



Rural Unserved and Underserved Populations Quality of Life Grants Program Rationale and Description

Grants Program

The aim of the Reeve Foundation's new grants program is to fund **projects that explicitly benefit people living with paralysis in unserved and underserved rural communities.**

Grant applications in the amounts of up to \$40,000 will be accepted from 501(c)(3) nonprofit organizations, municipal and state governments, school districts, recognized tribal entities, and other institutions such as Centers for Independent Living and Offices of Vocational Rehabilitation and community or veterans hospitals. **All projects must be completed within 18 months.** As this is a pilot program, the Foundation envisions awarding approximately five (5) grants per year.

Projects will focus **on promoting accessibility and participation in rural communities** through foci such as (not inclusive):

- Transportation
 - Providing access to safe and affordable transportation options
 - Providing accessible driver's education/training programs
- Assistive Technology and Durable Medical Equipment
 - Short-term AT Equipment Loan Programs
 - Ramps
 - Broadband internet
 - AT Demonstration Centers
- Employment and education
- Peer and Family Support Groups
- Health
 - Rural Community Health Centers or Veterans Hospitals
 - Care Coordination
 - Telehealth
- Agriculture and access to healthy foods

Proposed projects may also focus on project types funded through the Direct Effect (Tier 1) grants program. (Please note that the Direct Effect grants program offers grants of up to \$25,000 for a 12-month period. The new **Rural Unserved and Underserved grants program** offering grants of up to \$40,000 for an 18-month period are specifically focused on **promoting accessibility and participation in rural communities through projects that explicitly benefit people living with paralysis in unserved and underserved rural communities.**

Examples of project types could include (but are not limited to, as we encourage you to think outside of the box in terms of projects to serve these communities):

- Adaptive Sports

- Accessible Playground/Ball Field
- Accessible Community Spaces (Trail, Beach, etc.)
- Assistive Technology
- Advocacy
- Arts
- Camp
- Hunting/fishing
- Caregiving
- Consumer Education
- Disaster Preparedness
- Durable Medical Equipment (see Funding Restrictions in a later section)
- Education
- Employment
- Facility Accessibility Modifications
- Fitness and Wellness
- Healthcare
- Media Development
- Peer Mentoring and Support
- Service Animal Program
- Therapeutic Horseback Riding
- Transportation
- Transition from Institution to Home

Organizations must specifically:

- Provide data indicating the rural area being served. Useful data sources include:
 - [Disability Counts Data Finder](#). This is an online tool that lets you view and download disability data for every county in the United States. The data includes disability rates, types of disability, whether the county is classified as rural or urban, and population.
 - [Map Series: Disability in America](#). This is a set of maps that show information about disability. The maps show the rates of disability for every county in the United States. There are maps for many topics, including veterans, poverty, and employment. There are also maps for different kinds of disability including hearing, seeing, waking, cognitive, self-care and independent living.
 - [Rural Health Grants Eligibility Analyzer](#) from the Health Resources and Services Administration (HRSA).
- Indicate the number of people living with paralysis to be served.
 - Indicate how you arrived at this figure and the data sources used.
- Provide data to support the number of unserved and/or underserved populations to be served through the grant project.
 - Indicate how you arrived at this figure and the data sources used.
- Describe outreach methods for serving the targeted rural area and unserved/underserved population(s).
- Provide the number of people to be served from the targeted population(s).
 - You must indicate how you arrived at this figure and the data sources used.

Background

The Christopher & Dana Reeve Foundation’s new Rural Unserved and Underserved grants program incorporates the definition of underserved communities set forth in President Joseph R. Biden Jr.’s January 20, 2021 Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government: **“The term “underserved communities” refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of ‘equity.’”** That definition includes individuals who belong to

underserved communities such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color.

Defining Rural

An estimated 60 million people, or one-in-five residents (19.3% of the total U.S. population) live in Rural America.ⁱ

The United States Census Bureau (Census Bureau) does not define “rural.” They consider “rural” to include all people, housing, and territory that are not within an urban area. Any area that is not urban is rural. The Census defines urban as:

- Urbanized Areas (UAs) of 50,000 or more people
- Urban Clusters (UCs) of 2,500 - 49,999 people

The Office of Management and Budget (OMB) decides which counties are metropolitan (metro), micropolitan (micro), or neither.

