

Implementation of the Federal Rural IMPACT Demonstration

Introduction

Rural low-income households face especially high barriers in achieving economic self-sufficiency, and they experience poverty at higher rates than Americans living in urban areas. About 16.2 percent of all rural Americans and 23 percent of rural children live in poverty, compared with 14.3 percent and 19.4 percent, respectively, in metropolitan areas.¹ Residents of rural areas often must contend with limited access to critical social services, few educational and public transportation options, limited employment opportunities and child care choices, and greater physical and social isolation.

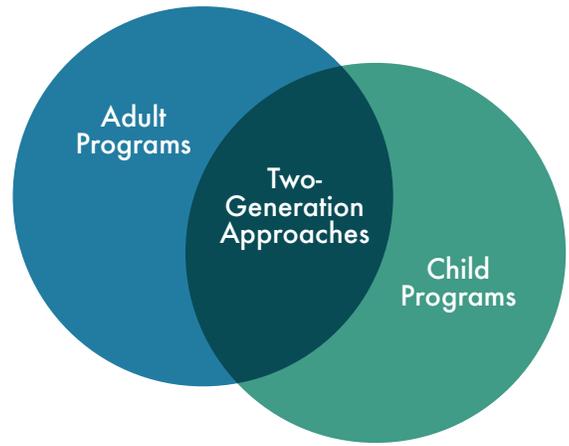
The myriad challenges to raising healthy, successful children on a poverty-level income can be magnified for those living in rural areas. The stress of living in poverty without access to adequate mental and physical health services and social and peer supports can lessen parental sensitivity and emotional support for children.² The limited child care options may also be of lower quality. In turn, when child development is not fully supported, children may be less well prepared for school, more likely to drop out, and bound for their own adult life in poverty.³ Although many families provide strong and nurturing parenting amid these adversities, these stressors—especially when families are experiencing many at once—can compromise family well-being and affect parents’ overall ability to provide the necessary supports that help children thrive.⁴

About This Report

Momentum is growing around two-generation approaches to poverty reduction in a range of locales. Poor families living in rural areas face many challenges that may be addressed more effectively by two-generation approaches. In 2015, the federal government initiated a demonstration, Rural Integration Models for Parents and Children to Thrive, or Rural IMPACT, that seeks to address rural poverty and the development of two-generation supports in a coordinated way. This report presents an overview of the demonstration sites’ activities, accomplishments, and challenges as they planned and began implementing Rural IMPACT during the first year of the initiative. These findings can inform federal and other efforts involving two-generation and place-based anti-poverty strategies, in particular those in rural areas.

The report was written by Alana Landey and Pam Winston of the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation and Pierre Joseph of the HHS Health Resources and Services Administration.

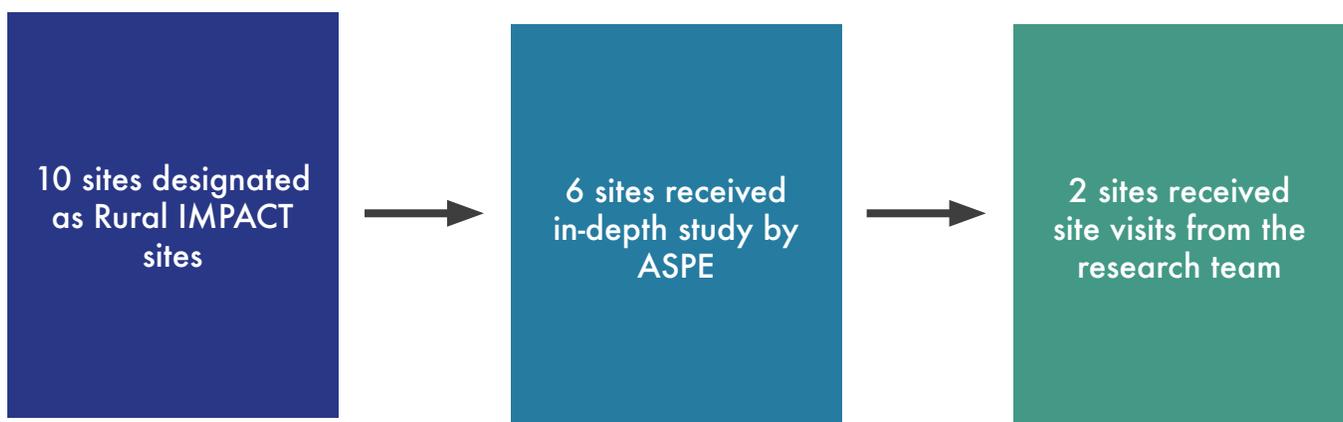
Momentum is growing for a two-generation approach of intentionally linking services for both vulnerable children and parents. Two-generation approaches seek to improve the economic security, human capital, physical and mental well-being, and social networks available to children and their parents together. Although there are many successful programs to serve children, and many successful programs to serve adults, they are not always integrated in ways that make it easy for families to access the services they need. For example, the lack of flexible child care during nontraditional hours can be an obstacle to single parents who work during the day and attend job-training classes at night in an effort to provide better lives for their families. While there is still a limited research base supporting two-generation approaches, they show promise to help address these challenges, warranting exploration and innovation as the evidence is being further built.⁵



In rural areas, the ability of two-generation approaches to coordinate services that assist the entire family could be particularly helpful, given the long distances people must often travel to reach any assistance and more limited capacity of many service agencies.

In 2015, the federal government implemented a demonstration program, **Rural Integration Models for Parents and Children to Thrive**, or **Rural IMPACT**, to provide federal leadership and community-level resources to address rural poverty and the need for two-generation supports. During 2016, the U.S. Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE) conducted a qualitative study of the 10 Rural IMPACT demonstration sites' activities, accomplishments, and challenges as sites planned and began implementing the initiative during its first year. ASPE focused on six of the Rural IMPACT sites for more in-depth study and visited two of the six sites to observe activities, tour facilities and communities, and talk with the site's Rural IMPACT team. The study findings are intended to inform other efforts involving two-generation and place-based antipoverty strategies, in particular those with rural and tribal emphases. (Appendix A provides more detail on the study methodology.)

This report provides an overview of the Rural IMPACT demonstration, discusses key findings, and identifies potential lessons for federal policymakers and other stakeholders. Appendices provide a more detailed description of the study's methodology and brief profiles of each of the 10 Rural IMPACT sites.



Overview of the Rural IMPACT Demonstration

Origins

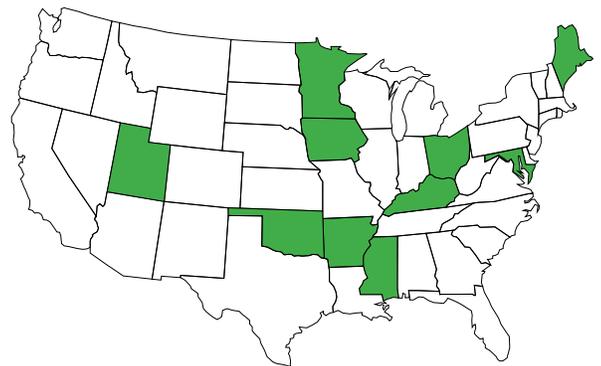
In April 2015, the White House Rural Council (WHRC) began a cross-agency initiative to address rural child poverty and improve upward mobility in rural and tribal areas through a learning community focused on coordinated service delivery. The initiative emphasized health, human service, and workforce development services for both parents and children in low-income families, with the ultimate goal of reducing child poverty. That August, the WHRC and HHS announced the launch of the Rural IMPACT demonstration to help communities develop and implement two-generation approaches through comprehensive, whole-family frameworks.⁶ The Rural IMPACT federal team designed the demonstration to focus primarily on technical assistance (TA). With limited federal resources available for the new initiative, the federal team determined that greater change could be leveraged through intensive TA than modest direct funding apportioned across the 10 sites.

“...a cross-agency initiative to address rural child poverty and improve upward mobility...”

The demonstration built on the Administration’s other place-based efforts, such as the Promise Zones initiative, which spurs local planning and capacity building and supports community-driven approaches to improve quality of life and upward mobility in selected areas. It also constituted one part of the WHRC’s broader efforts to work across agencies to assist rural communities.

