



Reimagining Rural Health: Landscape Analysis

Presented to Grantmakers in Health

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EXECUTIVE SUMMARY

Grantmakers in Health (GIH) and the National Rural Health Association (NRHA) are partnering to reimagine a unified vision for improving health and wellbeing in rural America. To support this effort, GIH and NRHA commissioned the Georgia Health Policy Center (GHPC) to conduct a landscape analysis to understand the current priorities of organizations funding rural health initiatives and identify examples of programs being implemented effectively within these communities.

The landscape analysis reveals a diverse funding landscape with both public and private entities prioritizing a wide array of factors influencing rural health outcomes. Funders are investing in upstream drivers of health, such as economic mobility and environmental conditions, alongside efforts to improve chronic disease, behavioral health, and maternal health outcomes. A significant focus is also placed on improving access to care through investments in broadband and telehealth infrastructure, as well as workforce development initiatives. The report highlights that both public and private funders are pursuing community-driven solutions tailored to the unique needs of rural areas.

A key insight from the analysis underscores the importance of flexibility and local autonomy in successful rural health funding and program development. Effective funders, implementers, and support organizations recognize the heterogeneity of rural communities, acknowledging their unique challenges and successes rather than treating them as a single entity. This nuanced understanding allows for more targeted and impactful interventions.

While increased funding has been observed in areas like workforce training and retention, and broadband expansion, the report identifies persistent infrastructure deficits that continue to impede reliable access to quality care in many rural communities. This gap presents a significant opportunity for funders to deepen their engagement and partnerships with local communities to address these fundamental needs.

Looking towards the future of rural health care, the landscape analysis points to several key opportunities for funders to reimagine their priorities and strategies. These include not only direct health care investments but also a broader consideration of the interconnected factors influencing health and wellbeing in rural America.

Key Recommendations and Opportunities:

- *Increase investment in upstream drivers of health and prevention services:* Address the root causes of poor health by supporting initiatives focused on economic stability, education, healthy environments, and social determinants of health.
- *Concentrate on infrastructure and economic conditions of rural areas:* Recognize the foundational role of infrastructure (broadband, transportation, housing) and economic opportunities in supporting health and wellbeing.

- *Continue to build capacity within rural communities:* Empower local organizations and residents through training, technical assistance, and resources to address their unique health challenges and advocate for their needs.
- *Support for robust community-centered evaluations:* Support locally driven research and evaluation efforts that allow rural communities to articulate their needs and the impact of programs in their own context. Disseminating these findings can inform future funding and innovation.
- *Expand investment strategies beyond traditional health funders:* Engage non-traditional partners by highlighting the broader benefits of investing in rural health, including economic development and community vitality, to attract diverse funding sources.

This landscape analysis presents a snapshot of funders (public and private), program implementers (including federally funded grantees, nonprofits, and health care providers), and support organizations working in and impacting rural health. The examples set forth are not exhaustive, but rather an attempt to portray a geographically diverse sample of the various programs and efforts throughout the United States as of April 2025. During the time of this scan, federal funding priorities and programs are rapidly shifting, leading to an uncertainty about the future of programs funded wholly or in part by the federal government.

BACKGROUND

Access to health care and wellbeing in rural communities has been an ongoing challenge, from workforce issues to lack of broadband to inequitable impacts of chronic disease. Many rural areas face a lack of access to reliable health care with hospital closures and persistent provider shortages. To address these challenges, Grantmakers In Health (GIH) in partnership with the National Rural Health Association (NRHA), are working together to reimagine and create a more unified vision for achieving better rural health and wellbeing.

At the time of this scan, the political and social context around health care funding, resources, and administration was rapidly shifting and presented challenges that significantly influenced the tenor of the analysis. Many government and organization websites were being reviewed and drastically modified to adhere to new regulations from federal and state funders. The overall rapidity and uncertainty of change, along with a lack of clarity on future federal funding, also made it difficult for various organizations to focus and provide feedback for this analysis. Private funders were being forced to shift away from their strategic priorities to account for the loss of public funding in critical areas, such as equitable outcomes, immunizations, chronic disease prevention, and upstream non-clinical drivers of health.

Given the ongoing changes in public health funding and the impact on rural communities, it is an important time to gain understanding of where funding has been, where it is now, and to document where it is going. The impact of rapidly changing priorities and funding streams, starting at the federal level, and their impact on rural programs and communities' health will be immense. The tracking of this information will be pivotal to supporting rural communities through these rapid changes and help them to maintain vital programs and funding that allow their communities to thrive and achieve optimal health and wellbeing.

METHODOLOGY

The Georgia Health Policy Center (GHPC) conducted this landscape analysis from February to April 2025 to provide insight into the current state of rural health. This scan identifies a selection of key organizations that are contributing to rural health through implementation of programs and services; investments in rural communities; or organizational support via technical assistance, training, advocacy, and other resources. It is important to note that this analysis is illustrative rather than exhaustive and does not include all organizations working to improve rural health. It is a sample of organizations that are having an impact and implementing successful efforts, some with innovative and scalable approaches, to improve rural health and wellbeing. The examples profiled in this report were selected based on research and through consultation with rural stakeholders including funders, researchers, and other practitioners. The organizations and funders highlighted in the report below are all active in the rural space and represent a diverse sample with variety in program types, geography, and focus areas.

To supplement the landscape analysis, GHPC also conducted key informant interviews with funding and program implementing organizations to learn about their perceptions of rural priorities, current gaps, and opportunities for improving rural health. Researchers utilized these interviews to identify and further develop the sample and themes presented in this report. GHPC will additionally conduct a series of listening sessions with rural stakeholders later this year to fully understand their priority areas, challenges, and opportunities for growth and alignment, which will inform the development of a unified vision for rural health. This report identifies key organizations, their priorities, and public and private investments currently shaping rural health, drawing on information available as of Spring 2025.

FUNDERS

Public Sector Funders

Public sector funders for the purpose of this analysis are entities that use public funds, typically derived from taxes and other government revenues, to provide financial support for programs and services that provide a public benefit. These typically come from direct funds for programs from government agencies (e.g., federal, state, or local) or through federal passthrough funders, which are usually state or local governments or organizations that operate as intermediaries to provide local control to federally funded programs. Examples of these collaborations include funding for the state offices of rural health to support and enhance the rural health care system in each state, as well as via the regional commissions that support economic development and quality of life for residents across large, multi-state regions of the U.S. These collaborations help the federal government better understand the specific needs and issues relevant to rural communities, such as poor broadband connectivity, health care workforce shortages, hospital closures, economic conditions, and the prevalence of substance use disorders. This understanding is essential for developing relevant policies and prioritizing resources.

Public sector funder priorities in rural vary widely and cover many different aspects of health. Many federal funders prioritize funding programs that support access to quality health care, including providing funding for training, retaining, and incentivizing a reliable workforce. Other common priority funding areas include chronic disease prevention and care, behavioral health and substance use, maternal-child health, and addressing the health care needs of specialized populations (e.g. Native American and veteran populations). Some funders concentrate on programs that address economic security and environmental factors influencing health and wellbeing, like those addressing economic development and access to safe drinking water. In recent years, public funding has concentrated on improving technology and broadband access to increase reliable access to telehealth services for rural communities. Beyond funding programs that support these issues, many federal funders also prioritize funds for technical assistance and research, including collection and dissemination of evaluations and learnings from funded initiatives. Finally, recognizing the importance of local input, most federal funding to rural areas emphasizes the significant involvement of local communities in decisions about how funds are allocated and used.

The following section outlines a sample of publicly funded initiatives that prioritize rural, including federal agencies, state offices of rural health, and regional commissions.

Federal Agencies

Federal agencies provide resources and technical support to improve rural health through a variety of mechanisms that address both federal and community priorities. While the Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) is one of the most visibly dedicated to advancing rural health, there are numerous other agencies,

offices, and programs impacting the health of rural communities. A few examples of federal agencies (and their offices/bureaus) that focus on or have an impact on rural include HRSA's Bureau of Health Workforce, U.S. Department of Agriculture Rural Development, and U.S. Department of Veteran Affairs Office of Rural Health.

- U.S. Department of Agriculture (USDA) Rural Development¹ works to improve economic security in rural communities by providing funding, loans and technical assistance to programs in rural communities to improve health and wellbeing. These programs include money for water and wastewater infrastructure, energy, electricity, and high-speed internet access. USDA Rural Development Program provides funds to improve rural infrastructure; loan programs for the rehabilitation of homes, businesses, and facilities that serve low-income rural communities; and resources and technical assistance to enhance the food supply system. The agency also has provided funding for improvement of water systems to enhance safe water for tribal communities.
- U.S. Department of Veteran Affairs (VA) Office of Rural Health (ORH)² prioritizes the wellbeing of veterans through funding priorities around primary and specialty care, mental health, workforce training and education, digital health, and transportation. ORH does this through funding five satellite offices located in Iowa City, IA; Salt Lake City, UT; White River Junction, VT; Gainesville, FL; and Portland, OR. ORH provides funding for clinical resource hubs to provide telehealth and other services for veterans through VA covered providers. The VA also fund programs that provide specialists for substance use disorder and suicide prevention and provides transportation for veterans in rural regions to access health care.
- HRSA's Bureau of Health Workforce (BHW)³ concentrates on strengthening the workforce in medically underserved communities, including many rural areas, with the goal of increasing access, supply, distribution, and quality of the health workforce. The bureau focuses on strengthening the health workforce through programs that provide incentives, loans, and training for internships, including the placement of providers in rural communities via the National Health Service Corps (NHSC). BHW provides funding for the training of health care workers across the health spectrum, including dentists, mental health providers, nurses and primary care providers. BHW also provides funding for professionals such as community health workers and patient navigators that assist in connecting patients with services to address upstream drivers of health.

