



RURAL COMMUNITIES AND GRANT OPPORTUNITIES

Nylab Noori, MPH
New England Rural Health Association
Associate Program Manager

December 10th, 2025

AGENDA



Rural Communities

Understanding Brownfields and Rural
Community Needs



EPA Grant Information Narrative

Criterion 1
Criterion 2
Criterion 4



Resources For Rural Applications

Helpful Websites and Maps



RURAL COMMUNITIES

Common challenges when trying to find resources to address their brownfield sites:

- A constrained local budget, which limits funding available to invest in brownfield assessment, remediation, and redevelopment activities.
- Fewer people available to manage brownfield projects and limited access to technical expertise.
- Plenty of large parcels and uncontaminated properties nearby, which lowers market demand for brownfields reuse.



Brownfields also present **opportunities** for rural communities:

- Economic revitalization
- Public Health and Environmental Protection
- Infrastructure and Land use Efficiency



EPA BROWNFIELD GRANT REVIEW - OVERVIEW

Project / Area Revitalization / Reuse Plan (when applicable)

- Defines the target area and your vision for reuse.

Community Need & Community Engagement

- Demonstrates local need and how community will be involved.

Task Description, Cost Estimates & Timeline / Feasibility of Success

- Shows how work will be done, when, by whom, and how results will be measured.

Programmatic Capability & Past Performance (or Partner Capacity)

- Demonstrates your (or your partners') ability to manage grant, execute work, and handle compliance.



CRITERION 1: PROJECT AREA & REVITALIZATION VISION

- Clear definition of your **target area** (town center, district, corridor, census tract, neighborhood, etc.)



- Identification of one or more **brownfield site(s)** in the area (hazardous substance, petroleum, or other contaminants)



- Explanation of **why these sites matter** – environmental risk, blight, economic stagnation, community health, lack of reuse.

- If possible: plan for **leveraging additional resources** (local/state funds, volunteer efforts, community contributions, tax incentives, public/private partnerships)



- A **realistic reuse / revitalization vision** that fits rural scale and community needs (housing, small business, community space, green space, local services, etc.)



CRITERION 1: RURAL CONTEXT

Fewer resources: small tax base, limited local government capacity, aging or vacant properties.

Legacy contamination may impact groundwater, wells, or private drinking water (not municipal systems).

Redevelopment to restore critical community infrastructure or services (housing, small business space, community centers, local jobs).

Low-density areas can offer flexibility for sensitive reuse: green space, conservation, small-scale economic use, community gardens, local services.



CRITERION 2: COMMUNITY NEED & COMMUNITY ENGAGEMENT

Data/indicators showing economic or environmental disadvantage:

- Poverty rates, unemployment, population decline, limited tax base, aging housing, limited infrastructure, health disparities, reliance on wells or septic, etc.

Description of how brownfields affect daily life:

- Blight, safety hazards, contamination risk, reduced property values, limited economic growth or investment.

Identification of vulnerable or underserved populations:

- Low-income households, elderly, renters, tribal populations, people relying on wells/septic, etc.

Community engagement:

- Use of local institutions (churches, libraries, community halls), social networks, paper mail, local radio, bulletin boards, community-based organizations, regional planning commissions (UConn TAB MAP program!)

Use of participant support costs (if applying under Assessment or Multipurpose grants) to

- Support community liaisons or compensate community members for time/travel to meetings.

A commitment to use community input to **shape decisions** (site prioritization, reuse vision, cleanup planning, etc.), **not just “inform” or “notify.”**



CRITERION 4: PROGRAMMATIC CAPABILITY & PAST PERFORMANCE (OR PARTNER CAPACITY)

- Organizational structure: who is the lead, who are partners, staff/consultants, roles/responsibilities.
- Capacity for grant management, financial oversight, procurement, even if via partners/regional agencies.
- If limited internal capacity: state clear **partnerships**.
- For coalition applications: clear legal or organizational authority for the lead to manage funds for non-lead members (as required for FY26 Assessment Coalition Grants)
- If applicable: documentation of past successful grants, experience with planning or community projects (even small ones), local capacity building, or demonstration of responsible stewardship of funds.
- Consider inclusion of a **project manager**: a point person, even part-time, who ensures implementation, communication, and oversight.