Selected Sites

Ten rural and tribal communities were announced as Rural IMPACT sites in September 2015. A competitive process drew applications from around the country. Applicants were required to demonstrate certain core competencies, such as a focus on both early childhood support and workforce development, and the commitment of key partners. The selected sites represented a range of cultural, historic, racial-ethnic, and political contexts; service capacities; and involvement in existing two-generation efforts. Each site was to develop its own two-generation model; the federal team did not prescribe an approach. Each was led by a “backbone” organization that collaborated with a team of key partners.⁷



The 10 sites were:⁸

Arkansas—Mississippi County, Arkansas, Economic Opportunity Commission, Inc., Blytheville (serving Mississippi County)

Iowa—Mid-Iowa Community Action, Inc., Marshalltown (serving Marshall County)

Kentucky—Partners for Education at Berea College, Berea (serving Knox County)

Maine—Community Caring Collaborative, Machias (serving Washington County)

Maryland—Garrett County Community Action Committee and Allegany Human Resources Development Commission, Oakland (serving Garrett and Allegany Counties)

Minnesota—White Earth Reservation Tribal Council (serving Mahnomen County and portions of Clearwater and Becker Counties)

Mississippi—Friends of Children of Mississippi, Inc., Jackson (serving Issaquena, Sharkey, and Humphreys Counties)

Ohio—Highland County Community Action Organization, Inc., Hillsboro (serving Highland County)

Oklahoma—Little Dixie Community Action Agency, Inc., Hugo (serving Choctaw, McCurtain, and Pushmataha Counties)

Utah—The San Juan Foundation, Blanding (serving San Juan County)

Federal Partners

In spring 2015, the WHRC brought together a team from agencies across the federal government. Member agencies included the Administration for Children and Families (ACF) (the Office of Community Services, Office of Family Assistance, Office of Head Start, and Office of Child Care); the Health Resources and Services Administration (HRSA) (Maternal and Child Health Bureau and Federal Office of Rural Health Policy); and the Substance Abuse and Mental Health Services Administration, all within HHS. They also included the Department of Agriculture (USDA), the Department of Labor, and the Department of Education. This team designed a demonstration to help rural communities develop and implement two-generation approaches, with the goal of ensuring that low-income children and their parents can access services that enable them to thrive.⁹

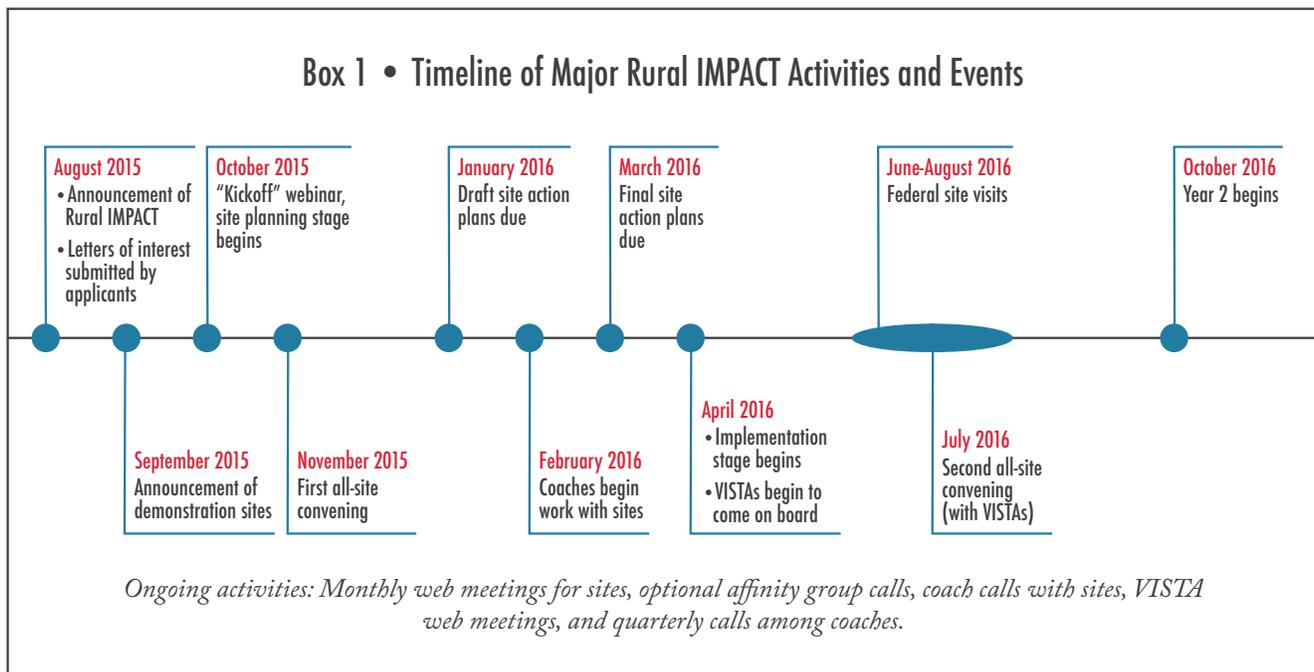
In addition to providing policy and programmatic expertise, members of the federal team also worked with their respective agencies to identify available resources to support the demonstration. Ultimately, HRSA, ACF, USDA, the Corporation for National and Community Service, the Appalachian Regional Commission, and the Delta Regional Authority all committed resources to launch Rural IMPACT. The Annie E. Casey Foundation contributed funds for two consultants to work with the federal team on early conceptualization and development efforts.

Shortly after the 10 Rural IMPACT sites were announced, an ACF staff member took on a central coordinating role, leading the federal interagency team and serving as point person for the federal TA providers and the 10 sites.¹⁰

Technical Assistance and Other Resources to Sites

ACF and HRSA entered into funding agreements with, respectively, the Community Action Partnership (CAP), a national nonprofit association of community action agencies, and the American Academy of Pediatrics (AAP), a professional membership organization for pediatricians, to provide comprehensive TA to the 10 sites.¹¹ CAP and AAP then worked together to provide intensive “on the ground” TA. The initial year was divided into two phases: 1) a six-month planning period with targeted TA to help communities set goals, conceptualize their two-generation models, and establish and deepen partnerships, and 2) a six-month period of early implementation with additional TA to begin establishing concrete two-generation approaches. In the second phase, sites began making system, policy, and program changes targeted ultimately at alleviating child poverty. (See Box 1 for a timeline of major Rural IMPACT activities and events.)

Box 1 • Timeline of Major Rural IMPACT Activities and Events



Sites had access to a variety of resources during the year, including:

- » Guidance with a site-specific planning process that involved defining theories of change, developing action plans and “learning agendas,” mapping low-income families’ “journeys” through existing services and identifying gaps, and determining outcomes to be tracked in Year 2.
- » Participation in a peer learning network to facilitate sharing information among and within sites. Resources included: monthly web meetings for general updates, content presentations, and site information-sharing; access to Basecamp, a site-wide and site-specific online information-sharing platform; “affinity” calls focusing on cross-cutting issues of interest to sites; and biweekly updates linking sites to funding opportunities and other resources relevant to two-generation and rural work. Sites were also offered membership in the Aspen Institute’s Ascend two-generation network.
- » Professional coaches to support site leads and partners in their planning and implementation activities.
- » Up to two AmeriCorps VISTA volunteers in each site to assist the lead organization with administration, outreach, and other tasks (though not direct service).
- » Support from the federal interagency team to identify and address barriers to cross-programmatic work, including federal team site visits with regional and state participation.
- » Up to \$30,000 per site from the W. K. Kellogg Foundation for a wide range of implementation strategies.

Although sites received no direct federal funding to implement Rural IMPACT, the total federal investment in site supports during Year 1 was about \$838,585.¹² This included the costs of VISTA volunteers, professional coaching, other TA resources, and in-person meetings and site visits. Together the 10 sites began working to design and test pilot projects with about 1,000 families by the end of the first year.



Study Findings

The sites differed substantially in structure, approach, and resources.

Differing Institutional Structures

Across the 10 Rural IMPACT sites, the institutional structures and “backbone” organizations leading the local initiatives varied substantially. Several were individual community action agencies (Arkansas, Iowa, Ohio, and Oklahoma), one entailed a partnership between two community action agencies (Maryland), and another was a college (Kentucky). One initiative was led by a foundation (Utah), another by an unincorporated nonprofit collaborative (Maine), another by a nonprofit community-based organization (Mississippi), and yet another by a tribal entity (Minnesota). (See Appendix B for profiles of each of the 10 demonstration sites.)

“The varied institutional structures appeared to bring different benefits and limitations.”

The varied institutional structures appeared to bring differing benefits and limitations. For example, the lead organization for the Maine demonstration was a “nonorganization” of sorts—a collaboration of agencies, providers, and families working to bring services and supports to lower-income families and other vulnerable people in the county. By design, it could focus on collaboration and development of new approaches to poverty reduction while not competing with partners or other local organizations for funding or clients. But it did not have access to regular federal funding, such as that available to community action agencies (CAAs).

In contrast, CAAs were able to draw on consistent federal block grant funding and programming. For example, the two CAAs that partnered under Rural IMPACT in Maryland each brought different strengths and associated funding to their joint work. The Garrett County CAA has particular expertise in housing issues, and the Allegany County CAA has focused on early childhood education and family supports.

Varied Program Approaches

Sites took a range of program approaches to their Rural IMPACT work, with both commonalities and differences. An important part of the federal plan was that a specific model was not prescribed to the sites. Instead, it was their job to determine the best approach for their contexts and circumstances. All had some background in aspects of two-generation efforts; however, these varied from long-standing involvement in explicit two-generation initiatives (e.g., Maryland) to integrated work with parents and children that could meet the definition of two-generation but was not necessarily labeled as such (e.g., Mississippi).

