, increasing participant awareness of eligible services, and expanding eligibility across related programs, ultimately allowing for a more holistic provision of services.

5.2.3 Establish Formal Collaborative Networks Between Human Services Programs and Associated Community Partners

The social service network and safety net that exist for those in poverty . . . do catch those [people] pretty well . . . It's the next level up, the people who [are] still in . . . situations where they have never had to access these systems, or aren't quite eligible, but are really on a razor-edged thin margin . . . That's where nonprofits actually do a very good job to . . . ensure [the] community has the necessary supports for those . . . people, and households.
– Community Partner

As noted above, partnerships with non-federally funded nonprofits allow human services programs to expand their capacity. Many human services practitioners and community partners, however, stated that these partnerships are often built on personal relationships between organizations, resulting in potential long-term instability in programs with high staff turnover.

To improve the relationships between human services programs and community partners, many respondents recommended the establishment of formal collaborative networks between human services programs and their nonprofit partners. Community partners highlighted their ability to extend services to people who may be ineligible for certain human services programs but who still demonstrate need for other assistance; this kind of collaboration and holistic service could help participants avoid the need for human services in the future.

Enhanced communication between human services programs and nonprofit partners would allow these collaboratives to meet the holistic needs of participants more effectively. This recommendation also aligns with proven models of effectiveness in the existing literature

(see Section 3.2). Furthermore, various program staff and partners indicated this collaborative model was useful and effective from their own direct experiences, deeming it a potential improvement from their current model.

5.2.4 Establish Virtual Peer Learning Communities of Rural Practitioners to Allow Program Staff to Share Best Practices and Engage in Professional Learning

Some rural communities have structures in place that allow staff to collaborate beyond immediate geographic areas. Some examples include the system of Intermediate Units in Pennsylvania and the workforce board in South Carolina. In these cases, as we found in others, these established structures connect staff across multiple counties in order to share information and best practices. One TANF program staff noted, “If . . . a smaller county . . . figures out how to do something really well [and] if another county is struggling, sometimes that peer-to-peer connection can be even stronger than our . . . state-level supervisory guidance to walk through some details.” In addition to local networks, especially during the pandemic-induced shifts to virtual learning and online community-building, some program staff expressed how helpful it would be to have broader sources of virtual professional learning and greater access to rural colleagues. They also voiced their desire for access to, in the words of a TANF program staff, “Information on demand . . . either written materials with a way to follow up, to ask more in-depth questions, or a learning community . . . something that’s interactive.” This recommendation may help to resolve some of the disparities in technical assistance that we highlighted in Chapter 3, Section 3.3.3.

5.3 Human Services Program Practitioners Highlight the Importance of Understanding and Valuing Local Culture and Knowledge in Developing and Delivering Human Services in Rural Communities

If you don’t have a good understanding of the services of the clients and their needs . . . within these rural communities [and are] creating programming and funding . . . as one program fits all, or one source fits all, [it] can be really harmful. – Tribal Program Staff

A second set of practitioner recommendations focuses on the need for local practitioners and partners, as well as state and federal policymakers and implementation staff, to possess a deep understanding of the communities they are serving and the unique characteristics and challenges of rural areas. This is especially important with respect to the delivery and efficacy of these services.

5.3.1 Ensure Staff and Services Are Effectively Integrated with the Community

Across both tribal and non-tribal contexts, practitioners stressed the importance of ensuring that staff are fully integrated with and deeply understand the needs of the community. In practice, this means that staff possess a working familiarity with community culture and

norms, are able to develop a network of community contacts, and display an awareness of local barriers to uptake. Staff that exhibit these qualities are better equipped to devise community-appropriate outreach strategies. Practitioners provided a variety of examples of how staff members can best serve the community: 1) actively engaging through face-to-face meetings with participants and partners; 2) observing local culture; 3) approaching the community without judgment; and 4) conducting outreach at places of local importance such as school sporting events and popular community spaces. Several practitioners also emphasized the importance of understanding the culture and nuances of their local communities to make well-informed and tailored decisions about service delivery models.

5.3.2 Take Tribal Contexts, Knowledge, and Approaches into Account When Developing Service Delivery Models

Some program staff in tribal communities noted that current human services delivery models mostly resemble Western governmental models, which are not always aligned to the realities of tribal governments and local communities. These staff members believe that service delivery models for tribal locations should account for tribal cultures, values, and different ways of working. They also encourage program practitioners to defer more to tribal communities about the best way to deliver services. Tribal program staff describe two key differentiators between tribal and non-tribal rural communities that impact service delivery: 1) historical trauma due to past interactions between the Federal Government and tribal governments, and 2) a disconnect between Western and tribal cultures, expectations, beliefs, and perceptions of success. Such disconnects usually translate to misaligned services that do not appropriately address the needs and priorities of the community. One Tribal TANF staff member noted, “Past historical trauma with Alaska natives and the negative experiences they’ve had during colonization . . . [and how] all those things are a real recent memory for people [here].” Another community partner noted that trauma and misalignment can seriously hinder uptake of services. She noted that community members served by a domestic violence shelter, for example, find the requirements of Western models of human services programs misaligned with their own experiences. As a result, they often decide against further engagement with these services.

5.3.3 Consult Rural Program Staff When Developing Program Requirements and Service Delivery Models

Many human services practitioners described a disconnect between federal and local understandings of local contexts. Several program staff expressed a desire for representatives from the federal government to conduct site visits in a non-evaluative capacity to learn more about human services delivery in these communities as they develop guidance. Additionally, staff believed that field practitioners in many cases would be able to provide invaluable feedback about local capacity and contexts that should influence service delivery guidelines and models. One staff member from a tribal community framed the lack of local input as possibly contributing to a “disservice to people in rural communities.”

5.4 Human Services Practitioners Value Flexibility in Making Local Decisions

Give us the autonomy to be able to know who we serve and to be able to . . . bend the tree branch of the rules. When I bend the stick, don't make it break. Let me make it fit where I need while staying within guidelines. – MIECHV Staff Member

A third set of recommendations centers around various flexibilities that may improve service delivery in rural areas. In many cases, these recommendations build upon the second set of recommendations concerning the importance of valuing local knowledge and understanding local contexts. Such insight and familiarity enable practitioners to make the most appropriate decisions regarding local needs and the best ways to address them.

5.4.1 Establish/Enable Flexibilities in Program Delivery

Program staff provided a series of recommendations related to flexibility across different aspects of program delivery that would improve their capacity to meet remaining need. These include flexibilities across budgeting, funding application, regulation, evaluation, and data collection. These flexibilities would allow program staff to leverage their understanding of the strengths and challenges of their communities. In turn, this would maximize the ability of program staff to address existing barriers to service delivery models in rural areas.

5.4.2 Establish Budget and Funding Application Flexibilities

In many cases, program staff noted the amount of funding they receive is mostly adequate to provide services to their participants. Across programs and regions, however, program staff and partners consistently mentioned that increased local autonomy for determining funding allocation within programs would be helpful in many ways

TANF program staff mentioned that improved pay could potentially resolve many of their persistent staffing challenges (see Section 3.3). In their view, improved pay may lead to greater retention and less turnover, allowing them to recruit higher-quality candidates. This would also allow rural program jobs to compete with private sector jobs in rural areas or with program jobs in non-rural areas. We found that staff across other programs echoed this sentiment as well. A similarly consistent opinion was that staff would benefit from increased budgetary provisions for training and technical assistance. A few program staff members suggested that more flexible funding may allow programs to hire staff for new positions to support and increase local capacity. Finally, program staff suggested that greater flexibility in funding could be used to help resolve barriers to service provision, which are often the result of inadequate access to transportation and broadband internet.

5.4.3 Establish Regulatory, Evaluation, and Data Flexibilities

Program staff also suggested greater flexibility relative to regulations, evaluations, and data reporting. Furthermore, staff expressed their desire for the federal government to consider service provision limitations that are unique to rural areas as they develop service delivery guidelines. A number of program staff members expressed that a handful of current federal regulations may be inappropriate or unattainable in certain rural contexts. For example, one TANF staff member noted, “Especially in our rural communities when we’re talking about having somebody participate at a minimum standard, a minimum number of hours per week in order to meet some of the federal reporting requirements, [this can be difficult to achieve because] services can be a little bit limited.” Another TANF staff member mentioned that data collection related to program evaluation can be particularly challenging in rural areas, implying it would be more beneficial to have “a little more flexibility for rural programs to be able to meet the grant requirements because I think sometimes they struggle with the administrative tasks involved.” The staff member continued by saying, “There’s so much paperwork, so much data, [and] there’s so much involved with being able to manage a federal grant that sometimes it’s prohibitive for these small villages and small locations to be able to access those funds.”

Program staff recommended that the federal government should explore the following:

- Consider the limitations of rural areas when developing service delivery guidelines (e.g., reducing the minimum number of participants and minimum number of participation hours per week)
- Allow program staff greater autonomy to make local decisions regarding eligibility requirements for human services programs
- Consolidate applications to human service programs with similar application processes and eligibility requirements
- Provide program staff access to the data they collect
- Tailor reporting and compliance standards to the capacities of local staff

Notably, we found that program staff in none of these cases appeared to advocate for entirely localized guidelines and discretion. One social services practitioner shared, “I know everybody has the audit and the paperwork trail and everything else that goes along with it, but just making it . . . easier to access funds and make programs more deliverable . . . just to make it easier [with] less steps [and] less paperwork.” Instead, they urge federal policymakers to consider rural contexts when constructing guidelines and to allow greater flexibility for local program staff to comply with the programs’ intent as they best serve their populations.

5.4.4 Ensure Program Data are Accessible and Actionable

Program staff articulated a delicate balance between data collection, data use, and their capacity to serve participants effectively. While data collection requirements are not standardized across all programs and sites, staff in many cases felt that data reporting requirements are time-consuming and impact staff capacity, particularly in rural communities in which it may be difficult to fully staff human services programs. A tribal community partner shared, “I think we need to have less [monthly data reporting] requirements . . . I don’t know what they’re doing with them. I don’t know why they need them . . . My time is limited. I don’t want to do it every month.”

A key sticking point is the disconnect that some staff members feel between the data they collect and the ultimate use or non-use of that data. In addition to the perception that data collection is time-consuming, some program staff shared that they have little insight into the ultimate goals and functions of their data. They lack access to actionable information that may or may not inform local service delivery decisions. A TANF staff member explained, “[This] has been a challenge for us . . . to get accurate and good data . . . it shouldn’t be that much of a struggle to actually get the data we need to better our services using that information.” Similarly, a TANF staff member from a different county also reported, “When I say we could pull this data . . . that is actually a lie . . . our system does not allow us to pull it in real time like that.” An HPOG program staff said that they have to ask state officers to run reports to provide information on numbers regarding participant enrollment numbers as well as open and closed cases. Many staff members ultimately recommended that data and reporting requirements should serve to inform service delivery. To this end, they believe the data should be accessible and actionable for local programs and their staff.

5.4.5 Allow and/or Encourage Highly Contextual, Local Adaptations to Improve Capacity

Program staff suggested that local adaptations and innovations can be highly effective in helping human services programs meet the needs of their participants. As such, they believe that the federal government should support local practitioners in developing, piloting, and sharing highly effective adaptations to address remaining need. Policymakers may consider not only how to allow, but how to encourage these local adaptations and innovations. Many other practitioner recommendations suggest ways in which various flexibilities may incentivize innovation, as they may provide rural human services providers with the space to adapt service delivery models while still complying with federal guidelines.

5.5 Rural Human Services Staff Have Developed Several Context-Driven Innovations and Adaptations to Improve Capacity and Reduce Remaining Need

Across the sites, many human services program staff together with nonprofit partners have found ways to innovate and adapt their service delivery models to improve their capacity to meet remaining need. The examples below are representative of these adaptations and

innovations, ranging from relatively minor tweaks allowing for greater participant access to services to relatively large-scale planning and collaboration leading to systemic improvement. Many are related to the human services staff's lessons learned and their recommendations for improving capacity—all of which require a certain degree of programmatic flexibility.

5.5.1 Systemic Innovation: The University of Alaska-Fairbanks Rural Human Services Program

The University of Alaska-Fairbanks Rural Human Services program⁴² is an innovative approach to culturally appropriate human services delivery. The certificate program is designed to recruit students from tribal communities, provide them with training in human services that draws on strong tribal and Western models and approaches, and support them in returning to human services and healing professions in their communities. This program, which has been in place for more than 20 years, is intended to address many of the issues highlighted by tribal communities including the disconnect between tribal and Western models of service delivery. As such, the program takes a culturally responsive approach to preparing students to provide human services in rural and tribal communities with a focus on traditional Alaska native values and healing, drawing on the knowledge of community elders as well as on effective Western models. Students can complete the program while engaged in full-time employment.

This innovation is highly systemic in that it draws on community knowledge, recruits students from the community, and sends highly-prepared human services staff back into their local communities to ensure that solutions and services are context-driven and context-specific. One tribal staff member describes the efficacy of the program, saying, “[It] really help[s] [students] take back some of the learning processes regarding substance abuse and interpersonal violence and . . . why we react the way we do back home to communities to help teach yourself, your families, and . . . [it] allow[s] a pathway for people to be able to continue going to school and get[ting] a degree.”

Although the University of Alaska-Fairbanks Rural Human Services program is a successful model of systemic innovation, these types of innovation—whereby the community has found a way to completely overhaul traditional service delivery models to meet a variety of community needs and provide a self-sustaining pipeline of human services programs and qualified staff—were uncommon across the sites. This is the only such program we found and its uniqueness, along with several of the broader recommendations on local autonomy from human services practitioners, may highlight a few of the barriers to innovation that ultimately prevent these types of programs from existing in other rural contexts.

⁴² [More](https://www.uaf.edu/rhs/) information on this program can be found on the University of Alaska-Fairbanks' website here: <https://www.uaf.edu/rhs/>

5.5.2 Innovations Related to the Pandemic Response: Shifting to Virtual/Hybrid Delivery Modes and Reducing Intake Requirements

Across the 12 sites, many program staff noted that the COVID-19 pandemic prompted a shift to virtual and hybrid delivery modes. As a result, this shift helped to resolve a few of the key barriers to service delivery in rural contexts. An HPOG program, for example, developed a hybrid mode in which classes were primarily online, but students were expected to engage in face-to-face learning at a university at intervals throughout the program to focus on hands-on skills. This significantly reduced transportation issues students may have faced previously by attending all classes in person. Similarly, an HMRP program shifted to virtual classes, but staff found that these were poorly attended as meals were not provided. They were able to adapt by providing gift cards to students for delivery meals during the class, opting to “treat it like a regular in-person class, only virtual.”

Some rural HPOG programs also found certain COVID-19 adaptations to be effective in removing participant barriers to access. Due to COVID-19 restrictions, one HPOG program scaled back in-person drug testing and certain background checks, specifically the child abuse screen and assessments that normally occurred during intake to the program. As a result, these changes expanded the pool of applicants benefiting from the program. Originally, clients were required to pass an FBI clearance, a criminal background check, and a child abuse clearance at intake. After moving into their program’s second round of HPOG funding, however, program staff stopped running the child abuse clearance at intake and began running it “if and when it was needed for training.” After the COVID-19 pandemic began, staff had to meet with clients virtually and they made more adaptations to the intake process. As intakes transitioned to take place online, program staff dropped the requirement to pass the Test of Adult Basic Education. Additionally, drug screenings and health assessments were no longer compulsory at intake. Going forward, they became required only when participants entered a specific training program to reduce risk and exposure to COVID-19. The program also began providing relevant non-credit trainings such as personal care or home management training by getting approval for those programs by the state through HPOG. These decisions eliminated barriers to access for some participants, allowing the program to serve a greater pool of people. It is worth noting, however, that this was one HPOG program’s approach. This degree of innovation was specific to this context and was therefore not uniform across all the sites.

