



A Rural Lens on Federal Block Grant Distribution

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Block grants are a form of funding awarded to state and local governmental agencies by the federal government.¹ This funding is generally a fixed amount meant to assist these agencies and their partners in providing services and programs to address a range of needs and aims, such as public health, social services, and community development.² The first block grant was authorized by Congress in 1966. Over the next 40 years, block grants were developed to provide federal funding in new policy areas, and hundreds of smaller grant programs were consolidated into larger block grants.¹ As of FY2022, there were 22 federally funded block grants, totaling over \$59 billion.² Block grants are authorized by Congress with stipulations that outline both the parameters of the grant and the formula that will be used to allocate the funding.¹ Block grants are intended to be non-competitive and flexible, allowing recipients to allocate funds based on population needs. They also transfer fiscal and decision-making authority to state and local governments by allowing them to determine how they will use funds.² It has long been hypothesized that by allowing flexibility and providing decision-making authority to states, block grants may facilitate more appropriate and effective use of such funds. In contrast, there is some concern that block grants may lack accountability crucial for the effective use of federal funds.² Recently, there has been increased emphasis on health equity and supporting populations who have historically been underserved or with disproportionate needs. This emphasis, combined with the evolution of block grants, creates an opportunity to consider how block grant funding is distributed, with a focus ensuring adequate funding is allocated to support the needs of rural communities.

Despite the benefits of flexibility and fiscal authority, it is unknown how funds are allocated within and across states, especially as it pertains to race, ethnicity, and geography. Block grant funding distribution from federal agencies to states is guided by population-based formulas, potentially making it difficult for sparsely populated states to distribute sufficient funds to rural and frontier areas. Funding available through specific block grants may be insufficient to meet all

Key Takeaways

- Block grant formulas were described as complex, unchanged since establishment (often decades), and challenging to change.
- In most cases, rurality is not explicitly considered in block grant formulas and state allocations are often negatively associated with measures of rurality.
- Relationships between state-level block grant allocation amounts and state-level measures of rurality were mixed, with findings often suggesting that less block grant funding is allocated to more rural states on a per-capita basis.
- Populations of interest varied based on the goals or purpose of each block grant, although all emphasized reaching racial and ethnic minority populations.
- We identify several recommendations to facilitate equitable distribution to rural communities, including examining the need for formula modifications or rural carve-outs.

community needs, placing rural communities at a disadvantage in resource prioritization compared to more urban areas.^{3,4} Further, the formulas for many long-standing block grants have been unchanged for decades; studies have indicated that the funding distribution formulas for many established block grants could be revised to better reflect the current landscape and population needs.^{3,4} Depending on the intended purpose of the specific block grant, there may be unique considerations for rural populations. For example, rural communities have more limited public transportation options and greater broadband issues, both of which may impact the role and use of block grant funding. In addition, one study found evidence of states concentrating block grant funds in urban areas in order to demonstrate more efficient use of the funds.³

The purpose of this study was to describe how funding for five block grants is allocated from federal agencies to states, with a focus on implications for rural communities. These block grants were selected in collaboration with the Federal Office of Rural Health Policy, the funder of this work. Ultimately, the selection of specific block grants was based on representing block grants administered under multiple Department of Health and Human Services (HHS) agencies that focus on various health, public health, and social determinants of health activities. The following block grants were included: Preventive Health and Health Services (PHHS) Block Grant administered by the Centers for Disease Control and Prevention (CDC),⁵ Community Services Block Grant (CSBG) administered by the Office of the Administration for Children and Families (ACF),⁶ Child Care and Development Fund/Block Grant (CCDF, CCDBG) administered by ACF,^{7,8} Substance Abuse Prevention and Treatment Block Grant (SABG, now referred to as the Substance Use Prevention, Treatment, and Recovery Services Block Grant, SUBG) administered by the Substance Abuse and Mental Health Services Administration (SAMHSA),⁹ and Community Mental Health Services Block Grant (MHBG) administered by SAMHSA (Table 1).¹⁰ Results could inform recommendations to improve block grant processes, especially as they relate to assisting rural areas and the equitable distribution of funding.