Ultimately, the shared goal among the sites was to reduce family poverty in their communities. However, they were at very different stages in the development of their initiatives. They also approached their work using varying strategies, with varying emphases on poverty reduction as an explicit goal versus easing access to supports and coordinating services. Overall, sites—to differing degrees—sought to:

- » Work with partners to develop common goals, achieving greater coherence in approaches to family needs;
- » Design and implement “no wrong door” universal intake processes to ease families’ access to services;
- » Co-locate children’s and parents’ services to simplify families’ access and foster communication and program integration among service providers;
- » Enroll student parents in peer cohorts during the pilot year to increase their access to services and peer support;
- » Take a trauma-informed approach to care and services (including partner and staff training) to better address the circumstances of many families’ histories and current lives;
- » Collaborate with partners to share information and measurement systems to enable longer-term assessment of results.

More specifically, most site efforts were rooted in some mix of expansion and integration of child care (typically Head Start/Early Head Start programs), work supports (including transportation), job training, education for children or parents (or both), and family supports (including coaching, financial education, substance abuse treatment, other health supports, and other wrap-around service approaches). They also focused on educating staff and partners about two-generation approaches.

The details of the initiatives differed, however. Examples of the planned approaches to two-generation services were:

- » In Maine’s Family Futures Downeast (FFD) cohort model, two cohorts of parents enrolled in a set of five college-level courses focused on family issues (and approved for core curriculum credits) and support to continue with higher education. Their children attended high-quality child care while their parents were in class, and the family received coaching (32 families planned for the Year 1 pilot).
- » Kentucky’s Scholar House created a long-term plan for a residential higher education program for young parents, coupled with family supports and high-quality early education for children. The program was to open in 2019 (for 40-plus families). In Year 1, a smaller group of young parents (about 10) were to participate in a support group as the site proceeded with Scholar House planning and implementation.
- » Ohio’s one-stop approach co-located services for parents and children and created a unified data system to track family progression (20 families planned for the Year 1 pilot). A key partner provided substance abuse counseling and recovery services. By providing services in an intentional one-stop method, families could use their time and transportation resources more efficiently.

The other sites’ programs planned to serve between 10 and 615¹³ families during their Year 1 pilot. (See Appendix B for additional detail about site approaches.)

Varied Funding for Two-Generation Services

Because Rural IMPACT was largely focused on providing TA rather than direct funding, sites drew on other existing and new financial resources to support their work. Foundations, state funding, and federal program funds supplemented Rural IMPACT assistance during Year 1 with support for service planning, implementation, and additional TA. These sources included a W.K. Kellogg Foundation grant facilitated by the AAP that provided up to \$30,000 to each site over two years. During Year 1, the grant was used for a wide range of implementation costs, including staff training, data systems, transportation and child care assistance, educational materials, and participant incentives.

Additional funding also included prior site-specific grants from national, state, and regional foundations for two-generation and related work. For example, the Maryland site had long-standing support for its two-generation initiative from the Annie E. Casey Foundation. Arkansas received support for several years from the Winthrop Rockefeller Foundation, and the Rural IMPACT site in Maine received start-up funding for its two-generation antipoverty work from the John T. Gorman and Annie E. Casey Foundations. In addition, some sites suggested that the Rural IMPACT designation contributed to their efforts to seek funding during Year 1. Some sites had or were seeking federal program funding through the Employment and Training (E&T) program in the Supplemental Nutrition Assistance Program (SNAP), or higher education support. Some sites also succeeded in obtaining, or were seeking, state funding or state-administered federal funds. For example, Ohio received a state Healthier Buckeyes grant focused on health and human services coordination, and recently began partnering on a U.S. Department of Justice grant to develop a countywide land bank for repurposing vacant property. Oklahoma received an Early Childhood Comprehensive Services grant from HRSA. The grant's purpose is to reduce health disparities among children under age five by enhancing and coordinating early childhood systems and to demonstrate improved outcomes in children's development, health, and well-being.

Strong collaborative partnerships were essential to Rural IMPACT's design.

Strong Partnerships

All Rural IMPACT sites stressed the importance to their work of engaging, maintaining, and—when necessary—re-engaging strong partners. For many, pre-existing relationships with partner organizations smoothed the way for collaboration around Rural IMPACT, and several sites had deep, long-standing partnerships on which to build. Others developed new partnerships or reinvigorated dormant ones, spurred by the Rural IMPACT designation.

The extent, nature, and longevity of these partnerships varied by site. The type and number appeared to reflect how long the site's backbone entity had been active in the community, the roles it played, and its overall capacity. Establishing and maintaining strong collaborations with other local, state, and regional entities—as well as families and other stakeholders—was an essential goal for all the Rural IMPACT sites. These relationships often involved strong historical and more recent commitments to poverty reduction.

Ohio, for example, had an established partnership with a local nonprofit providing substance abuse counseling, which was an essential component of wrap-around services in an area with high rates of opioid addiction. Iowa pursued an early place-based effort to create a Harlem Children's Zone-like initiative focused on making a difference in one low-income neighborhood. This in turn led to a grade-level reading initiative after conversations among partners on the barriers children living in poverty face; the site's Rural IMPACT partnerships were founded on these relationships.

“...stressed the importance... of engaging, maintaining, and... re-engaging strong partners.”



Arkansas has worked with others since 1965 to reduce poverty and promote self-sufficiency for low-income families and neighborhoods in the area. The Mississippi site's lead entity was a long-standing leader in antipoverty work, reaching back to the Great Society programs of the 1960s. Maine's collaborative backbone organization brought an antipoverty trainer to the county several years ago to build awareness of poverty and begin community discussions. Those discussions were credited with moving partners to act, and the site continues to hold annual “visioning sessions” to further this work. This approach has led to development of “Poverty Busters,” a working group seeking to alleviate poverty in the county. Partners cite this antipoverty work as key to their successful relationships in the Rural IMPACT effort.

Factors Promoting or Inhibiting Partnerships

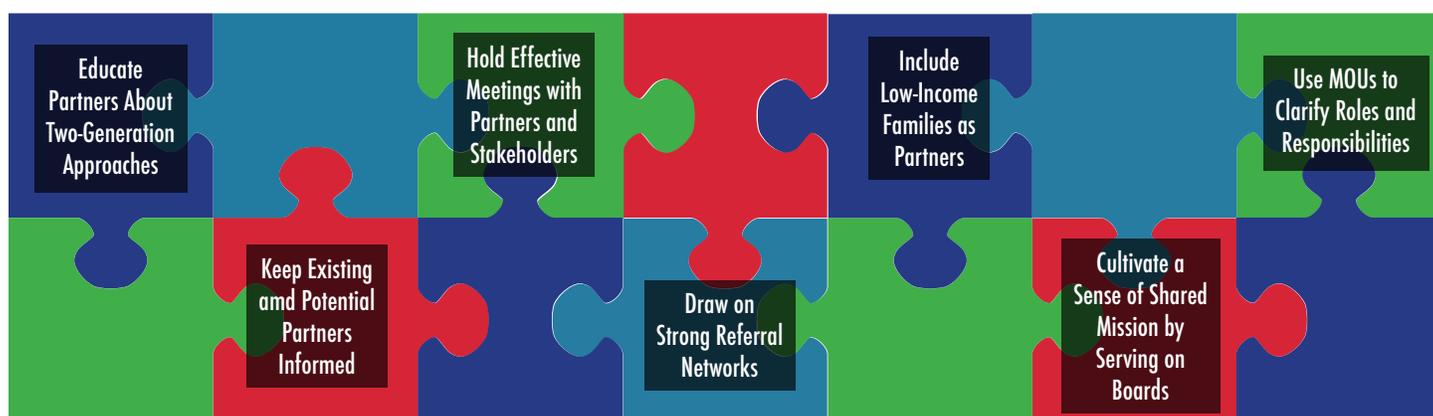
Sites identified several factors as important in either promoting or inhibiting effective partnerships.

Facilitating Factors

Overall, respondents noted that building and maintaining relationships required substantial time and effort. They stressed that a focus on relationships’ “care and feeding,” and the development of trust, were key to successful collaboration from the start of the initiative.

“...building and maintaining relationships required substantial time and effort.”

When new partnerships were established for Rural IMPACT, they were often because site leaders with many years of experience leveraged connections and relationships from their prior work. Many sites also stressed the benefit of their designation as a Rural IMPACT site in generating excitement and engagement among both existing partners and potential new partners, solidifying their commitments to the work. The initiative’s link to the White House gave it particular currency in communities.



Further, sites highlighted the importance of:

- » Taking the time to educate partners and potential partners about two-generation approaches so that everyone at the table truly “bought in”;
- » Keeping existing and potential partners regularly and systematically informed about Rural IMPACT and related efforts as a way to build enthusiasm and maintain engagement;
- » Holding effective meetings with partners and other community stakeholders (partners noted how much they appreciated a mix of efficiency and collegiality in meetings, including providing food);
- » Drawing on strong referral networks to expand partnerships;
- » Including low-income families as partners at all stages, as regular consultants (in at least one site), and involving them through focus groups, surveys, and parent support groups;
- » Cultivating a sense of shared mission and deepening connections and trust among partners by serving on each other’s boards (this was cited as particularly important in one site); and

- » Using memoranda of understanding (MOUs) to clarify roles and responsibilities when partnerships needed to be formalized.