RURAL DATA & RESOURCES

- Applicants are encouraged to use geospatial mapping tools to better understand the communities that may be **adversely and disproportionately affected by environmental or human health harms and risks**. Applicants can include data in the Narrative to help characterize and describe the target areas and their community(ies). Data from other sources (e.g., studies, census, and third-party reports) can also be included to give a more complete picture of the impacted communities and populations.
- **EPA FAQ page 22: C.13.** For the purposes of the Community Need criterion for Brownfield Grants, what are examples of health, welfare, environmental, and other demographic information I could provide about my community? Where do I find demographic information about my community?

EPA recommends: HRSA, HHS, ATSDR, CDC, US Census, HUD, EPA

Rural Specific:

- Rural Health Information Hub: Rural Data Explorer - up to 2023 or "Am I Rural" tool,
- NERHA Rural Data Analysis Dashboard: compare urban and rural data
- [USDA](#): state fact sheets (population, income, food insecurity, education)
- State-specific Health and Human Services (may have their own studies you can use) [Maine Workforce Outlook 2014 - 2024 \(PDF\)](#),



Rural Data Explorer – Rural Health Information Hub

roverty

Demographics

Males per 100 Females

Median Age

Population 65 and Older

Population Under 25 Years Old

Demographics - Race/Ethnicity

American Indian/Alaska Native Population

Asian Population

Black Population

Hawaiian/Pacific Islander Population

Hispanic Population

Multiple or Other Race Population

White Population

Health Disparities

Diagnosed Diabetes Prevalence

Leisure-Time Physical Inactivity

Life Expectancy at Birth

Obesity Prevalence

Overdose Deaths per 100,000

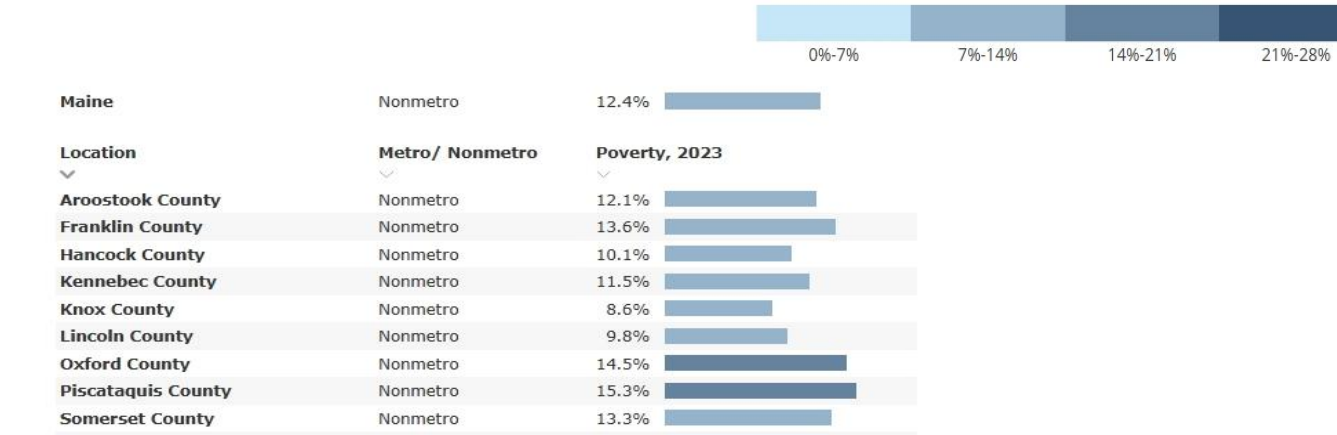
Health Workforce

Dentists per 10,000 People

Doctors of Medicine (MDs) per 10,000 People

National

2020202120222023



Rural Data Explorer

Select from a wide range of data on health disparities, health workforce, demographics, and more. Explore how metropolitan and nonmetro counties compare, nationwide and by state. Learn more about [how to use the Data Explorer](#).