Table 1: Purpose and Focus of Block Grant Programs

Block Grants	Purpose	Populations of Focus
Preventive Health and Health Services (PHHS) Block Grant^b	To address unique public health needs and challenges with innovative and community-driven methods. ¹¹	Adolescents, individuals, and communities with limited access to health care services, and disadvantaged populations. ¹²
Community Services Block Grant (CSBG)^b	To provide funds to alleviate the causes and conditions of poverty in communities. ⁶	Individuals and families with low incomes as well as communities with low incomes. ⁶
Child Care and Development Fund/Block Grant (CCDF, CCDBG)^b	To increase the availability, affordability, and quality of childcare services. ^{7,8}	Low-income families. ^{7,8}
Substance Abuse Prevention and Treatment Block Grant (SABG)^{b,c}	To help plan, implement, and evaluate activities that prevent and treat substance abuse. ⁹	Pregnant women and women with dependent children, intravenous drug users, tuberculosis services, early intervention services for HIV/AIDS, primary prevention services, students in college, military families, LGBTQ, American Indians/Alaska, Natives, African American, Hispanic, the homeless, Native Hawaiian/Other

Community Mental Health Services Block Grant (MHBG)^a	To support the entities receiving grant money in carrying out plans for providing comprehensive community mental health services. ¹⁰	Pacific, Islanders, Asian, rural populations, and other minorities. ⁹ Adults with serious mental illnesses (persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition), children with serious emotional disturbances (persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue). ¹⁰
<p>^a All 50 states, District of Columbia, and U.S. territories eligible for funding</p> <p>^b In addition to above, tribal entities eligible for funding</p> <p>^c SABG is now referred to as the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)</p>		

Methods

Study Design

This study used a mixed methods design consisting of three components, applied to each block grant of interest. First, a secondary data analysis was conducted to characterize funding allocations from federal agencies to each of the 50 states. Second, five semi-structured interviews were conducted with representatives of federal agencies to describe the distribution process from federal agencies to states. Third, a document review was conducted to review application materials released by federal agencies for states to complete, with an emphasis on elements that could have implications for equitable allocation, particularly to rural communities. Application materials included documents referred to as applications, work plans, or state plans. Findings were compared and combined as appropriate across components to generate a more robust understanding of federal to state distribution of block grant resources. The Institutional Review Board at East Tennessee State University reviewed this study and determined that it did not constitute human subjects research.

State-Level Funding

Data Sources and Measures. Publicly available documentation of funding allocations for all 50 states was obtained from federal agencies for each block grant. Allocations to each state were from the federal fiscal year 2019. Given the influx of federal funding to states in response to the COVID-19 pandemic declared in early 2020,¹³ the time period immediately prior was selected to generate results more representative of typical block grant allocations to states. Additional data on 2019 state population size were derived from the American Community Survey (ACS), conducted by the U.S. Census Bureau.¹⁴ Three measures of rurality were considered: percentage of the state population that is non-metro; percentage of counties that are non-metro calculated from USDA's Rural-Urban Continuum Codes¹⁵; and state population density from the U.S. Census Bureau.¹⁶ While measures of state-level rurality are coarse definitions, each of these indicators can reflect differing rural context in states. For example, states with a few large urban centers may have a low percentage of the population that is non-metro while also having a high percentage of counties that are non-metro. A higher number for both of the measures of rurality based on county metropolitan status reflects more rural, while a lower population density estimate represents a more rural state.

Data Analysis. For each block grant, descriptive statistics of fiscal year funding allocations to states and bivariate comparisons of allocation amounts by state-level measures of rurality were conducted using

Stata version 17.0.¹⁷ Allocations per 1,000 population were calculated. Maps visualizing allocations to each state were generated using Microsoft Excel.

Federal Agency Interviews

Data Collection. From April-August 2022, five semi-structured interviews were conducted with representatives from federal agencies involved in the administration of the block grants. One interview was conducted per block grant, with each interview including up to two representatives (n=7 total participants). Interviews were conducted virtually using a semi-structured guide and limited to 60 minutes. The guide explored topics concerning the distribution of block grant funding from federal agencies to states, such as funding goals and intended populations, formulas, and application processes. Interviews were recorded with consent and transcribed. Transcripts were also supplemented by field notes.

Data Analysis. A rapid analytic approach was applied to the interview data by the research team.^{18–20} A template inclusive of domains aligned with each interview question was created in Excel to summarize each transcript. Using the summary template, two transcripts were independently reviewed and summarized by two researchers to evaluate the template and assess consistency.^{19,20} Differences were identified and resolved using consensus-based discussions. The template was subsequently used to summarize the remaining transcripts by one of those researchers.^{19,20} Summary templates derived from each transcript were combined to form a matrix reflective of all five transcripts.^{19–21} A team-based approach involving consensus was applied to develop concise summaries of each domain.¹⁹

Document Review

Data Sources. A total of four application documents were included for review across the five block grants. Blank application templates with instructions were obtained through online searches of publicly available information or upon request from federal agencies for four block grants (CSBG, CCDF, MHBG, and SABG). MHBG and SABG were addressed within the same document, yielding only one document for both block grants. A blank application template could not be identified for PHHS, resulting in the inclusion of a completed state application. Based on the availability of materials and differences in processes across block grants, materials represented a combination of plans and applications across the period of federal fiscal years 2018-2021.