Sites also described specific events or practices that helped them build a bench of strong partners. In one state, a retreat led by the site's Rural IMPACT coach helped solidify existing relationships and motivate new partner involvement early in Year 1. Other sites noted that the Rural IMPACT planning processes, in particular developing action plans, provided opportunities for key partners to forge bonds as they worked together. Another site used the Rural IMPACT monthly web meetings as a starting point for its regular partner meetings, drawing on the web discussion and extending the conversation to site-specific matters, which drew in key partners.

Inhibiting Factors

Rural IMPACT sites, even those with well-established partnerships, also identified factors that inhibited strong working relationships among stakeholders. The sites differed in the extent to which they experienced these challenges but all appeared to face them at least to some degree.

Some of the inhibiting factors cited were:

- » Turnover in partner organization leadership and staff, resulting in the need to establish new relationships. Each time this happened, these new partners had to be “sold” and educated on the initiative’s usefulness and the specifics and importance of their role.
- » Differing institutional cultures, missions, and practices among partners that could make close collaboration more difficult. The culture and orientation of business or higher education partners, for example, could be different from those of social service partners. Some partners also understood and embraced a two-generation “mindset” more easily than others, and it could be hard to bring all partners along. Similarly, programmatic silos and entrenched habits of practice could make working toward common goals more challenging, requiring particular effort to identify shared goals that also accommodated the individual needs of partners.
- » Ongoing demands from other responsibilities, which could make it difficult for partners to invest consistently and substantially in collaborations around Rural IMPACT and the necessary planning and development work.
- » Difficulties connecting to tribal organizations, given a context of historical oppression and cultural and governance differences in some sites. Three Rural IMPACT sites sought to collaborate with tribal entities and had begun to develop stronger relationships by the end of Year 1, but this required respectful and persistent outreach.

Rural IMPACT sites used TA resources to varying degrees.

Technical Assistance as a Key Feature

The federal Rural IMPACT team designed the demonstration to focus investments primarily on TA. During the planning stages of Rural IMPACT, the White House Rural Council, HHS, and other members of the federal working group considered how best to target the limited federal resources available for the new initiative. The consensus was to leverage existing grants at HRSA (with AAP) and ACF (with CAP) to provide expert TA and coaching supports. Such support could build strong foundations for community-based, two-generation models in rural areas. There was some concern, however, both among federal team members and sites, about how far sites could advance without direct funding for activities. Nonetheless, sites also expressed strong enthusiasm about the value of the TA they received.

Overall, Rural IMPACT sites used the broad array of TA resources to differing extents, depending on their involvement in two-generation work, their overall capacity, and their specific needs.

“...sites used the broad array of TA resources to differing extents...”



Sites indicated that they chose what they saw as the most useful resources for their circumstances and stage of development. Federal team members likewise noted that providing a range of TA options was intended to allow sites to select from among them, given that no one size of TA fits all.

On the other hand, because TA resources were not tailored to specific site circumstances or levels of progress, sites sometimes felt challenged to figure out how best to identify and apply the available resources to their specific needs. One site, for example, said the large amount of information provided through web meetings and on Basecamp could make it difficult to identify what was most useful and what was not. Site coaches could sometimes help with this, but only if they fully understood their sites' needs.

The approach to TA evolved. For instance, respondents noted that coaches were assigned to sites several months after the start of the initiative. This limited coaches' ability to participate in sites' early planning and to learn from the sites about their goals and contexts before planning and implementation work began in earnest. Others noted that once coaches were on board, the ramp-up period was very quick. Further, because of challenges coordinating across federal agencies and differing program timelines, VISTA volunteers typically did not come on board until April 2016 or later, well after October 2015 when Rural IMPACT work began. Although bringing on coaches and VISTA volunteers suggested the federal team's desire to identify and take advantage of newly available resources, the timing could also be somewhat confusing for sites.

Most Useful TA Resources

Certain TA resources were identified as particularly useful. The peer-to-peer learning opportunities provided through web meetings and in-person convenings supported site-to-site information-sharing and network-building across sites. Some respondents singled out the November and July convenings as particularly well structured to encourage peer collaboration and a sense of excitement and shared mission (see Box 2).

Box 2 • Highlights of Rural IMPACT July Peer-Learning Convening

Representatives from all 10 sites gathered in July 2016 in Washington, D.C., to share experiences, meet with members of the federal team and two-generation experts, celebrate the successes of the first year, and plan for the second. The convening featured an address from USDA Secretary Vilsack, chair of the White House Rural Council, and a number of peer-led sessions facilitated by the Aspen Community Strategies Group.

Each site team showcased its distinctive approach, and presented practices and tools other sites could consider. The teams also worked in pairs, providing mutual feedback as they refined their initial theories of change into more complete logic models with specific detail on inputs, core services and activities, outputs, and a range of site-specific outcomes. The sessions helped the sites learn more about each other's initiatives and identify areas and ideas for improvement. Sites also began considering how best to develop common measures of success in the second year.

Federal visits to sites were both symbolically and practically important to the sites. Site visits were intended to deepen the federal team's understanding of each site's two-generation efforts, encourage sites to identify areas for targeted TA, and raise the visibility of the demonstration in the community and state. Most sites noted that the visits made them feel their work was understood and valued. The presence of federal officials also served as a magnet to draw state and regional federal officials to visit and learn about Rural IMPACT and sites' efforts. Federal visitors also were able to help connect sites to state or other federal resources to address policy issues, as discussed below.

Basecamp, the Rural IMPACT web platform, was often mentioned as a valuable resource, although the extent to which sites used and posted to Basecamp varied considerably. One site noted that it had developed a version of Basecamp for only members of its team, and that the tailored version ultimately proved more helpful than the general Basecamp. Another site found Basecamp overall of limited use but did cite several of its resources as highly valuable. Other sites said that they and their partners drew routinely on Basecamp resources.

In general, sites described the VISTA volunteers as filling key administrative and partner-support roles, supplementing sites' limited staff capacity.¹⁴ For example, VISTA volunteers in Maine provided assistance with outreach, including social media, and developed an online resource list for families. VISTA volunteers also developed marketing messages and community surveys, researched community resources, created and maintained databases, and gathered and analyzed data. VISTA volunteers were not, however, allowed to participate in direct service. The Community Action Partnership supported and managed the overall work of the VISTA volunteers and held regular calls with them and requested regular reports with measurable goals and updates.

“Coaching was also widely viewed as a helpful resource.”

Coaching was also widely viewed as a helpful resource. For example, in Ohio, the coach visited and led a retreat for community action agency staff and new and prior partners. The retreat stimulated enthusiasm for the work and solidified partner commitments. In Oklahoma, the coach helped develop a survey of families to learn about their service needs and circumstances and inform plans for service provision. The American Academy of Pediatrics managed the coaching process and held regular calls with them. Coaches shared regular updates on their work with other coaches and the federal TA providers.

Several sites mentioned that the federal team coordinator, CAP, and AAP were very responsive and supportive. Requests for federal assistance typically went to the federal coordinator, CAP, or AAP for resolution, as did requests for additional information and resources. Respondents noted how quickly their requests were addressed and connections made. CAP, AAP, and the federal coordinator provided feedback to sites

on their draft action plans, helped them sharpen their goals, and advised on their plans for partnerships and two-generation strategies.

Improving TA

Although sites highly valued the TA, they and their coaches suggested ways to improve it. Several sites and coaches noted that in-person visits could help coaches better understand each site's circumstances and thus improve coaches' ability to tailor TA.¹⁵ The lack of opportunity for coaches to visit the sites and observe their work first-hand was seen as hindering coaches' overall effectiveness. One site suggested that coaches receive more training.¹⁶ One coach also noted that the intensity of TA should vary, depending on sites' stage of development. A couple of sites suggested that the content of TA focus more on trauma-informed care models, and two other sites noted the importance of staff and partners understanding how to better serve families affected by psychological or physical trauma.

Two sites mentioned that some of the content in the web meetings and affinity calls could be overly general and suggested that sites could benefit from more "nitty-gritty" information on tailoring their approaches and administering services. Several sites also suggested that having tailored resources "pushed" to them would be more helpful and efficient than sifting through Basecamp notices and "pulling" resources that might be of value.

Finally, another site identified the need for a broader and more structured two-generation peer learning network open to all organizations interested in such approaches. The site envisioned in-person convenings with regular learning opportunities between these meetings. Such a network could both improve knowledge-sharing and provide a more structured resource for entities seeking information on two-generation approaches.

Rural IMPACT sites made substantial progress, though they started at different points.

Overall, the sites and their partners indicated a high level of commitment and excitement about the opportunities Rural IMPACT offered, the importance of two-generation work, and the TA-based approach of the demonstration. In Year 1, substantial Rural IMPACT resources were dedicated to helping sites better define their two-generation focus and plan, develop, or refine service models to reduce poverty over the long term by serving parents and children together.

