

THE WHITE HOUSE  
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**FACT SHEET: 10 Communities Named Rural IMPACT Demonstration Sites**

*The Administration launches a national demonstration project to combat rural child poverty by forming a learning community for coordinated health, human service and workforce development service delivery*

Over six million Americans in rural areas live in poverty, including about 1.5 million children. And in many of these communities, high rates of poverty have persisted for generations: over 300 rural counties have had poverty rates of over 20 percent in every Census since 1980. As President Obama has stated, “A child’s course in life should be determined not by the ZIP code she’s born in, but by the strength of her work ethic and the scope of her dreams.” In many rural places, that ZIP code equates to decreased access to critical services, fewer educational opportunities, and limited job choices.

President Obama has supported programs and strategies that respond to these challenges and work to better serve rural kids and families. As a result of historic investments in telehealth, for example, a rural family can access a world-class specialist from their small-town clinic; and with evidence-based home visiting, a young mother without reliable transportation can benefit from the advice and support of a nurse without even leaving home. Further, through efforts like the Promise Zones Initiative, the Administration has engaged in place-based efforts that support community-driven approaches to improve quality of life and upward mobility.

Recognizing that every child, no matter where she is born, should have an opportunity to succeed, in April the White House Rural Council launched [“Rural Impact,”](#) a cross-agency effort to combat poverty and improve upward mobility in rural and tribal places. And in August, HHS announced a new demonstration project, Rural Integration Models for Parents and Children to Thrive (IMPACT), to help communities adopt a two-generation approach to addressing the needs of both vulnerable children and their parents, with the goal of increasing parents’ employment and education and improving the health and well-being of their children and families. Often, programs are structured to serve either adults or children, rather than focusing on the entire family to improve outcomes. The Rural IMPACT Demonstration will help communities adopt a comprehensive, whole-family framework for addressing child poverty, such as through facilitating physical colocation of services, universal “no wrong door” intake, referral networks, shared measurement systems, and use of technology to deliver services.

Following a process led by HHS that included communities submitting letters of interest to participate in the Demonstration, **today the Administration is announcing 10 rural and tribal communities from across the country that will participate in the Rural IMPACT Demonstration:**

- **Berea (KY)**, Partners for Education at Berea College (Serving Knox County, KY)
- **Blanding (UT)**, The San Juan Foundation (Serving San Juan County, UT)
- **Blytheville (AR)**, Mississippi County, Arkansas Economic Opportunity Commission, Inc. (Serving Mississippi County, AR)
- **Hillsboro (OH)**, Highland County Community Action Organization, Inc. (Serving Highland County, OH)
- **Hugo (OK)**, Little Dixie Community Action Agency, Inc. (Serving Choctaw, McCurtain and Pushmataha Counties)
- **Jackson (MS)**, Friends of Children of Mississippi, Inc. (Serving Issaquena, Sharkey and Humphreys Counties, MS)
- **Machias (ME)**, Community Caring Collaborative (Serving Washington County, ME)
- **Marshalltown (IA)**, Mid-Iowa Community Action, Inc. (Serving Marshalltown, IA)
- **Oakland (MD)**, Garrett County Community Action Committee and the Allegany Human Resources Commission (Serving Garrett and Allegany Counties, MD)
- **White Earth (MN)**, White Earth Reservation Tribal Council (Serving Mahnomon County and portions of Clearwater and Becker Counties)

The Demonstration will be administered by HHS with support from the Community Action Partnership and the American Academy of Pediatrics and implemented in collaboration with the U.S. Departments of Agriculture, Education, and Labor, Appalachian Regional Commission, Delta Regional Authority, and the Corporation for National and Community Service (CNCS).

**Demonstration communities will receive:**

- A six-month planning period with targeted technical assistance (TA) to help communities link programs and services;
- At least six months of additional TA to begin the implementation period, during which sites will work to address system, policy, and program changes targeting alleviation of child poverty;
- Partnership with CNCS to develop projects to place AmeriCorps VISTA volunteers, helping local partners develop new or enhance existing antipoverty programming, map community assets, and help build local community capacity;

- Participation in a peer learning network to facilitate the sharing of best practices among sites facing similar opportunities and challenges; and
- Support from a federal interagency team to identify and address barriers to cross-programmatic work.

### **Leaders in two-generation strategies**

The Obama Administration recognizes several philanthropic and nonprofit organizations that have been thought leaders in developing and implementing two-generation strategies to program and service delivery. These organizations stand at the forefront of efforts to tackle rural poverty through a comprehensive, integrated approach, and the Administration looks forward to creating opportunities to align its work through the Rural IMPACT Demonstration with their networks and expertise.

- **Casey Family Programs** is the nation's largest operating foundation focused on safely reducing the need for foster care by building Communities of Hope for children and families across America.
- **The Annie E. Casey Foundation** is a private philanthropy that creates a brighter future for the nation's children by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow.
- **Ascend at the Aspen Institute** is the hub for breakthrough ideas and collaborations that move children and their parents toward educational success and economic security.

The Obama Administration also recognizes the following organizations that have longstanding engagements with Rural IMPACT Demonstration sites and will continue their efforts in these communities.

- The Maine-based **John T. Gorman Foundation** is supporting the planning phase of the Family Futures Downeast initiative in Machias, Maine, one of the Rural IMPACT Demonstration sites. As part of its ongoing engagement with the project, the Foundation today announced a \$100,000 grant that will allow the initiative to hire a Director and move forward with critical start-up activities.
- **The Winthrop Rockefeller Foundation** will continue its ongoing effort in Mississippi County, providing grant investment and technical assistance to support resident engagement, affordable housing, early childhood education, and asset building services to strengthen the two-generation approach of the Mississippi County Arkansas Economic Opportunity Commission, a Rural IMPACT Demonstration site in the Arkansas Delta.

### **Rural Child Poverty Telehealth Grants**

Today the Federal Office of Rural Health Policy at HHS is also announcing funding for a new pilot program, the Rural Child Poverty Telehealth Network Grant Program. This program will fund telehealth technology to link rural children and their families to health and human services that may not be available locally. Total funding of \$3.9 million over three years will support four communities using telehealth beyond the clinical health care setting to meet the broader range of social service needs faced by rural kids and their families who may be experiencing poverty.

**The communities receiving funding are:**

- **Georgia Partnership for Telehealth (Waycross, GA)**
- **Oglala Sioux Tribe of Pine Ridge Reservation (Pine Ridge, SD)**
- **University of Kansas Medical Center Research Institute (Kansas City, KS)**
- **University of New Mexico (Albuquerque, NM)**

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