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Re: Technical Notes regarding the KHI issue brief series on Federal Office of Rural Health Policy (FORHP) funding and programs, published in November 2025, *Funding Rural Health: Insights From FORHP Grant Awards Nationwide and in Kansas*

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This memo provides technical information about the methodology used for Federal Office of Rural Health Policy (FORHP) grant analysis included in the [KHI issue brief series on FORHP funding and programs](#). If you would like additional information on this topic, please contact Shelby Rowell at the Kansas Health Institute.

RESEARCH QUESTIONS

1. How does the Federal Office of Rural Health Policy support rural health research and community initiatives?
2. What is the total FORHP funding allocated to each state? How does Kansas differ from other states?
3. What proportion of grant funds distributed from the Federal Office of Rural Health Policy is allocated directly to rural grantees across the United States, and how does Kansas compare to other states in this regard? Within Kansas, what is the direct distribution of FORHP grants to rural grantees across Kansas counties?
4. What proportion of grant funds distributed from FORHP is allocated directly to rural grantees across the United States for COVID-19 assistance from 2020–2021, and how does Kansas compare to other states in this regard?

STUDY POPULATION

Recipients of FORHP grants in 50 States from 2019–2023.

DATA SOURCES AND SAMPLE SIZE

Two publicly available data files were used in this analysis. The first was the FORHP *Awarded Grants* dataset, extracted directly from the Health Resources and Services Administration (HRSA) in October 2024. The awarded dataset includes all current and past FORHP-funded awards. The awarded grants dataset was used instead of the active awards dataset because it captured both grants that were still active and those that have already concluded during the study period. For the purposes of this analysis, KHI limited the dataset to grants awarded from 2019–2023, regardless of their current status. Active grants — defined by HRSA as grants whose project period end date is beyond the current date — were included if they were awarded during the 2019–2023 timeframe. A second dataset of FORHP rurality classifications, updated

by HRSA in November 2024, was also used in the analysis. In this dataset, FORHP used county data from the 2023 Census to split all counties into two (binary) categories: “Fully FORHP Rural” and “Not Fully FORHP Rural.”

The original dataset included 4,096 grant awards distributed across all 50 states and U.S. territories. For this analysis, awards from the Mariana Islands, Puerto Rico and the Marshall Islands were excluded, resulting in a final sample of 4,088 unique awards spanning 75 programs. This total includes 75 awards across 20 programs allocated to Kansas recipients. In this context, an “award” refers to a financial allocation made to a grantee for a single year. A grantee may receive multiple awards within the same year, including from different program types, and each year of funding is counted as a distinct award.

ANALYTICAL APPROACH

Rurality Definition

Many categorization approaches are used to define rurality in the United States. This project utilized the FORHP definition of rurality, which aligns with the data source used for grant information.

The FORHP rural definition is designed to support determination of eligibility for FORHP’s grant opportunities. It builds upon existing federal agency definitions and data from the United States Census Bureau, the Office of Management and Budget (OMB) and the United States Department of Agriculture Economic Research Service (ERS).

The definition starts by defining rural areas. As outlined on the HRSA [webpage](#), FORHP defines the following areas as rural:

- Non-metropolitan counties
- Outlying metropolitan counties with no population from an urban area of 50,000 or more people
- Census tracts with Rural-Urban Commuting Areas (RUCA) codes 4–10 in metropolitan counties
- Census tracts of at least 400 square miles in areas with population density of 35 or fewer people per square mile with RUCA codes 2–3 in metropolitan counties
- Census tracts with Road Ruggedness Scale (RRS) 5 and RUCA codes 2–3 that are at least 20 square miles in area in metropolitan counties

With rural areas defined, FORHP then categorizes Census Tracts as “Rural” or “Not Rural.” This information, along with existing definitions from other federal agencies, is then used to determine the rurality of a county. The criteria used to define rurality remained consistent from 2019 through 2023. However, a revised definition was adopted on Nov. 21, 2024, and has been applied to funding determinations for fiscal year 2025.