Table 1 below is a sample of federal funders that prioritize rural health in their funding strategies. As detailed in the table, federal agency programs impacting rural health encompass a range of areas, including health care service delivery along with economic and environmental funding relevant to health outcomes. A prominent theme in federal funding, informed by experiences during the COVID-19 pandemic, is the critical importance of investing in rural broadband and internet infrastructure. This priority seeks to guarantee continued telehealth access for

¹ USDA Rural Development, U.S. Department of Agriculture, Accessed April 2025 <https://www.rd.usda.gov/>

² Veterans Affairs Office of Rural Health, Accessed March 2025, <https://www.ruralhealth.va.gov/>

³ [Bureau of Health and Workforce](#), HRSA, Accessed March 2025

individuals who may be isolated from physical service locations. Moreover, significant resources are allocated to enhancing the health care delivery system and workforce capacity to address critical health and social needs within resource-constrained communities (e.g., behavioral health, maternal-child care, food security, and transportation).

Table 1: Examples of Federal Agencies' Funding in Rural

AGENCY	EXAMPLES OF PROGRAMS FUNDED
Centers for Medicare & Medicaid Services (CMS) ⁴	<p>CMS Innovation Center (CMMI): Develops and tests new health care payment and service delivery models, including those focused on rural. Some examples include:</p> <ul style="list-style-type: none"> • Rural Community Hospital Demonstration⁵ - Tests and evaluates an alternative payment method for small rural hospitals based on payment for actual costs for services to Medicare patients. • Frontier Community Health Integration Project Demonstration⁶ - Tests new ways of delivering and coordinating health care services by leveraging Critical Access Hospitals (CAHs) to improve health outcomes, increase access to services (e.g., skilled nursing and telehealth), integrate care across providers, and reduce avoidable hospitalizations. • ACO REACH Model⁷ - Aims to improve care quality and health outcomes, advance health equity, and lower costs for Medicare beneficiaries. It encourages groups of providers (ACOs) to work together, take responsibility for the total cost and quality of care for their assigned patients, and specifically address health disparities in underserved communities.
Federal Communications Commission (FCC),	<p>Rural Health Care (RHC) Program: Supports health care facilities to be able to provide health care increased connectivity via support for voice and data and/or broadband.</p>

⁴ Centers for Medicare & Medicaid Services, Rural Health, Accessed April 2025, <https://www.cms.gov/priorities/health-equity/rural-health>

⁵ Centers for Medicare & Medicaid Services, Rural Community Hospital Demonstration, Accessed April 2025, <https://www.cms.gov/priorities/innovation/innovation-models/rural-community-hospital>

⁶ Centers for Medicare & Medicaid Services, Frontier Community Health Integration Project Demonstration, Accessed April 2025, <https://www.cms.gov/priorities/innovation/innovation-models/frontier-community-health-integration-project-demonstration>

⁷ Centers for Medicare & Medicaid Services, ACO REACH, Accessed April 2025, <https://www.cms.gov/priorities/innovation/innovation-models/aco-reach>

Universal Service Administrative Company (USAC) ⁸	<p>E-Rate Program: Schools and libraries are connected to internet to provide information and resources</p> <p>Lifeline Program: Assists households to lower the cost of phone or internet service</p> <p>High-Cost Program: Expand internet and phone networks so that individuals and organizations can have affordable service</p>
Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW) ⁹	<p>National Health Service Corps (NHSC): Provides incentives to health professionals with goal of placing them to provide services where they are needed most with many placed in rural.</p> <p>Behavioral Health Workforce Education and Training (BHWET) Program: Provides funding to institutions to establish or expand internships and field placement for behavioral health professionals with a focus on team-based, integrated care and service in high-need areas.</p>
Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) ¹⁰	<p>Rural Health Network Development Program: Supports the development of formalized health care networks to collaboratively address the needs of rural communities.</p> <p>Small Health Care Provider Quality Improvement Program: Provides funding to organizations to improve patient health outcomes and improve the quality and delivery of care.</p> <p>Medicare Rural Hospital Flexibility Program: Supports rural Critical Access Hospitals (CAHs) through technical assistance from the states focused on areas that include quality improvement, financial health and operations, and EMS.</p> <p>Rural Health Research Centers: Funds centers across the country to conduct research and disseminate findings on issues and topics of relevance to rural health. This includes the Rural Health Research Gateway, a repository and clearinghouse from the various centers.</p>
Health Resources and Services Administration (HRSA),	<p>Health Center Program: Provides grants (under Section 330 of the Public Health Service Act) to establish and operate community-based health centers, including Federally Qualified Health Centers</p>

⁸ Universal Service Administrative Company, Accessed March 2025, <https://www.usac.org>

⁹ [Bureau of Health and Workforce](#), HRSA, Accessed March 2025

¹⁰ Federal Office of Rural Health Policy, HRSA, Accessed April 2025

<https://www.hrsa.gov/about/organization/bureaus/forhp>

Bureau of Primary Health Care (BPHC) ¹¹	(FQHCs), to provide high quality, accessible primary care in underserved communities.
Indian Health Service (IHS) ¹²	<p>IHS Small Ambulatory Program: Invests in the construction, expansion or modernization of ambulatory health care facilities to expand access to outpatient services.</p> <p>IHS Maternal Child Health Program: Provides information and resources such as the <i>Obstetric Readiness in Emergency Room Department Manual</i> and <i>Pediatric Primary Care Toolkit</i> to assist providers in preparing appropriate services.</p> <p>IHS Health IT Modernization Program: Works with tribal partners to build out an emergency health record solution to improve quality of care and experience for patients and providers, help with disaster recovery and continuity of care, and improve interoperability across providers and sites.</p>
Substance Abuse and Mental Health Services Administration (SAMHSA) ¹³	<p>Rural Emergency Medical Services Training Grant: Support to recruit and train EMS personnel in rural to respond to crises including overdoses and attempted suicides.</p> <p>Building Communities of Recovery (BCOR): Funding to support community-based, collaborative efforts to address substance use with a focus on implementation by people with lived experience.</p> <p>Rural Opioid Technical Assistance Regional Centers (ROTA-R): Support the creation of ten regional centers to provide training and technical assistance to address opioid and stimulant use in rural communities.</p>
U.S. Department of Agriculture (USDA), Rural Development ¹⁴	<p>Healthy Food Financing Initiative: Created with the 2014 Farm Bill and reauthorized in 2018, provides grants for food financing programs and technical assistance, and support to projects that improve the food retail supply chain.</p> <p>Community Facilities Program: Provides affordable funding to develop essential community facilities in rural areas with a focus on</p>

¹¹ Health Resources and Services Administration, Bureau of Primary Health Care, Accessed April 2025, <https://bphc.hrsa.gov/>

¹² Indian Health Service, The Federal Health Program for American Indians and Alaska Natives, Accessed March 2025. <https://www.ihs.gov/>

¹³ Substance Abuse and Mental Health Services Administration , Accessed April 2025, <https://www.samhsa.gov/about/mission-vision>

¹⁴ USDA Rural Development, U.S. Department of Agriculture, Accessed April 2025 <https://www.rd.usda.gov/>

	<p>crucial infrastructure like health care centers, schools, public safety buildings, and utility services.</p> <p>Water and Waste Facility Loan and Grants to Alleviate Health Risks on Tribal Lands: Provides funding to improve systems that ensure safe drinking water and waste disposal services in low-income communities.</p>
<p>U.S. Centers for Disease Control and Prevention, Office of Rural Health¹⁵</p>	<p>Education about Zoonotic Diseases: Funding for the Michigan Department of Health and Human Services and Michigan State University¹⁶ to create and distribute educational materials to rural youth through 4H programs about zoonotic diseases, including swine flu.</p> <p>Child Safety Seat Program in California: The California Rural Indian Health Board developed a Yurok Tribe Reservation child safety seat educational program called Buckle Up Yurok.</p> <p>Arthritis Programs: Provided funding for Kentucky and Utah to develop arthritis programs to assist community organizations and health clinics in managing arthritis for rural populations.</p>
<p>U.S. Department of Veterans Affairs (VA), Office of Rural Health (ORH)¹⁷</p>	<p>Clinical Resource Hubs: Developed Clinical Resource Hubs to provide comprehensive medical services including primary care, mental health, rehabilitation and specialty services in VA facilities or via video/telehealth.</p> <p>National Mental Health (MH) and Suicide Prevention (SP) Extension for Community Healthcare Outcomes (ECHO): connects rural providers to specialists for review of clinical cases and targeted skill-building training on suicide prevention and substance use disorder.</p> <p>Veteran Transportation Services: Provides medical transportation services for rural veterans and includes leases of vehicles, salaries for drivers, and mobility managers.</p>

¹⁵ Center for Disease Control Office of Rural Health, Accessed March 2025, <https://www.cdc.gov/rural-health/php/index.html>

¹⁶ Youth Agriculture, April 2025, <https://www.youthagriculture.org/>

¹⁷ Veterans Affairs Office of Rural Health, Accessed March 2025, <https://www.ruralhealth.va.gov/>

State Offices of Rural Health¹⁸

State Offices of Rural Health (SORHs) are funded by HRSA in all fifty states to help coordinate and address rural health issues. While the majority are housed within a state government agency, some are housed at outside institutions such as public universities (e.g., Arizona State Office of Rural Health). SORHs are a bit unique in the public funding space as they can act as grantmakers themselves, often as a federal passthrough, but their primary role and the extent to which they directly provide grants varies by state.