Area or County	Rural or Not Rural
Metro area (urban core of 50,000 or more people)	Not rural
Micro area (urban core of 10,000-49,9999 people)	Rural
Counties outside of Metro or Micro Areas	Rural

Federal Office of Rural Health Policy (FORHP) uses the above definitions and Rural-Urban Commuting Area (RUCA) codes to create their own definition.

FORHP defines the following areas as rural:

- All non-metro counties
- All metro census tracts with [RUCA codes](#) 4-10 and
- Large area Metro census tracts of at least 400 sq. miles in area with population density of 35 or less per sq. mile with RUCA codes 2-3.
- Beginning with Fiscal Year 2022 Rural Health Grants, they consider all outlying metro counties without a UA to be rural.

Lastly, National Geographic uses a very simple definition, “A rural area is an open swath of land that has few homes or other buildings, and not very many people. A rural area’s population density is very low.”

The Christopher & Dana Reeve Foundation has opted for a similar simple definition of rural: a sparsely populated area in which the absence of services are prevalent.

The Intersection of Rural Communities and Disability

According to the National Association of County & City Health Officials people in rural areas have fewer resources and opportunities available in their communities. Rural people with disabilities already experience high poverty rates, less access to health care and specialty services, and other barriers that prevent them from participating in their communities.

While rural Americans account for a relatively small percentage of the total U.S. population, they represent a higher proportion of people with a disability: 17.1% of rural Americans report a disabling condition compared with 11.7% of urban-dwelling Americans.² The higher rates of disability persist across gender, race, impairment type, and all age groups. Further, veterans and people in poverty living in rural areas report higher rates of disability than those in urban areas.ⁱⁱ

Rural communities often lack services and resources to support the independent living and participation of people with disabilities. The availability of community resources, as well as access to those resources, has a large impact on the experience of disability.ⁱⁱⁱ

The Rural Health Information Hub (supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS)) asserts that rural America experiences many inequities compared to the nation as a whole. Often rural residents have fewer individual resources and, on average, are poorer and less educated.

Additionally, many rural residents face barriers related to access to housing, transportation, food, and water that are safe, healthy, and affordable. These barriers can impact all residents, though they are particularly problematic for those already struggling financially. Rural communities also face many environmental challenges. Hazardous materials often end up in remote areas where the land is cheap and fewer people overall are put at risk. Rural industries like mining and farming bring with them their own dangers and environmental impacts.

Compared to their non-rural counterparts, people living in rural areas have higher rates of unemployment, lower educational attainment, and less access to healthcare and social services. These factors directly affect an individual's health and well-being. Rural residents face several documented health disparities. For example, rural residents are more likely to have chronic diseases such as heart disease, obesity, and diabetes, in comparison to non-rural residents. Social and environmental factors have contributed to decreased life expectancy in rural areas, with the gap between rural and urban life expectancy widening since the 1990s. In addition, children's health outcomes are worse in rural areas, with higher infant and child mortality. Several social, environmental, economic, and physical factors in rural communities affect the conditions in which rural residents grow up, live, work, and age.^{iv}

The following are some specific examples of how rural Americans are affected by their geography, environment, lack of services, and systems:

Access to Healthcare

The closure of rural hospitals and long distances to provider offices, specialists, and emergency services limit access to care in many rural communities. Rural residents are also more likely to live without health insurance, which poses barriers to accessing needed care.

Limited Healthy Food Options

Recent estimates suggest that 2.3 million rural residents live in food deserts. In frontier areas of the country and on reservations, residents are more likely to live in food deserts and may have to travel many miles to access healthy foods. In many rural locations local grocery or convenience stores have limited food options.

Lack of Access to Broadband and Other Technology

Approximately 40% of rural communities lack access to broadband. Lack of access to high-speed internet can limit opportunities for work, education, healthcare, and other services.

Historical Trauma

In many tribal communities, the impact of historical trauma, such as the loss of land and policies of segregation and discrimination, have had a lasting influence on community health and well-being, and have limited the ability of families to accrue assets.

Though the above information paints a bleak picture, the Foundation would like to acknowledge the resiliency and strength of rural communities and their ability to gather around a purpose and solve problems. The grants program described below is recognizes these strengths and looks to leverage them for the betterment of the community.

ⁱ "What is Rural America?". United States Census Bureau.

ⁱⁱ National Association of County & City Health Officials

ⁱⁱⁱ Rural Institute for Inclusive Communities at the University of Montana

^{iv} Rural Health Information Hub