All sites made progress in planning their Rural IMPACT approaches during Year 1. All sites took steps toward aligning and coordinating parent and child services with partner organizations, and most made concrete steps toward designing new or revised program approaches at varying levels of detail. In site interviews, respondents



indicated they believed they had made substantial advances in their two-generation work between the kickoff Rural IMPACT web meeting in October 2015 and the July 2016 convening, when they shared their progress with one another. Developing a two-generation approach, they thought, required a new mindset about services and program delivery among site leads and partners, service providers, policymakers, and other key partners. The new approach involved a consistent orientation toward serving children and parents simultaneously. By and large, most demonstration sites indicated they had moved substantially in that direction.

Developing a Two-Generation Approach and Service Delivery Strategies

It was difficult to clearly attribute sites' accomplishments during the first year to their engagement in Rural IMPACT versus other ongoing activities. However, even those sites most active in two-generation work prior to their Rural IMPACT designation cited systems and program changes resulting from their involvement in the initiative and the TA they received. Although some sites such as Ohio, Maine, Iowa, and Maryland built their Rural IMPACT work on existing projects and accomplishments in two-generation work, they credited Rural IMPACT with reinvigorating or deepening these ongoing efforts. In some sites, prior efforts had slowed or partners had disengaged, and the Rural IMPACT designation and accompanying TA served to re-accelerate the work and re-engage old partners. In some cases, these efforts were focused on improved service delivery as much as explicit two-generation approaches.

Sites took varying approaches to assessing the need for the changes they planned. Some obtained input from low-income parents in their communities via focus groups, surveys, parent meetings, and the use of parents as consultants. Some used retreats or "visioning" sessions to identify priorities for change. In some cases, it appeared that the backbone organization and partners relatively informally came to agreement on priorities. The identified needs and approaches were not necessarily specific to Rural IMPACT; rather, sometimes they appeared to guide a range of activities.

Several sites noted that the Rural IMPACT action-plan process helped them identify key needs, and one coach praised its "disciplining" effect on planning. In particular, the "journey mapping" process—which asked sites to identify service needs and gaps from the perspective of their families—was cited as helping sites identify the most important steps forward.

During Year 1, all sites made strides toward designing new or revised program approaches to support families, which they attributed, at least in part, to their participation in Rural IMPACT.

Examples of their work are:

- » Arkansas, Iowa, and Kentucky moved toward co-locating program services to improve families' access to an array of services for parents and children.
- » Ohio and Oklahoma worked toward centralized intake systems (no-wrong-door approaches) so families could access services more easily. (The tribal site in Minnesota had a universal intake process in progress.)
- » Maryland began to refine shared measurement systems so their partners could more easily track the progress of children, parents, and families across programs and over time.
- » Utah and Mississippi worked on establishing service partnerships and strengthen relationships with a range of stakeholders to better serve whole families in their communities. Other sites also expanded and deepened their partnerships during Year 1.
- » Minnesota adopted family-centered assessments, which entail working closely with families to identify and prioritize their goals and the services to best meet their needs.
- » Maine began implementing a fully realized two-generation pilot program to provide college-level skills development and coursework, high-quality childhood programming, family coaching, and access to broader social networks for families.



Barriers to Change

Although sites made substantial progress in Year 1, respondents also identified several barriers to change, including:

- » Limited funding for the infrastructure investments necessary for co-location;
- » The cost of developing universal intake systems and accompanying confidentiality issues related to data sharing;
- » The challenge of building consensus, setting goals, and deciding on a shared vision among lead organizations and partners;
- » Unanticipated time commitments that competed with other responsibilities and resulted in a slower pace of change than initially envisioned;
- » Federal and state policies or practices that could make the needed changes more difficult than expected;
- » Challenges of rural life—long distances and geographic isolation, and a lack of public transportation—that could make service delivery and coordination difficult. Further, families’ needs could be intense, exacerbated by problems such as substance abuse and the opioid epidemic, a lack of living-wage jobs and affordable housing, entrenched poverty, and decades of oppression, particularly affecting tribal areas and the Mississippi Delta.

At the same time, the urgency of the need and scarcity of services in at least one site appeared to motivate partners to trust one another more, share information, and prioritize collaboration over competition. The smallness of the community also seemed to drive greater collaboration.

The Rural IMPACT federal team was highly involved in supporting sites in planning and early implementation.

“Sites described the federal TA team as highly responsive, collaborative, and effective.”

Throughout Year 1, the federal team was closely involved in supporting sites in designing, planning, and beginning implementation of their two-generation strategies. Sites described the federal TA team as highly responsive, collaborative, and effective. One respondent said the federal team coordinator’s and TA providers’ interactions with the sites offered a model of collaboration for the initiative as a whole.

In addition to providing TA, members of the larger federal team responded to individual sites’ requests and needs by linking them to federal resources, information about funding opportunities, and regional or state personnel and policymakers to help them implement their pilot efforts. Sites indicated they highly valued this assistance.

Connecting Sites with Federal and State Resources

Sites typically approached the federal team coordinator, the American Academy of Pediatrics, or the Community Action Partnership for assistance. Coaches’ updates also highlighted potential problems to be addressed. The federal team, in turn, worked to link sites to resources. For example:

- » At the beginning of Rural IMPACT, the federal team gave each site a list of federal regional representatives and programs operating within its service area to help advance efforts to better serve families.
- » In Arkansas, the federal team connected the county economic opportunity commission with state representatives from the USDA StrikeForce, which provides technical assistance and access to funding opportunities to support job creation.¹⁷
- » In Minnesota, the tribal entity that led the demonstration raised concerns over eviction policies within public housing and their effects on family health status. The federal team was able to provide resources showing the team that local housing authorities had flexibility in setting policies.
- » Kentucky connected with the U.S. Department of Housing and Urban Development and the USDA Rural Housing Service, facilitated by the federal team, to work more closely with the local housing authority for Section 8 housing assistance as part of its Scholar House demonstration.
- » Maine and Iowa held discussions, facilitated by their federal site visits, about drawing on SNAP E&T funds to support the higher education components of their demonstrations. For Maine, this led to support to parents for tuition, books, and other expenses. In Iowa, a key higher education partner applied to become a SNAP E&T program.

Federal Site Visits

Federal site visits appeared to be particularly effective in connecting sites with federal and state resources. Sites regarded the role of federal team site visits very positively. All sites appreciated the visibility and recognition their demonstration projects received. The federal team sought to include federal regional staff and state agency staff on the visits to help cultivate sites’ relationships with these decision makers. The visits facilitated conversations among Washington-based staff of federal agencies, federal regional representatives, state policymakers and administrators, and local service providers. Multiple sites noted that the arrival of the federal team drew a range of stakeholders who had not previously been particularly involved and helped deepen their level of engagement in implementing the demonstrations.

“All sites appreciated the visibility and recognition their demonstration projects received.”

In particular, federal site visits allowed Rural IMPACT sites to highlight both their successes in and challenges to successfully aligning programs and systems to support whole families. Raising these issues during visits could help sites begin to find solutions.

Federal Efforts to Remove Policy Barriers

From the start of the first year, the federal team focused on helping the sites address policy and program obstacles to aligning their services to more effectively serve the whole family. Program rules that inhibited service alignment could be based in state or federal legislation or regulation (“actual” barriers that were not readily eliminated). However, barriers could also be based in sites’—or state or local administrators’—incorrect perceptions that certain program practices were required or prohibited by law (“perceived” barriers that may be more easily solved).

In a few cases, the federal team assisted sites in reducing actual program barriers. For example, in one site with a housing shortage, the lead agency believed that low-income families living in portable campers with propane heat were ineligible for federal energy assistance. The federal team learned after inquiring with the energy assistance program that the propane prohibition was a state not a federal policy, and that the state was open to considering case-by-case exceptions. The state subsequently advised the site on potential ways to help its clients.

The federal team also succeeded in clarifying several perceived barriers to program implementation in the sites. For example, one site that focused on unmarried teen parents believed the teens might be ineligible for SNAP benefits. The federal team helped to clarify eligibility requirements, finding that neither marital status nor age were relevant for SNAP eligibility; only income and “living independently” mattered.

However, not surprisingly, some barriers could not be removed owing to legal constraints. Rules such as income eligibility limits could create challenges to coordinating services across multiple programs. “Cliff effects,” in which program beneficiaries earn too much to continue to qualify for benefits but do not earn enough to be self-sufficient, could also create obstacles to helping low-income families. In the case of tribal programs, separate rules and regulations could make alignment more complex. Several sites noted the difficulty of pursuing Rural IMPACT’s goal of reducing poverty given these actual barriers. A few study respondents suggested that the federal team’s aspiration to assist sites by breaking down policy barriers was overly optimistic.

In all efforts to address policy barriers, the federal team worked to educate the regional offices of ACF and other federal partner agencies and to connect relevant federal, state, and site leadership and staff. Reaching through government layers and programs could be challenging, but the federal team had some success in clarifying policies, even when barriers could not be removed.