Data Analysis. Similar to the interviews, a rapid analytic approach was applied by the research team to explore the documents.^{18–20} Based on preliminary review and study goals, a template was created in Excel to extract and summarize document elements. Characteristics (e.g., type and year) and elements with implications for equitable allocation, particularly regarding rural populations, were of primary interest. Examples included eligible recipients, intended populations, and partnerships. Using the summary template, each document was independently reviewed and summarized by two researchers to evaluate the template and assess consistency.^{19,20} Differences were identified and resolved using consensus-based discussions, with the template modified as appropriate. While MHBG and SABG were addressed within the same document, separate summary templates were developed for each block grant to the extent possible. Templates derived from reviewing each document were combined to form a matrix.^{19–21} A team-based approach involving consensus was applied to develop concise summaries of each domain.¹⁹

Results

A total of five interviews were conducted with federal agency representatives. Representatives reported various responsibilities and levels of block grant experience and were generally in their position for at least five years. Representatives reported responsibilities that included: managing staff who oversee the grants; providing budget and financial oversight; conducting compliance reviews; and engaging with grantees. Representatives described various aspects of block grant distribution, including rural considerations in funding focus and allocation processes as discussed below. A total of four application-related documents were reviewed. Multiple elements were extracted from each document, including rural considerations in funding focus, recipients, and partnerships.

Block Grant Funding Mechanisms

The mechanism of block grant funding differs by program, but generally follows a similar process. For each of the block grants considered, the federal administering agency releases the application, typically annually. We use the term application generally to refer to an application, a required work plan, or state plan submission. This is generally in lieu of a more traditional notice of funding opportunity (NOFO) and request for proposals (RFP). States are required to complete the application in order to receive funding. Applications may cover activities and budgets ranging from one to three years. The applications often include a description of how the state intends to use the funding, how it aligns with the requirements and goals of the block grant, and a budget. Applications go through a review process by the federal agency administering the block grant and ultimately, the application serves as a plan for the state in how the funds will be utilized. Of note, applications often include how the funds may be distributed to local agencies or organizations, but the application is nearly exclusively from the states' perspectives and does not capture detail on the local agencies or organizations that may receive funds and how they may utilize them. Further detail on the requirements of the applications is described below, in conjunction with insights from federal representatives.

Funding Allocation. For four block grants, funding is allocated to state agencies and, if applicable, distributed to local agencies or organizations. Uniquely, the majority of CCDF dollars are directly allocated to families in need rather than to organizations or agencies. The amount of funding allocated to each state is guided by formulas, which differ by block grant. These formulas are written into statute and have remained the same since the establishment of the block grants. The number and type of factors considered differ, but generally reflect the goals or purpose of the funding. While most formulas include considerations for state population size and the percent of the population living below the federal poverty level, none considered rurality. Similarly, in two examples, state-level allocations were based on funding amounts from historic programs. Federal representatives described the historical formation of several block grants through modifications or combinations of previous categorical funding streams. The funding amounts that states receive through current block grants thus reflect these predecessor programs. For example, PHHS was created by combining various categorical funding streams from the 1970s to 1980s. The current formula reflects these original funding amounts with a current population weight. Regarding the formula for CCDF:

"There has been discussion about whether or not we should still be tying funding back to what states spent back in the 90s. I'm not an expert on the old AFDC [Aid to Families with Dependent Children] programs, but my understanding is it may advantage states that were able to spend more under those old programs." (CCDF)

In general, these funding formulas were described by most participants as complex and outdated. Changing block grant funding formulas requires Congressional approval and has important implications for states. Given such implications, SABG, for example, has accommodations in the formula to ensure that they "do no harm" and cannot "drastically increase or decrease the amount of funding that a state has."

"Congress makes those decisions based on the input they get from their constituents and from states. . . . And any time the factors are changed, there's going to be winners and losers, so I'm sure that Congress isn't super excited to take up changing the formula." (MHBG)

Recipients and Partnerships. Block grant applications generally require information on eligible recipients of the funding. Types of entities eligible to receive funding included legislatively defined organizations that meet various requirements (e.g., CSBG's Community Action Agencies), state and local agencies, non-profit organizations including health care providers, and individuals or families (CCDF only). In addition, block grant applications included space for states to describe the partnerships leveraged to support the block grant. Commonly identified partners included: schools or departments of education; primary care associations; governmental public health agencies; state Medicaid agencies; social services agencies or departments (including SNAP, WIC, and TANF); law enforcement; and housing agencies. State Offices of Rural Health and state rural health associations were not explicitly included as options of partners in any of the reviewed documents.

Funding Focus. The goals and populations of interest for block grants are largely outlined in federal statute. The goals or intended outcomes varied by block grant and were generally described as broad and flexible.