5.5.3 Client-Centered Innovations: Adapting to Meet Client Needs

Across programs, respondents recalled making client-centered innovations. This means that staff adapted service delivery to meet specific and local client needs. For example, MIECHV program staff highlighted several ways in which they adapted service delivery models to meet their client needs, tailored to the community they serve. At one site, program staff transitioned to offering home visits outside of traditional working hours, noting “We have had to allow our home visitors to flex the time that they deliver services into evenings or potential weekends because if you work at Walmart or McDonald’s, they’re not going to be forgiving

about a home visit during the day.” MIECHV staff also shared that they have adapted language in their Parent Survey to make it more accessible to people at all reading levels. In some cases, they have shifted to reading program materials and curriculum directly to participants to overcome any access barriers.

One TANF program tackled the transportation barrier by purchasing vans to transport participants to the program site. This added service eliminated transportation access concerns for many participants without automobiles. Their innovation continued as they also developed video learning programs in which clients could engage during travel time, ultimately allowing this time to count toward participants’ weekly participation hours.

One HPOG program tackled actionable and accessible data by designing a client feedback survey intended to complement formal data collection efforts. This survey, which was conducted every three months, “helped us really identify where we can support our clients better . . . one thing that came out of those [surveys] was the need for the peer group meetings and connecting individuals to mentors . . . they also really reiterated the need for how valuable the case managers are.” As a result of these data points, the program also implemented peer group meetings and a mentorship program.

Taken together, these findings suggest that the large variety across rural contexts, as well as the structural, geographical, and cultural factors, make it difficult to predict the success of any given combination of service delivery modes or to predict remaining need. Along with recommendations from practitioners, these findings coalesce around a few key insights: the importance of local autonomy in reaching participants; the necessity of remaining innovative and developing effective adaptations to deliver services; and the value of proactive data collection efforts and feedback systems. In the following chapter, we discuss opportunities to build upon the research in this field with the key findings of this study.

6. Conclusion

This study suggests several key findings and related strategies that may inform decision-making for program implementation at the local, state, and federal levels. These findings are interrelated and inform recommendations for local autonomy as well as respect for and acknowledgment of the uniqueness of each rural context. Despite the emphasis on local context and autonomy, we feel the following findings translate across rural contexts:

1. Many of the lessons learned and practitioner recommendations detailed in Chapter 5 of this report are informed by two connected themes:
 - a. A desire for greater local autonomy and flexibility in service delivery models
 - b. An argument for unifying and integrating human services programs
2. The desired flexibilities should be driven by local decisions made by practitioners who are integrated into the community
3. A deep understanding of local contexts and a strong degree of community trust are critical to effectively addressing the unmet needs of rural communities
4. Although there are some consistencies across rural contexts, there are no factors that are entirely predictive of the gap between the need for human services and the available level of support in rural communities (see Chapter 4). This finding affirms the need for localized and context-specific approaches for addressing this gap
5. The COVID-19 pandemic has increased the need for human services in rural communities and likely impacted how services will be delivered for the foreseeable future. The federal response to the pandemic, and the American Rescue Plan in particular, has enabled innovations in the delivery of human services. This has allowed human services providers to adapt to the specific needs of their communities. These innovations may provide a roadmap to lead human services programs to modern solutions for persistent problems

We also recognize other areas of inquiry exist that will require further exploration, especially in a post-COVID-19 context. Moving forward, it will be important for policymakers and practitioners to consider how the lessons we learned regarding local needs, local adaptations, and desired flexibilities may contribute to a deeper understanding of the areas we outline below.

6.1 How Might Training and Technical Support be Delivered More Effectively to Rural Human Services Practitioners?

Peer-to-peer sharing among rural human services providers may increase broad knowledge about successful strategies like unification of human services programs and allow greater insight into how these strategies function in rural contexts. Across the period of data collection, human services staff and community partners expressed a desire for greater opportunities with professional learning. We believe that the following research approaches may promote more effective human services delivery and local innovations:

- Collaboration among rural human services practitioners: There is more to learn about how rural human services practitioners may best collaborate with one another across regions to support stronger practices. Respondents mentioned virtual communities, and in particular the ability to articulate and share best practices as an area that could benefit from greater investment. They articulated a desire to have these conversations with other (specifically rural) counterparts, acknowledging a set of challenges unique to rural communities and the potential inadequacy of generalized support.
- Technical assistance: Conversations with human services practitioners suggest that technical assistance (e.g., access, quality, and relevance) is inconsistent across rural contexts and is highly dependent on the multiple levels of providers (e.g., local, state, federal). Proposed areas for future study may consider the following questions:
 - What types of technical assistance are most needed, and by whom?
 - What types of technical assistance are most effective, and why?
 - How can federal, state, and county governments best deliver technical assistance to rural human services providers?
 - How might technical assistance serve to connect local, state, and federal knowledge and enable reciprocal communication across these levels of government?

6.2 How Might the Federal Government Actively Engage Rural Human Services Practitioners and Community Members When Redesigning or Modernizing Service Delivery Methods?

Another question practitioners raised is how program decision-makers can integrate local knowledge into service delivery models and related guidelines. Specific questions for consideration may include the following:

- What types of local input may be most effective at the federal level?
- How should we determine the right balance between local autonomy and federal oversight?
- Are there any current effective models for active engagement?
- How might we determine and test efficacy of these models?

6.3 Which COVID-era Flexibilities May Be Beneficial to Extend Permanently?

COVID-19 and the associated federal response provided an opportunity for significant innovation across human services delivery for a variety of reasons. First, innovation was required due to the need for social distancing. Second, innovation was made possible by an increase in funding and a decrease in certain restrictions to and regulations of service delivery. Future research focused on specific COVID-era changes (e.g., federal shifts or local innovations) may provide a roadmap for rural service delivery moving forward. It will be

important to consider funding allocations and amounts, funding flexibilities, and service delivery flexibilities from the COVID-19 era. Also worth determining will be the extent to which these pandemic-induced changes may have solved ongoing service delivery and access issues and the extent to which they should be made permanent.

6.4 How Might Eligibility and Access Be Better Aligned Across Related Programs?

A key request from study respondents is for stronger alignment across related programs in order to remove barriers to access and to ensure participants are aware of all services for which they are eligible. In fact, this request echoes suggestions researchers have made over the past several decades (Bloom, Bullock, and Parsons, 2012; Hamlin 2018; Howe and Kramer 2019; MacDowell et al., 2010; Meit et al., 2016; Probst et al., 2019). Future research, particularly as it relates to OPRE's [Coordinated Services and Research Evaluation Portfolio](#), may benefit from a rural case-study approach to locally aligning services through strategies such as one-stop shops, common applications, and local flexibilities regarding eligibility to prevent repeat need for services and loss of benefits among participants with increased earnings.

6.4 Can Programs and Providers Incorporate Local Ways of Knowing, Planning, and Acting in Order to Best Serve Rural Communities?

- **Tribal Approaches and Knowledge:** The Rural Human Services Program at the University of Alaska, Fairbanks is very deliberate in its approach to combine tribal and Western ways of knowing, planning, and acting to support an effective and culturally responsive approach to human services delivery in tribal communities. For human services programs that serve tribal communities across the country, each of these communities include their own culture, historical traumas, and approaches that would benefit local adaptations and delivery models. In striving for more equitable service delivery and outcomes, it will be important to investigate the ways in which programs and practitioners can better leverage tribal knowledge.
- **Social Capital:** Human services programs would likely benefit from a deeper understanding of the relationship between human services programs and the social well-being of a community. Future research could explore how human services practitioners can build social capital in rural contexts and how this could be leveraged to better connect government programs with local communities. Additionally, future research could examine how human services programs can promote social cohesion and how social cohesion in turn affects the utilization of human services. Such research could help create strategies for tailoring services delivery to individual communities.

6.5 What is the Participant Experience of Rural Human Services Programs? How Might an Understanding of Their Experience Contribute to Our Understanding of Remaining Need and Improve Service Delivery?

This study provides insight into human services delivery in rural contexts, including the challenges, successes, frustrations, and adaptations of human services practitioners and their community partners. However, these insights only come from interviews with program providers as opposed to those whom the programs serve. As human services providers seek to build social capital and better understand remaining need, an understanding of the experience of participants will be integral to making local adaptations that better meet their needs. Decision makers at the federal, state, and local levels will benefit from a better understanding of how program participants understand their own remaining needs and whether that understanding aligns with the perceptions of program practitioners. Furthermore, decision-makers would benefit from an understanding of the knowledge program participants have of human services and the barriers they face when trying to access them.

6.6 This Study Suggests Several Possible Avenues to Build Additional Knowledge and to Leverage This Analysis to Improve Human Services Delivery in Rural Contexts

The findings from this study, together with our key lessons learned and recommendations, prompt a series of new and related questions regarding alignment with ACF's learning agendas. The following areas of inquiry have the potential to contribute to our understanding of human services delivery:

- **An analysis of participant experience of human services in rural contexts.** This includes barriers to uptake; perceptions of human services programs and providers; perceptions of community partners; understanding of available services; ways in which human services providers may build social capital; ways in which human services providers may leverage local knowledge; and the impact of services on participants. In the present study, voices of participants and their experiences come only through anecdotes and recollections by practitioners. Firsthand accounts of participant experience of human services programs and their remaining need may reveal new avenues to improving human services delivery in rural contexts.
- **Additional exploratory work around the common factors influencing remaining need.** We did not identify any specific factors that fully explain why some rural counties have higher remaining need than others, which is consistent with the finding of our qualitative study that rural areas and their human services needs are highly contextual. However, there may exist additional factors which more fully explain the variation in remaining need between rural counties. By identifying any such factors, future research may better understand the 26 clusters of high remaining need and what interventions may be most appropriate for addressing them.

- **A study of how economic development in rural areas impacts remaining need and the delivery of human services.** Rural areas are not uniform in terms of economic development and job opportunities. Analysis of remaining need relative to economic development and opportunity in rural areas may yield additional insight in terms of predicting the need for human services programs.
- **Extending this study to encompass geographic regions not included, such as U.S. territories, which are largely rural.** This study did not include data from U.S. territories as it was unavailable. Additional investigation of human services programs in U.S. territories would allow a deeper understanding of the ways in which various levels of government interact for the provision of human services and may also lead to additional themes and lessons specific to these contexts.
- **Engaging in a comparison of human services programs in rural and urban contexts.** This study was designed to only investigate rural contexts; however, it would be valuable to determine the extent to which the barriers and successes to human services delivery in rural contexts are similar or different in urban areas, providing more information about the potential importance of local autonomy.

From our conversations with human services practitioners and partners at our 12 rural sites, from the analysis of remaining need in rural contexts, and from the QCA findings, a portrait emerged of a diverse set of rural communities—diverse in terms of demographics, geographies, structural and infrastructural features, and cultures—each with their own contexts that impact the need for, and delivery of, human services programs. Perhaps the strongest finding that emerged is the desire for greater local autonomy in making decisions about human services delivery. At the same time, there were also many themes that cut across the sites that suggest some overarching approaches to strengthening human services programs and addressing remaining need in rural areas. Although the prediction was clear at the outset of this study, the COVID-19 pandemic also afforded a unique lens into human services programs and their delivery models. While it may have expanded remaining need in most rural (and likely most non-rural) communities in the United States, it also offered the opportunity for innovations across the federal, state, and local levels that are highly promising in meeting remaining need going forward.

7. Technical Appendix

7.1 Sample of 12 Rural Communities

This section provides an overview of the site selection process and the development of the purposive sample of 12 rural counties where the 2M Team conducted virtual site visits.

7.1.1 Site Selection Process

In February 2021, the 2M Team (comprising project team members from 2M Research and the Urban Institute) and the Federal Team (comprising project team members from the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, in collaboration with the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau) engaged the members of the study's Human Services Practice Field (HSPF) and the subject matter expert (SME) groups in a pair of site selection virtual meetings. The focus of these meetings was to discuss the site visit selection process and to solicit recommendations from the groups to facilitate the selection of a purposive and meaningful sample of 12 site visit counties from the universe of 1,976 rural counties.

In the ensuing weeks, 15 individuals provided 145 recommendations (consisting of 117 rural counties) for the 12 site visits. Notably, 21 counties were recommended by two or more individuals with 1 county recommended by four individuals, 5 counties recommended by three individuals, and 15 counties recommended by two individuals. Additionally, 34 recommendations were based on HSPF or SME members' personal or professional experience, serving as critical input to the site recruitment process. The subsequent map (**Exhibit 29**) illustrates the geographic distribution of the 145 recommendations with color gradations highlighting counties that were recommended by a larger number of individuals. The subsequent table (**Exhibit 30**) provides descriptive statistics that demonstrate how the 117 recommended rural counties compare to the universe of 1,976 rural counties.

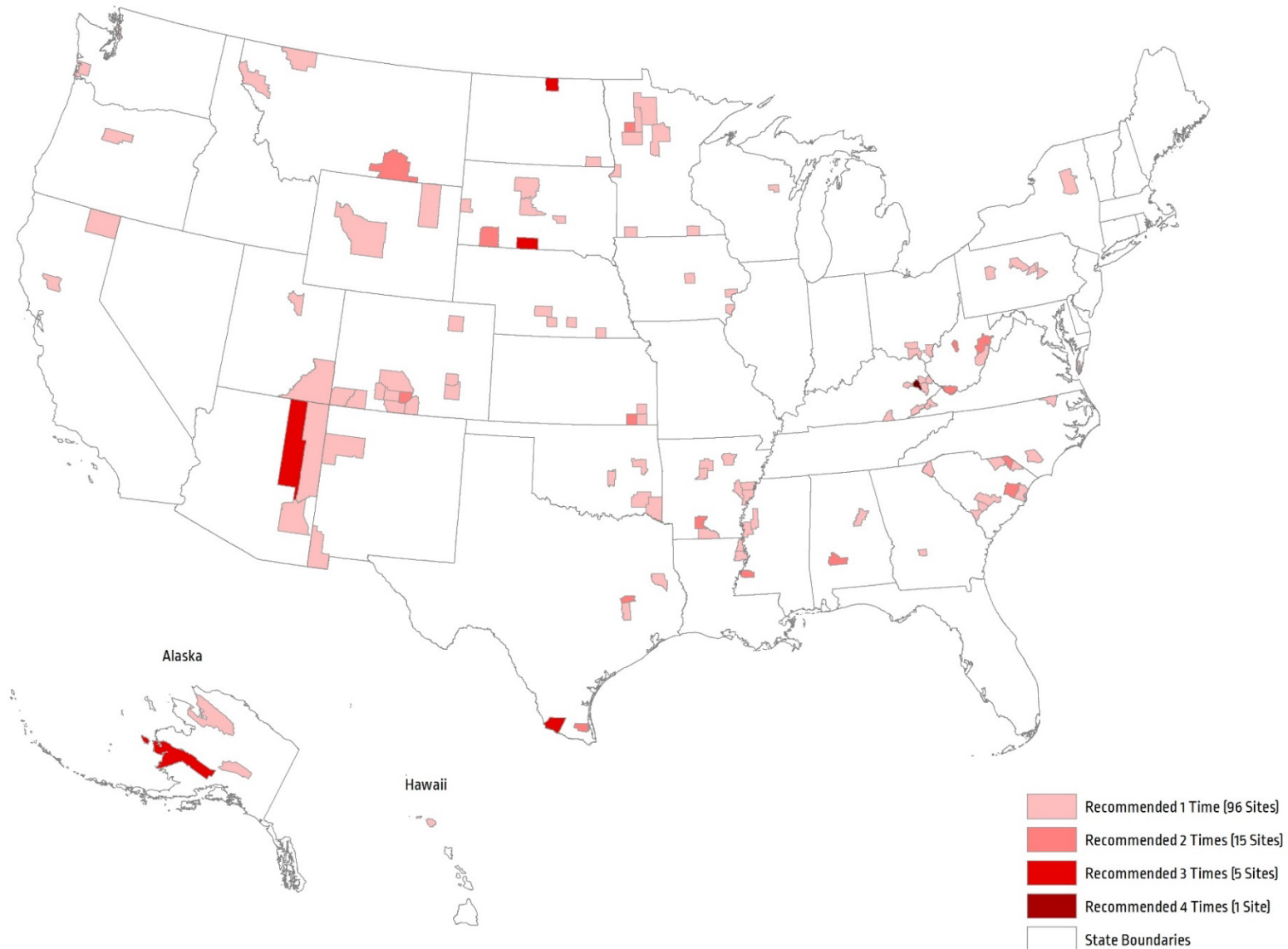
Exhibit 29. Map of Rural Counties Recommended by Experts (by Number of Times Recommended)