Sites had mixed experiences in identifying key outcome goals and assessing progress.

Identifying key measurable goals tailored to each site was a substantial part of the Rural IMPACT theory-of-change and action plan processes. To do this, however, sites had to be very clear about the models they were pursuing, which in many cases was challenging during Year 1. As one Rural IMPACT coach noted, there was a risk in focusing heavily on assessment and data systems when some sites did not yet have a clear vision of their integrated two-generation model. The rapid timeframe for Rural IMPACT’s start-up contributed to this tension. Overall, the sites differed in the extent to which they took action to define and begin to track specific measures of progress during Rural IMPACT’s first year.

The federal team provided the sites with the opportunity to develop individual theories of change and asked each to identify specific process and family-level outcomes in their action plans. However, for most of Year 1, the federal team did not provide substantial specific direction on assessment or evaluation, nor did the team weigh in on the appropriate timing for sites to progress from planning and implementation to assessment of their efforts. A few sites were further along and had data systems in place that they believed could capture key measures, though they

did not report outcome data during Year 1. But even some sites with substantial capacity and experience seemed challenged to identify the central measures that would indicate the relative success of Rural IMPACT.

The federal team itself seemed to be of differing perspectives on the right timing for a move to more systematic evaluation among the sites. Further, there was interest among federal team members in developing a core set of measures to be assessed across the sites. But given the early decision to select demonstration sites at widely different stages of development—and to ask that they develop their own two-generation models—identifying these shared measures and ensuring that they were addressed consistently by each site was well beyond the scope of the first year.

In addition to these conceptual challenges, sites noted logistical challenges. Health and education data privacy regulations imposed limitations on collecting and sharing assessment data. One site expressed concern about the lack of evaluation expertise among its staff, making it challenging to analyze outcomes even when they were clearly defined. Decisions about, and funding for, effective data systems were also difficult for sites without these systems already in place.

Toward the end of Year 1, however, the federal team turned again to working with the sites on questions of outcome measurement. The sites largely seemed eager to begin honing in on more systematic assessment of their efforts, and the federal team planned to make it a focus of Year 2.

Study Findings Summary

- » The sites differed substantially in structure, approach, and resources.
- » Strong collaborative partnerships were essential to Rural IMPACT's design.
- » Rural IMPACT sites used TA resources to varying degrees.
- » Rural IMPACT sites made substantial progress, though they started at different points.
- » The Rural IMPACT federal team was highly involved in supporting sites in planning and early implementation.
- » Sites had mixed experiences in identifying key outcome goals and assessing progress.



Lessons Learned

Overall, the Rural IMPACT demonstration appeared to be largely successful in achieving its Year 1 objectives. The federal team established solid relationships with all the sites. The sites had generally very positive impressions of the federal team and the TA provided. Sites demonstrated substantial enthusiasm and energy for Rural IMPACT and highlighted the peer learning and accelerating partnerships as positive outcomes of their involvement, even absent direct funding for services.

Several other lessons emerged from the study.

Greater tailoring of technical assistance may increase its effectiveness.

Understanding the sites' differing histories, contexts, and stages of development was critical to understanding how best to support them with technical assistance, according to respondents. Coaches said they felt best equipped to assist the sites when they fully understood their circumstances, ideally first-hand. Information on the resources available to sites, barriers they faced, and relationships they had—or didn't have—with partners and other stakeholders could allow for more targeted assistance.

Similarly, referral to specific resources was often seen as most useful when tailored to sites' circumstances and contexts. Rural IMPACT site leaders noted that they had limited time to sift through a wide array of resources, given that typically the Rural IMPACT activities were in addition to their existing work. To the extent that Rural IMPACT federal leadership and TA partners can tailor assistance as closely as possible to sites' stages of development, contexts, and capacities, the sites may be better able to benefit from them.

“Understanding the sites’ differing histories, contexts, and stages of development was critical to understanding how best to support them...”

Additional site resources can support Rural IMPACT.

Nearly all sites mentioned the lack of a dedicated funding stream to support their Rural IMPACT work as a limit on their progress. Several respondents identified the need for staff dedicated to Rural IMPACT. Sites

indicated they valued highly the demonstration's TA resources and the W.K. Kellogg Foundation funds made available toward the end of Year 1. But most also sought funding through federal, state, or private sources such as foundations to support their Rural IMPACT and two-generation work. They appreciated the assistance they received in this from the federal team, but nonetheless still faced challenges in generating resources for implementation and operations.

Pursuing systems change is complex but necessary.

Developing a clear model for moving families out of poverty through a two-generation approach was seen by some as an essential first step that should drive all subsequent efforts. Sites often appeared to find conceptualizing such a model—and undertaking the steps to implement it—challenging. The required changes to public and private systems (not just tweaks to programs) could be complex in any setting. Rural IMPACT sought to facilitate both the conceptual work and necessary planning through its convenings, action planning processes, coaching, and efforts to address policy barriers. Respondents identified the importance of sufficient time for careful planning. Developing strong two-generation models was not a one-shot effort and required continued emphasis at both the site and the federal levels throughout Year 1; it was also expected to be a major focus of Year 2.

A range of partners must be at the table, and in particular families themselves.

Strong, trusting, partner relationships were essential, but took time to build and effort to maintain. Many respondents highlighted the importance of investing in relationships. Several site leaders appeared to spend considerable time and energy in the “care and feeding” of key partners, trying to ensure a common vision and addressing issues of engagement and re-engagement after turnover in partner organizations. As one noted, “it’s all about the relationships...if there is not a common vision, it won’t go anywhere.”

In particular, a strong start to two-generation antipoverty efforts entailed consulting with families about the barriers they face and possible solutions—and involving them as partners at all stages of program development and implementation. Sites varied in how explicitly and extensively family input was threaded through their work, but several sites stressed its importance for effective approaches rooted in families’ needs and attuned to their perspectives.



Leadership is critical.

Effective leadership was evident in multiple Rural IMPACT demonstration sites. Several respondents stressed the need to nurture and support the site leaders and staff most committed to Rural IMPACT. As one federal team member noted, ultimately “people are more important than the model.” Strong leadership skills and vision cannot be defined and replicated divorced from the context in which they will operate. They can be cultivated, however, and celebrated when they are evident.

Respondents also cited continuity in leadership as important, both at the site and federal levels. Several site leaders and staff expressed concern about impending changes in Rural IMPACT’s federal leadership due to political transition. They saw advantages in building strong federal career-level investment in supporting two-generation efforts, as well as cabinet-level or White House investment.

The federal role in Rural IMPACT facilitated planning and implementation, with limitations.

The role of the federal team brought both assets and challenges. Designation as a Rural IMPACT site helped sites attract key partners, useful attention from state offices with whom they sought relationships, and support from other sources. The role of the White House Rural Council in Rural IMPACT—and the engagement of cabinet-level and other federal leadership—heightened the designation’s profile. For instance, the community action agency in Ohio cited its designation as a Rural IMPACT site as instrumental in obtaining a large state grant, allowing it to expand the reach of Rural IMPACT. Another site had been in conversations with a regional foundation, but it was only after being designated as a Rural IMPACT site that funds were made available. The federal team also alerted sites to a range of funding opportunities. Site respondents suggested that federal officials consider ways to continue this support in the second year, including by providing regional and state offices with updates on Rural IMPACT site activities during the year and encouraging agency staff and other public and private stakeholders to connect with sites.

Several site respondents also stressed the benefits of seeing members of the federal team model effective collaboration among its member agencies. In addition, respondents noted how responsively and respectfully the federal team interacted and communicated with sites, and they very much valued the role and performance of the federal team coordinator.

However, program “siloing” and other legal and regulatory complexities will likely continue to challenge Rural IMPACT sites. Respondents suggested that federal leadership could consider additional ways to help sites reduce policy barriers, such as helping them seek federal waivers to support greater program coordination. Federal leadership could also continue facilitating meetings and calls among states, sites, regional federal staff, and other key stakeholders to address perceived or actual policy hurdles.

Sites were eager to encourage two-generation efforts more widely.

Site respondents appeared enthusiastic about being part of a movement toward more two-generation approaches to reducing poverty and seemed to value their own contributions as leaders in rural communities. Some indicated that a two-generation peer-sharing network, open to all organizations doing two-generation work, not just Rural IMPACT demonstration sites, could help support the peer-to-peer information-sharing identified as critical for success.

Finally, the scope and visibility of two-generation work appear to be on the rise. Rural IMPACT work in the second year could benefit from thoughtful coordination and integration with other two-generation efforts at the federal, state, and local levels. Similarly, sites and other respondents expressed the hope that lessons from Rural IMPACT could contribute knowledge to the two-generation field about the potential of whole-family approaches.

Lessons Learned Summary

- » Greater tailoring of technical assistance may increase its effectiveness.
- » Additional site resources can support Rural IMPACT.
- » Pursuing systems change is complex but necessary.
- » A range of partners must be at the table, and in particular families themselves.
- » Leadership is critical.
- » The federal role in Rural IMPACT facilitated planning and implementation, with limitations.
- » Sites were eager to encourage two-generation efforts more widely.