"They align their priorities, their needs, their local jurisdiction activities to these objectives, so that in itself provides the flexibility to really reach any part [of their state], anything to do prevention wise and, as far as the activities, [anything] that funding can cover." (PHHS)

While most block grants include a focus on a specific population(s) (e.g., people with serious mental illness or individuals with low incomes), PHHS is broader with a community-level focus. To allocate funds within states, many states use mechanisms such as needs assessments, planning councils, or public hearings, which are sometimes required as part of the block grant mechanism. Populations of interest identified in the application documents varied based on the goals or purpose of each block grant. Two block grants (CSBG and CCDF) included a focus on populations with low incomes, while two others (MHBG and SABG) included a focus on populations with or at risk for a specific condition(s) (e.g., substance use disorder and serious mental illness). Several block grants also included a focus on race and ethnicity. PHHS generally had the least specificity regarding populations of interest. While block grant funding

provides important resources to address certain population needs and efforts, this funding alone is not typically sufficient.

" . . . [N]ationally about 15% of federally eligible children receive the subsidy, so there's a lot of trade-offs. That money is not sufficient to serve everyone." (CCDF)

Regarding rural populations, application documents were mixed on whether rurality was explicitly considered as a possible target or priority population and in most instances, rurality or rural populations were not described as a specific consideration in block grant formulas or application requirements. In three block grants, people residing in rural communities were listed as a potential priority population in at least one part of the document. In some instances, rural was presented as an optional population of focus. SABG and MHBG overall appeared to have the clearest considerations for rural individuals or communities. Similarly, documents varied on whether and how rurality was considered outside of populations of interest. While rurality was specifically referenced at times, geographic area (e.g., covering all counties or regions, or describing service areas) more generally was considered at other times. An example of another reference to rurality outside of specific priority populations included the requirement to report on whether Planning/Advisory Councils are representative of the service area, with the potential to describe representation by rural/urban/suburban status (MHBG and SABG). Across block grants, CSBG contained the fewest considerations for rurality or geography, whether within the context of populations or elsewhere.

While rurality was often not an explicit focus in application materials, there are several ways in which rurality can be considered. In the context of CCDF, for example, individuals living in rural areas are not an explicit population of focus, however states are required to focus on issues related to lack of childcare access and how they will address them. This focus often indirectly creates a consideration of parity in rural areas. Several representatives acknowledged that while rurality is not a block grant consideration, often states and localities include a focus on rural populations.

" . . . [O]ftentimes our community action agencies are one of the only service providers, if not the only service provider in a rural community, and so they play a key role and often wear many hats in a rural community." (CSBG)

State Level Funding

Funding amounts varied by state and block grant. In 2019, mean state-year level block grant allocations by block grant ranged from \$199 per 1,000 residents for PHHS to \$23,453 per 1,000 residents for CCDF. Block grant allocations per 1,000 ranked from lowest to highest are as follows: PHHS, MHBG, CSBG, SABG, and CCDF. Importantly, there was also wide variation across states within each block grant (Figures 1a – 1e). For example, the minimum allocation for PHHS was \$199 per 1,000 residents, while the maximum was \$1,653. For CCDF, the minimum allocation was \$14,937 per 1,000 residents as compared to a maximum of \$30,534 per 1,000 residents.

Figure 1a: Preventive Health and Health Services (PHHS) State-Level Block Grant Allocations per 1,000 residents (2019)

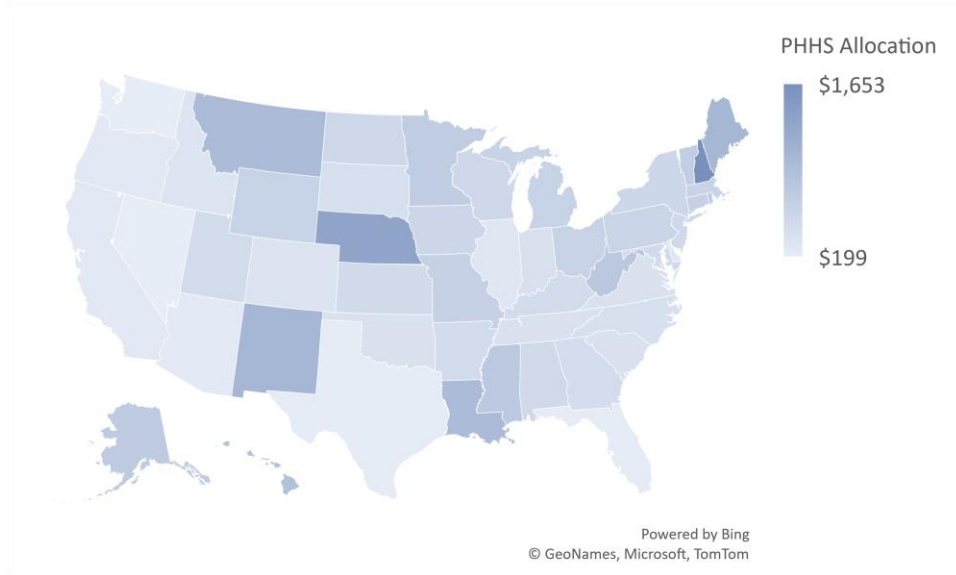


Figure 1b. Community Services Block Grant (CSBG) State-Level Block Grant Allocations per 1,000 residents (2019)