Exhibit 30. Comparison of the 117 Rural Counties Recommended Against the Universe of Rural Counties

Variable	Recommended Rural Counties (n = 117)	Universe of Rural Counties (N = 1,976)
# of States Represented	33	47
% of Counties with HPOG (non-tribal)	17.9%	10.9%
% of Counties with MIECHV (non-tribal)	69.7%	21.4%
% of Counties with HMRF	20.0%	4.4%
% of Counties with TANF (non-tribal)	100%	100%
% of Counties with Tribal HPOG	9.0%	2.7%
% of Counties with Tribal MIECHV	13.0%	2.0%
% of Counties with Tribal TANF	9.7%	2.0%
Mean Number of the Four Primary Programs of Focus Within Counties	2.10	1.40
Mean Number of the Three Tribal Programs Within Counties	0.32	0.07
Mean Number of Primary Programs and Tribal Programs	2.40	1.40
Rural-Urban Continuum Classification of Counties, by Population		
4: Rural county with 20,000 to ~120,000 people in population centers, adjacent to a metropolitan area	14.5%	10.8%
5: Rural county with 20,000 to ~120,000 people in population centers, not adjacent to a metropolitan area	5.5%	4.7%
6: Rural county with 2,500 to 19,999 people in population centers, adjacent to a metropolitan area	20.0%	30.0%
7: Rural county with 2,500 to 19,999 people in population centers, not adjacent to a metropolitan area	28.28%	21.9%
8: Rural county with less than 2,500 people in population centers, adjacent to a metropolitan area	9.66%	11.1%
9: Rural county with less than 2,500 people in population centers, not adjacent to a metropolitan area	20.0%	21.5%
% of Counties Adjacent to a Metropolitan Area	44.1%	51.9%
% of Population of Color (Mean and Median)	Mean: 41.5% Median: 40.4%	Mean: 21.7% Median: 12.9%
% of Population with Hispanic Ethnicity (Mean and Median)	Mean: 11.8% Median: 3.3%	Mean: 8.9% Median: 3.3%
% of Persistent Poverty Counties	52.4%	17.5%
% of Unemployment (Mean and Median)	Mean: 6.4% Median: 5.5%	Mean: 4.2% Median: 4.0%
% Housing Units Without a Vehicle (Mean and Median)	Mean: 10.7% Median: 8.3%	Mean: 6.4% Median: 5.8%
% of County Population Spending More Than 50% of Income on Housing (Renters and Owners Combined; Mean and Median)	Mean: 8.7% Median: 8.7%	Mean: 8.1% Median: 7.9%
% Population with Poor Physical Health for More Than 14 Days (Mean and Median)	Mean: 16.6% Median: 16.6%	Mean: 14.1% Mode: 14.0%
% Population with Poor Mental Health for More than 14 Days (Mean and Median)	Mean: 16.9% Median: 17.0%	Mean: 15.5% Median: 15.5%
% of Population with Fixed Terrestrial Internet (Mean and Median)	Mean: 69.9% Median: 82.1%	Mean: 73.4% Median: 80.3%
% of Population with Mobile LTE Internet (Mean and Median)	Mean: 94.3% Median: 100%	Mean: 98.4% Median: 99.8%

Variable	Recommended Rural Counties (n = 117)	Universe of Rural Counties (N = 1,976)
% of Population with Fixed and Mobile Internet (Mean and Median)	Mean: 68.9% Median: 81.3%	Mean: 72.8% Median: 79.7%
Administrative Structure		
County-Administered	26.9%	19.5%
State-Administered	72.4%	77.5%
Hybrid	0.7%	3.0%
U.S. Census Regions		
Midwest	25.5%	38.1%
Northeast	3.5%	4.4%
South	44.1%	42.0%
West	26.9%	15.5%
Rural Regions		
Appalachia	18.6%	13.6%
The Colonias	4.1%	0.9%
The Delta	2.8%	0.7%
Midwest (<i>excluding Appalachia</i>)	10.3%	30.6%
Native Lands	37.9%	19.2%
Northeast (<i>excluding Appalachia</i>)	0.7%	1.7%
South (<i>excluding Appalachia, the Colonias, and the Delta</i>)	17.9%	26.5%
West	7.6%	7.9%

Note: Acronyms in this table are defined in the text below.

As shown in **Exhibit 29 and Exhibit 30**, the 145 recommendations provided by HSPF and SME members largely reflect the range of rural counties across an array of key variables. However, these 145 recommendations demonstrate that the individuals we actively engaged prioritized certain variables when recommending sites. Notably, they recommended higher percentages of rural counties with Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Healthy Marriage and Responsible Fatherhood (HMRF), Tribal Health Profession Opportunity Grants (HPOG), Tribal MIECHV, and Tribal Temporary Assistance for Needy Families (TANF). They also recommended rural counties with higher percentages of populations of color, which were designated as persistent poverty counties. These 145 recommendations also represented a higher percentage of rural counties operating within state-supervised and county-administered systems. Finally, the 145 recommendations also demonstrate the greater representation of counties in the Western region and key rural regions, including the Colonias, the Delta, and Native Lands, and the Midwestern region (which had a relatively lower representation).

7.1.2 Development of the Purposive Sample of 12 Rural Counties

In the next step, the 2M Team used a purposive sampling approach to select a list of 12 rural counties from the 117 rural counties reflected in the 145 recommendations. This process prioritized the selection of counties recommended by multiple individuals as well as counties where HSPF or SME members had personal or professional experience. The process also ensured the selected counties represented key variables like rural regions and the primary programs of focus. More formally, this process consisted of the following steps:

1. Selecting from the list of 21 counties that were recommended two or more times.
 - a. Prioritize the county recommended four times (e.g., Magoffin County, Kentucky)
 - b. Prioritize the counties that were recommended three times and where HSPF or SME members had personal or professional experience (e.g., Bethel Census Area, Alaska, and Navajo County, Arizona)
 - i. Rolette County, North Dakota and Todd County, South Dakota, which have sizable tribal populations, could serve as potential alternates.
2. Selecting from the subset of counties that were recommended by multiple individuals and where individuals have personal or professional experience
 - a. Starr County, Texas was selected because it had the highest number of recommendations (three) within this subpopulation. Notably, the county also had another important selection criterion because it was a Colonia with Hispanic ethnicity representing 99 percent of the population
3. Examining the composition of selected counties and then selecting from the list of recommended additional counties with underrepresented variables including primary programs of focus; rural regions; state-supervised and county-administered systems; Rural-Urban Continuum Codes; and TANF-only sites
 - a. Examining the composition of the primary programs of focus among the selected counties and then selecting counties with underrepresented primary programs of focus
 - i. Georgetown County, South Carolina was selected because none of the previously selected counties were delivering HPOG
 - b. Selecting counties with key rural regions that were prioritized by HSPF and SME members but that were currently underrepresented within the selected sites
 - i. Wilcox County, Alabama was selected to represent the Delta region.
 - c. Selecting counties operating within state-supervised and county-administered systems within underrepresented regions
 - i. Galia County, Ohio was selected from the Midwest region while Hamilton County, New York was selected from the Northeast region
 - d. Selecting another Midwest site, but with a Rural-Urban Continuum Code of 5 (Nonmetro - Urban population of 20,000 or more, not adjacent to a metro area)
 - i. Montgomery County, Kansas was selected, which resulted in the selection of counties representing all six rural categories within the rural-urban continuum codes
 - e. Selecting a TANF-only site in the Midwest region
 - i. Marshall County, Iowa was selected
 - f. Selecting a pair of final counties to prioritize key characteristics
 - i. Clinton County, Pennsylvania was selected on the basis that it was located in the Appalachian region, operated within a county-administered system, and included all four primary programs of focus

- ii. Costilla County, Colorado was selected on the basis that it was located in the Western region, was completely rural, and had a significant Hispanic ethnicity population
- 4. Discussing the resulting purposive sample of 12 rural counties with the Federal Team. During this discussion, the team suggested that another county from Montana or Wyoming replace Navajo County, Arizona to ensure greater representation of rural counties in the northern part of the Western U.S. Census Region
 - a. The 2M Team conducted a subsequent review of the recommendations to examine counties in Montana and Wyoming. While the HSPF and SME groups recommended two Wyoming counties (Campbell and Fremont), neither of these counties had tribal programs. Therefore, these counties were ruled out as potential replacements for Navajo County, Arizona
 - b. Subsequent reviews of recommended counties in Montana focused on Big Horn, Glacier, Lake, and Sanders Counties
 - i. Replacing Navajo County, Arizona with any of the four Montana counties would have minimal impact on the overall composition of the 12 recommended counties and the generalizability to the universe of rural counties. However, the 2M Team noted that the following factors should receive consideration when selecting the replacement site:
 - 1. Big Horn County, recommended by two of the experts, includes both MIECHV and TANF programs. However, neither program was operated by tribal grantees during the period of analysis (Fiscal Year [FY] 2018). As such, the inclusion of Big Horn County would result in Bethel Census Area, Alaska as the only rural community with tribal programs included in the 12 communities recommended for site visits
 - 2. Glacier County provides an additional representation of Tribal TANF programs. However, Bethel Census Area, Alaska also includes a Tribal TANF program. Consequently, the inclusion of Glacier County would restrict the overall representation of tribal programs to Tribal TANF
 - 3. In contrast, the inclusion of Lake or Sanders Counties, which each have a Tribal MIECHV program, would provide a broader representation of tribal programs by ensuring that the 12 recommended sites included Tribal MIECHV and Tribal TANF programs
 - c. Given the considerations expressed above, Lake County, Montana was selected as the replacement for Navajo County, Arizona

The subsequent table (**Exhibit 31**) provides an overview of key variables and grantee names and provides insight into whether the recommending HSPF and SME groups have personal or professional experience with each rural county.

Exhibit 31. Overview of the Purposive Sample of 12 Rural Counties Recommended for Virtual Site Visits

County	State	U.S. Census Region	Rural Region	HMRP	HPOG	MIECHV	TANF	Tribal Programs	# of Recommending Experts	HSPF or SME with Personal or Professional Experience?
Magoffin County	KY	South	Appalachia	Mountain Comprehensive Care Center	No	Kentucky Cabinet for Health and Family Services	Yes	0	4	Yes
Bethel Census Area	AK	West	Native Land	No	No	No	Yes	Association of Village Council Presidents, Alaska (Tribal TANF)	3	Yes
Starr County	TX	South	The Colonias	No	No	Texas Department of Family and Protective Services	Yes	0	3	No
Georgetown County	SC	South	South	South Carolina Center for Fathers and Families	South Carolina Department of Social Services	The Children's Trust Fund of South Carolina	Yes	0	1	Yes
Wilcox County	AL	South	The Delta	No	No	Alabama Department of Early Childhood Education	Yes	0	2	No
Gallia County	OH	Midwest	Appalachia	No	No	Ohio Department of Health	Yes	0	1	Yes
Hamilton County	NY	Northeast	Northeast	No	Schenectady County Community College	No	Yes	0	1	No
Montgomery County	KS	Midwest	Midwest	No	Kansas Department of Commerce	Kansas Department of Health and Environment	Yes	0	2	No
Marshall County	IA	Midwest	Midwest	No	No	No	Yes	0	1	Yes
Clinton County	PA	Northeast	Appalachia	Children's Aid Society	Central Susquehanna Intermediate Unit	Pennsylvania Department of Human Services	Yes	0	1	No
Costilla County	CO	West	West	No	No	Colorado Department of Human Services	Yes	0	1	Yes
Lake County	MT	West	Native Land	No	No	Yes	Yes	Confederated Salish-Kootenai Tribes of Montana (Tribal MIECHV)	1	No

Exhibit 32 provides a comparison of the purposive sample of 12 rural counties against the universe of rural counties. While purposive samples of this size are prone to greater variance due to a smaller number of observations, the 12 rural counties are largely representative of the universe of rural counties across an array of key variables, including ethnicity, the proportion of income spent on housing, percentage of the population with poor physical and mental health, and broadband internet access.

Meanwhile, the purposive sample has higher percentages for several key variables. Given this study's focus, the sample has higher percentages of the primary programs of focus, including HPOG, MIECHV, and HMRF, and tribal programs including Tribal MIECHV and Tribal TANF. The sample also has a higher percentage of larger rural counties (with an urban population of 20,000 or more). The sample also consists of rural counties that have larger populations of color and Hispanic ethnicity; higher unemployment rates; higher percentages of housing units without a vehicle; prior designations as persistent poverty counties; or residence locations within a state-supervised and county-administered system. Finally, the sample has a lower percentage of Midwest rural counties, but larger percentages of counties in the Northeast, South, and West as well as and higher percentages of rural counties in the Appalachia, the Colonias, the Delta, and Native Lands regions.