Select Indicator

Poverty

Select State

Vermont

20102011201220132014201520162017201820192020202120222023

NonmetroMetroAll

Back to U.S.

0%-7%7%-14%14%-21%21%-28%> 28%

Download

Share

Fullscreen

Source: [U.S. Census Small Area Income and Poverty Estimates](#).

Vermont	Nonmetro	10.7%
Location	Metro/ Nonmetro	Poverty, 2023
Addison County	Nonmetro	8.7%
Bennington County	Nonmetro	11.9%
Caledonia County	Nonmetro	14.0%
Essex County	Nonmetro	14.4%
Lamoille County	Nonmetro	9.6%
Orange County	Nonmetro	9.7%
Orleans County	Nonmetro	14.1%
Rutland County	Nonmetro	11.8%
Washington County	Nonmetro	8.6%
Windham County	Nonmetro	10.1%
Windsor County	Nonmetro	9.9%

Counties with no data are not included.

County-level Data Sets

Updated: 1/31/2025 Contact: [Austin Sanders](#)

In this section

Overview

Poverty

Population

Unemployment

Education

Documentation

County-level Data Sets: Download Data

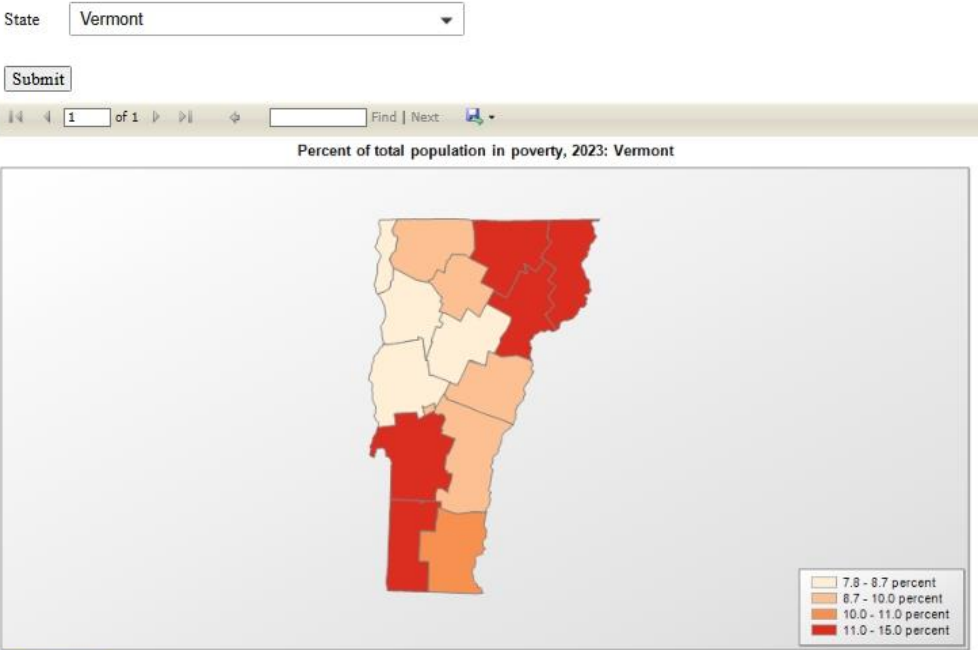
Socioeconomic indicators like poverty rates, population change, unemployment rates, and education levels vary across U.S. States and counties. ERS compiles the latest statistics on these measures and provides maps and data for U.S. States and counties/county equivalents, including Puerto Rico when available.

Choose the indicator to view:

- [Poverty](#) (2023 latest)
- [Population](#) (2023 latest)
- [Unemployment, and Median Household Income](#) (annual average 2023 unemployment and 2022 median income latest)
- [Education](#) (2019–23, 5-year period latest)

Data are also available for [download in Excel](#). Downloaded files include the county-level Rural-Urban Continuum Codes and Urban Influence Codes.

For more maps and data, see ERS's [Atlas of Rural and Small-Town America](#).