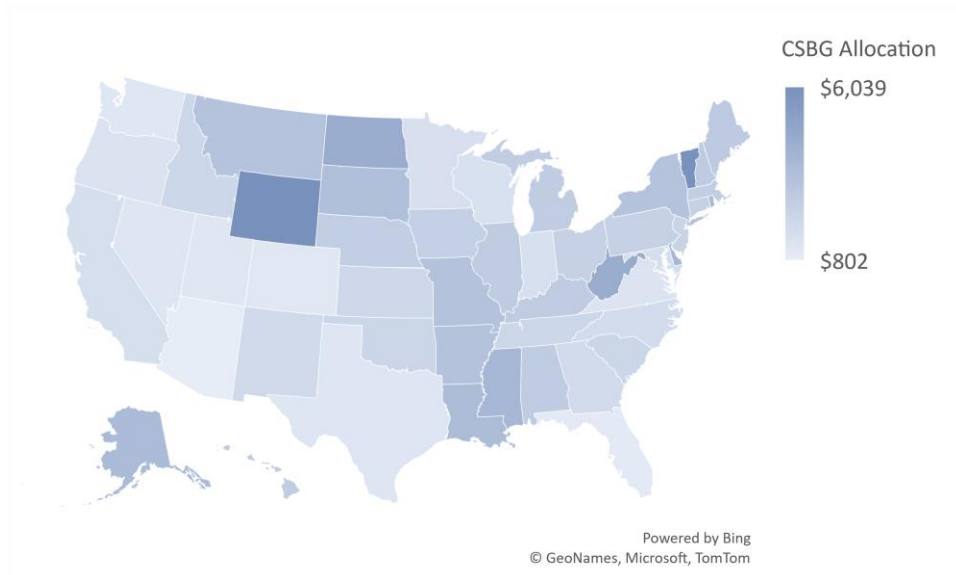


Figure 1c. Child Care and Development Fund (CCDF) State-Level Block Grant Allocations per 1,000 residents (2019)

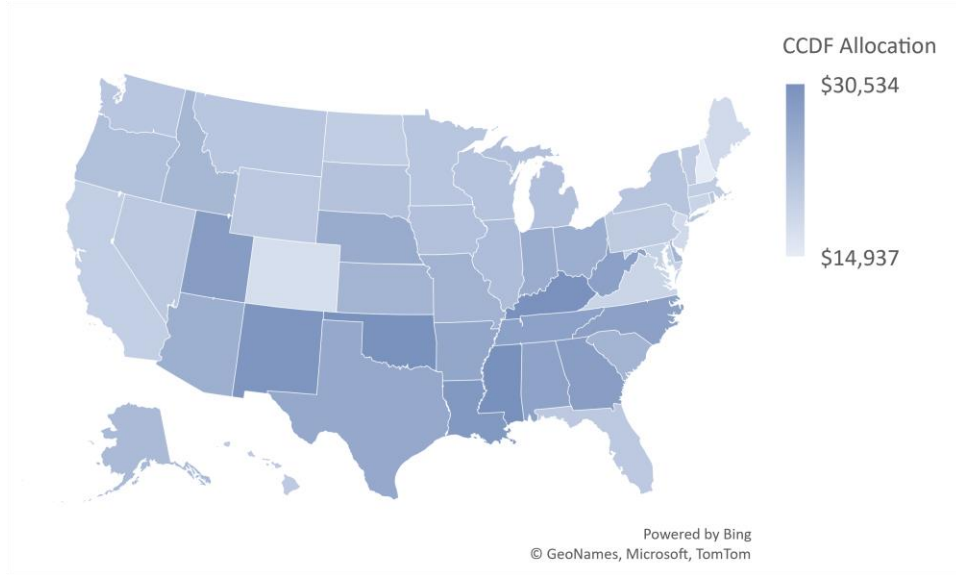


Figure 1d. Substance Abuse Prevention and Treatment Block Grant (SABG) State-Level Block Grant Allocations per 1,000 residents (2019)