Exhibit 32. Comparison of the 12 Counties Selected for Virtual Site Visits Against the Universe of Rural Counties

Variable	Selected Rural Counties (n = 12)	Universe of Rural Counties (N = 1,976)
# of States Represented	12	47
% of Counties with HPOG (non-tribal)	33.33%	10.9%
% of Counties with MIECHV (non-tribal)	75.0%	21.4%
% of Counties with HMRF	25.00%	4.4%
% of Counties with TANF (non-tribal)	100%	100%
% of Counties with Tribal HPOG	0.0%	2.7%
% of Counties with Tribal MIECHV	8.33%	2.0%
% of Counties with Tribal TANF	8.33%	2.0%
Mean Number of the Four Primary Programs of Focus Within Counties	2.33	1.40
Mean Number of the Three Tribal Programs Within Counties	0.17	0.07
Mean Number of Primary Programs and Tribal Programs	2.5	1.4
Rural-Urban Continuum Classification of Counties, by Population		
4: Rural county with 20,000 to ~120,000 people in population centers, adjacent to a metropolitan area	33.3%	10.8%
5: Rural county with 20,000 to ~120,000 people in population centers, not adjacent to a metropolitan area	8.3%	4.7%
6: Rural county with 2,500 to 19,999 people in population centers, adjacent to a metropolitan area	16.7%	30.0%
7: Rural county with 2,500 to 19,999 people in population centers, not adjacent to a metropolitan area	8.3%	21.9%
8: Rural county with less than 2,500 people in population centers, adjacent to a metropolitan area	8.3%	11.1%
9: Rural county with less than 2,500 people in population centers, not adjacent to a metropolitan area	25.0%	21.5%
% of Counties Adjacent to a Metropolitan Area	41.7%	51.9%
% of Population of Color (Mean and Median)	Mean: 36.7% Median: 24.2%	Mean: 21.7% Median: 12.9%
% of Population with Hispanic Ethnicity (Mean and Median)	Mean: 16.9% Median: 2.7%	Mean: 8.9% Median: 3.3%
% of Persistent Poverty Counties	41.7%	17.5%
% of Unemployment (Mean and Median)	Mean: 7.1% Median: 5.6%	Mean: 4.2% Median: 4.0%
% Housing Units without a Vehicle (Mean and Median)	Mean: 12.4% Median: 8.7%	Mean: 6.4% Median: 5.8%
% of County Population Spending More Than 50% of Income on Housing (Renters and Owners Combined; Mean and Median)	Mean: 9.0% Median: 9.3%	Mean: 8.1% Median: 7.9%
% Population with Poor Physical Health for More Than 14 Days (Mean and Median)	Mean: 16.0% Median: 14.9%	Mean: 14.1% Mode: 14.0%
% Population with Poor Mental Health for More than 14 Days (Mean and Median)	Mean: 16.7% Median: 16.3%	Mean: 15.5% Median: 15.5%
% of Population with Fixed Terrestrial Internet (Mean and Median)	Mean: 70.3% Median: 87.0%	Mean: 73.4% Median: 80.3%
% of Population with Mobile LTE Internet (Mean and Median)	Mean: 90.5% Median: 99.9%	Mean: 98.4% Median: 99.8%
% of Population with Fixed and Mobile Internet (Mean and Median)	Mean: 69.7% Median: 86.9%	Mean: 72.8% Median: 79.7%
Administrative Structure		
County-Administered	33.3%	19.5%

Variable	Selected Rural Counties (n = 12)	Universe of Rural Counties (N = 1,976)
State-Administered	66.7%	77.5%
Hybrid	0.0%	3.0%
U.S. Census Regions		
Midwest	25.0%	38.1%
Northeast	16.7%	4.4%
South	33.3%	42.0%
West	25.0%	15.5%
Rural Regions		
Appalachia	25.0%	13.6%
The Colonias	8.3%	0.9%
The Delta	8.3%	0.7%
Midwest (<i>excluding Appalachia</i>)	16.7%	30.6%
Native Lands	16.7%	19.2%
Northeast (<i>excluding Appalachia</i>)	8.3%	1.7%
South (<i>excluding Appalachia, the Colonias, and the Delta</i>)	8.3%	26.5%
West	8.3%	7.9%

7.1.3 Semi-Structured Interviews in the 12 Rural Communities

The qualitative component of this study focused on semi-structured interviews with human services staff and community partners in the 12 rural counties to better understand the array of human services programs operating within these communities. Complementing these interviews was a concurrent review of publications on rural economic and social well-being and literature related to housing support.

To analyze the interview data collected from the 12 rural counties, we used a five-step qualitative analysis approach (Miles and Huberman, 1994):

1. Coding the data to identify themes and relationships
2. Using codes to display and reduce the data by organizing them into large sections for subsequent analysis
3. Reordering and reflecting on data and making any necessary adjustments to the definitions or guidance for specific codes
4. Extracting key concepts by conducting a thematic analysis on all coded data to identify themes within each construct or code
5. Drawing conclusions from the data and rolling up emerging high-level themes to present summary-level findings across the sites

7.2 Funding Data

In this section we describe the timeframe and sources of the data we used to estimate funding for the four programs of focus in rural counties. Additionally, we describe the methods the 2M Team used to develop county-level estimates of funding from data sources with information at different levels of geography.

7.2.1 Analytical Timeframe

The 2M Team analyzed award funding of all four programs including tribal grantees (according to the amounts received in fiscal year 2018). We selected FY 2018 based on considerations of payment schedules, data availability, and periods of performance. While some programs have fixed annual payouts to grantees, other programs have varying annual awards or spending amounts. In terms of data availability for time-varying programs, FY 2018 was the most recent year of publicly available data for state TANF expenditures and Tribal TANF award funding on the ACF Office Family Assistance (OFA) website. Lastly, FY 2018 was the first year in which all current Tribal Home Visiting grantees received payments.

Exhibit 33 shows the funding periods for each of the four programs.

Exhibit 33. Funding Periods of HMRF, MIECHV, HPOG, and TANF

Program	Program Funding Periods
HMRF	Grantees received funding for 5-year project periods from FY 2015 to FY 2020. Funds are distributed annually across the 5-year period.
MIECHV	Formula funding awards are distributed annually for MIECHV state/territory awardees. ⁴³ All current Tribal Home Visiting grantees receive annual funding for 5-year project periods from FY 2017 to FY 2022 or FY 2018 to FY 2023.
HPOG	HPOG 2.0 grantees received funding for a 5-year project period from FY 2015 to FY 2020. ⁴⁴ Funds are distributed annually across the 5-year period. ⁴⁵
TANF	Block grants are funded annually, but FY 2018 is the most recent year with available data.

7.2.2 Data Sources

The 2M Team used several administrative data sources to obtain the service areas of each grantee of the four programs as well as funding information for these programs. **Exhibit 34** details the data sources we used to analyze the distribution of federal human services funds. The exhibit includes data for HMRF, MIECHV, HPOG, and TANF.

⁴³ In addition to annual formula funding, five innovation awards were granted in FY 2017, for which unused funds may have been carried over into FY 2018. Given the irregularity of these awards and the uncertainty around the amount of retained funding, we have not included innovation awards in this analysis.

⁴⁴ The 2M Team will not consider HPOG 1.0 grantees for this study. HPOG 1.0 grantees received funding for 5-year project periods from FY 2010 to FY 2015.

⁴⁵ The Coronavirus Aid, Relief, and Economic Security Act, 2020, Pub. L. 116–136, extended the HPOG Program through November 30, 2020. ACF, in turn, extended the HPOG 2.0 grant awards for an additional year (through September 29, 2021).

Exhibit 34. Data Sources to Estimate Human Services Funding in Rural Areas in the United States

Program	Data Source Description	Variable(s) of Interest	Smallest Geographic Unit Available
TANF	An Excel spreadsheet from the ACF OFA website detailing the spending of federal TANF and state Maintenance of Effort funds for FY 2018.	Total expenditures (federal TANF and state Margin of Error)	State
Tribal TANF	A single document from the ACF OFA website containing FY 2018 award amounts for Tribal TANF, Native Employment Work, and Child Welfare Coordination grantees.	Funding amount	Grantee service area
	A single document from the ACF OFA website containing information on Tribal TANF grantees, including the tribes served and geographic service area as of January 1, 2015.	Reservation/non-reservation service area, counties served, states served	Grantee service area
MIECHV	Formula funding table from the HRSA website containing awards for FY 2018.	Funding amount	Grantee service area
	State fact sheet documents from the HRSA website containing FY 2018 information on counties served, number of participants, number of households served, and the total number of home visits.	Counties served; states served	Grantee service area
Tribal Home Visiting	Spreadsheet of award disbursements from USASpending.gov to Tribal MIECHV grantees with financial transactions in FY 2018.	Transaction amount, action date	Grantee service area
	Tribal grantee profile documents from the ACF OFA website that contained information on grantee goals and provided context on implementation. When counties served were not explicitly mentioned, a further review of grantee websites often revealed this information.	Reservation/non-reservation service area, counties served, states served	Grantee service area
HMRF	A single document provided by ACF containing annual award amounts for HMRE, New Pathways, and ReFORM grantees beginning with FY 2015.	Funding amount	Grantee service area
	HMRF grantee abstracts from the ACF OFA website that describe grantee target populations, service areas, services provided by the funded program, and contact information. When counties or specific cities served were not explicitly mentioned, a further review of grantee websites often revealed this information.	Cities served, counties served, states served	Grantee service area
HPOG (tribal and non-tribal)	A single document provided by ACF containing annual award amounts for HPOG 2.0 and Tribal HPOG 2.0 grantees.	Funding amount	Grantee service area
	HPOG and Tribal HPOG grantee abstracts from the ACF OFA website that provide information on grantee target populations, service areas, projected participant counts, and a rich description of services provided.	Counties served; states served	Grantee service area

7.2.3 Methods to Estimate Funding at the County Level

One challenge the 2M Team faced when analyzing funding was the fact that various funding streams for the four programs of focus lacked a consistent alignment. For example, the funding information for grantees is often provided for an entire grantee service area, which can correspond to multiple rural counties or an entire state (e.g., multiple units of analysis) or a tribal area (e.g., one or more units of analysis depending on the number of rural counties where the tribal area overlaps). For these grantees, the 2M Team apportioned funding information to rural counties via the following approaches when analyzing funding distributions:

Case 1: The grantee service area had only rural counties. In this case, the 2M Team used Small Area Income and Poverty Estimates (SAIPE) data to estimate the number of low-income (e.g., below the federal poverty line) families in each county of the service area and determine the percentage of the low-income family population of the entire grantee service area located in each rural county. The 2M Team used that percentage to weight the funding information. For example, if a grantee received \$1 million in funding, has a service area that includes two rural counties (e.g., two units of analysis), and 80 percent of low-income families are in the first county with 20 percent in the other county, the 2M Team would estimate that \$800,000 in funding went to the first county and \$200,000 in funding went to the other county.

Case 2: The grantee service area had only non-rural counties. In this case, the 2M Team excluded the grantee from the analysis.

Case 3: The grantee service area had some rural and some urban counties. The 2M Team used SAIPE data to weight the funding information using the same approach described in Case 1 above. After weighting the funding information, we also removed the urban counties from the service area.

Case 4: The grantee service area specifies some unit other than counties (e.g., tribal areas, cities). In this case, the 2M Team used GIS layers provided by the Census Bureau to determine what counties the service area overlapped. Once we had the set of counties corresponding to the service area, we followed the appropriate approach listed above.

7.2.4 Detailed Funding Results

Exhibits 35 through 38 provide descriptive statistics of the estimated funding in rural counties for each of the four programs of focus.

Exhibit 35. FY 2018 TANF Funding (Combination of Federal and State MOE Spending and Tribal TANF Funding) in Rural Counties by Rural Urban Continuum Codes (RUCCs)

RUCCs	Sum	Mean	Standard Deviation	Minimum	Median	Maximum
4. Rural county with 20,000 to ~120,000 people in population centers, adjacent to a metropolitan area	\$232,077,097	\$1,084,472	\$1,658,234	\$61,283	\$499,646	\$12,835,170
5. Rural county with 20,000 to ~120,000 people in population centers, not adjacent to a metropolitan area	\$91,784,703	\$997,660	\$2,007,190	\$55,106	\$402,750	\$16,030,126
6. Rural county with 2,500 to 19,999 people in population centers, adjacent to a metropolitan area	\$180,703,816	\$304,728	\$514,966	\$4,614	\$129,161	\$4,570,248
7. Rural county with 2,500 to 19,999 people in population centers, not adjacent to a metropolitan area	\$144,070,296	\$332,726	\$662,805	\$4,552	\$129,268	\$6,704,030
8. Rural county with less than 2,500 people in population centers, adjacent to a metropolitan area	\$29,296,100	\$133,164	\$207,777	\$808	\$60,148	\$1,427,439
9. Rural county with less than 2,500 people in population centers, not adjacent to a metropolitan area	\$46,957,133	\$110,748	\$232,787	\$62	\$42,706	\$3,318,318
Total	\$724,889,146	\$366,847	\$877,539	\$62	\$116,496	\$16,030,126

Exhibit 36. FY 2018 Funding for MIECHV in Rural Counties by RUCCs

RUCCs	Sum	Mean	Standard Deviation	Minimum	Median	Maximum
4. Rural county with 20,000 to ~120,000 people in population centers, adjacent to a metropolitan area	\$13,354,403	\$62,404	\$124,067	\$0	\$0	\$788,473
5. Rural county with 20,000 to ~120,000 people in population centers, not adjacent to a metropolitan area	\$9,394,640	\$102,116	\$223,701	\$0	\$0	\$1,168,098
6. Rural county with 2,500 to 19,999 people in population centers, adjacent to a metropolitan area	\$12,861,590	\$21,689	\$58,603	\$0	\$0	\$527,652
7. Rural county with 2,500 to 19,999 people in population centers, not adjacent to a metropolitan area	\$14,781,027	\$34,136	\$104,639	\$0	\$0	\$1,110,752
8. Rural county with less than 2,500 people in population centers, adjacent to a metropolitan area	\$2,530,046	\$11,500	\$32,728	\$0	\$0	\$245,196
9. Rural county with less than 2,500 people in population centers, not adjacent to a metropolitan area	\$5,065,493	\$11,947	\$56,105	\$0	\$0	\$911,080
Total	\$57,987,199	\$29,346	\$93,120	\$0	\$0	\$1,168,098

Exhibit 37. FY 2018 Funding for HMRF in Rural Counties by RUCCs

RUCCs	Sum	Mean	Standard Deviation	Minimum	Median	Maximum
4. Rural county with 20,000 to ~120,000 people in population centers, adjacent to a metropolitan area	\$1,733,375	\$8,100	\$37,744	\$0	\$0	\$332,003
5. Rural county with 20,000 to ~120,000 people in population centers, not adjacent to a metropolitan area	\$616,518	\$6,701	\$28,060	\$0	\$0	\$191,554
6. Rural county with 2,500 to 19,999 people in population centers, adjacent to a metropolitan area	\$1,689,963	\$2,850	\$17,079	\$0	\$0	\$175,869
7. Rural county with 2,500 to 19,999 people in population centers, not adjacent to a metropolitan area	\$1,390,928	\$3,212	\$23,818	\$0	\$0	\$319,155
8. Rural county with less than 2,500 people in population centers, adjacent to a metropolitan area	\$153,756	\$699	\$5,379	\$0	\$0	\$58,894
9. Rural county with less than 2,500 people in population centers, not adjacent to a metropolitan area	\$1,388,355	\$3,274	\$49,088	\$0	\$0	\$999,999
Total	\$6,972,895	\$3,529	\$30,406	\$0	\$0	\$999,999

Exhibit 38. FY 2018 Funding for HPOG in Rural Counties by RUCCs

RUCCs	Sum	Mean	Standard Deviation	Minimum	Median	Maximum
4. Rural county with 20,000 to ~120,000 people in population centers, adjacent to a metropolitan area	\$1,964,101	\$9,178	\$32,766	\$0	\$0	\$203,753
5. Rural county with 20,000 to ~120,000 people in population centers, not adjacent to a metropolitan area	\$674,381	\$7,330	\$20,883	\$0	\$0	\$115,227
6. Rural county with 2,500 to 19,999 people in population centers, adjacent to a metropolitan area	\$1,625,710	\$2,742	\$13,873	\$0	\$0	\$204,085
7. Rural county with 2,500 to 19,999 people in population centers, not adjacent to a metropolitan area	\$1,519,915	\$3,510	\$16,713	\$0	\$0	\$214,873
8. Rural county with less than 2,500 people in population centers, adjacent to a metropolitan area	\$502,913	\$2,286	\$8,168	\$0	\$0	\$78,790
9. Rural county with less than 2,500 people in population centers, not adjacent to a metropolitan area	\$3,313,980	\$7,816	\$114,104	\$0	\$0	\$2,343,096
Total	\$9,601,000	\$4,859	\$55,293	\$0	\$0	\$2,343,096

7.3 Estimating Remaining Need

As we describe in section 4.2.1 above, the 2M Team used the following formula to estimate remaining need in each rural county:

$$\frac{Eligible - PopulationServed}{NonFederalExpenditures_PerCapita + 1} + Std_Sum_Need$$

In this section, we provide more detail on the data sources and variables used to develop the remaining need estimate for each of the four programs of focus. There is a subsection for each element of the formula including the eligible population (*Eligible*), population served (*PopulationServed*), non-federal expenditures per capita (*NonFederalExpenditures_PerCapita*), and baseline level of need (*Std_Sum_Need*).