SORHs receive support from a multitude of state and federal sources. HRSA's FORHP provides SORHs with funds to administer the Medicare Rural Hospital Flexibility (Flex) Program and Small Rural Hospital Improvement Program (SHIP) to support small rural and critical access hospitals (CAHs) to strengthen their viability and quality of care. Some SORHs administer grant programs funded by their respective state legislatures. For example, the Georgia State Office of Rural Health provides oversight for state-directed grant funds like the Rural Hospital Stabilization Grant Program.¹⁹

In addition to administering grant programs, SORHs can fund data collection, offer technical support, recruit and retain health workers in rural areas, and keep providers aware of new health care activities.²⁰ They provide support to local governments, rural communities, rural hospitals and clinics, rural health care providers, emergency medical services, academic institutions, and socials service agencies. The Michigan Center for Rural Health at Michigan State University and the South Carolina Office of Rural Health are two notable examples that highlight the variety of programs and services provided by SORH to support state rural health priorities.

- The Michigan Center for Rural Health²¹, located at Michigan State University, develops their funding priorities from their regularly collected community health needs assessments. They fund several programs, including a CAH program to enhance health care services at rural hospitals in Michigan, as well as a rural health clinic program that provides primary care services for rural Michigan residents. The Michigan SORH also provides support for workforce programs for training, recruitment, and retention of the health workforce in rural Michigan. The office also funds and coordinates the Northern Michigan Opioid Response Consortium which brings together community partners to address the opioid epidemic.

¹⁸ Rural Health Information Hub, State Offices of Rural Health, Accessed March 2025, <https://www.ruralhealthinfo.org/organizations/state-office-of-rural-health>

¹⁹ Georgia Department of Community Health, State Office of Rural Health, Rural Hospital Stabilization Program, Accessed April 2025, <https://dch.georgia.gov/divisionsoffices/state-office-rural-health/rural-hospital-stabilization-program>

²⁰ State Offices of Rural Health Program, March 2025, <https://www.hrsa.gov/rural-health/grants/rural-hospitals/sorh>

²¹ Michigan Center of Rural Health, Accessed March 2025, <https://mcrh.msu.edu/>

- The South Carolina Office of Rural Health²² has a goal of closing the gap between rural and urban communities in South Carolina, focusing on training, technical assistance, and education to rural providers. The South Carolina SORH has previously funded the creation of a rural health action plan to address social determinants of health, which resulted in recommendations and action steps. South Carolina also provides funding for educational support for providers and for advancing state-wide collaborative health efforts that have been proven successful. In line with other states and federal priorities, South Carolina provides funding to improve broadband infrastructure in rural areas, increasing access to telehealth and care services.

Table 2 summarizes a geographically diverse sample of SORHs and their reported focus areas and examples of funded programs. Many of the programs concentrate on the expansion of hospital and primary care provision, including improving access and quality of care in rural areas. SORHs also fund community-centered solutions to address chronic care, behavioral health, and substance use disorders.

Table 2: Examples of State Offices of Rural Health

AGENCY	EXAMPLES OF PROGRAMS FUNDED
Arizona State Office of Rural Health ²³ (at the Arizona Center for Rural Health)	Arizona Small Rural Hospital Improvement Program: Funding for 13 small, rural and Critical Access Hospitals to help with quality improvement.
Kentucky Office of Rural Health ²⁴ (at the University of Kentucky College of Medicine)	Rural Hospital Flexibility Program: Improve access to care for individuals in rural areas and stabilize local health care providers, particularly critical access hospitals (CAHs). Kentucky State Loan Repayment Program: Offers loan repayment assistance to health care professionals providing primary care services in rural, underserved communities. Commitment to the Heart Initiative: Program to improve out of hospital cardiac arrests survival rates in rural areas served by CAHs.
Michigan Center for Rural Health ²⁵ (at Michigan State University)	Critical Access Hospital Programs: Flex Program for State of Michigan- Michigan SORH develops a health care plan that increases access to health services for rural residence and improve the quality of services at hospitals.

²² South Carolina Office of Rural Health, March 2025, <https://scorh.net/>

²³ Arizona Center for Rural Health, Accessed March 2025, <https://crh.arizona.edu/programs/sorh>

²⁴ Kentucky Offices of Rural Health, Accessed March 2025,

<https://medicine.uky.edu/centers/ruralhealth/kentucky-office-rural-health>

²⁵ Michigan Center of Rural Health, Accessed March 2025, <https://mcrh.msu.edu/>

	<p>Rural Health Clinic Program: Supports rural clinics through a focus on training, quality improvement, operations, and financing to strengthen clinics and increase access to primary care services for Medicaid and Medicare patients.</p> <p>Workforce Programs: Include connection to job opportunities; assistance with loan repayment, scholarships and grants; and resources to help recruit and retain health care providers.</p> <p>Northern Michigan Opioid Response Consortium: Convenes partners to address the opioid epidemic including health care facilities, mental health agencies, public health agencies, law enforcement, and emergency medical services.</p>
North Carolina State Office of Rural Health ²⁶	<p>Rural Health Operations: Provides support for operations of community based health care clinics through funding, technical assistance and trainings.</p> <p>North Carolina Farmworker Health Program: Assists agricultural workers with support in eight service delivery sites. Includes an Agricultural Worker Digital Health Initiative that provides internet access, hotspots, internet hubs and mobile clinics for agriculture workers.</p> <p>Medical Assistance Program: Provides access to free and low-cost medication.</p>
Oregon Office of Rural Health ²⁷	<p>Rural Population Health Incubator Program: Provides support to rural facilities and organizations to implement and sustain population health and health equity programs.</p> <p>HERO (Helping EMS in Rural Oregon): Provides funds for rural EMS staff training, and administers the Rural Volunteer EMS Tax Credit to expand and build the capacity of the EMS workforce.</p> <p>Community Health Worker Programs: In Partnership with the Oregon Health Authority (OHA), coordinates federal funding to expand development and training of the CHW workforce in rural Oregon.</p>

²⁶ North Carolina State Office of Rural Health, Accessed April 2025, <https://www.ncdhhs.gov/divisions/orh>

²⁷ Oregon Office of Rural Health, Accessed April 2025, <https://www.ohsu.edu/oregon-office-of-rural-health>

South Carolina Office of Rural Health ²⁸	<p>Provider Services: Development of a Center for Practice Transformation support providers in implementing care best practices and maximize reimbursement. Education for primary care providers on contraception care and oral health care. Additional funding for rural health clinics, rural hospitals, and workforce recruitment.</p> <p>Community Support: Support for cross-sector collaboration across the state to address substance use disorder and opioid use disorder. Community Health Transformation efforts that engage coalitions and networks in various sectors throughout the state to address the root causes of health.</p> <p>Rural Forward SC: Collaborative effort to continue strategies have been proven to work well. This includes the following initiatives:</p> <ul style="list-style-type: none"> • <i>Bringing Our Best Care</i> in Bamberg, Orangeburg, Barnwell, and Calhoun counties addresses behavioral health care including pop up behavioral health clinics <p>Digital Equity Collaborative: Convenes and coordinates a multi-sector group to address equitable broadband access and digital literacy.</p>
South Dakota Office of Rural Health ²⁹	<p>Recruitment Assistance Program (RAP): Offers incentive payments to physicians, dentists, PAs, CNPs, CNMs, and CRNAs who commit to practicing for three continuous years in an eligible rural community.</p> <p>Rural Healthcare Facility Recruitment Assistance Program (RHFRAP): Provides incentive payments (\$10,000) to other eligible health professionals (like nurses, therapists, technologists, pharmacists, social workers, dental hygienists) who commit to a three-year service obligation in a facility located in a community of 10,000 or less.</p>

Regional Commissions³⁰

Regional Commissions are federal-state partnerships that provide federal funding combined with state funds to address specific regional needs. The federal government originally funded eight regional commissions³¹: the Appalachian Regional Commission, Delta Regional Authority, Denali

²⁸ South Carolina Office of Rural Health, March 2025, <https://scorh.net/>

²⁹ South Dakota Office of Rural Health, Accessed April 2025, <https://doh.sd.gov/healthcare-professionals/rural-health/>

³⁰ Congressional Research Services, 2024. "Federal Regional Commissions and Authorities: Structural Features and Function". Accessed March 2025. <https://sgp.fas.org/crs/misc/R45997.pdf>

³¹ Out of the eight originally funded regional commissions, only six are currently active. The Northern Great Plains Regional Authority and Great Lakes Authority are not currently active.

Commission, Great Lakes Authority, Northern Border Regional Commission, Northern Great Plains Regional Authority, Southeast Crescent Regional Commission, and Southwest Border Regional Commission. The Regional Commissions are funded through appropriated federal funds and are required to have a federal representative in their leadership structure along with state government representation, but they largely lead and direct program efforts in their region based on identification of regional and local needs.

The Commissions, while all concentrating on economic development, are required to develop individualized strategic plans for the use of federal funds. The following are two examples of strategic plans from Commissions that primarily focus on rural areas in their respective regions: the Appalachian Regional Commission (ARC) and the Delta Regional Authority (DRA). The Commissions highlighted here have programs that address issues that cross sectors, concentrating not only on health and wellbeing, but also economic security and growth in the region as well. The multisectoral concentration of initiatives bring innovation to address the multiple challenges these rural regions face.

Appalachian Regional Commission³²

The Appalachian Regional Commission (ARC) covers 423 specific counties in 13 states (Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia, and West Virginia). Their goals are to build business, workforce system, infrastructure, regional culture and tourism, and community leadership and capacity in the Appalachian Region.