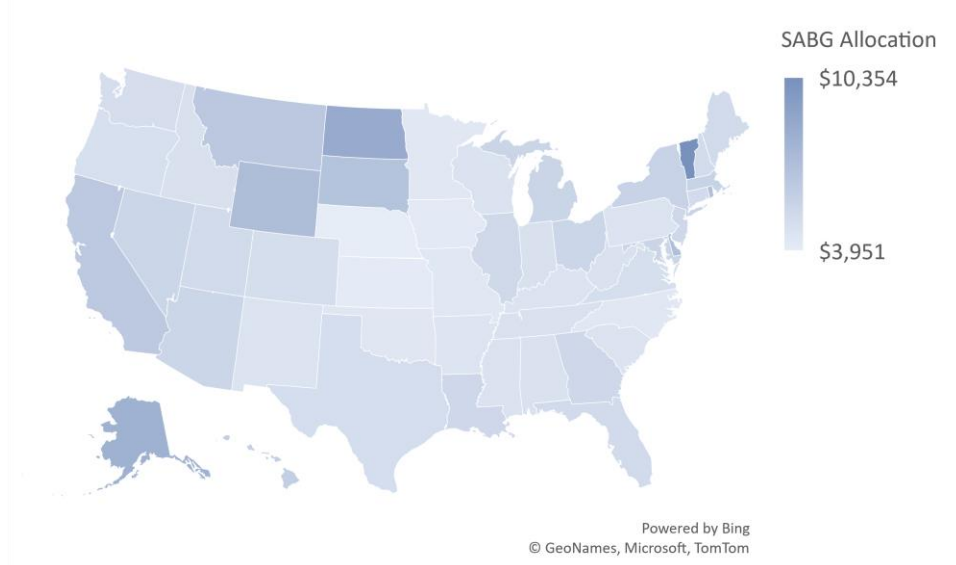
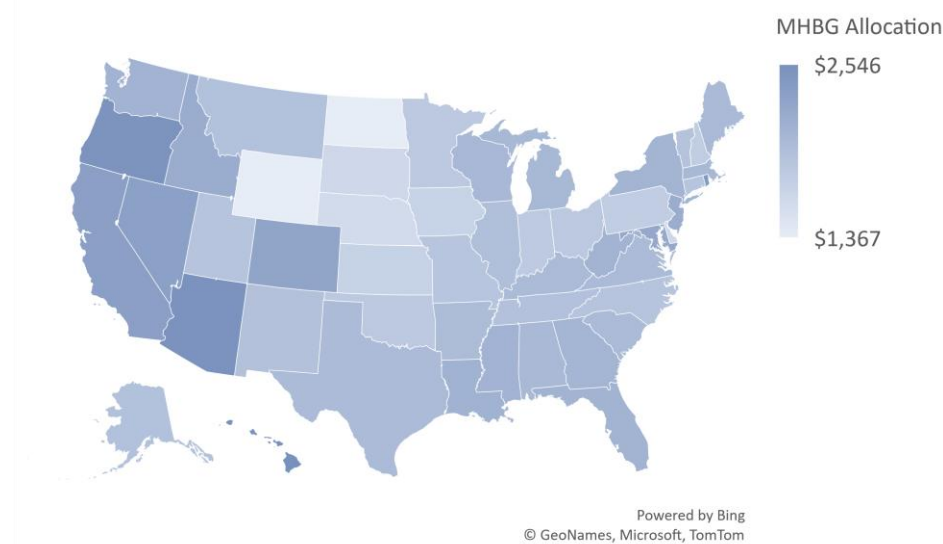


Figure 1e. Community Mental Health Services Block Grant (MHBG) State-Level Block Grant Allocations per 1,000 residents (2019)



Bivariate comparisons show some significant associations between state-year block grant allocation and measures of rurality (Table 2). For example, the percentage of the population that resides in non-metropolitan counties was negatively associated with MHBG funding (i.e. *less* funding among states with higher proportions individuals living in non-metropolitan counties), positively related to PHHS and CSBG funding (i.e. *more* funding among states with higher proportions individuals living in non-metropolitan counties), and not significantly associated with other block grant funding (CCDF and SABG(?)). There was a negative association between the percentage of counties that are non-metropolitan and block grant funding for three of the five block grants, indicating there is less funding among states with higher proportions of non-metropolitan counties. Similarly, bivariate associations between funding and population density suggest that there is less funding among less densely populated states.

There were also instances where the directions of the associations differed within block grant by measure of rurality. For example, percent of counties that are non-metropolitan was negatively associated with SABG funding while population density was positively associated with SABG funding. This suggests that each of these measures of rurality is capturing a slightly different context. For example, a higher population density implies more urban areas(?) while higher values of the other measures represent more rural areas. In addition, a largely rural state with one large urban center where much of the population is concentrated may have a relatively low percent of the population living in non-metropolitan counties but a relatively high percent of counties that are non-metropolitan. This suggests that policymakers and researchers should use caution when selecting measures of rurality and interpreting rural associations.