7.3.1 Eligible Population

The 2M Team used secondary data sources to estimate the population eligible for program services in each rural county. We describe the sources for each program of focus below.

Eligible Population for TANF Cash Assistance

To estimate the population eligible for TANF Cash Assistance, we consulted the Welfare Rules Database⁴⁶ and identified each state's maximum income for eligibility for a family of three. We then counted the number of households in the American Community Survey (ACS) Public Use Microdata Sample (PUMS) with incomes below the cutoff. The ACS PUMS data are reported at the Public Use Microdata Area (PUMA) level. PUMAs generally span more than one county. To estimate the eligible population at the county level, we calculated the ratio of each county's land area in the PUMA and used this ratio as a weight to apportion the eligible population to the county.

Eligible Population for MIECHV Program Services

For MIECHV, we estimated eligible population using a data file provided by federal MIECHV program staff. The estimate of population eligible for MIECHV Program services is the sum of the number of families with children under the age of six living below 100 percent of the poverty line and the number of families below 100 percent of the poverty line with a child under the age of one and no other children under the age of six (which is a proxy for families with a pregnant woman that would also be eligible for MIECHV services). The sum also includes only families that belong to one or more of the following at-risk subpopulations:⁴⁷

- Mothers with low education (high school diploma or less)
- Young mothers under the age of 21
- Families with an infant (child under the age of one)

These criteria align with the definition of priority families in the Home Visiting Yearbook (National Home Visiting Resource Center, 2021). The data provided by MIECHV program staff come from the ACS 2017 one-year PUMS data and include primary families and unrelated sub-families living in the same household.

⁴⁶ The Welfare Rules Database, which was developed with funds from OPRE, is available on the Urban Institute's website here: <https://wrd.urban.org/wrd/Query/query.cfm>.

⁴⁷ MIECHV program staff use these subpopulations because they are available in the ACS PUMS data and linked with negative maternal and child health outcomes such as low birth weight, child injury, child maltreatment, school readiness disparities, etc.

Eligible Population for HMRF Program Services

For HMRF, we summed estimates of separate populations to get an overall estimate of eligible population. We measured each subpopulation with different data sources and methods (**Exhibit 39**). Unless other noted, all data sources come from 2018.

Exhibit 39. HMRF Eligible Populations

Eligible Population	Data Source	Notes
Community Fathers	Survey of Income and Program Participation	Count of fathers at the state level with at least one child. We developed the county estimate by allocating the state value to counties based on the proportion of men ages 20 through 44 in the county. This approach assumes there are more fathers in counties with more men ages 20 through 44.
Adult couples or individuals in relationships	Census ACS, 5-year estimates	Sum of the number of unmarried partner households and married-couple family households
Individuals in high school	Census ACS, 5-year estimates	Number enrolled in grade 9 through 12

Eligible Population for HPOG Program Services

We estimated the eligible population for HPOG Program services with the number of individuals ages 18 through 64 under 200 percent of the federal poverty line using the 2018 Census ACS five-year estimates. A key limitation of this approach is that it left out the eligibility criteria instituted by each HPOG program, which, in many cases, were much stricter than trending below 200 percent of the poverty line.

7.3.2 Population Served

The 2M Team used administrative data sources provided by federal program staff to estimate the population served by each program in each rural county. We describe the administrative sources for each program below.

Population Served by TANF Cash Assistance

For TANF, we estimated population served using the average monthly cash assistance case counts at the county level from Form ACF-199, which captures information about TANF caseloads from states and territories receiving federal TANF funding.

Population Served by MIECHV Program Services

For MIECHV, we estimated population served with two variables provided in MIECHV Program Form 1 (tribal and non-tribal estimates were summed):

- Index of children served across grantee service area (this is a proxy for the number of caregivers of children birth to kindergarten age served)
- Pregnant women served across grantee service area

MIECHV Program Form 1 is a required form that all grantees of the program complete on an annual basis and includes demographic, service utilization, and select clinical indicators. Grantees reported the population served information in Program Form 1 for the entire grantee service area, which often spans more than one county. To estimate population served in each rural county, we used the following three steps:

1. We calculated the total eligible population in the grantee service area by summing the estimated eligible population in each rural county
2. We calculated the proportion of the total eligible population developed in Step 1 located in each rural county
3. We used the proportion calculated in Step 2 as a weight to apportion the total population served to each rural county. For example, if a rural county had 20 percent of the total eligible population, it was assigned 20 percent of the total population served⁴⁸

Population Served by HMRP Program Services

For HMRP, we estimated population served using the total individuals reported for each grantee service area in the Information, Family Outcomes, Reporting, and Management system, which grantees use to track participation information. We requested data from HMRP program staff for FY 2018 for the 2015 through 2020 cohort of HMRP grants. Like the MIECHV Program, grantee service areas for HMRP can span more than one county. We estimated the population served in each rural county using the following three steps:

1. We calculated the total population in poverty in the grantee service area by summing the estimated population in poverty (from the 2018 SAIPE) in each rural county
2. We calculated the proportion of the total population in poverty developed in Step 1 located in each rural county
3. We used the proportion calculated in Step 2 as a weight to apportion the total population served to each rural county. For example, if a rural county had 20 percent of the total population in poverty, it was assigned 20 percent of the total population served⁴⁹

Population Served by HPOG Program Services

For HPOG, we estimated population served using the total individuals reported for each grantee service area in the Participant Accomplishment and Grant Evaluation System

⁴⁸ This approach assumes that the grantees served more people in counties with a higher eligible population.

⁴⁹ This approach assumes that the grantees served more people in counties with more people in poverty.

(PAGES), which grantees used to track participation information. We requested FY 2018 PAGES data from HPOG program staff in late January and early February 2021. Like the MIECHV Program and HMRF Program, HPOG grantee service areas can span more than one county. We estimated the population served in each rural county using the same three steps described for the HMRF program above.

7.3.3 Non-Federal Expenditures Per Capita

The 2M Team used the same measure of non-federal expenditures per capita for each of the four programs. To estimate non-federal expenditures per capita, we summed three variables:

- The total expenses for human services nonprofit organizations in the county (from the National Center for Charitable Statistics 2018 data)
- Payments under public welfare programs made directly to private vendors in the county (e.g., individuals or nongovernmental organizations furnishing goods and services) for services and commodities other than medical, hospital, and healthcare on behalf of low-income or other means-tested beneficiaries (from the 2012 Survey of State and Local Governments by the Census Bureau)
- Cash payments made directly to individuals in the county contingent upon their need except for those under federal categorical assistance programs (from the 2012 Survey of State and Local Governments by the Census Bureau)

We then divided the sum by the 2018 population in poverty in the county from the SAIPE data to get a per capita estimate.

7.3.4 Baseline Level of Need

As shown in **Exhibit 15 and Exhibit 16** in Section 4.1 above, the 2M Team defined different categories of need for each of the four programs of focus. Each category of need has a set of key indicators. The 2M Team developed standardized sums of the key indicators of each category of need that we used as estimates of the baseline level of need in each rural county. **Exhibit 40, Exhibit 41, Exhibit 42, and Exhibit 43** provide information on the key indicators for each category of need for TANF Cash Assistance, MIECHV, HMRF, and HPOG, respectively. Unless otherwise noted, all data sources come from the year 2018.

Exhibit 40. Data Sources and Notes for TANF Cash Assistance Key Indicators of Need

Category of Need	Key Indicator of Need	Data Source	Notes
Family self-sufficiency	Percentage of households with cash public assistance or Food Stamps/Supplemental Nutritional Assistance Program	Census ACS, 5-year estimates	
	Increased rates of government assistance	Census ACS, 5-year estimates	Difference from 2013 to 2018
	Percentage of families with related children of householder under age 18 below poverty line	Census ACS, 5-year estimates	
Individual self-sufficiency	Unemployment rate	Bureau of Labor Statistics (BLS) Local Area Unemployment Statistics (LAUS)	
	Underemployment as a measure of full-time workers below poverty line	Census ACS, 5-year estimates	
	Attachment to and stability in the workforce (e.g., turnover rate, stable separations, stable hires)	Census Quarterly Workforce Indicators (QWI)	
	Mean usual hours not worked	Census ACS, 5-year estimates	40 minus mean usual hours worked
	Low number of employers	County Business Patterns (CBP)	1 divided by the count of establishments. We added 1 to the count to avoid dividing by zero.
	Share of workers commuting to other counties for work	Census ACS, 5-year estimates	1 divided by the count of establishments with NAICS code "Child Day Care Services." We added 1 to the count to avoid dividing by zero.
	Number of individuals without a completed high school education	Census ACS, 5-year estimates	
Programmatic support services	Lack of postsecondary education institutions	CBP	1 divided by the count of establishments with NAICS codes "Junior Colleges" and "Colleges, Universities, and Professional Schools." We added 1 to the count to avoid dividing by zero.
	Lack of transportation services	CBP	1 divided by the count of establishments with NAICS code "Child Day Care Services." We added 1 to the count to avoid dividing by zero.
	Lack of child daycare services	CBP	1 divided by the count of establishments with NAICS code "Child Day Care Services." We added 1 to the count to avoid dividing by zero.
	Presence of non-traditional educational opportunities (e.g., business schools and computer and management training; technical schools; trade schools)	CBP	Count of establishments under NAICS codes "Business Schools and Computer and Management Training" and "Technical and Trade Schools."

Exhibit 41. Data Sources and Notes for MIECHV Key Indicators of Need

Category of Need	Key Indicator of Need	Data Source	Notes
Family health and well-being	Ratio of population to primary care physicians	County Health Rankings	
	Violent crime rate	County Health Rankings	Indicator for 2016; reported violent crime offenses per 100,000 people
	Percentage of adults who smoke	County Health Rankings	Indicator for 2017
	Death rate for drug poisoning	Centers for Disease Control and Prevention (CDC) National Vital Statistics System (NVSS), Mortality	Crude rate per 100,000 people
	Average number of mentally unhealthy days reported in last 30 days	County Health Rankings	Indicator for 2017
	Prevalence of maternal depression	ACF National Child Abuse and Neglect Data System (NCANDS)	Count of children with caregiver with emotional disturbance
	Ratio of population to mental health providers	County Health Rankings	
	Prevalence of domestic violence	ACF NCANDS	Count of children in homes with domestic violence
Family self-sufficiency	Percentage of families with related children of householder under age five below poverty line	Census ACS, five-year estimates	
	Number of individuals without a completed high school education	Census ACS, five-year estimates	
	Child food insecurity rate	Feeding America	
	Unemployment rate	BLS LAUS	
Healthy child development	Lack of availability of Head Start	ACF Early Childhood Learning and Knowledge Center	1 divided by the count of Head Start, Early Head Start, Migrant and Seasonal Head Start, and American Indian/Alaska Native locations
	Number of children with special needs	ACF NCANDS	Count of children with an emotional disturbance, physical disability, visual or hearing impairment, or behavior problem
	Number of children with developmental delays	ACF NCANDS	Count of children with an intellectual disability, learning disability, or other medical condition
	Number of children placed in foster care	Census ACS, 5-year estimates	
	Number of children experiencing maltreatment	ACF NCANDS	Count of children where there was reason to suspect or substantiate maltreatment
Infant health	Number of premature births	CDC NVSS, Natality	Premature defined as gestational age <37 weeks
	Prevalence of low-birth-weight births	County Health Rankings	Low birth weight defined as < 2,500 grams
Maternal health and prenatal care	Prenatal exposure to drug and alcohol use	ACF NCANDS	Count of children with prenatal exposure to drugs or alcohol use
	Percentage of live births with at least one pregnancy risk factor	CDC NVSS, Natality	Risk factors include Gestational Diabetes; Gestational Hypertension; Eclampsia; Pre-pregnancy Diabetes; Pre-pregnancy Hypertension; Previous Pre-term Birth; Previous Cesarean Delivery; Infertility Treatment Used; Fertility Enhancing Drugs; or Assistive Reproductive Technology
	Rate of births for women ages 15 through 19	County Health Rankings	
	Percentage of births without at least one prenatal visit	CDC NVSS, Natality	

Exhibit 42. Data Sources and Notes for HMRF Key Indicators of Need

Category of Need	Key Indicator of Need	Data Source	Notes
Family self-sufficiency	Lack of career development service providers	CBP	1 divided by the count of establishments with NAICS code "Vocational Rehabilitation Services." We added 1 to the count to avoid dividing by zero.
	Poverty rate of married families	Census ACS, five-year estimates	
	Unemployment rate of married individuals	Census ACS, five-year estimates	
Marital or family stability	Divorce rate	Census ACS, five-year estimates	Percentage of population age 15 or older with marital status divorced
	Separation rate	Census ACS, five-year estimates	Percentage of population age 15 or older with marital status separated
	Increasing divorce rate over time	Census ACS, five-year estimates	Percentage point change from 2010 to 2018
	Increasing separation rate over time	Census ACS, five-year estimates	Percentage point change from 2010 to 2018
	Prevalence of domestic violence	ACF NCANDS	Count of children in homes with domestic violence
Paternal support services	Number of children in single-female households	Census ACS, five-year estimates	
Programmatic support services	Lack of public transportation services	CBP	1 divided by the count of establishments with NAICS codes "Urban Transit Systems" or "Interurban and Rural Bus Transportation." We added 1 to the count to avoid dividing by zero.
	Lack of individual and family services	CBP	1 divided by the count of establishments with NAICS code "Individual and Family Services." We added 1 to the count to avoid dividing by zero.
	Lack of religious and civic and social organizations	CBP	1 divided by the count of establishments with NAICS codes "Religious Organizations" or "Civic and Social Organizations." We added 1 to the count to avoid dividing by zero.
	Lack of child daycare services	CBP	1 divided by the count of establishments with NAICS code "Child Day Care Services." We added 1 to the count to avoid dividing by zero.
Targeted outreach for at-risk high school students	Percentage of teenagers in unmarried households	Census ACS, five-year estimates	Percentage of the population ages 12 through 17 in unmarried households (no wife or husband present)
	Number of teenagers experiencing maltreatment	ACF NCANDS	Children ages 13 through 19 where there is reason to suspect or substantiate maltreatment
	Number of teenagers witnessing domestic violence	ACF NCANDS	Count of children ages 13 through 19 in homes with domestic violence