-
- ¹The White House, “Opportunity for All: Fighting Rural Child Poverty,” (May 2015), citing Current Population Survey data for 2013.
- ²H. Yoshikawa, J.L. Aber, and W.R. Beardslee, “The Effects of Poverty on the Mental, Emotional, and Behavioral Health of Children and Youth: Implications for Prevention,” *American Psychologist*, 67 (2012): 272–284.
- ³S.F. Reardon, “The Widening Academic Achievement Gap between the Rich and the Poor: New Evidence and Possible Explanations”. In *Whither Opportunity? Rising Inequality and the Uncertain Life Chances of Low-Income Children*, edited by R. Murnane and G. Duncan (New York: Russell Sage Foundation, 2011); G. Duncan, J. Brooks-Gunn, and P. Klebanov, “Economic Deprivation and Early Childhood Development,” *Child Development*, 65(2) (1994): 296–318.
- ⁴L. Vernon-Feagans and M. Cox, “Poverty, Rurality, Parenting, and Risk: An Introduction,” *Monographs of the Society for Research in Child Development*, 78(5) (2012): 1–23; J. Brooks-Gunn, G. Duncan, and N. Maritato, “Poor Families, Poor Outcomes: The Well-Being of Children and Youth.” In *Consequences of Growing Up Poor*, edited by G. J. Duncan and J. Brooks-Gunn (New York: Russell Sage Foundation, 1999).
- ⁵Several ongoing research efforts focus on two-generation approaches, including a range of projects by the Administration for Children and Families with implications for the two-generation evidence base.
- ⁶The original duration of the Rural IMPACT demonstration was one year, running from September 2015 to September 2016. This report refers to this as Year 1. In July 2016, HHS announced an additional year of TA for the sites, referred to here as Year 2.
- ⁷Rural IMPACT was informed by the collective impact model, in which organizations from different sectors agree to solve specific social problems by means of a common agenda, aligned efforts, and common measures of success. See Lakshmi Iyer, “How do Rural Communities in the U.S. Implement Collective Impact?” (Foundation Strategy Group blog, November 2012), <http://www.fsg.org/blog/how-do-rural-communities-us-implement-collective-impact>.
- ⁸For simplicity, we refer to Rural IMPACT sites by the name of the state in which they are located. However, the scope of sites’ efforts is focused on the specified county, region, city, or town and is not statewide.
- ⁹HRSAs’ early commitment of substantial funds to Rural IMPACT helped move the initiative forward in its early stages.
- ¹⁰The coordinator was on a one-year detail to ACF from the Tulsa, Oklahoma, community action agency and had a background in two-generation approaches.
- ¹¹AAP and CAP had relationships with their respective funders and the TA capacity necessary for the initiative.
- ¹²Total Rural IMPACT expenses for Year 1 were \$1,075,540. This included some expenses paid by philanthropic funds: the W.K. Kellogg Foundation grants to sites, other support from Kellogg to the American Academy of Pediatrics for administration and evaluation, and support from the Casey Family Programs for convening expenses. As noted above, the Annie E. Casey Foundation also donated the services of a consultant to help design the demonstration.
- ¹³One site planned to serve a particularly large number of families. It was well established and constituted two organizations serving two counties. As Appendix B indicates, not all sites reached their planned enrollment levels by the end of Year 1.
- ¹⁴Some sites struggled to recruit and retain VISTA volunteers.
- ¹⁵The federal team noted that coach site visits were planned for Year 2.
- ¹⁶Coach training was also said to be planned for Year 2.
- ¹⁷StrikeForce was launched in 2010 to help USDA support high-poverty areas in rural America. It works with state, local, and community officials to increase awareness of USDA programs and help build program participation through outreach and technical assistance. See <http://www.usda.gov/documents/ar-strikeforce-info-0115.pdf>.

Appendix A: Study Methodology

The information presented in this report is based on a qualitative review of a variety of materials and sources, identified below. Although we present summary information on all 10 Rural IMPACT sites, study resources permitted more in-depth review of six of those sites: Arkansas, Iowa, Maine, Maryland, Ohio, and Oklahoma. The study focused on Year 1 (September 2015 to September 2016) of Rural IMPACT.

Research Questions

The study was guided by seven main research questions.

1. What is each site's broad focus, structure, and planned approach?
2. How have sites engaged partner organizations and other stakeholders?
3. How have sites used Rural IMPACT resources?
4. What changes have sites attempted to make under Rural IMPACT?
5. How have sites interacted with the federal Rural IMPACT team?
6. How have sites assessed their progress?
7. What lessons have sites learned from their Rural IMPACT experience to date?

Study Approach

The study team used a combination of in-person and telephone discussions, observation of site activities (through two site visits), document review, online research, and e-mail inquiries to gather information. The team collected data between February and August 2016 and analyzed the data during August and September.

The project consisted of several main phases.

1. *Document review:* The study team reviewed a variety of documents and other materials to understand the purpose of Rural IMPACT, the contexts and characteristics of the demonstration sites, and differences and similarities in their approaches and capacities. This material included letters of interest submitted by sites seeking to be part of the demonstration; slides and notes from the first all-site convening in November 2015 and the final Year 1 convening in July 2016; sites' action plans, learning agendas, and coaches' notes; federal site visit notes; web meeting notes; federal team records; and general information on two-generation and place-based initiatives.
2. *Selection of sites for in-depth study and visits:* Based on information collected through document review and conversations with the federal team, the study team recommended six sites for in-depth study, and two of these sites for in-person visits. These recommendations were based on a purposive approach to achieving variation in geography, types of administering "backbone" organizations, and site capacity, experience working on two-generation issues, and current level of activity. The federal Rural IMPACT team concurred with the selections.
3. *Data collection:* The study team developed a list of potential respondents and discussion guides tailored to different respondent types to ensure consistent and thorough information collection. Phone and in-person conversations were generally conducted by two study team members, one leading the interview and one taking notes. The study team spoke with more than 50 respondents in individual or group conversations. At the time of the discussions, respondents were assured that information they provided would not be attributed to them in identifiable ways. Respondents included site leads, staff, and partners; members of the federal team (including the White House Rural Council); VISTA volunteers; site coaches; and federal technical assistance providers. The study team also viewed site web meetings and attended the July 2016 all-site convening.

4. *Data analysis:* All information collected through telephone or in-person interviews was coded by topic and theme and organized by study research question to identify key findings. These findings informed the content and structure of the research report. Finally, each of the in-depth study sites was given the opportunity to fact-check the information pertaining to the demonstrations included in Appendix B and in the body of the report before dissemination.

Throughout the study, ASPE was aided by the support and involvement of members of the Rural IMPACT federal leadership team. They included leadership and staff with ACF and HRSA, the White House Rural Council, and the USDA. The Community Action Partnership and the American Academy of Pediatrics, which provided technical assistance to Rural IMPACT sites through agreements with ACF and HRSA, also assisted the study team. The study team met periodically with federal team members to discuss study updates, learn about site developments, and obtain input on draft study products.

Appendix B: Rural IMPACT Site Profiles

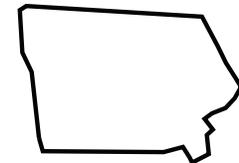
Sources for all profiles are sites' final Action Plans (March 31, 2016); site report slides from Rural IMPACT demonstration peer learning convening, July 2016; and individual site updates (October 2016). Poverty and SNAP participation data are from HRSA's analysis of American Community Survey data, 2010-2014.

Arkansas



Service Area	Mississippi County (40.8 percent child poverty, 24.5 percent SNAP receipt)
Backbone Organization	Mississippi County, Arkansas, Economic Opportunity Commission, Inc.
Key Partners	Arkansas Northeastern College, AR Dept. of Workforce Services, Head Start, Healthy Start Initiative, Workforce Orientation and Retraining Keys (WORK) Program, Great River Economic Development Foundation, AR Dept. of Human Services, PRIDE, Winthrop Rockefeller Foundation, Southern Bancorp
Target Population	Parents and their children (ages 0-8) from Healthy Start, Head Start/Early Head Start, and other high-quality child care programs. Largely single-headed households.
Overall Approach	Connect families with holistic programs, including job training, supportive services, school assistance, child care assistance, and transportation for children and adults. To better assist families, site has secured space for a one-stop facility to co-locate services, partnered families with a "navigator" to help match services to client needs, matched families with a volunteer mentor, and taken steps to develop universal intake forms.
# Enrolled at End of Year 1	46 families

Iowa



Service Area	Marshall County (17.5 percent child poverty, 14.5 percent SNAP receipt)
Backbone Organization	Mid-Iowa Community Action, Inc. (MICA)
Key Partners	Marshalltown Community College, Iowa Valley Education and Training Center, Marshalltown. Other partners include Reach Out and Read, Iowa River Valley Early Childhood Area, Marshalltown Community School District, Child Abuse Prevention Services, Marshalltown Public Library, Youth Shelter Services, and Iowa Child Care Resource and Referral.
Target Population	Families with children 0-5 who are participating in either Early Head Start/Head Start or Family Development and Self-Sufficiency (FaDSS [TANF]) programs who do not have a high school diploma or equivalent. Of these families, those who seek education in English as a second language, high school diplomas, or higher education become focus families.
Overall Approach	Tiered approach aimed at school readiness. Two cohort-based learning programs in partnership with Iowa Valley Community College District and/or Marshalltown Community College for up to 24 adults in the summer/fall of 2016 (children already in high-quality early childhood education). Program to include a pathway to employment and access to higher-wage jobs. Also intensive wraparound services for families. Goals include co-location of family development, health, and early childhood programs and adoption of "no wrong door" for services. Adoption of trauma-informed care practices agency-wide by end of 2016.
# Enrolled at End of Year 1	174 families served through FaDSS, Early Head Start, and Head Start.