Table 3: Appalachian Regional Commission Initiatives

INITIATIVES	EXAMPLES OF REGIONAL GRANTEES
POWER (Partnership for Opportunity and Workforce Economic Revitalization) ^{33,34}	Eastern Band of Cherokee Indians: ³⁵ Funding provided to open a meat processing plant to process meat and tanning on tribal lands. The initiative will both contribute to the economic and workforce of the region, while maintaining traditional tribal expertise.

³² Apalachian Regional Commission, Accessed March 2025, <https://www.arc.gov/>

³³ POWER Award Summaries by States, Accessed March 2025, <https://www.arc.gov/wp-content/uploads/2024/10/POWER-Award-Summaries-by-State-as-of-October-2024.pdf>

³⁴ ARC Grants and Opportunities, POWER, Accessed March 2025, <https://www.arc.gov/grants-and-opportunities/power/>

³⁵ Investment Pathways to Food and Economic Security in Appalachia Indigenous Community, Accessed March 2025, <https://www.arc.gov/investment/pathways-to-food-and-economic-security-in-appalachias-indigenous-communities/>

	<p>East Mississippi Community College:³⁶ Funding for the college to increase their health care training program for rural areas. It supports workforce development by training individuals and providing economic security for individuals in the region.</p> <p>Advantage Valley: Business development funding between Marshall University Advanced Manufacturing Center and five development agencies in the area.</p> <p>Bright Futures Pennsylvania: Funding for workforce training in manufacturing careers in clean energy, robotics, automatic and machine learning, and national defense supply chain.</p>
<p>INSPIRE (Investing Supporting Partnerships in Recovery Ecosystems Initiatives)³⁷</p>	<p>Land of Sky Regional Council:³⁸ Funding for a recovery to career program, including workforce training, behavioral mental health providers, and a peer support network.</p>

*Delta Regional Commission*³⁹

The Delta Regional Authority (DRA) serves 252 counties and parishes across eight states: Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee. These states encompass the lower Mississippi River Delta and Alabama Black Belt regions. The DRA's primary focus is promoting economic development, access to health care, and community growth within these regions. The DRA has programs in three program areas, critical infrastructure, capacity building and human infrastructure.

Table 4: Delta Regional Commission Initiatives

INITIATIVES	EXAMPLES OF PROGRAMS
<p>Human Infrastructure Initiative, Health Programs</p>	<p>Delta Doctors:⁴⁰ Increases trained workforce by hiring nondomestic physicians trained in the United States to work in professional shortage areas.</p>

³⁶ Strengthening the Future of Appalachia Healthcare Workforce, Accessed March 2025, <https://www.arc.gov/investment/strengthening-the-future-of-appalachias-healthcare-workforce/>

³⁷ Addressing Substance Use Disorder in Appalachia, Accessed March 2025, <https://www.arc.gov/addressing-substance-abuse-in-appalachia/>

³⁸ Land of Sky, Accessed March 2025, <https://www.landofsky.org/>

³⁹ Delta Regional Commission, Accessed March 2025, <https://dra.gov/>

⁴⁰ Delta Doctors, Accessed March 2025, <https://dra.gov/programs/human-infrastructure/health/delta-doctors/>

	<p>Innovative Readiness Training:⁴¹ Partners with U.S. Department of Defense to fund medical, dental, and optical care for free to at need patients.</p> <p>Delta Regional Community Health System Development:⁴² Funds technical assistance to support health care organizations in health care delivery improvement</p> <p>Delta Regional Rural Hospital Workforce Training Program:⁴³ HHS and HRSA partner to support for recruitment, formal training, certification, and placement of students to work in rural DRA health regions.</p>
Human Infrastructure Initiative, Leadership	<p>Delta Leadership Institute Executive Academy:⁴⁴ Fellows from each of the DRA states are selected to participate in an executive leadership academy covering subjects such as transportation infrastructure, government relations, and collaboration.</p>
Human Infrastructure Initiative, Workforce	<p>Delta Workforce Grant Program:⁴⁵ Provides grants to support workforce training and education in lower Mississippi River Delta and Alabama Black Belt regions. Opportunities are available for governments, organizations, school districts, higher education, public and Indian housing programs, and nonprofits</p>

Private Sector Funders

Private sector funders are entities (e.g., foundations and other philanthropic organizations) that provide financial resources using their own capital, rather than public funds derived from government sources like taxes. Their primary characteristic is that the money they deploy typically comes from individual donations, fundraising, corporate investments, and income from established endowments. Private sector funders focus on many of the same priorities as public funders, while also filling in critical gaps from public funding.

Private funders typically have priorities that direct their philanthropic funding which may be informed by the founder of the organization (i.e., individual, corporation, or family), specific

⁴¹ Innovative Readiness Training, Accessed March 2025, <https://dra.gov/programs/human-infrastructure/health/innovative-readiness-training/>

⁴² Delta Regional Community Health Systems Development, Accessed March 2025, <https://dra.gov/programs/human-infrastructure/health/delta-region-community-health-systems-development/>

⁴³ Delta Region Rural Health Workforce Training Program, Accessed March 2025, <https://dra.gov/programs/human-infrastructure/health/delta-region-rural-hospital-workforce-training-program/>

⁴⁴ Delta Leadership Institute Executive Academy, Accessed March 2025, <https://dra.gov/programs/human-infrastructure/leadership/>

⁴⁵ Delta Workforce Grant Program, Accessed March 2025, <https://dra.gov/programs/human-infrastructure/workforce/>

organization mission or goals, expertise, or community voice and needs. Many private sector funders prioritize prevention efforts and direct funding toward innovative solutions to address structural drivers of health (e.g., poverty, racism and discrimination, community power, education systems). Some funders concentrate their funding on specific geographical areas or groups of individuals, including families, children and racially minoritized groups. Recognizing the importance of local empowerment, some private sector funders prioritize community collaboration and capacity building initiatives. Their goal is to strengthen the internal resources and capabilities of individual communities, making them better equipped to pursue and benefit from future opportunities (e.g., funding, expanded partnerships, new programs).

The Benedum Foundation, Empire Health Foundation, and Helmsley Family Trust are some examples of foundations that prioritize rural programs in their specified geographical regions.

- The Benedum Foundation⁴⁶ funds programs in West Virginia and four southwest Pennsylvania counties (Allegheny, Washington, Greene and Fayette Counties). They fund programs with overarching focus on education and economic development across their geographical region, while also funding programs in community development and health in West Virginia and the arts in Pennsylvania. Examples of funded programs are with Marshall University Research Cooperation and the Mountaineer Food Bank. Marshall University Research Cooperation is funded to address chronic disease management for African American and Hispanic populations through a focus on community building and organizing, while the Mountaineer Food Bank provides service for food insecurity by delivering meals to individuals. Many other programs focusing on rural communities are funding from Benedum.
- The Empire Health Foundation funds programs in the Inland Northwest region of Washington State. Their focus is on power building and advocacy as key strategies to address health inequities. Specifically, Empire Health Foundation concentrates on providing communities with individualized resources and prioritizes incorporating community voices into their funding decisions. The foundation operates in multiple capacities: as a grant maker, an investor, a convener of stakeholders, and an advocate for rural communities across Washington. As an example, Empire Health Foundation previously supported a collaborative community-based program to tackle increasing homelessness. They funded a partnership between Compassionate Addiction Treatment, Jewels Helping Hands, Revive Counseling, and the Spokane Low-Income Housing Consortium to provide peer support and connect individuals experiencing homelessness with necessary services.
- The Helmsley Family Trust⁴⁷ funds programs in Hawaii, Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming, American Samoa, and Northern Mariana Islands to improve access to health and quality of care. One of their primary focus areas is rural health, where they prioritize support for telemedicine, behavioral health services, and investment in modern equipment. Helmsley funds KFF Health News: Rural

⁴⁶ Claude Worthington Benedum Foundation, Accessed March 2025, <https://benedum.org>

⁴⁷ The Leona M. and Harry B. Helmsley Charitable Trust, Accessed April 2025, <https://helmsleytrust.org>

Health News Desk, which focuses on documenting and communicating issues facing rural communities. Additionally, the trust supports HeartCorps, an initiative focused on expanding workforce training in patient care. This training aims to equip health care providers with the skills needed to enhance the heart health of their patients.

Table 5 gives examples of private sector funders, their geographical region, and funded program examples related to rural health.