Exhibit 43. Data Sources and Notes for HPOG Key Indicators of Need

Category of Need	Key Indicator of Need	Data Source	Notes
Healthcare jobs in high demand	Number of healthcare training programs provided by postsecondary institutions	Institute of Education Sciences (IES), National Center for Education Statistics (NCES), Integrated Postsecondary Education Data System (IPEDS)	Number medical profession certificate programs
	Cost of healthcare training programs provided by postsecondary institutions	IES, NCES, IPEDS	Average cost of tuition and fees
	Percentage of healthcare workers aged 55 and older to total healthcare workforce	Census QWI	Percentage of workers in the healthcare industry age 55 and older
	Healthcare workforce retention	Census QWI	Number of stable separations
Individual self-sufficiency	Number of individuals without college credit	Census ACS, five-year estimates	Count of individuals with high school education or less
Programmatic support services	Lack of transportation services	CBP	1 divided by the count of establishments with NAICS codes "Urban Transit Systems" or "Interurban and Rural Bus Transportation." We added 1 to the count to avoid dividing by zero.
	Lack of child daycare services	CBP	1 divided by the count of establishments with NAICS code "Child Day Care Services." We added 1 to the count to avoid dividing by zero.
	Lack of financial aid assistance	IES, NCES, IPEDS	Percentage of undergraduates who are not receiving grant aid; percentage of undergraduates who do not receive federal student loans
	Lack of broadband internet access	Census ACS, five-year estimates	Percentage of households without a broadband internet subscription
	Low accessibility of computers	Census ACS, five-year estimates	Percentage of households without a computer

7.4 Detailed Remaining Need Results

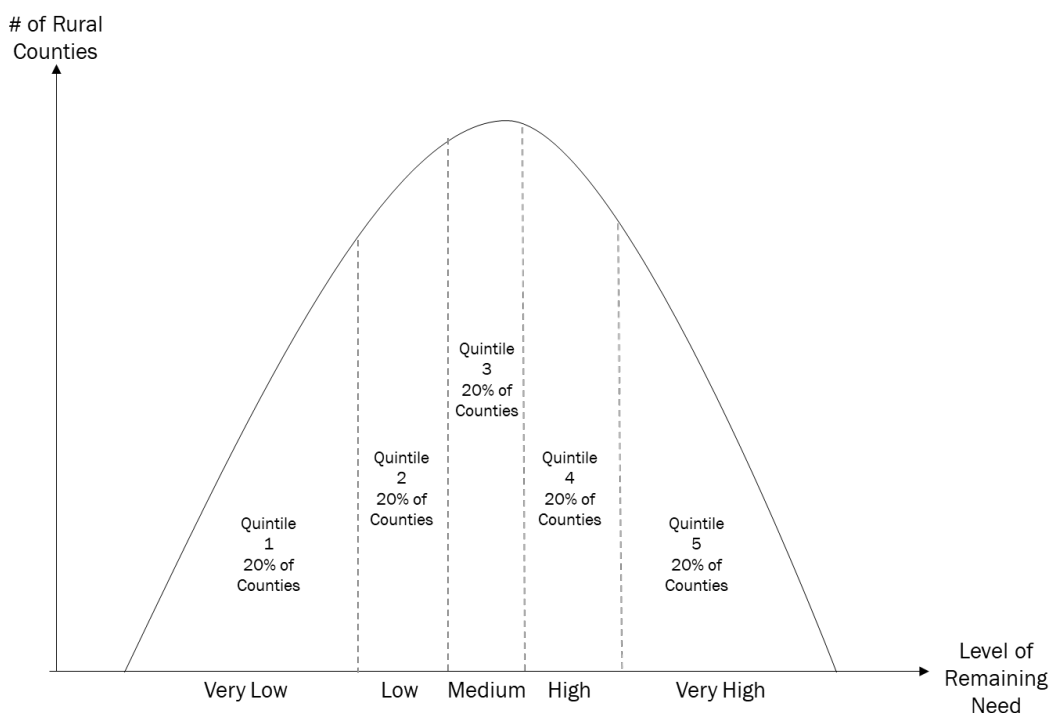
In this section we include detailed results for the remaining need estimates for each program, including analysis of the quintiles of remaining need and program-specific results identifying clusters of high remaining need.

7.4.1 Quintiles of Remaining Need

One method the 2M Team investigated for reporting remaining need was to compare rural counties to one another using quintiles. Quintiles break up the remaining need estimate into five distinct categories, where each category has roughly the same number of rural counties (see **Exhibit 44** for a visual depiction):

1. First quintile: “very low” remaining need, lower estimate than 80 percent of all rural counties
2. Second quintile: “low” remaining need, lower estimate than 60 percent of all rural counties, but a higher estimate than the 20 percent in the lowest quintile
3. Third quintile: “medium” remaining need, lower than the 40 percent in the top two quintiles and higher than the 40 percent in the bottom two quintiles
4. Fourth quintile: “high” remaining need, higher than 60 percent of all rural counties, but lower than the 20 percent in the top quintile
5. Fifth quintile: “very high” remaining need, higher than 80 percent of all rural counties

Exhibit 44. Visual Depiction of the Quintiles of Remaining Need



We did not include these results in the main body of the report because the estimates of remaining need were highly skewed with a small, but significant, number of rural counties having extremely high remaining need. **Exhibit 45** shows the minimum and maximum value of each remaining need estimate on a scale of 1 to 10 for each quintile.

Exhibit 45. Range of Remaining Need Estimates by Quintile for Each Program of Focus

Remaining Need Program Estimates	Quintile	Minimum Value	Maximum Value
TANF Cash Assistance	1	1.00	1.95
	2	1.95	1.96
	3	1.96	1.97
	4	1.97	2.01
	5	2.01	10.00
MIECHV	1	1.00	1.07
	2	1.07	1.08
	3	1.08	1.10
	4	1.10	1.13
	5	1.13	10.00
HMRP	1	1.00	1.01
	2	1.01	1.02
	3	1.02	1.04
	4	1.04	1.10
	5	1.10	10.00
HPOG	1	1.00	1.00
	2	1.00	1.01
	3	1.01	1.02
	4	1.02	1.06
	5	1.06	10.00

The fifth quintile of the remaining need estimate for each program contains a much larger range of values than the others due to the skew in the data. When viewing remaining need results by quintile, it is therefore important to remember the data are skewed and the first four quintiles capture very similar remaining need values. Despite this issue, the results offer another way to understand remaining need in rural counties. Additionally, viewing results by quintile does not contradict the primary findings we present in the main report.

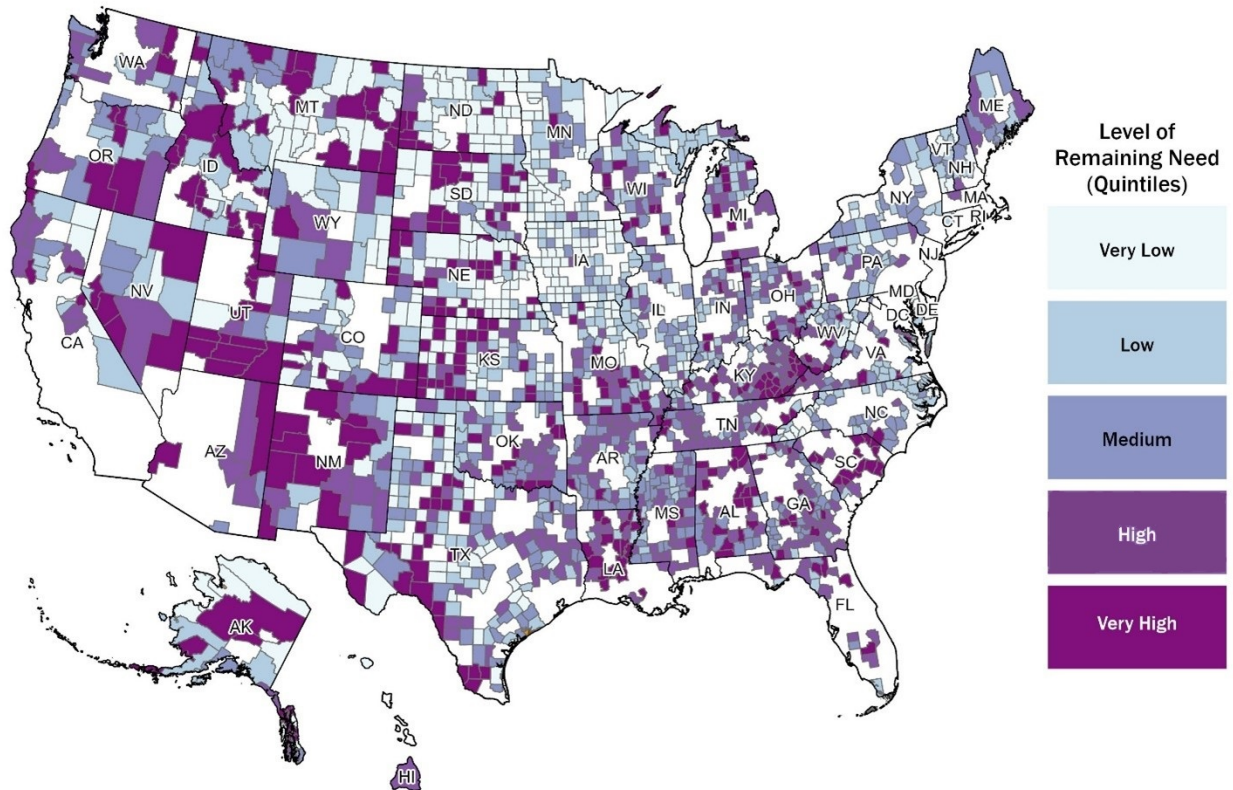
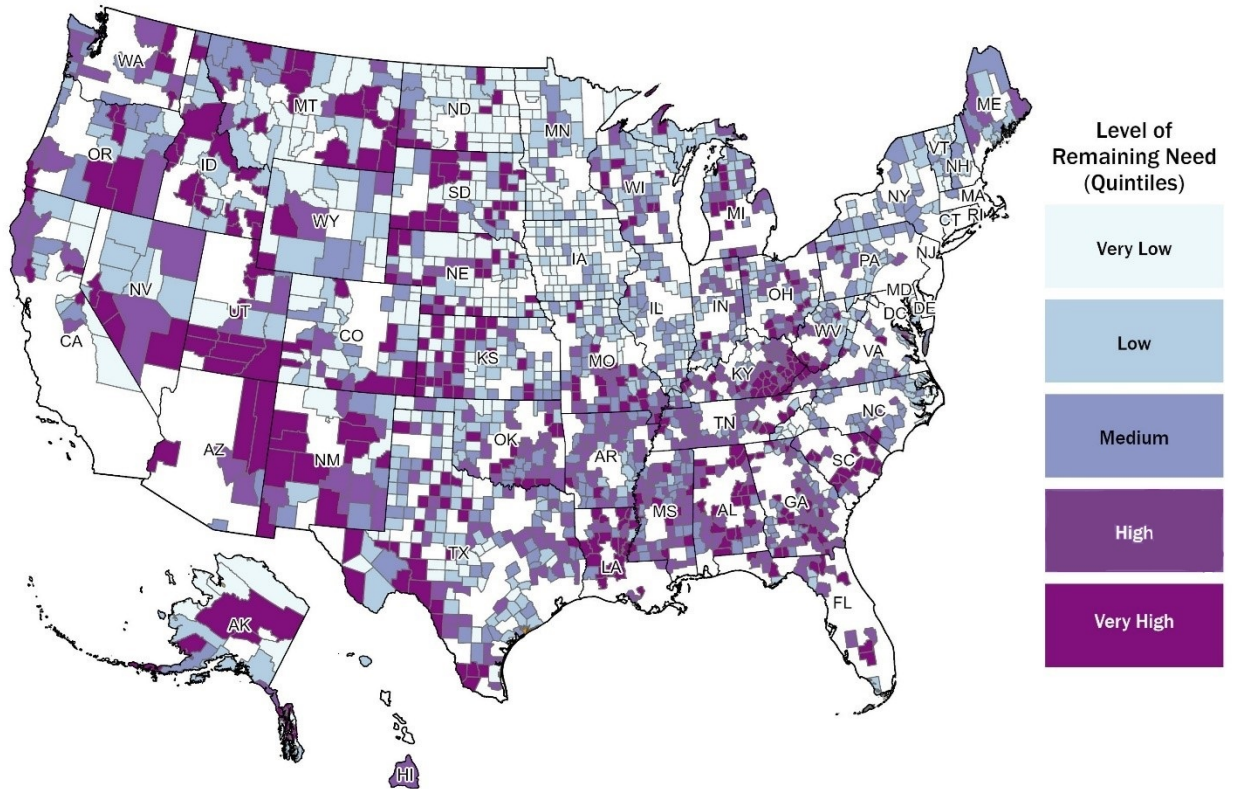
Exhibit 46 through Exhibit 49 show quintile maps of remaining need for TANF Cash Assistance, MIECHV Program services, HMRP Program services, and HPOG Program services, respectively. The results are virtually the same for each of the four programs. Very high remaining need (the fifth quintile) tends to concentrate in Appalachia, the Delta region, and other parts of the South; in the West and Rocky Mountain regions (locations in Washington, Oregon, Montana, Wyoming, Utah, Nevada, and Colorado); in the rural Southwest (Arizona and New Mexico); in central states (North Dakota, South Dakota, and Kansas); in the Colonias border region in Texas; in pockets in Michigan and Wisconsin; and in Alaska. These findings are consistent with results of the hotspot analysis, which are available in **Exhibit 19** of Section 4.2.3 above.

Level of Remaining Need (Quintiles)

- Very Low
- Low
- Medium
- High
- Very High

Level of Remaining Need (Quintiles)

- Very Low
- Low
- Medium
- High
- Very High

Exhibit 48. Quintiles of Remaining Need for HMRF Program Services**Exhibit 49. Quintiles of Remaining Need for HPOG Program Services**

7.4.2 Clusters of High Remaining Need

In Section 4.2.3 above, we identify specific clusters of high remaining need in rural counties across the United States. **Exhibit 50** provides the names of the rural counties in each of the 26 clusters.