Kentucky



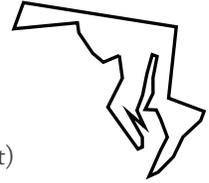
Service Area	Knox County (32.9 percent child poverty, 18.6 percent SNAP receipt)
Backbone Organization	Berea College
Key Partners	Eastern Kentucky University, KCEOC Community Action Partnership, Knox County Health Department, Knox County Schools, Barbourville Independent Schools, Knox County Adult Education, Knox County Chamber of Commerce, Union College, Somerset Community College, Barbourville Appalachian Regional Healthcare, Whitley Adult Education, Commonwealth Opportunity Center, Department for Community-Based Services Family Support, Save the Children
Target Population	Low-income Knox County young parents (ages 14–24, both in school and out) and their children.
Overall Approach	Tiered approach, with a pipeline of support services for in-school/out-of-school young parents to ensure they and their children seek and receive adequate services. Services include early education, nutrition, parenting workshops, and preparation for postsecondary education. Also under development: a “Scholar House” to provide two-generation services for families in residence, such as postsecondary education, child care, career counseling, health care services, and academic supports for parents and children (as well as housing).
# Enrolled at End of Year 1	Nine families in the youth-parent support group. About 40 families expected to enroll in the Scholar House in fall 2019.

Maine



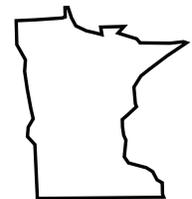
Service Area	Washington County (24.7 percent child poverty, 25.8 percent SNAP receipt)
Backbone Organization	Community Caring Collaborative
Key Partners	University of Maine Machias, Washington County Community College, Axiom Education and Training Center, Sunrise County Economic Council, Child and Family Opportunities, Washington Hancock Community Agency, Maine Families Home Visiting, Aroostook Mental Health Center, Community Health and Counseling Services, Local FQHC / Hospitals, Maine Department of Health and Human Services, Maine Department of Labor Washington County Career Center, John T. Gorman Foundation, Annie E. Casey Foundation, Maine Community Foundation, Elmina B. Sewall Foundation
Target Population	Primarily low-income parents with children under age 8.
Overall Approach	Family Futures Downeast (FFD) is a cohort-based learning program to increase postsecondary enrollment of parents in Washington County, prepare them for employment, and support their children’s school readiness and success. Two cohorts of up to 16 parents each are enrolling in a one-year, college-level family studies program (for 15 credits) at either University of Maine, Machias, or Washington County Community College. Their children participate in co-located child care in Head Start centers during evening classes. Includes coaching, financial aid, wraparound supports (e.g., transportation, child care).
# Enrolled at End of Year 1	21 families (with 29 children)

Maryland



Service Area	Garrett and Allegany Counties (22.8 percent child poverty, 18.5 percent SNAP receipt)
Backbone Organization	Garrett County Community Action Agency and Allegany Human Resource Development Commission
Key Partners	Garrett College, Garrett County Board of Education, Garrett County Health Dept., County , County United Way, Allegany County Health Department, Western Maryland Health System, Allegany County Board of Education, Allegany College of Maryland, Allegany County Department of Social Services, Maryland Department of Planning
Target Population	300 families in Garrett County, 315 families in Allegany County, all from Head Start and Early Head Start households.
Overall Approach	Institutional approaches across all agency programs to increase the number of families receiving bundled services, including financial management (budgeting, financial coaching, VITA) and career advancement services, to improve family outcomes and reduce child poverty. Using a common intake process and client assessment and tracking system. Garrett and Allegany Counties intend to continue to share their two-generation efforts as a potential model for the rest of the state and advocate for two-generation approaches at the state and national levels to increase sustainability.
# Enrolled at End of Year 1	HRDC: 315 families; GCCAC: 300 families

Minnesota



Service Area	Mahnomen and parts of Clearwater and Becker Counties (22.4 percent child poverty, 13.7 percent SNAP receipt)
Backbone Organization	White Earth Tribal Public Health Agency
Key Partners	White Earth Tribal Council, Indian Health Services, Behavioral Health Division, Circle of Life Academy, MOMs Program, Indian Child Welfare, White Earth Tribal courts, White Earth Tribal and Community College, child care centers
Target Population	Multigenerational families within Mahnomen, Clearwater, and Becker Counties
Overall Approach	Using the tribally created WECARE universal intake system, families enter through the Indian Health Services or tribal Circle of Life Academy to receive wraparound support services tailored to specific family needs. Focus is on multigenerational families.
# Enrolled at End of Year 1	50 families

Mississippi



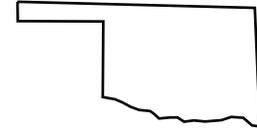
Service Area	Sharkey, Humphreys, and Issaquena Counties (49.4 percent child poverty, 34.4 percent SNAP receipt)
Backbone Organization	Friends of Children of Mississippi, Inc.
Key Partners	Mayors from service area counties, Humphreys County school board, Guaranty Bank & Trust, Mid Delta Home Health, Mississippi Commission on Proprietary School and College Registration
Target Population	Early Head Start/Head Start families in the three-county service area; focus on parents with limited education, unemployed or underemployed, receiving public assistance
Overall Approach	Engage families from Early Head Start/Head Start in a comprehensive family assessment to link early childhood programs and employment services for parents. Other expected supports include parent support groups, help with health care, and transportation. Goal is to build sustainable workforce development program and promote school readiness for children.
# Enrolled at End of Year 1	25 families

Ohio



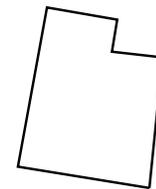
Service Area	Highland and Greenfield Counties (28.9 percent child poverty, 22.2 percent SNAP receipt)
Backbone Organization	Highland County Community Action Agency
Key Partners	Highland District Hospital, Highland County Help Me Grow, Greenfield Exempted School District, Turning Point Applied Learning Center, Family Recovery Services, Adena Regional Medical Center, Southern State Community College, Ohio Department of Job and Family Services, ODJFS, Ohio Means Jobs Workforce Innovation and Opportunity Act Office, Comprehensive Case Management Employment Program.
Target Population	Families with children in Head Start and Early Head Start
Overall Approach	Implement a centralized intake system to streamline access to agency services for families with young children. Work to decrease barriers and the siloed culture of service delivery to better serve families through employment services for parents and the Healthier Buckeye grant.
# Enrolled at End of Year 1	15 families

Oklahoma



Service Area	Choctaw, Pushmataha, and McCurtain Counties (37.3 percent child poverty, 24.3 percent SNAP receipt)
Backbone Organization	Little Dixie Community Action Agency
Key Partners	Smart Start, At Risk Youth, Transit, Drug Free Communities, CASA, Southern Workforce, OK Department of Health, Hugo Public Schools, Kiamichi Technology Center, OK Department of Human Services
Target Population	Families with children under age 18 receiving services through Little Dixie
Overall Approach	A comprehensive strategy using family advocates to provide case management to families, information on educational and skill development for parents, high-quality early childhood services through Early Head Start, and links to economic supports and financial capability training to help families reach self-sufficiency. A common data-sharing system, G-STARS, is being adapted for use with Rural IMPACT.
# Enrolled at End of Year 1	20 Early Head Start or child care families

Utah



Service Area	San Juan County (33.2 percent child poverty, 18.9 percent SNAP receipt)
Backbone Organization	San Juan Foundation
Key Partners	San Juan County Commissioners Office, Utah Department of Workforce Services, Utah State University – Eastern (San Juan campus and extension sites), San Juan County School District, Utah Navajo Health Services, USDA Rural Development office, Utah Rural Child Care, American Indian Services, San Juan Counseling, Utah Intergenerational Poverty Initiative
Target Population	25 families have participated in a small pilot assessment to better understand families' strengths and needs. Target population is largely Native American (Navajo, Ute)
Overall Approach	Implement a pilot community assessment with families in the county and strengthen communication, relationships, and two-generation "mindset" among partners. Improve family learning centers, re-establish high-quality preschool program and expand child care, and improve academic support for K-12 students.
# Enrolled at End of Year 1	25 families