Table 5: Examples of Philanthropic Investment in Rural Communities

ORGANIZATION	GEOGRAPHICAL REGIONS	PROGRAM EXAMPLES
Benedum Foundation ⁴⁸	West Virginia (2/3 of funding) and southwestern Pennsylvania (1/3 funding) in Allegheny, Washington, Greene, and Fayette counties	<p>Marshall University Research Cooperation (Huntington, WV): Chronic disease management for African American and Hispanic populations through capacity building with community organizations.</p> <p>Mountaineer Food Bank (WV): As a member of Feeding America, Mountaineer Food Bank works to address food insecurity for individuals in West Virginia by delivering meals to food-insecure neighbors.</p>
The Rapides Foundation ⁴⁹	Central Louisiana (nine-parish region)	<p>Cancer Screening Program Partnership between Rapides and Cenla Medical Access Program: Early detection of cancer and access to free medical screenings for breast, colorectal, and cervical cancers.</p> <p>Community Health Advisory Project: Community-based program to educate the community on cancer screenings.</p> <p>Cenla Medication Access Program: Medication access to high-cost prescription medication including free medication to eligible individuals.</p> <p>School Readiness Program: Early childhood education training for PreK, HeadStart, and</p>

⁴⁸ Claude Worthington Benedum Foundation, Accessed March 2025, <https://benedum.org>

⁴⁹ The Rapides Foundation, Accessed March 2025, <https://www.rapidesfoundation.org/>

		<p>childcare teachers and centers. Additionally, provides workshops to parents and caregivers of children birth to five and sessions on early math literacy.</p> <p>Education Career and Post Secondary Readiness Program: Opportunity to earn a credential or degree, work ready training, and provides college and career coaches.</p>
W.K. Kellogg Foundation (WKKF) ⁵⁰	Nationwide (with priority areas that include: Michigan, Mississippi, New Mexico, New Orleans, Mexico, & Haiti)	<p>Indigenous Food Sovereignty: Grants to Native American tribes and organizations to support traditional farming practices, youth agriculture leadership programs, facilities, and community food initiatives (e.g., grants via First Nations Development Institute to groups like Black Mesa Water Coalition, Crow Tribe of Montana, Diné College).⁵¹</p> <p>Health Workforce Development in Priority Rural Areas: A key example is a 2017 grant of over \$1.8 million to The Rogosin Institute for the "New Pathways to Health and Opportunity" initiative in the Mississippi Delta. This project aimed to improve health outcomes by building the local, rural health workforce through training programs for Certified Nursing Assistants, Phlebotomists, Community Health Workers, and providing externships for nursing students.⁵²</p>
Montana Healthcare Foundation ⁵³	Montana (statewide)	<p>The Meadowlark Initiative: Behavioral health screenings and services for prenatal and postpartum persons. Patients are also provided with care coordination if they have other social needs.</p> <p>Strengthening American Indian Health Services: Supporting tribes throughout Montana to provide community driven services to their communities.</p>

⁵⁰ W.K. Kellogg Foundation, Accessed April 2025, <https://www.wkkf.org/>

⁵¹ First Nations Development Institute, W.K. Kellogg foundation – Food Sovereignty, Accessed April 2025, <https://www.firstnations.org/projects/w-k-kellogg-foundation-food-sovereignty/>

⁵² University of Mississippi. (December 2017). Center for Population Studies wins share of \$1.8 million Kellogg Grant to help build health care workforce in Mississippi Delta. Accessed April 2025, <https://socanth.olemiss.edu/center-for-population-studies-wins-part-of-1-8-million-kellogg-grant/>

⁵³ Montana Healthcare Foundation, Accessed April 2025, <https://mthf.org>

Empire Health Foundation ⁵⁴	Washington (Inland Northeast region – seven counties & three Sovereign Tribal Nations)	<p>Collaboration between Compassionate Addiction Treatment, Jewels Helping Hands, Revive Counseling and Spokane Low-Income Housing Consortium: Funding programs to transition people living in encampments to stable housing through peer navigation, substance and mental health treatment and housing options</p> <p>Spokane Tribal Network: To promote culturally informed reproductive health care options for indigenous communities.</p>
Mary Reynolds Babcock Foundation ⁵⁵	Southern U.S. (11 States: Alabama, Arkansas, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia and West Virginia)	<p>Women's Foundation of the South: Provides general operating support to this organization, whose mission explicitly includes investing in the collective power, health, wellbeing, economic security, and leadership of women and girls of color across the South.</p> <p>Southern Partners Fund: Provides resources to grassroots community organizations in the rural South working on racial, economic, and environmental justice (e.g., access to clean air and water, reducing exposure to toxins).</p>
Ford Family Foundation ⁵⁶	Rural Oregon and Siskiyou County, California	<p>Family:⁵⁷ Funds the Douglas County System of Care that brings together youth-serving professionals across Oregon to address the growing population of those facing complex issues that impact health (e.g., experiences of poverty, foster care, substance abuse or death of a parent that impacts individuals' health).</p> <p>Education:⁵⁸ Funded a study in partnership with Education Northwest that analyzes rural college success data to prepare education policy recommendations for rural communities.</p>

⁵⁴ Empire Health Foundation, Accessed April 2025, <https://www.empirehealthfoundation.org>

⁵⁵ Mary Reynolds Babcock Foundation, Accessed April 2025, <https://mrbf.org/>

⁵⁶ The Ford Family Foundation, Accessed April 2025, <https://www.tfff.org>

⁵⁷ It Started with Breakfast, Accessed April 2025, <https://www.tfff.org/it-started-with-breakfast/>

⁵⁸ Supporting Rural Students in Oregon in high School and Beyond, Accessed April 2025, <https://www.tfff.org/supporting-rural-students-oregon-high-school-and-beyond/>

		<p>Community Capacity:⁵⁹ Funds Buen Vecino (Good Neighbor) training program to train and cultivate leadership initiatives in small communities with the purpose of building advocates for rural needs at the local and state level.</p>
Helmsley Family Trust ⁶⁰	Global with a priority focus in rural. Rural projects are funded in the Upper Midwest and beyond. ⁶¹	<p>KFF Health News Rural News Desk:⁶² The trust funds the initiative which has been able to document and expose challenges in rural communities.</p> <p>HeartCorps⁶³ Program: Provides training to health care workers to work closely with patients to provide education and support to improve heart health.</p>
Robert Wood Johnson Foundation (RWJF) ⁶⁴	Nationwide (headquartered in Princeton, N.J.)	<p>Partners for Rural Transformation: Collaboration of six community organizations that works to address persistent poverty in rural areas. This organization emphasizes rural voice in their project called “Everything Else: Stories of Rural America” where they document the disinvestment in rural communities through stories from individual communities, families, and individuals impacted.</p> <p>Thrive Rural: In collaboration with the Aspen Institute Community Strategies Group, this initiative aims to connect rural development, health, and opportunity. It focuses on understanding what works to advance rural equity and creating a shared vision for thriving rural communities.</p>

⁵⁹ Neighbors working together, Accessed April 2025, <https://www.tfff.org/neighbors-working-together/>

⁶⁰ The Leona M. and Harry B. Helmsley Charitable Trust, Accessed April 2025, <https://helmsleytrust.org>

⁶¹ The Helmsley Family Trust funds programs in the following geographic areas: Hawaii, Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming, American Samoa, and Northern Mariana Islands.

⁶² KFF Health News, Rural Health, Accessed April 2025, <https://kffhealthnews.org/topics/rural-health/>

⁶³ HeartCorps: An American Heart Association Program, April 2025, <https://helmsleytrust.org/our-focus-areas/rural-healthcare/heartcorps-an-american-heart-association-program/>

⁶⁴ Robert Wood Johnson Foundation Rural Focus, March 2025, <https://www.rwjf.org/en/our-vision/focus-areas/Features/rural-health.html>

IMPLEMENTERS AND DOERS

Federal Office of Rural Health Policy (FORHP) Grantees

The Federal Office of Rural Health Policy (FORHP) in the Department of Human and Health Services (HHS) works to fund health activities in rural areas. The grant programs provide funding to State Offices of Rural Health and rural hospitals as well as a variety of community-based programs targeting a wide range of regional and local health needs and issues. FORHP also provides support for policy research programs which provide data analytics, technical assistance, and research dissemination.

FORHP's rural community based-grant programs place an emphasis on utilizing evidence-based models of care, collaboration, and sustainability. As part of their grant requirements, grantees are expected to conduct evaluative efforts to help assess success and demonstrate the impacts of implemented projects, further contributing to the broader knowledge base of what works in rural. Sustainability is another priority of FORHP and these grants are seen as an initial investment into rural communities with the goal of seeing these programs and services continue and, in some cases, expand beyond the original term of the grant.

The following table is a list of exemplary initiatives from FORHP grantees. The list is geographically diverse. The FORHP grantees identified below focus on a variety of key areas relevant to rural including workforce development, community-based health care workers (e.g., community health workers and community paramedics), telehealth and broadband, chronic disease, diseases overrepresented in poor and rural communities (e.g., diabetes and oral health issues), maternal-child health, behavioral health, and care coordination. Many of the grantees address the ongoing issues of workforce shortages and quality and coordination of care for rural communities.

Table 6: Exemplary FORHP Grantee Initiatives

ORGANIZATION	GEOGRAPHY	PROGRAMS/FOCUS AREAS
Louisiana Rural Health Association ⁶⁵	Napoleonville, LA	Engaging with the health department and hospitals to implement a community health worker (CHW) program. As part of their program, they are developing a cost benefit analysis to demonstrate both the effectiveness of the program to incentivize payors to reimburse for the program and demonstrate program scalability.

⁶⁵ Louisiana Rural Health Association, Accessed March 2025, <https://lrha27.wildapricot.org/>

Family Health Centers ⁶⁶	Okanogan, WA	Program provides end-of-life care for patients with chronic conditions who have limited support. Prioritizes care for rural health patients in remote locations, not served by other organizations or health care systems. Offers clinical and emotional support to patients and their relatives and friends during end-of-life events
West Central Alabama Area Health Education Center ⁶⁷	Demopolis, AL	Project coordinates a strong network and partnerships for diabetes prevention and care. They have started a Diabetes Self-Management Education (DSME) and support program at a local hospital.
Upper Peninsula Health Care Solutions ⁶⁸	Marquette, MI	Grantee has a network of community health care providers providing services, including streamlining services within and between hospital systems. Provide several maternal health care programs, including home visiting and telehealth, and several behavioral health care programs.
Arukah Institute of Healing, Inc. ⁶⁹	Princeton, IL	This project created the <i>Living Room</i> , which is a walk-in center designed to be a calm, serene setting for non-emergency recovery services and social determinants of health support. It is the first rural substance use disorder space like this in the United States. Also created a video-based social-emotional learning program on substance use disorder and mental illness created by and starring local students and streamed live in junior and senior high schools.
Family Health Council of Central Pennsylvania, Inc. ⁷⁰	Camp Hill, PA	The SUN Smiles Program offers oral health services to pregnant or postpartum women and children at quarterly WIC appointment. Those with oral health care needs are referred to a community health worker, who provides case management, including making an appointment with the Susquehanna River Valley Dental Health Clinic. Also, a local medical provider and a public health dental hygienist offer onsite fluoride treatments twice a month to the children.