Exhibit 50. Rural Counties in Each Cluster of High Remaining Need

#	Cluster	N	Names of Rural Counties in the Cluster
1	Washington, Idaho, and Montana	8	WA: Adams, Ferry, Lincoln, Okanogan, Whitman ID: Bonner, Boundary MT: Lincoln
2	Montana	2	Chouteau, Toole
3	Idaho, Oregon, and Nevada	13	ID: Blaine, Cassia, Elmore, Gooding, Jerome, Lincoln, Minidoka, Twin Falls OR: Harney, Lake, Malheur NV: Elko, Humboldt
4	Utah, Southwest Wyoming, and Southeast Idaho	10	UT: Carbon, Duchesne, Rich, Sanpete, Summit, Wasatch WY: Lincoln, Sweetwater, Uinta ID: Bear Lake
5	Northeast California and Nevada	5	CA: Lassen, Nevada, Plumas, Sierra NV: Lyon
6	New Mexico, South Utah, and Arizona	24	NM: Catron, Cibola, Colfax, Guadalupe, Harding, Los Alamos, McKinley, Mora, Rio Arriba, San Miguel, Sierra, Taos UT: Garfield, Iron, Kane, Piute, San Juan, Wayne AZ: Apache, Gila, Graham, Greenlee, Navajo
7	Alaska	6	Denali Borough, Nome Census Area, North Slope Borough, Northwest Arctic Borough, Southeast Fairbanks Census Area, Yukon-Koyukuk Census Area
8	North Dakota and South Dakota Border	5	SD: Corson, Dewey, Walworth, Ziebach ND: Grant
9	East South Dakota	1	Codington
10	South Dakota and Nebraska Border	5	SD: Bennett, Fall River, Jackson, Oglala Lakota NE: Dawes
11	West Kansas	2	Hamilton, Haskell
12	South Texas	13	Brooks, Dimmit, Duval, Jim Hogg, Kenedy, Kinney, Kleberg, Maverick, Starr, Uvalde, Willacy, Zapata, Zavala
13	Upper Peninsula	3	MI: Houghton, Keweenaw MN: Cook
14	Michigan	8	Antrim, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Missaukee, Otsego
15	Southwest Wisconsin	5	Crawford, Grant, Richland, Sauk, Vernon
16	South Missouri	16	Barton, Cedar, Crawford, Dade, Dent, Douglas, Howell, Laclede, Lawrence, Phelps, Reynolds, Ripley, Shannon, Texas, Washington, Wright
17	West Kentucky and South Illinois	5	KY: Caldwell, Crittenden, Livingston, Lyon IL: Pope
18	Missouri, Tennessee, and Arkansas Border	7	MO: Dunklin, New Madrid, Pemiscot TN: Dyer, Lake, Lauderdale AR: Mississippi

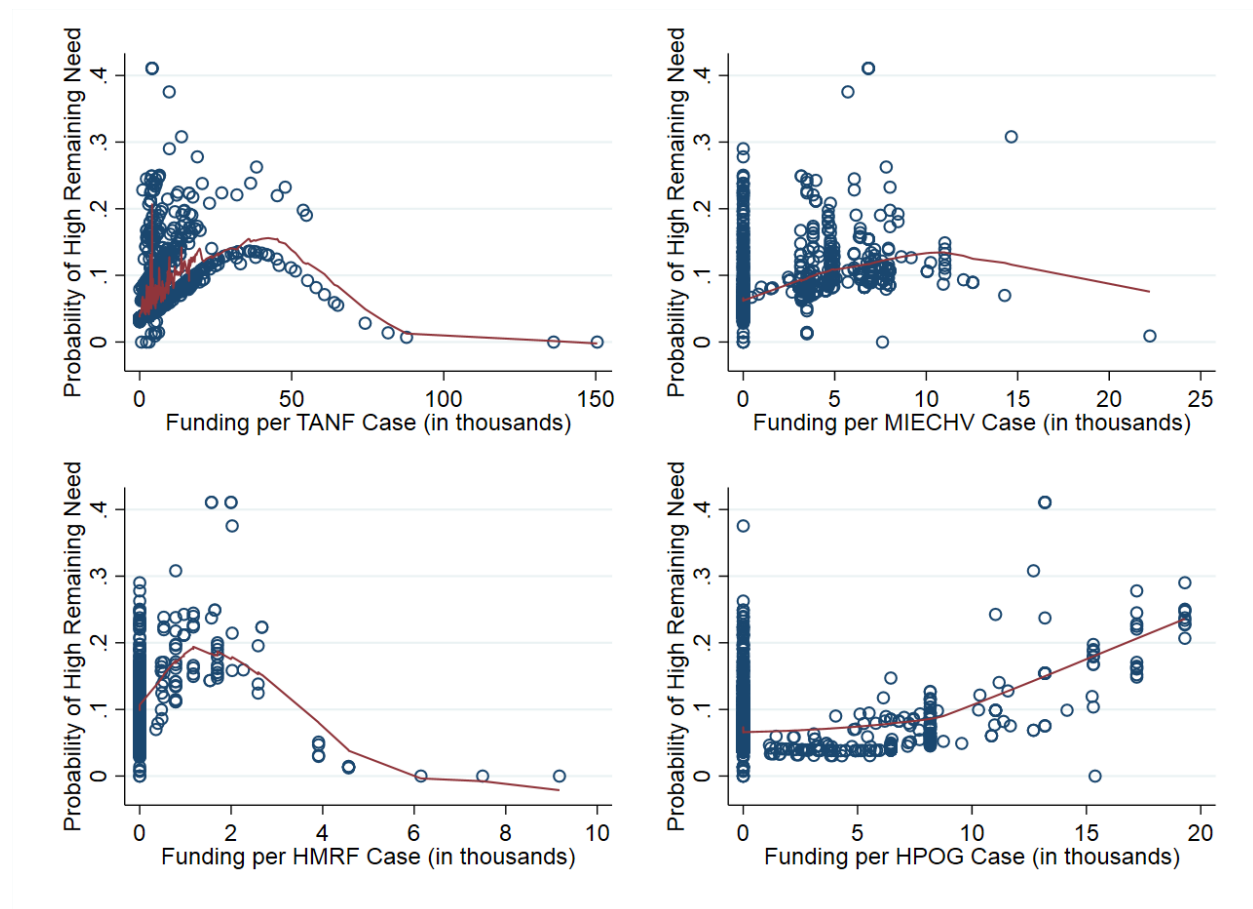
#	Cluster	N	Names of Rural Counties in the Cluster
19	South Delta Region	33	LA: Allen, Assumption, Avoyelles, Bienville, Caldwell, Catahoula, Claiborne, Concordia, East Carroll, Evangeline, Franklin, Jackson, Jefferson Davis, La Salle, Lincoln, Madison, Morehouse, Natchitoches, Red River, Richland, Sabine, St. Landry, St. Mary, Tensas, Vernon, West Carroll, Winn MS: Adams, Issaquena, Warren TX: Sabine, San Augustine, Shelby
20	Northwest Ohio	5	Defiance, Henry, Paulding, Putnam, Van Wert
21	Northeast Ohio	11	Ashland, Columbiana, Coshocton, Holmes, Knox, Morgan, Muskingum, Noble, Tuscarawas, Washington, Wayne
22	South Ohio and North Kentucky	9	OH: Adams, Clinton, Fayette, Highland, Pile, Ross, Scioto KY: Lewis, Mason
23	South West Virginia	3	Logan, Mingo, Wyoming
24	Central Kentucky and North Tennessee	12	KY: Clay, Estill, Jackson, Laurel, Lee, Madison, McCreary, Owsley, Rockcastle, Wayne, Whitley TN: Scott
25	Alabama	13	Barbour, Bullock, Butler, Chambers, Clay, Cleburne, Coosa, Crenshaw, Macon, Pike, Randolph, Talladega, Tallapoosa
26	South Carolina	5	Clarendon, Georgetown, Lee, Marion, Williamsburg

7.4.3 Factors Influencing Remaining Need

Measures of Funding

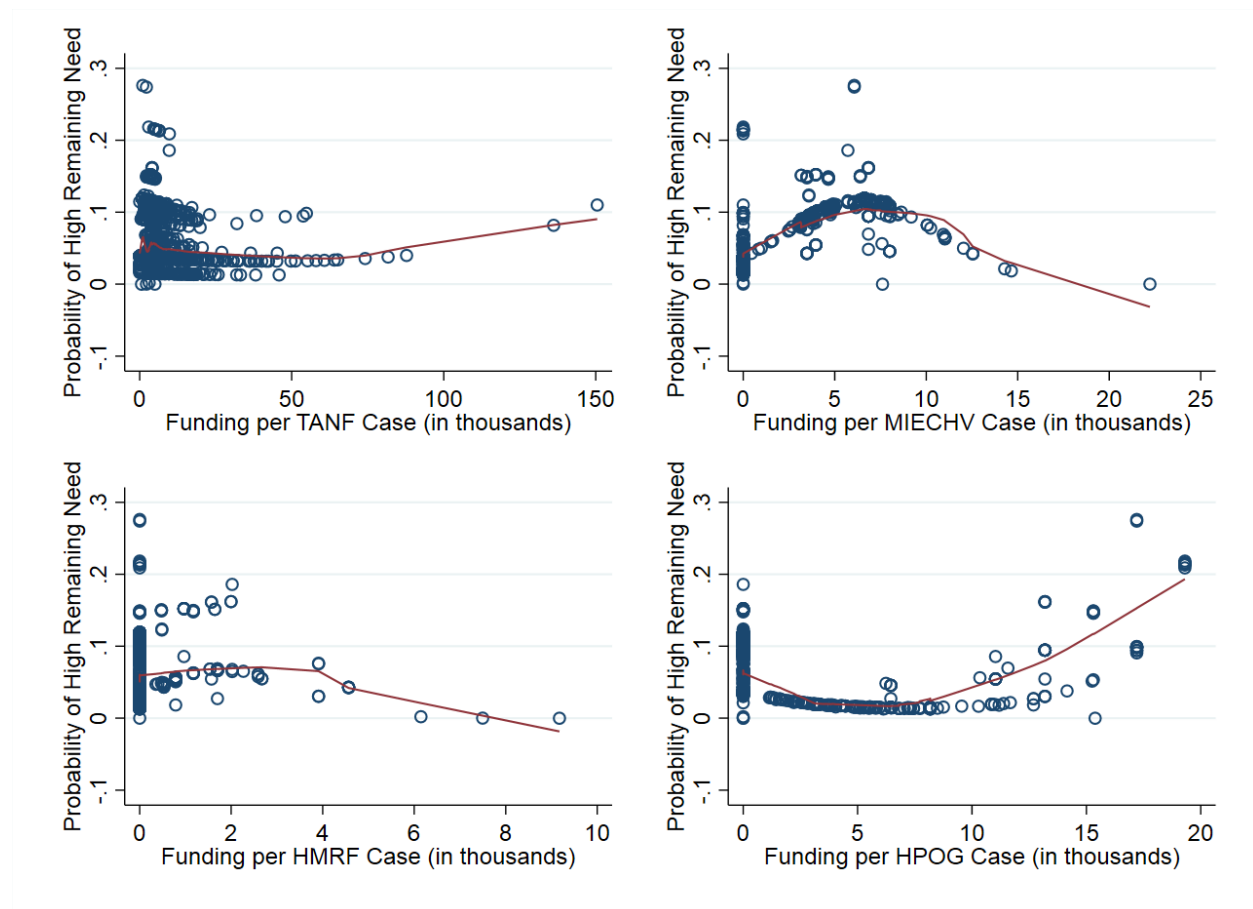
Exhibits 51 through 54 provide visual depictions of the nonlinear relationship of each funding variable to high remaining need for each program based on results from nonlinear and locally-weighted regression models. Funding per HPOG case has a different and seemingly counterintuitive finding. Initially, increases in funding per HPOG case decrease the probability of high remaining need. At the higher end of the distribution, however, increases in funding increase the probability of high remaining need. Importantly, this analysis does not examine the level of high remaining need over time. Furthermore, we recognize that places with high funding per HPOG case initially may have had even higher levels of remaining need. Among the four programs, it may also be the case that HPOG funding is most likely to go to rural counties with the highest baselines of need. Regardless, the overall finding remains that while most of the programs' funding has a statistically significant relationship with high remaining need, the relationship is weak, nonlinear, and difficult to ascertain due to the presence of a large number of rural counties with very limited funding.

Exhibit 51. Nonlinear Relationships of Measures of Funding to the Probability of High Remaining Need for TANF Cash Assistance



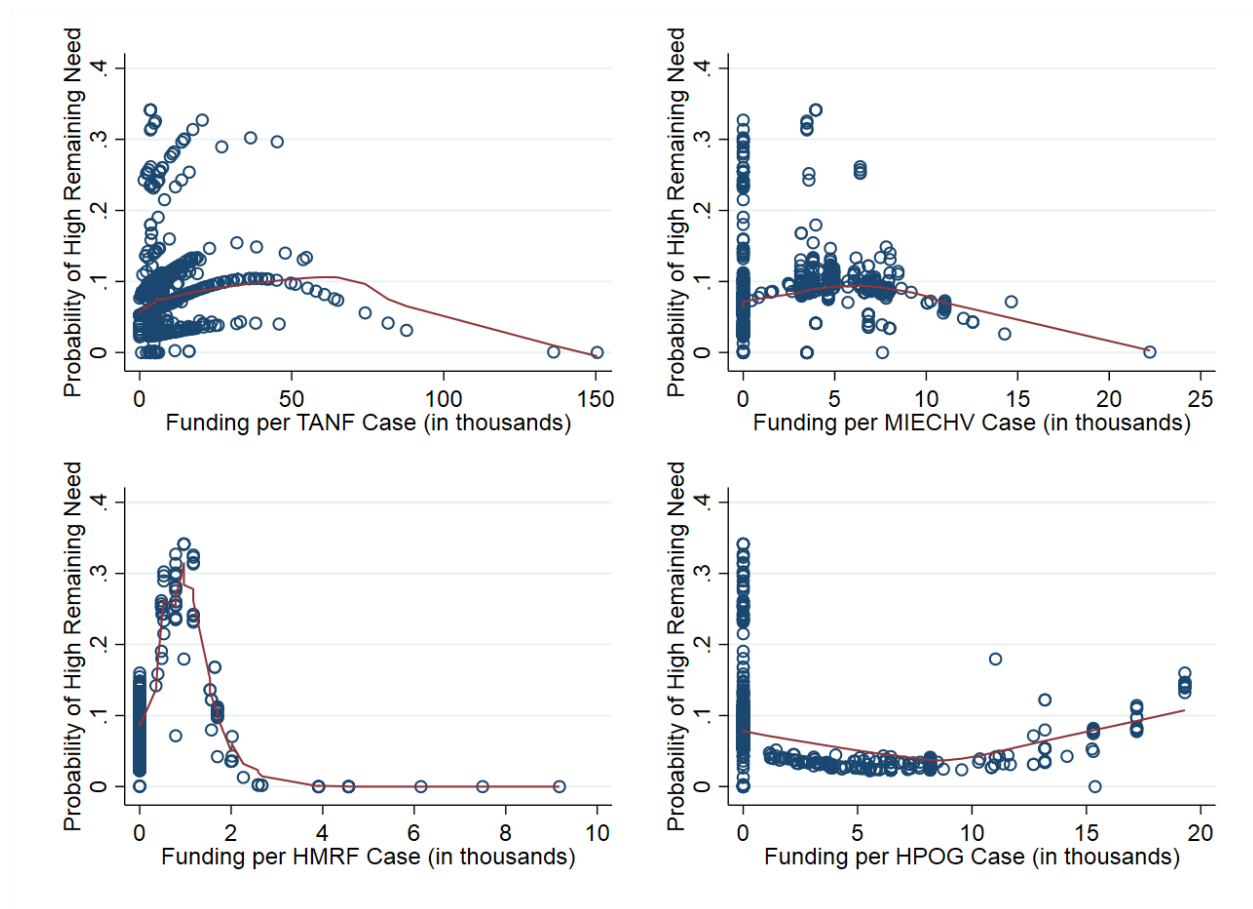
Notes: Results produced by estimating locally weighted scatterplot smoothing (LOWESS) regressions. In each regression, the predicted probability of high remaining need for TANF Cash Assistance is the outcome, which was estimated from the logistic regression in **Exhibit 29**. The proximal conditions are the predictor variables (one LOWESS regression for each proximal condition).