Table 2: Bivariate Associations between Measures of State-Level Rurality and Per-Capita State Block Grant

Block Grant	Percent Pop in Non-Metro Counties	Percent Counties Non-Metro	Population Density
Mental Health Services Block Grant (MHBG)	-0.34***	-0.30***	0.11
Substance Abuse Prevention and Treatment Block Grant (SABG)	0.09	-0.16**	0.48***
Preventive Health and Health Services (PHHS)	0.24***	0.02	0.48***
Community Services Block Grant (CSBG)	0.14*	-0.18**	0.85***
Child Care and Development Fund (CCDF)	-0.03	-0.05	0.25***
*p<0.05, **p<0.01, ***p<0.001			

Discussion

Block grants are an important federal funding mechanism that provide financial support for states for a variety of purposes.² Their flexibility at the federal and state level has been viewed as valuable, however they are not without potential limitations.² The purpose of this study was to describe how select federal block grant funding is allocated from federal agencies to states, and how those structures may influence funding for rural communities. Overall, we find that funding for these block grants focuses on meeting unmet population needs and advancing health equity, especially regarding race, ethnicity, and other sociodemographic characteristics. While equity is not an explicit purpose of these block grants, the importance of reaching populations who have been historically underserved or disproportionately affected by needs supported by block grants was emphasized through federal interviews and document review.

While we find an emphasis on equity for certain populations, there is little federal focus on rural considerations within these funding mechanisms. In addition, there is often less funding allocated to more rural states on a per-capita basis. In general, these block grants are designed to be flexible and used in alignment with state needs. Findings from this study suggest the flexibility of block grants allows states to choose to focus on rural individuals or communities, but only if identified by states as an important population for focus.

Block grant funding is allocated from federal agencies to states by formula. We find that these federal formulas tend to be complex, outdated, and do not account for rurality. Many of these formulas date back to when the block grants were established and are outlined in federal statute. Therefore, modifying block grant formulas is complex and requires Congressional authorization. This, in combination with some quantitative findings of states with larger rural populations receiving lower funding, may inadvertently place rural communities as a low priority for states when allocating funding. Previous evidence suggests that states that receive too little funding to adequately distribute funds equitably across the state retain the funding at the state level or distribute it through a competitive process in which rural communities and agencies tend to be disadvantaged.³ This geographic maldistribution of block grant funding underscores the importance of federal guidance and requirements on equitable distribution of block grant funding within states. In addition, the differences we find in both direction and significance by

measure of rurality suggest federal agencies and states should be intentional about how they describe, define, and provide guidance related to rural populations. Decisions around measures of rurality may have important implications for allocation amounts and equitable distribution.

While this study adds to our knowledge of how block grants are structured and whether they consider rurality, it is not without limitations. First, at the federal level, SABG is divided into treatment and prevention, with different individuals overseeing each side of the funding. While multiple recruitment attempts were made, we were unable to schedule an interview with a federal representative for the prevention side. SABG interview findings reflect solely the treatment activities of this block grant. Second, we were unable to secure a blank application template with instructions from the federal agency for PHHS and therefore relied on a completed application. For all other documents reviewed, we were able to review federal guidance, response options, and required structures of materials submitted by states. These materials also varied in terms of the time period reflected. Third, while federal interviews primarily focused on block grant structures and processes, sampling and response biases may have influenced findings. Fourth, we use measures of state-level rurality. These are coarse measures of rurality and do not necessarily indicate that the funding is allocated equitably across the state or reaches rural communities. Fifth, we focused on allocation amounts and processes for states. These findings may not be generalizable to allocation amounts or processes for other eligible recipients such as tribes and territories. Lastly, we focused on the main component of the PHHS block grant. The findings related to PHHS may not be generalizable due to the sexual assault set-aside.

Considerations

Across block grants, findings suggest that there are potential opportunities at the federal level to encourage states to consistently and carefully consider the needs of rural communities in the distribution and use of these federal resources. Because block grants are authorized by Congress and then administered by federal agencies, federal-level recommendations are intended to inform decision making at those levels.

- *Examine the need for formula modifications or rural carve-outs.* Rurality is generally not explicitly considered in the block grant formulas established by Congress, and state allocations are often negatively associated with measures of rurality. These findings, combined with the historical nature of the formulas, suggest that updated formulas may be warranted. Researchers and experts could develop draft formulas for consideration that reflect current state populations. Similarly, federal agencies and policy makers could consider the potential role of rural carve-outs in ensuring equitable distribution of block grant funding to rural populations, as has been done with other federal funding such as the Centers for Disease Control and Prevention's COVID-19 health disparities block grant.²² Further research is needed to better understand the impact of rural carve outs and to identify exemplary ways of utilizing block grant funds in rural communities, through carve outs or other mechanisms.
- *Encourage states to consider rurality when planning for and using block grant funding.* Application documents varied in how and to what extent rurality or geography were addressed. Federal agencies could review documents to identify areas where information on rurality or geography

could be expanded, required, and/or encouraged. For example, when describing population needs or service gaps, geography could be listed as a characteristic for consideration. In addition, federal agencies could explore opportunities to provide, or enhance, rural-related guidance and resources (e.g., training or technical assistance) available to states when applying for and/or after receiving block grant funding.