⁶⁶ Family Health Centers, Accessed March 2025, <https://www.fhc.us/>

⁶⁷ West Central Alabama Area Health Education Center, Accessed March 2025, <https://wcaahec.org/>

⁶⁸ Upper Peninsula Health Care Solutions, Accessed March 2025, <https://www.uphcs.org/>

⁶⁹ Arukah Institute of Healing, Inc., Accessed March 2025, <https://arukahinstitute.org/>

⁷⁰ Family Health Council of Central Pennsylvania, Inc., Accessed March 2025, <https://fhccp.org/>

Great Mines Health Center ⁷¹	Potosi, MO	The Workforce Opportunities for Rural Communities Collaborative helps to develop careers in the health care sector and assist with care mobility in health care industries in rural southeast Missouri. Through a partnership with a local college, provide courses for nurses, emergency medical technicians, community paramedics, and community health workers.
Maine Health ⁷²	Portland, ME	Maine Rural Maternity and Obstetrics Management Strategies (RMOMS), led by Maine Health, stands out for its statewide, multisystem collaborative approach to improving maternal health care across rural areas. They implemented innovative telehealth initiatives, including a virtual perinatal behavioral health program and remote patient monitoring (RPM) for high-risk pregnancies. Maine RMOMS has also excelled in workforce development, conducting comprehensive statewide assessments and piloting programs like the Parity Healthcare Analytics app to optimize staffing and reduce burnout in OB units.
Avera McKennan ⁷³	Sioux Falls, SD	This RMOMS awardee collaborates with Avera Health System, Indian Health Service, and Urban Indian Health to improve prenatal, intrapartum, and postpartum outcomes through telemedicine, care coordination, and addressing drivers of health. They leverage technology, partnerships, and existing infrastructure to create a coordinated care model and support the OB workforce. Notably, they have launched a virtual nurse OB hub to upskill the existing workforce, particularly in facilities with lower delivery volumes, by offering expert guidance and support to increase comfort levels with high-acuity situations.

⁷¹ Great Mines Center, Accessed March 2025, <https://gmhcenter.org/>

⁷² Maine Health, Accessed March 2025, <https://www.mainehealth.org/>

⁷³ Avera McKennan, Accessed March 2025, <https://www.averacare.org/locations/averamckennan/about-averamckennan/>

Nonprofits, Health Care Providers, and Other Organizations

Numerous organizations have been supported over the years through the various funders who prioritize rural health, both public and private. Nonprofits, health care providers, and other community-based organizations match their organizational missions, capacities, and service delivery locations to funders' priorities and opportunities. Many of these organizations focus on addressing chronic disease, behavioral health, and substance use disorder, with several organizations focusing on telehealth services for individuals with limited access to care. Other organizations have received funding to address workforce shortages in the community. To highlight a few examples, Integrated Rural Strategies, Ho-Chunk Community Development Corporation, and G.A. Carmichael Family Health Centers are each funded for different initiatives that address issues in rural areas.

- Integrated Rural Strategies Group⁷⁴, a part of Neighborhood Funders Group and funded by Robert Wood Johnson, seeks to increase capacity for rural organizing. Integrated Rural Solutions works with rural communities to expand political activity and civil engagement, so that individuals within the communities can advocate for their own needs meaningfully. They focus on building strong rural communities and protecting natural resources that impact community health and wellbeing.
- Ho-Chunk Community Development Corporation (HCCDC)⁷⁵ is funded by the Winnebago Tribe to enhance economic opportunities for tribal members. HCCDC focuses on addressing issues related to housing, commercial development, financial services, quality of life and food sovereignty. HCCDC prioritizes community integration and voice in the implementation of their services.
- G.A. Carmichael Family Health Centers⁷⁶ is a federally qualified health center (FQHC) funded by HRSA to provide primary and specialty health services such as dental care, mental and behavioral health, and chronic disease management to medically underserved communities in the Mississippi Delta region. They work with local transportation and pharmacy groups to provide vital services to patients.

The following table gives examples of other federally and privately funded organizations, along with their geographic region, programs, and focus areas.

Table 7: Examples of Other Rural Public-Private Funded Organizations

ORGANIZATION	GEOGRAPHY	PRIMARY FUNDER(S)	PROGRAMS/FOCUS AREAS
Neighborhood Funders Group, Integrated Rural Strategies ⁷⁷	Nationwide rural areas	Robert Wood Johnson Foundation	Funded by the Robert Wood Johnson Foundation, to emphasize the importance of political activity and civil engagement in rural spaces.

⁷⁴ Integrated Rural Strategies, Accessed March 2025, <https://nfg.org/program/irsg/>

⁷⁵ Ho-Chunk Community Development Corporation, Accessed April 2025, <https://www.hccdc.org>

⁷⁶ G.A. Carmichael Family Health Center, Accessed April 2025,

⁷⁷ Integrated Rural Strategies, Accessed March 2025, <https://nfg.org/program/irsg/>

			Rural communities have been the sites of “extractive industries,” and Integrated Rural Strategies works to support and grow rural organizing and democracy in areas to advocate for rural needs and create sustainable economies.
Brookings Institute	Nationwide	Robert Wood Johnson Foundation	Reimaging Rural Policy provides policy analysis and recommendations for rural policy. In November 2020, Brookings Institute came out with a report ⁷⁸ outlining the state of rural health federal funding, as well as recommendations.
Behavioral Health Alliance of Rural Pennsylvania ⁷⁹	Rural Pennsylvania (24 counties)	Pennsylvania Department of Human Services and the HealthChoices program, as well as individual counties and federal programs, like the Community Services Block Grant	Increase workforce capacity for specialized services for high needs population. Implemented behavioral health home models, integrated care, and used wellness nurses/navigators.
Ho-Chunk Community Development Corporation, (HCCDC) ⁸⁰	Winnebago, NE (Tribal)	Funded by the Winnebago tribe with additional funding from other sources like the Economic Development Administration and the U.S. Department of Agriculture	Enhance economic, educational, and social opportunities for tribal members. Promotes food sovereignty through home gardening, farmers market, access to traditional food, housing development, commercial development, and financial services.
Community Health Service Inc. ⁸¹	Minnesota and North Dakota - five fixed clinic sites	HRSA, Helmsley Charitable Trust	Funds Federally Qualified Health Centers (FQHCs) in Minnesota and North Dakota. Includes medical, dental, behavioral health, domestic violence advocacy, insurance

⁷⁸ Pippa, Tony and Geismer, Natalie. (2020). “Reimagining Rural Policy: Organizing federal assistance program to maximize rural prosperity.” Brookings Institute. <https://www.brookings.edu/wp-content/uploads/2020/11/Rural-Dev-Assistance-Brief.pdf>

⁷⁹ Behavioral Health Alliance of Rural Pennsylvania (BHARP), Accessed April 2025, <https://bharp.org>

⁸⁰ Ho-Chunk Community Development Corporation, Accessed April 2025, <https://www.hccdc.org>

⁸¹ Community Health Service Inc., Accessed April 2025, <https://chsiclinics.org>

			enrollment specialty, prescription programs, and translation services.
West River Mental Health ⁸²	10 counties in western South Dakota	SAMHSA/ARPA pass-through via SD Dept of Social Services (DSS) for crisis system support; Helmsley Charitable Trust; SD Community Foundation	Provides mental health and substance use services including mental and behavioral health crisis stabilization, assessment, and addiction recovery support.
Thrive Allen County ⁸³	Allen County in southeast rural Kansas	USDA (trails, farmers market) REACH Healthcare Foundation; Health Forward Foundation	Thrive's mission is to support programs in Allen County, Kansas through community coalitions focused on health care access, healthy food, physical activity, built environment, recovery supports, and health insurance enrollment.
West Central Alabama AHEC ⁸⁴	Demopolis, AL (Delta region)	HRSA – Delta Region Maternal Care Program	Provides support of workforce and community-based initiative in West Central Alabama, including maternal health coordination through perinatal care through a HRSA Grant. The AHEC also focuses on workforce development, rural communities' opioid response programs, and health care education resources.
G.A. Carmichael Family Health Center ⁸⁵	Mississippi Delta region (rural communities)	HRSA – FQHC grant; HRSA Delta MCC grant	Community-based organization providing comprehensive primary care and maternal health services to medically underserved and vulnerable populations.
Cobre Valley Regional Medical Center ⁸⁶	Gila and Pinal counties, AZ	USDA – Distance Learning & Telemedicine grant	Health care delivery system for individuals in the region, including telemedicine for chronic disease and specialty care.
Karuk Tribe Health Services ⁸⁷	Tribal clinics in rural	USDA – Distance Learning & Telemedicine grant	Provides health care for Karuk tribal community including telehealth (specialty consults, psychiatry).