Exhibit 52. Nonlinear Relationships of Measures of Funding to the Probability of High Remaining Need for MIECHV Services



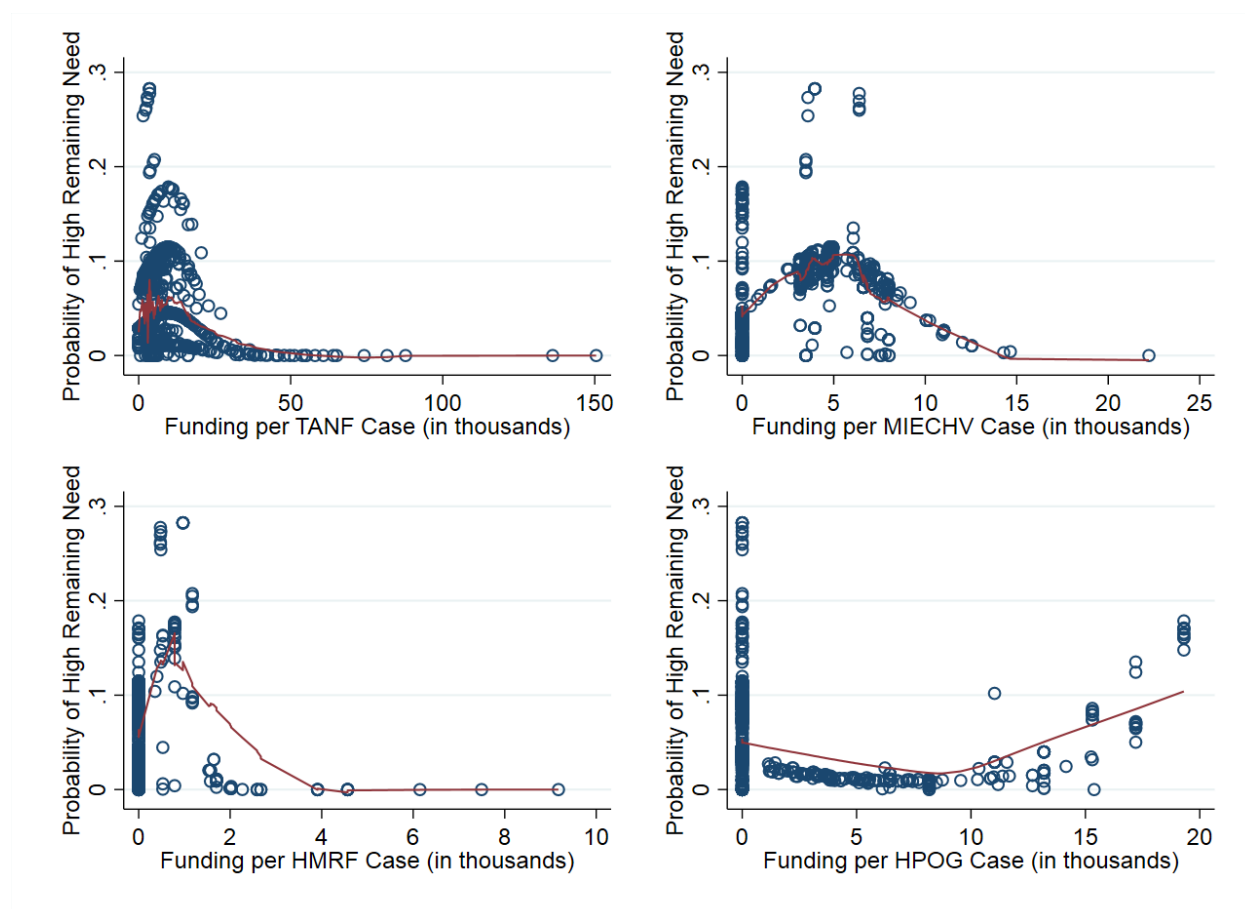
Notes: Results produced by estimating LOWESS regressions. In each regression, the predicted probability of high remaining need for MIECHV services is the outcome, which was estimated from the logistic regression in **Exhibit 29**. The proximal conditions are the predictor variables (one LOWESS regression for each proximal condition).

Exhibit 53. Nonlinear Relationships of Measures of Funding to the Probability of High Remaining Need for HMRF Services



Notes: Results produced by estimating LOWESS regressions. In each regression, the predicted probability of high remaining need for HMRF services is the outcome, which was estimated from the logistic regression in **Exhibit 29**. The proximal conditions are the predictor variables (one LOWESS regression for each proximal condition).

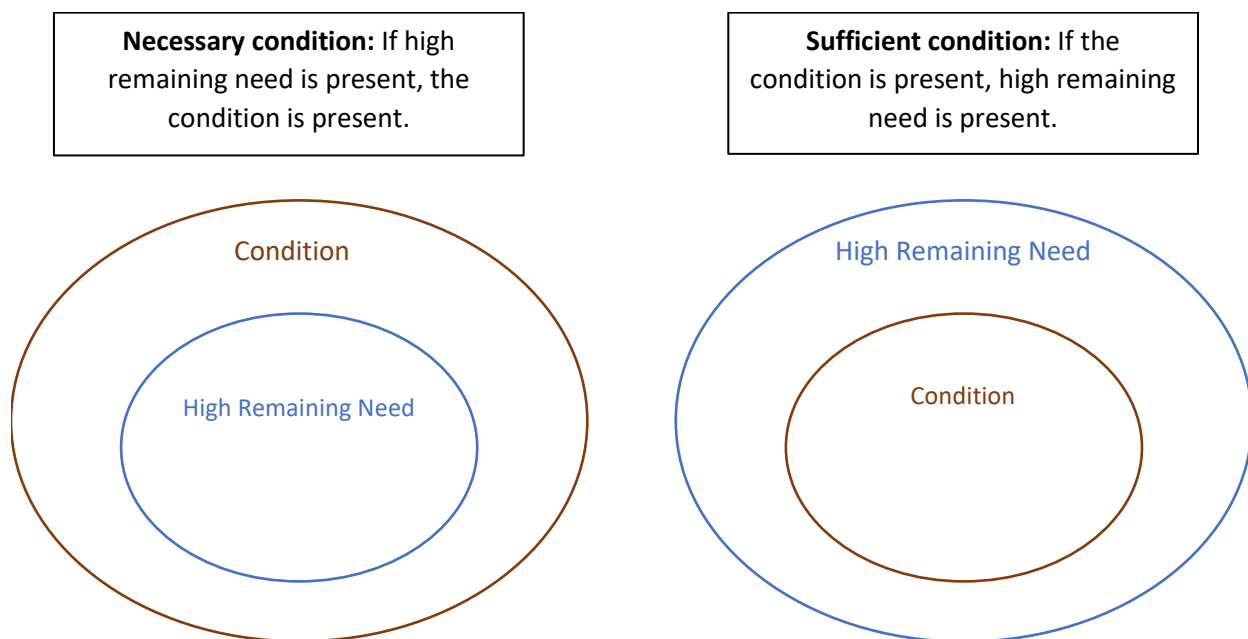
Exhibit 54. Nonlinear Relationships of Measures of Funding to the Probability of High Remaining Need for HPOG Services



Notes: Results produced by estimating LOWESS regressions. In each regression, the predicted probability of high remaining need for HPOG services is the outcome, which was estimated from the logistic regression in **Exhibit 29**. The proximal conditions are the predictor variables (one LOWESS regression for each proximal condition).

Necessary and Sufficient Conditions Based on Qualitative Comparative Analysis

Using the language of QCA, we refer to the community characteristics and measures of funding as “conditions” in this section. QCA defines conditions as measures that the researcher hypothesizes to influence the outcome of interest (in this case high remaining need). Moreover, in QCA the researcher works to define conditions as “necessary” and/or “sufficient” for the outcome. Based on existing QCA literature, we defined a condition as necessary if the condition was present in at least 90 percent of the counties with high remaining need for a program (e.g., a consistency score of 0.9 or higher). We defined a condition as sufficient if high remaining need was present in at least 80 percent of the rural counties with the condition (e.g., a consistency score of 0.8 higher). **Exhibit 55** helps to visually show the difference between necessary and sufficient conditions.

Exhibit 55. Necessary and Sufficient Conditions of High Remaining Need

Exhibits 56 through 58 provide detailed results from the Qualitative Comparative Analysis (QCA). **Exhibit 56** shows results for an analysis of necessity. If at least 90 percent of rural counties with high remaining need also have a condition, the condition was identified as necessary for high remaining need. In **Exhibit 56**, percentages of at least 90 percent are bolded.

Exhibit 56. Percentage of Rural Counties with High Remaining Need for Each Program that has Each Condition (Analysis of Necessity)

Characteristics (e.g., Conditions)	TANF Cash Assistance	MIECHV	HMRP	HPOG
Low levels of internet access	21%	22%	17%	18%
NOT low levels of internet access	79%	78%	83%	82%
High percentages of households without a vehicle	22%	27%	13%	20%
NOT high percentages of households without a vehicle	78%	73%	87%	80%
County-administered system	10%	4%	17%	5%
NOT county-administered system	90%	96%	81%	95%
High income inequality between populations of color and white populations	35%	29%	29%	32%
NOT high income inequality between populations of color and white populations	65%	71%	71%	78%
Persistent poverty	39%	55%	32%	55%
NOT persistent poverty	61%	45%	68%	45%
Low levels of funding per TANF Cash Assistance case	78%	90%	81%	89%
NOT low levels of funding per TANF Cash Assistance case	22%	10%	19%	11%
Low levels of funding per MIECHV case	64%	55%	66%	58%
NOT low levels of funding per MIECHV case	36%	45%	34%	42%
Low levels of funding per HMRP case	88%	92%	89%	91%
NOT low levels of funding per HMRP case	12%	8%	11%	9%
Low levels of funding per HPOG case	86%	91%	93%	95%
NOT low levels of funding per HPOG case	14%	9%	7%	5%

Exhibit 57 and Exhibit 58 show results for analyses of sufficiency for the community characteristics and measures of funding, respectively. If at least 80 percent of rural counties with the condition also had high remaining need (e.g., the row consistency parameter), the condition is sufficient for remaining need. In the exhibits, a 0 indicates the condition is not present and a 1 indicates the condition is present. We examined all possible combinations of the remote and proximal conditions. We did not find any sufficient conditions in the QCA.

Exhibit 57. Row Consistency for Each Combination of the Community Characteristics (Analysis of Sufficiency)

Low Levels of Internet Access	High Percentages of Households without a Vehicle	County-administered System	High Income Inequality between Populations of Color and White Populations	Persistent Poverty	Number of Rural Counties	TANF Cash Assistance Row Consistency	MIECHV Row Consistency	HMRP Row Consistency	HPOG Row Consistency
0	0	0	0	0	766	0.06	0.04	0.07	0.04
0	0	0	0	1	82	0.17	0.17	0.13	0.18
0	0	0	1	0	360	0.04	0.02	0.04	0.02
0	0	0	1	1	48	0.10	0.10	0.15	0.21
0	0	1	0	0	218	0.04	0.01	0.08	0.02
0	0	1	0	1	6	0.00	0.00	0.00	0.00
0	0	1	1	0	104	0.04	0.00	0.02	0.00
0	0	1	1	1	5	0.00	0.00	0.00	0.00
0	1	0	0	0	21	0.05	0.05	0.00	0.00
0	1	0	0	1	48	0.19	0.23	0.13	0.17
0	1	0	1	0	10	0.00	0.00	0.00	0.00
0	1	0	1	1	38	0.24	0.21	0.08	0.11
0	1	1	0	0	18	0.06	0.06	0.17	0.06
0	1	1	0	1	7	0.00	0.00	0.00	0.00
0	1	1	1	0	4	0.00	0.00	0.00	0.00
0	1	1	1	1	1	0.00	0.00	0.00	0.00
1	0	0	0	0	98	0.06	0.03	0.03	0.02
1	0	0	0	1	20	0.15	0.35	0.30	0.15
1	0	0	1	0	46	0.07	0.02	0.04	0.00
1	0	0	1	1	13	0.46	0.39	0.46	0.46
1	0	1	0	0	15	0.00	0.00	0.00	0.00
1	0	1	1	0	8	0.00	0.00	0.00	0.00
1	1	0	0	0	6	0.00	0.00	0.17	0.17
1	1	0	0	1	16	0.19	0.19	0.06	0.06
1	1	0	1	0	7	0.43	0.00	0.00	0.00
1	1	0	1	1	11	0.46	0.27	0.36	0.36
1	0	1	0	1	0	N/A	N/A	N/A	N/A
1	0	1	1	1	0	N/A	N/A	N/A	N/A
1	1	1	0	0	0	N/A	N/A	N/A	N/A
1	1	1	0	1	0	N/A	N/A	N/A	N/A
1	1	1	1	0	0	N/A	N/A	N/A	N/A
1	1	1	1	1	0	N/A	N/A	N/A	N/A

Exhibit 58. Row Consistency for Each Combination of the Measures of Funding (Analysis of Sufficiency)

Low levels of funding per TANF Cash Assistance case	Low levels of funding per MIECHV case	Low levels of funding per HMRF case	Low levels of funding per HPOG case	Number of Rural Counties	TANF Cash Assistance Row Consistency	MIECHV Row Consistency	HMRF Row Consistency	HPOG Row Consistency
0	0	0	0	1	1.00	0.00	1.00	0.00
0	0	0	1	1	0.00	0.00	0.00	0.00
0	1	0	1	19	0.32	0.16	0.37	0.16
0	1	1	0	64	0.00	0.00	0.00	0.00
0	0	1	1	65	0.08	0.05	0.08	0.03
0	1	1	1	195	0.10	0.02	0.07	0.03
1	0	0	0	6	0.33	0.00	0.00	0.00
1	1	0	0	2	0.50	0.00	0.00	0.00
1	0	0	1	25	0.12	0.04	0.04	0.04
1	1	0	1	36	0.11	0.11	0.17	0.11
1	0	1	0	32	0.22	0.22	0.13	0.12
1	1	1	0	163	0.06	0.01	0.03	0.01
1	0	1	1	323	0.10	0.11	0.11	0.10
1	1	1	1	1044	0.05	0.04	0.06	0.04
0	1	0	0	0	N/A	N/A	N/A	N/A
0	0	1	0	0	N/A	N/A	N/A	N/A

Acronyms

Acronym	Description
ACF	Administration for Children and Families
ACS	American Community Survey
BLS	Bureau of Labor Statistics
CBP	County Business Patterns
CDC	Centers for Disease Control and Prevention
DHS	Department of Human Services
ECLKC	Early Childhood Learning and Knowledge Center
ERS	Economic Research Service
FACE	Family and Child Education
FIRE	Fatherhood Family-focused, Interconnected, Resilient, and Essential
FRAMEWorks	Family, Relationship, and Marriage Education Works
GIS	Geographic Information System
HFA	Housing Finance Agencies
HHS	Department of Health and Human Services
HMRP	Healthy Marriage and Responsible Fatherhood
HPOG	Health Profession Opportunity Grants
HRSA	Health Resources and Services Administration
HS	Head Start
HSPF	Human Service Practice Field
HUD	Department of Housing and Urban Development
IES	Institute of Education Sciences
IPEDS	Integrated Postsecondary Education Data System
LAUS	Local Area Unemployment Statistics
MCHB	Maternal and Child Health Bureau
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
NCANDS	National Child Abuse and Neglect Data System
NCCS	National Center for Charitable Statistics
NCES	National Center for Education Statistics
NVSS	National Vital Statistics System
OMB	Office of Management and Budget
OFA	Office of Family Assistance
OPRE	Office of Planning, Research, and Evaluation
PEP	Population Estimates Program
QCA	Qualitative Comparative Analysis
QWI	Quarterly Workforce Indicators
READY4Life	Relationships, Education, Advancement, and Development for Youth for Life
RHED	Rural Housing and Economic Development
RUCCs	Rural Urban Continuum Codes
SAIPE	Small Area Income Poverty Estimates
SHOP	Self-Help Homeownership Opportunity Program
SME	Subject Matter Expert
TWG	Technical Working Group
USDA	U.S. Department of Agriculture

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