Percent		Number						
			All people in poverty (2023)			Children ages 0-17 in poverty (2023)		
			90% confidence interval of estimate			90% confidence interval of estimate		
FIPS* ⚡	Name ⚡	RUC Code ⚡	Percent ⚡	Lower Bound ⚡	Upper Bound ⚡	Percent ⚡	Lower Bound ⚡	Upper Bound ⚡
50000	Vermont		9.9	9.4	10.4	10.2	9.0	11.4
50001	Addison	6	8.7	6.6	10.8	8.6	5.3	11.9
50003	Bennington	6	11.9	9.3	14.5	14.3	9.0	19.6
50005	Caledonia	9	14.0	11.4	16.6	16.0	11.0	21.0
50007	Chittenden	3	7.8	6.5	9.1	6.2	3.7	8.7
50009	Essex	9	14.4	11.2	17.6	19.1	11.4	26.8
50011	Franklin	3	9.9	7.9	11.9	10.7	7.4	14.0
50013	Grand Isle	3	8.7	6.5	10.9	12.1	7.3	16.9
50015	Lamoille	8	9.6	7.5	11.7	11.1	7.2	15.0
50017	Orange	9	9.7	7.5	11.9	11.4	7.1	15.7
50019	Orleans	9	14.1	11.5	16.7	17.6	12.3	22.9
50021	Rutland	7	11.8	9.6	14.0	12.4	8.0	16.8
50023	Washington	4	8.6	6.8	10.4	8.1	4.8	11.4
50025	Windham	7	10.1	7.9	12.3	11.1	6.1	16.1
50027	Windsor	7	9.9	7.9	11.9	10.0	6.5	13.5

See [important notes about intercensal model-based poverty estimates](#).

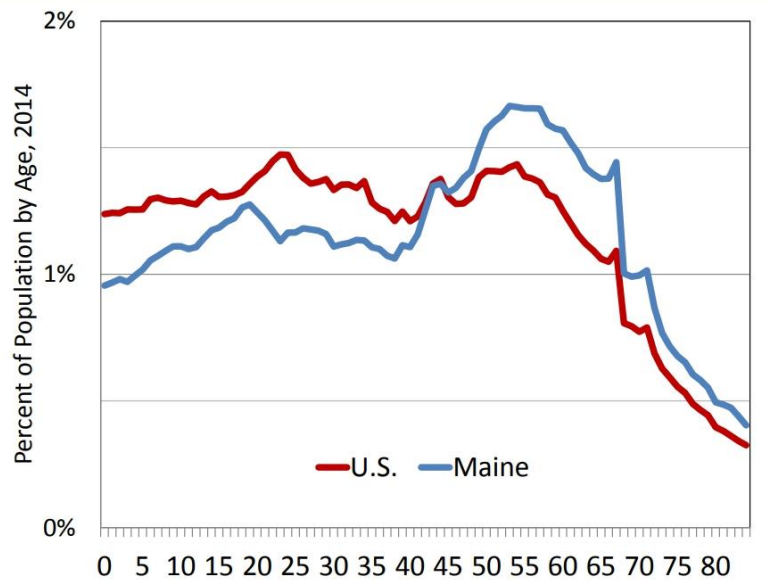
*The 2023 Rural-urban Continuum Codes classify metropolitan counties (codes 1 through 3) by the population of the Metropolitan Statistical Area (MSA) and nonmetropolitan counties (codes 4 through 9) by degree of urbanization and proximity to metro areas. See [rural-urban continuum codes](#) for precise definitions of each code.

Source: Census Bureau, [Small Area Income and Poverty Estimates](#).

*See the [Census Bureau](#) web site for a description of FIPS codes.