⁸² West River Mental Health, Accessed April 2025, <https://www.wrmentalhealth.org/>

⁸³ Thrive Allen County, Accessed April 2025, <https://thriveallencounty.org/>

⁸⁴West Central Alabama Area Health Education Center, Accessed April 2025, <https://wcaahec.org/>

⁸⁵ G.A. Carmichael Family Health Center, Accessed April 2025,

⁸⁶ Cobre Valley Regional Medical Center, Accessed April 2025, <https://cvrmc.org/>

⁸⁷ Karuk Tribe Health Program Mission, Accessed April 2025,

<https://www.karuk.us/index.php/departments/health-program>

	Humboldt & Siskiyou, CA		
Meridian Behavioral Health, Inc. ⁸⁸	Cibola, San Miguel, Sandoval, Torrance, & Valencia, NM	New Mexico – Rural Health Care Delivery Fund	Provides behavioral health and medical assistance treatment for substance use disorder patients. Uses various modalities of therapeutic responses.
Ashley Medical Center ⁸⁹	Ashley, ND	Helmsley Charitable Trust grant Ultrasound initiative	Critical Access Hospital in North Dakota. Funding from Helmsley Charitable trust for diagnostic imaging and capacity building.

⁸⁸ Meridian Behavioral Health Inc., Accessed April 2025, <https://meridianbxhealthinc.com/>

⁸⁹ Ashley. Medical Center, Accessed April 2025, <https://www.amctoday.org/>

SUPPORTING ORGANIZATIONS

Both funders and implementers, as well as communities, rely on supporting organizations to provide various services. These organizations, some national and others more state or regionally based, provide a range of assistance to organizations that are working in rural communities to advance health and wellbeing. Several of the supporting organizations function as membership-based organizations that prioritize sharing resources including research, coordination, policy guidance, and advocacy. Others provide programs and services specific to their mission and the needs of their clients to include technical assistance, coaching, training and professional development, and peer networking. Other supporting organizations act as a “backbone” for the work being done by others to lead to larger scale coordination and dissemination of smaller community efforts. By strengthening local capacity and facilitating the spread of best practices, these support organizations play a crucial role in fostering sustainable improvements in rural health outcomes and addressing implementation challenges faced by rural initiatives.

To highlight a few, the Agrisafe Network, Council for Affordable and Rural housing, and Seven Directions are examples of support organizations that focus on different rural communities, stakeholders, and issues. Each of these organizations provides different levels and kinds of support to the clients they serve.

- The Agrisafe Network⁹⁰ focuses on providing information to professionals to deliver care to agricultural health workers. Their goal is to train agricultural health and safety professionals so that they are able to deliver appropriate agricultural occupational health services to reduce injuries, diseases and fatalities. They address a variety of health topics, including mental health, opioid use for agricultural workers, personal protective equipment for workers, and working safely in different weather conditions among others. They have several programs to enhance public health for those in agriculture, including the Agri Stress Response program that focuses on ending mental health stigma for individuals in agriculture, forestry, and logging.
- Council for Affordable and Rural Housing (CARH)⁹¹ is a trade nonprofit organization that brings together groups that work in housing in rural areas. The council advocates federally for rural housing policies and provides support, knowledge, policy development, and dissemination about rural housing needs. CARH also hosts online training with certification, including currently available programs on fair housing, services, assistance animals, and the intersection of affordable housing and the Violence Against Women’s Act protections.
- Seven Directions⁹² at the University of Washington prioritizes the health needs and inequities of indigenous communities. As the first national public health institute prioritizing Indigenous Communities, Seven Direction works to prioritize Indigenous knowledge by allowing Indigenous Communities to reclaim control of their own health.

⁹⁰ Agrisafe Network, Accessed April 2025, <https://www.agrisafe.org/>

⁹¹ Council for Affordable Rural Housing, Accessed April 2025, <https://www.carh.org/>

⁹² Seven Directions: A Center for Indigenous Public Health, April 2025, <https://www.indigenousphi.org/>

They have a goal of growing workforce and capacity in Tribal and Urban Indian Communities. Seven Directions holds communities of practice for organizations, focuses on knowledge transmission and health systems transformation, and prioritizes assisting in growing the tribal workforce.

Additional supporting organizations in various geographical regions can be found in the table below, along with information on their key focus areas.

Table 8: Additional Examples of Rural Supporting Organizations

ORGANIZATION	LOCATION	FOCUS AREAS
Agrisafe Network ⁹³	Greenville, IA	<p>Focuses on competency of health and safety professionals to delivery exceptional agricultural health care with programs such as:</p> <ul style="list-style-type: none"> • Agri Stress Response: Increase mental health outcomes for people in agriculture, forestry, logging and ending stigma. • Farm Response: E-learning module about public health for those in agriculture
American Hospital Association (AHA), Rural Health Services ⁹⁴	Washington, DC	<p>Membership organization that assists unique needs of its network members through collaboration with state and regional hospital associations and via communication with its members about needs. The AHA has representation in Washington, DC and in local legislative areas to advocate for rural hospital organizations.</p> <p>AHA supports its members through advocacy; data, research, and information; educational resources and professional development; and networking opportunities.</p>
Association of Clinicians for the Underserved ⁹⁵	Washington, DC	Membership organization with the goal of increasing access to quality health care by supporting physicians through education,

⁹³ Agrisafe Network, Accessed April 2025, <https://www.agrisafe.org/>

⁹⁴ American Hospital Association, Rural Health Services, April 2025, <https://www.aha.org/advocacy/rural-health-services>

⁹⁵ Association of Clinicians for the Underserved, April 2025, <https://clinicians.org/#>

		<p>training, and technical assistance. Members are in different geographical regions and health care practice settings, including medical, integrative care, oral health, behavioral health, vision, pharmaceutical and other services. Includes programs such as:</p> <ul style="list-style-type: none"> • Quality Improvement: Provides professional education materials, patient education for patients with different levels of literacy. • Health care workforce: Activities include a focus on workforce development, training health care advisors or promotoras to join health care teams and increasing adoption of health care technology.
Center on Rural Innovation ⁹⁶	Hartland, VT	<p>Goal of inclusive and equitable economic future for individuals in rural America. Achieves this through a focus on:</p> <ul style="list-style-type: none"> • Technology based economic development programs created in small towns • Investment in rural startups • Dissemination of research, mapping, and data analytics through maps, tools and resources that policymakers, investors, nonprofits, academics and journalists can use for local change • Increase broadband access to rural communities
Change Lab Solutions ⁹⁷	Oakland, CA	<p>Mission of healthier communities through equitable laws and policies. Includes a focus on economic security and laws and policies that are equity-focused, inclusive, and just. Change Lab Solutions supports this work to achieve greater health equity by completing research and analysis, policy and strategy development, training and capacity building, individualized coaching, communities of practice, and product development.</p>

⁹⁶ Center on Rural Innovation, April 2025, <https://ruralinnovation.us/>

⁹⁷ Changelab Solutions, April 2025, <https://www.changelabsolutions.org/>

Council for Affordable and Rural Housing ⁹⁸	Alexandria, VA	National nonprofit trade organization for all who are involved in the affordable housing industry in rural. This includes builders, owners, developers, managers, nonprofits, housing authorities, syndicators, accountants, architects, attorneys, bankers, and companies that supply goods and services to the industry. The group advocates for federal policy to address the needs of those in the housing industry, along with providing education, training, and networking.
Georgia Health Policy Center (GHPC) ⁹⁹	Atlanta, GA	GHPC, based at Georgia State University, works with rural communities to improve health and health care delivery through technical assistance to build local capacity with a focus on long-term sustainability. This support focuses on building local capacity, improving program and implementation strategies, increasing access to care, evaluation, and promoting long-term sustainability. Areas of expertise include rural health systems, network development, quality improvement, health workforce, and rural program models.
Grantmakers In Health (GIH) ¹⁰⁰	Washington, DC	Organization supports funders by providing education, workshops, networking, and leadership with the goal of strengthening the philanthropic community to improve the health of all people. Focus on health equity and social justice, access and quality, community engagement and empowerment, philanthropic growth and impact, and population health.
National Association for Rural and Mental Health ¹⁰¹	Washington, DC	Membership organization that provides education, workshops, an annual conference, and publications about rural mental health. Services as a place for communication and

⁹⁸ Council for Affordable Rural Housing, Accessed April 2025, <https://www.carh.org/>

⁹⁹ Georgia Health Policy Center, Accessed April 2025, <https://ghpc.gsu.edu/areas-of-expertise/rural-health/>

¹⁰⁰ Grantmakers In Health, Accessed March 2025, <https://www.gih.org/>

¹⁰¹ National Association of Rural Mental Health, Accessed April 2025, <https://www.narmh.org/>

		sharing of information for rural mental health professionals, advocates, and consumers.
National Association of Community Health Centers (NACHC) ¹⁰²	Bethesda, MD	Membership based advocacy organization for community health centers to promote comprehensive health care. NACHC conducts research and analysis, provides training and technical assistance, and develops networks of community health center systems.
National Opinion Research Center (NORC) Walsh Center for Rural Health Analysis ¹⁰³	Chicago, IL	The NORC Walsh Center for Rural Health Analysis, at the University of Chicago, focuses on research around access to care, aging, economic development, emergency preparedness, health care quality, Medicare payment policies, payment and delivery models, public health, rural health workforce, telehealth, tribal health, and veterans' health.
National Organization of State Offices of Rural Health ¹⁰⁴	Sterling Heights, MI	Assists the State Offices of Rural Health (SORHs) in their efforts to improve access and quality of care. Provides quality information and coordination of partnerships across SORHs, advocacy, education and training, and resource and information dissemination.
National Rural Health Association ¹⁰⁵	Washington, DC	Membership organization with the mission of providing leadership on rural health issues. NRHA disseminates rural-relevant information, provides capacity building opportunities, and advocates for rural the national, state, and local level. Houses the Center for Rural Health Equity and Innovation, the Center for Rural Public/Population Health, Center for Rural Health Innovation and Systems Redesign, and the Center for State Rural Health Associations.
National Rural Health Resource Center ¹⁰⁶	Duluth, MN	Provides technical assistance and knowledge sharing focusing on rural health to support health service organizations. Works to increase capacity in transition to value and population health, collaboration and