FORHP data files categorize counties as “Fully FORHP Rural” when they meet at least one of the following criteria:

- They are non-core counties (neither metro nor micro using the OMB delineation)
- They are micropolitan counties

- They are outlying metro counties with no population from an urban area of 50,000 or more people
- All census tracts in the county are FORHP rural

Counties with at least one census tract that does not meet the FORHP rurality criteria are classified as “Not Fully FORHP Rural.” This designation also applies to counties where no census tracts are identified as rural by FORHP.

Ultimately, [every county in the United States is categorized](#) into one of two mutually exclusive categories.

1. “Fully FORHP Rural”
2. “Not Fully FORHP Rural”

Our analysis focused on county-level rurality. We were unable to identify and separately analyze grantees that were located in rural census tracts within counties that were “Not Fully FORHP Rural.”

Additional information about FORHP rurality definitions is available here: [How We Define Rural | HRSA](#).

Award Categorization

Two categorization variables not included in the initial datasets of awarded grants and FORHP rurality were added by the project team using the methods described below. Additional variables already present in the dataset (e.g., state) also were utilized in the analysis.

Primary Focus Area

FORHP administrative information was extracted from all publicly available Notice of Funding Opportunities (NOFOs) documentation for each unique grant code type in the study sample. Qualitative methodology was used to identify common areas of focus based on the grant title and purpose stated in the NOFOs that were best aligned in a particular area. These common areas of focus formed the initial categorization set. The grants were then reviewed again and assigned to one of seven identified primary focus areas. When the grant title and purpose aligned with multiple common themes, these codes were isolated and assigned a “primary” focus area assessing the context and intention of the grant.

Each unique grant award’s grant code was assigned one of the following seven primary focus categories: COVID-19 response, health care access and service delivery, research and policy analysis, state office of rural health support and coordination, substance use and behavioral health, telehealth and technology expansion, and workforce development and training.

Statistical Analysis

Descriptive analysis was conducted to determine the total number and dollar amount of grants awarded from 2019–2023 by state, division, rurality and focus area. The analysis included calculation of single year and five-year aggregate, as a total sum and percentage.

Grant Divisions and Primary Focus

The FORHP awards were categorized by grant divisions and areas of primary focus. These awards were analyzed in terms of the percentage of the total number of awards given each year, the corresponding dollar value of financial assistance provided each year, and the

aggregate value of financial assistance over a five-year period.

State and National Calculations

The number of grants and the combined dollar value of financial assistance at both the state and national levels were calculated as percentages of the total awards for each year and over a five-year period.

COVID-19 Assessment

From 2020–2022, a total of 954 awards were granted with a primary focus on COVID-19 response. In the brief *Funding Rural Health*, timelines of funding in *Figure 2* illustrate the distribution of COVID-19 versus non-COVID-19 allocations across each year. These visualizations highlight the financial impact of pandemic-related funding in the context of broader funding trends.

The percentage of COVID-19 assistance is the share of funding going to COVID-19 assistance from the sum of all funding from 2019–2023 for each state. Both the percent of COVID-19 assistance and percent of non-COVID-19 assistance are visualized in a stacked bar chart in *Figure 3* of the same brief, with states ordered by the total combined value of all awards received.

FORHP Rurality

The number of awards, total funding amount, and average award size were analyzed using the FORHP definition of rurality. In the brief *Funding Rural Health*, these findings are presented for the United States and Kansas in *Figure 4*, which classifies recipients as either “Fully FORHP Rural” or “Not Fully FORHP Rural.” The percentage of funding allocated to each category is derived from the cumulative total of grants and funding awarded over a five-year period, both in Kansas and across the United States. Additionally, the percentage of FORHP funding going to recipients located in “Fully FORHP Rural” counties is presented for each state in a map format in *Figure 5* of the same brief.