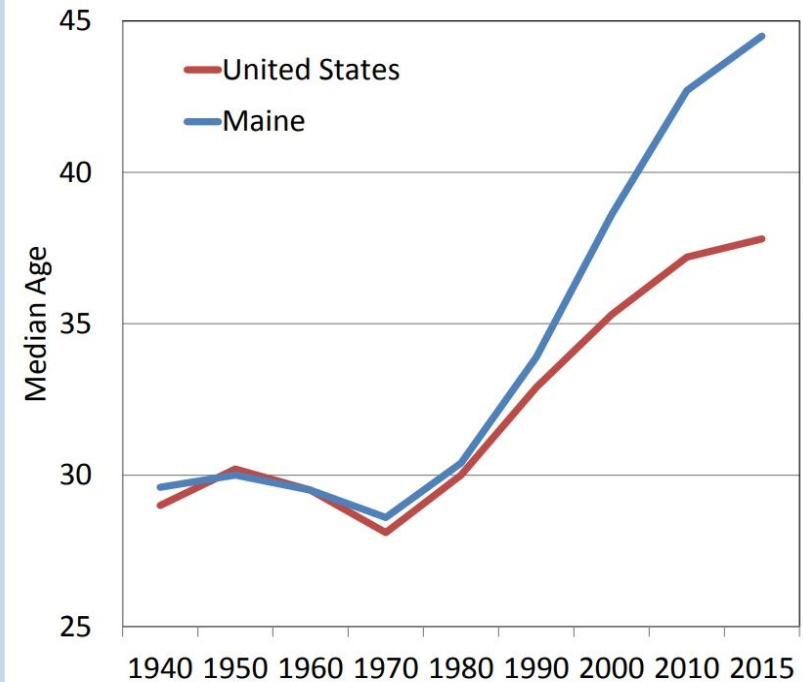
MAINE WORKFORCE HHS

Fewer births caused an imbalance in our population structure, that now has a high share of people in their 50s and 60s and low share of young people relative to the U.S.



The large gap between the number of people who will retire and the number of young people who will enter the workforce will put significant downward pressure on the size labor force over the next two decades.

The median age in Maine increased even more sharply than the nation over the last four decades



The population is getting older throughout the entire advanced world. In the U.S., the median age increased nearly 10 years since 1970. Aging is most pronounced in the northeast, especially the three northern New England states. Maine is now the oldest state by median age at 44.5 years in 2015, nearly seven years above the U.S. figure.