¹⁰² National Organization of Community Health Centers, Accessed April 2025, <https://www.nachc.org/>

¹⁰³ NORC Rural Health, Accessed April 2025, <https://www.norc.org/research/topics/rural-health.html>

¹⁰⁴ National Organization of State Offices of Rural Health, Accessed April 2025, <https://nosorh.org/>

¹⁰⁵ National Rural Health Association, Accessed April 2025, <https://www.ruralhealth.us/>

¹⁰⁶ National Rural Health Resource Center, April 2025, <https://www.ruralcenter.org/>

		partnership, performance improvement, health information technology, and workforce development.
Rural Minds ¹⁰⁷	Mayville, NY	Develops mental health resources for individuals in rural America. The organization partners with communities and individuals on mental health initiatives in communities.
Rural Policy Research Institute (RUPRI) ¹⁰⁸	Iowa City, IA	Located at the University of Iowa, RUPRI is a policy research organization with the goal of researching rural health policy to improve the understanding of rural health policy and to facilitate conversation and collaboration. Focuses on arts and community, cultural wealth, health, local and state policy, and population and place.
Seven Directions: A Center for Indigenous Public Health ¹⁰⁹	Seattle, WA	Located at the University of Washington, Center for the Study of Health and Risk Behaviors, Seven Directions provides space for tribes, Urban Indian Organizations and other systems leaders to express their communities' priorities and needs to address health inequalities. Seven Directions holds communities of practice, focuses on knowledge dissemination and health systems transformation, and assisting in growing the tribal workforce.
UNC Sheps Center ¹¹⁰	Chapel Hill, NC	Located at the University of North Carolina Chapel Hill, the center provides research, education, and policy development to better understand the context of health care services in communities. Primary areas of focus include access to care, health care financing, rural hospital viability, and the health workforce.

¹⁰⁷ Rural Minds, Accessed April 2025, <https://www.ruralminds.org/>

¹⁰⁸ Rural Policy Research Institute, Accessed April 2025, <https://rupri.org/>

¹⁰⁹ Seven Directions: A Center for Indigenous Public Health, April 2025, <https://www.indigenousphi.org/>

¹¹⁰ The Cecil G. Sheps Center for Health Services Research, Accessed April 2025,

<https://www.shepscenter.unc.edu/>

WWAMI Rural Health Research Center (RHRC) ^{111,112}	Seattle, WA	Located at the University of Washington, WWAMI RHRC's goal is to improve rural health through research that engages stakeholders to advance equity in rural access to care. The center participates in research on the rural workforce, training and recruitment, access to health services and prevention, and specialty services for Washington, Wyoming, Alaska, Montana, and Idaho.
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¹¹¹ WWAMI Rural Health Research Center, Accessed April 2025, <https://familymedicine.uw.edu/rhrc/>

¹¹² At the time of the scan the WWAMI website was being reviewed for updates, Information about WWAMI was found at the Rural Health Research Gateway, Accessed April 2025,

<https://www.ruralhealthresearch.org/centers/wwami>

GAPS AND OPPORTUNITIES IN RURAL HEALTH

Investments in rural health have attempted to address many of the problems that rural America face; however, there are still numerous gaps in the funding mechanisms that support rural health and wellbeing. Rural communities continue to face extreme workforce shortages. While numerous public and private funders have supported workforce initiatives, there is still opportunity for growth and coordination to address this critical issue. Funders can concentrate on many different aspects of workforce development, including workforce pipeline development, education, and retention. Innovative solutions to strengthen the workforce for health and wellbeing can be coupled with other programs that address other rural relevant issues such as the strengthening of local economies.

An increased emphasis on funding prevention services presents a key opportunity in rural health. While many current funding opportunities focus on the treatment of existing chronic diseases, there's a relative lack of funding dedicated to preventing these diseases from developing. Outside of direct health care access, many other aspects of life impact physical and mental health and wellbeing, indicating a need for greater investment in upstream drivers such as transportation, housing, community connectedness, safe neighborhoods, and economic security. While some initiatives, particularly from private philanthropy, address these broader economic and community factors, the gap suggests these efforts are not widespread or sufficient, particularly at the federal level.

Barriers to accessing broadband internet and mobile technology have created widespread gaps in health care since the start of the COVID-19 pandemic and the rise of telehealth. While federal investments increased post-pandemic, broadband infrastructure and access still lags in many rural areas. These challenges persist particularly for individuals from rural communities and those who are socioeconomically disadvantaged. Recent data shows that approximately 22.5% of households in the United States do not have internet access (i.e., either dial-up, broadband, or satellite internet connection); this percentage is greater in states with rural poverty rates.¹¹³ These disparities highlight socioeconomic and geographic inequities in accessing telehealth and remote care.

Another gap area is related to evaluation and developing the evidence-base for what works in rural areas. While there are numerous examples of funders that invest in this space, there is still room for growth here to help organizations capture and communicate the full impact of programs. Funding mechanisms have an opportunity to support programs in collaborating with experts in evaluation to meaningfully tell the rural story. Skilled evaluators have the expertise to work with programs managers to represent all aspects of program delivery including not only just

¹¹³ McNally, C. Nearly 1 in 4 Households Don't Have Internet – and a Quarter Million Still Use Dial Up. Reviews.Org. August 17, 2021. Retrieved from <https://www.reviews.org/internet-service/how-many-us-households-are-without-internet-connection/>

outcomes, but also other aspects such as capacity building, process, barriers and successes. Robust evaluations are valuable for informing funders and other communities. They can guide future investments in rural areas and highlight successful program models that can be replicated and implemented in different communities. Building the capacity of local organizations to effectively disseminate these evaluations can lead to wider adoption and testing of innovative solutions to address the challenges rural communities face.

Nationally, a gap exists in rural funding due to a relative lack of unified focus on rural from many of the largest philanthropic organizations. While regional and more localized philanthropies often prioritize rural initiatives, these efforts may not be consistently mirrored or scaled by major national funders, potentially leaving rural communities under-resourced at a broader level. Rural funding can also be amplified by diversification in funding streams, including through investment from the business sector. This diversification would require a shift in the way programs and interventions are being communicated to better make the case and linkage between health and economic growth. In public health research, traditional funders measure success in a change in health outcomes or number of people reached. However, for the business community or other investors to be interested in supporting projects, there will need to be a shift in representation of outcomes to include economic benefits and a clear articulation of the return on investment. In this period of funding uncertainty, actively seeking diverse methods to share project results with various funders is essential. This proactive approach will be key to maintaining funding, especially as funders' priorities evolve and potentially impact current support.

CONCLUSION

Rural health funding is undergoing a significant shift in priorities and opportunities, even as longstanding challenges persist in rural areas. Current funding continues to focus on key rural issues like addressing chronic disease, behavioral health and substance use, and maternal-child health through a focus on improving access to services and quality care. Investments are being made in rural to expand broadband infrastructure to help bridge the digital divide and connect communities to care via telehealth. Some funders are prioritizing underlying drivers of health, such as economic mobility and environmental factors, along with strengthening the rural health workforce through training and retention incentives. Impactful, meaningful work is being done but the need is great and further investment in addressing many of these persistent rural issues still remains a priority.

There remain opportunities for expanded coordination and investment across both public and private funders to address issues that rural health communities face. This includes opportunities for larger national philanthropies and smaller, regional ones to collaborate to bring a more explicit focus to rural through alignment of their investments and collective expertise. Though much of the analysis here focuses at the funder level given their influence and impact, it is also important to acknowledge the organizations supporting rural health programs and the role they play. With continued investment in and collaboration with these support organizations, funders can ensure funding investments in rural are maximized and lead to greater impact potential.

While federal funders are shifting their priorities, private funders have expressed an ongoing commitment to their values and priorities in support of rural communities. There is an opportunity for those in the private funding sector to step in and continue to invest in areas with potential to drive longer-term, systemic change in rural communities (e.g., affordable housing, poverty reduction, transportation, early child development, food security), while ensuring that the unique perspectives and needs of rural communities remain central. Though funders often prioritize community involvement and engagement, truly amplifying the community voice requires purposeful action. This means creating opportunities for communities to tell their stories and state their needs, supported by capacity-building initiatives and rigorous evaluation and dissemination of program outcomes.

In this current evolving landscape, the future of rural health funding hinges on a proactive approach to diversifying financial support, which includes attracting investment from other sectors outside of those traditionally funding health initiatives. This will require some organizations to recalibrate how program success is measured and presented, including emphasis on the interconnectedness of health and economic prosperity and other issues important to stakeholders to create compelling value propositions for a wider range of potential funders. This will impact the way that success is measured and disseminated but may also lead to more stable funding streams in rapidly changing environments like the current one.

Ultimately, the path forward for rural health demands a multifaceted approach that embraces evolving funding streams, fosters robust collaboration across sectors, and most importantly, centers the voices and needs of rural communities themselves. By strategically leveraging diverse investments, empowering local initiatives, and recognizing the vital role of support organizations, it will be possible to cultivate a sustainable and equitable future for the health and well-being of rural America.



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