- *Include State Offices of Rural Health or state rural health associations as expected or encouraged state partners.* Application documents request information on state partners, but State Offices of Rural Health or state rural health associations are not among those discussed. Federal agencies could consider including these or other rural-focused partners when listing examples, encouraged, or expected partners in documents. Meaningful engagement of rural partners could foster greater assurance that rural populations are considered as states distribute and use block grant funding.

References

1. Kenneth F, Laura W, Stephanie S. Block Grants: Historical Overview and Lessons Learned. Accessed December 15, 2022. <https://webarchive.urban.org/publications/310991.html>
2. Dilger, Robert Jay, and Eugene Boyd. Block grants: Perspectives and controversies. 2022 Update. *Block Grants Perspect Controv Wash DC Congr Res Serv*. Published online 2022.
3. Meit M, Ettaro L, Hamlin BN, Piya B. Rural public health financing: implications for community health promotion initiatives. *J Public Health Manag Pract JPHMP*. 2009;15(3):210-215. doi:10.1097/01.PHH.0000349738.73619.f5
4. Harris JK, Beatty K, Leider JP, Knudson A, Anderson BL, Meit M. The Double Disparity Facing Rural Local Health Departments. *Annu Rev Public Health*. 2016;37:167-184. doi:10.1146/annurev-publhealth-031914-122755
5. CDC - Home Page - Preventive Health and Health Services Block Grant (PHHSBG). Published December 1, 2022. Accessed December 15, 2022. <https://www.cdc.gov/phhsblockgrant/index.htm>
6. Community Services Block Grant (CSBG). Accessed December 15, 2022. <https://www.acf.hhs.gov/ocs/programs/community-services-block-grant-csbg>
7. What is the Child Care and Development Fund (CCDF)? Accessed December 15, 2022. <https://www.acf.hhs.gov/archive/occ/faq/what-child-care-and-development-fund-ccdf>
8. Theodos B, Christina Plerhoples Stacy, Helen Ho. Taking Stock of the Community Development Block Grant. *Wash DC Urban Inst*. Published online 2017.
9. Substance Abuse Prevention & Treatment Block Grant (SABG) | SAMHSA. Accessed December 15, 2022. <https://www.samhsa.gov/grants/block-grants/sabg>
10. Mental Health Services Block Grant (MHBG) | SAMHSA. Accessed December 15, 2022. <https://www.samhsa.gov/grants/block-grants/mhbg>
11. About | PHHS Block Grant Program. Published December 9, 2019. Accessed December 15, 2022. <https://www.cdc.gov/phhsblockgrant/about.htm>
12. Frequently Asked Questions | PHHS Block Grant Program. Published December 9, 2019. Accessed December 15, 2022. <https://www.cdc.gov/phhsblockgrant/faqs.htm>
13. CARES Act: Higher Education Emergency Relief Fund. Published February 14, 2023. Accessed March 15, 2023. <https://www2.ed.gov/about/offices/list/ope/caresact.html>
14. US Census Bureau. 2015-2019 American Community Survey 1-Year Estimates Detailed Tables. Accessed March 15, 2023. <https://data.census.gov/table?q=total&tid=ACSDT1Y2021.B01003>
15. USDA ERS - Rural-Urban Continuum Codes. Accessed March 15, 2023. <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx>
16. Bureau UC. Historical Population Density Data (1910-2020). Census.gov. Accessed March 15, 2023. <https://www.census.gov/data/tables/time-series/dec/density-data-text.html>
17. Statistical software for data science | Stata. Accessed March 15, 2023. <https://www.stata.com/>
18. Beatty K, Smith MG, Khoury AJ, et al. Contraceptive care service provision via telehealth early in the COVID-19 pandemic at rural and urban federally qualified health centers in 2 southeastern states. *J Rural Health*. Published online July 22, 2022:10.1111/jrh.12701. doi:10.1111/jrh.12701

19. Hamilton A. Qualitative Methods in Rapid Turn-Around Health Services Research. Presented at: December 11, 2013. Accessed January 24, 2023.
https://www.hsrp.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=780
20. Fox AB, Hamilton AB, Frayne SM, et al. Effectiveness of an Evidence-Based Quality Improvement Approach to Cultural Competence Training: The Veterans Affairs' "Caring for Women Veterans" Program. *J Contin Educ Health Prof.* 2016;36(2):96-103. doi:10.1097/CEH.0000000000000073
21. Averill JB. Matrix analysis as a complementary analytic strategy in qualitative inquiry. *Qual Health Res.* 2002;12(6):855-866. doi:10.1177/104973230201200611
22. Michael Meit, Barter C, Buck S, Woodring M. Rural Carve-out Funding. Published online September 2021.

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