NERHA DATABASE - RURAL HEALTH DATA

Welcome Rural Dashboard Map Rural Dashboard Table About the Rural Definition

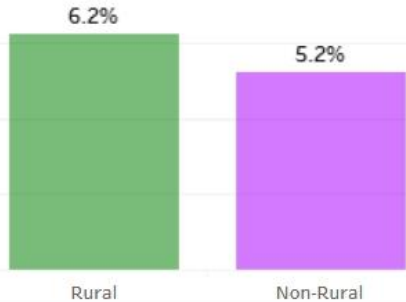
Rural Data Analysis Dashboard



Select Rurality Overlay

- ☐ No Rural Overlay
☒ Rurality - 2 Category
☐ Rurality - 4 Category

Chronic obstructive pulmonary disease among adults



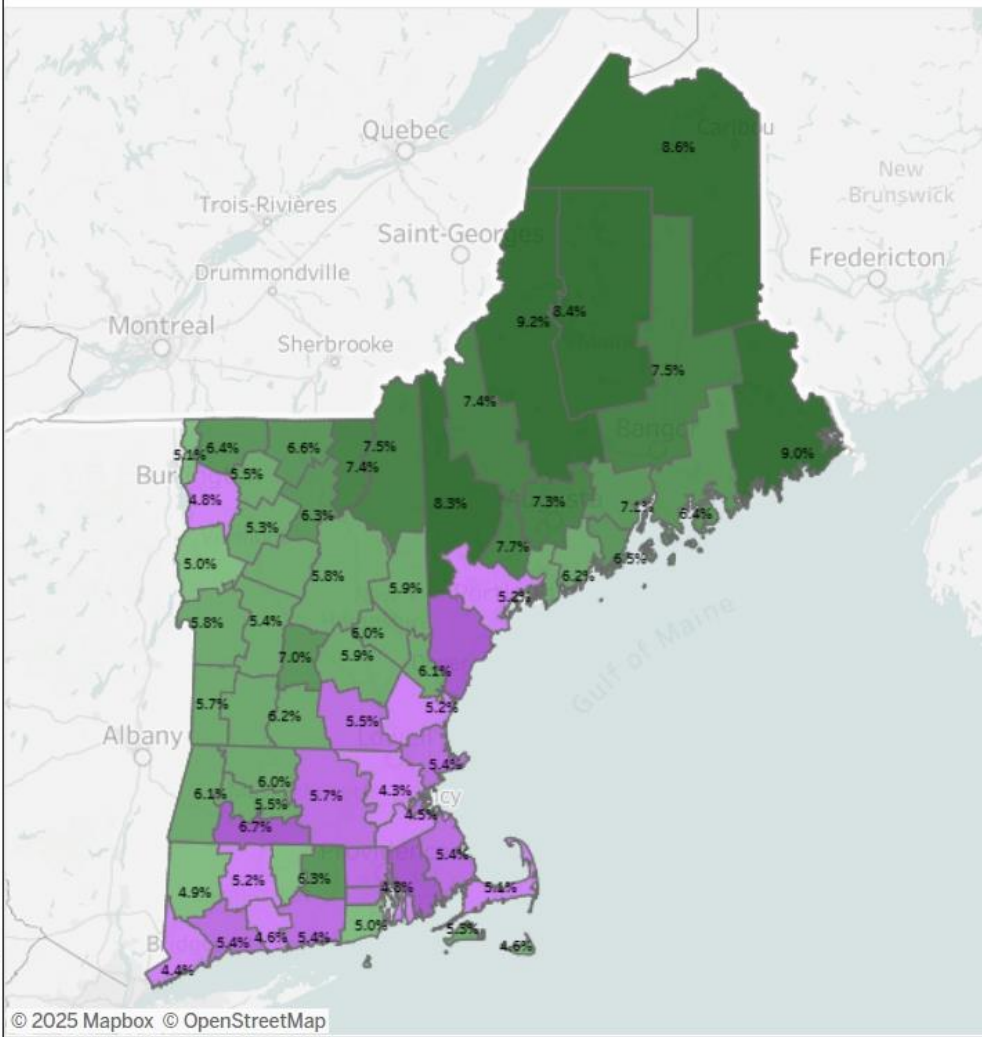
Measure Value Range



Chronic obstructive pulmonary disease among adults

% of Total Population (18+)

CDC SMART - BRFSS 2021



Select States

(All)

1) Select Data Category

Health Status

2) Select Measure

- ☐ Arthritis among adults
- ☐ Binge drinking among adults
- ☐ Cancer (excluding skin cancer) among adults
- ☐ Chronic kidney disease among adults
- ☒ Chronic obstructive pulmonary disease among adults
- ☐ Coronary heart disease among adults
- ☐ Current asthma among adults
- ☐ Current smoking among adults
- ☐ Depression among adults
- ☐ Diagnosed diabetes among adults
- ☐ Fair or poor self-rated health status among adults
- ☐ High blood pressure among adults
- ☐ Mental health not good for >=14 days among adults
- ☐ No leisure-time physical activity among adults
- ☐ Obesity among adults
- ☐ Physical health not good for >=14 days among adults
- ☐ Sexually transmitted infections
- ☐ Stroke among adults

Download PDF

View Data Table

Search by state, then by clicking on a county in the map you can see county level details.

Select your data category: health status, housing, income/poverty, employment...

See your results by state here...Rural v. Urban or further filter into small rural, large rural, non-rural small, non-rural core.

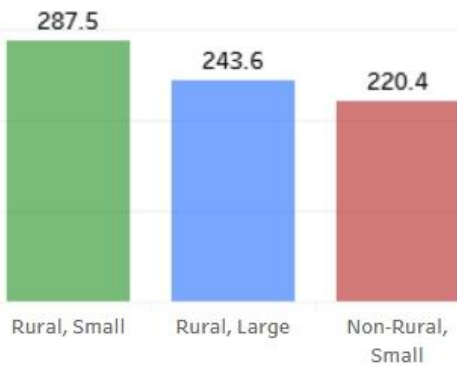
Rural Data Analysis Dashboard



Select Rurality Overlay

- ☐ No Rural Overlay
- ☐ Rurality - 2 Category
- ☒ Rurality - 4 Category

Malignant neoplasms (Cancers)



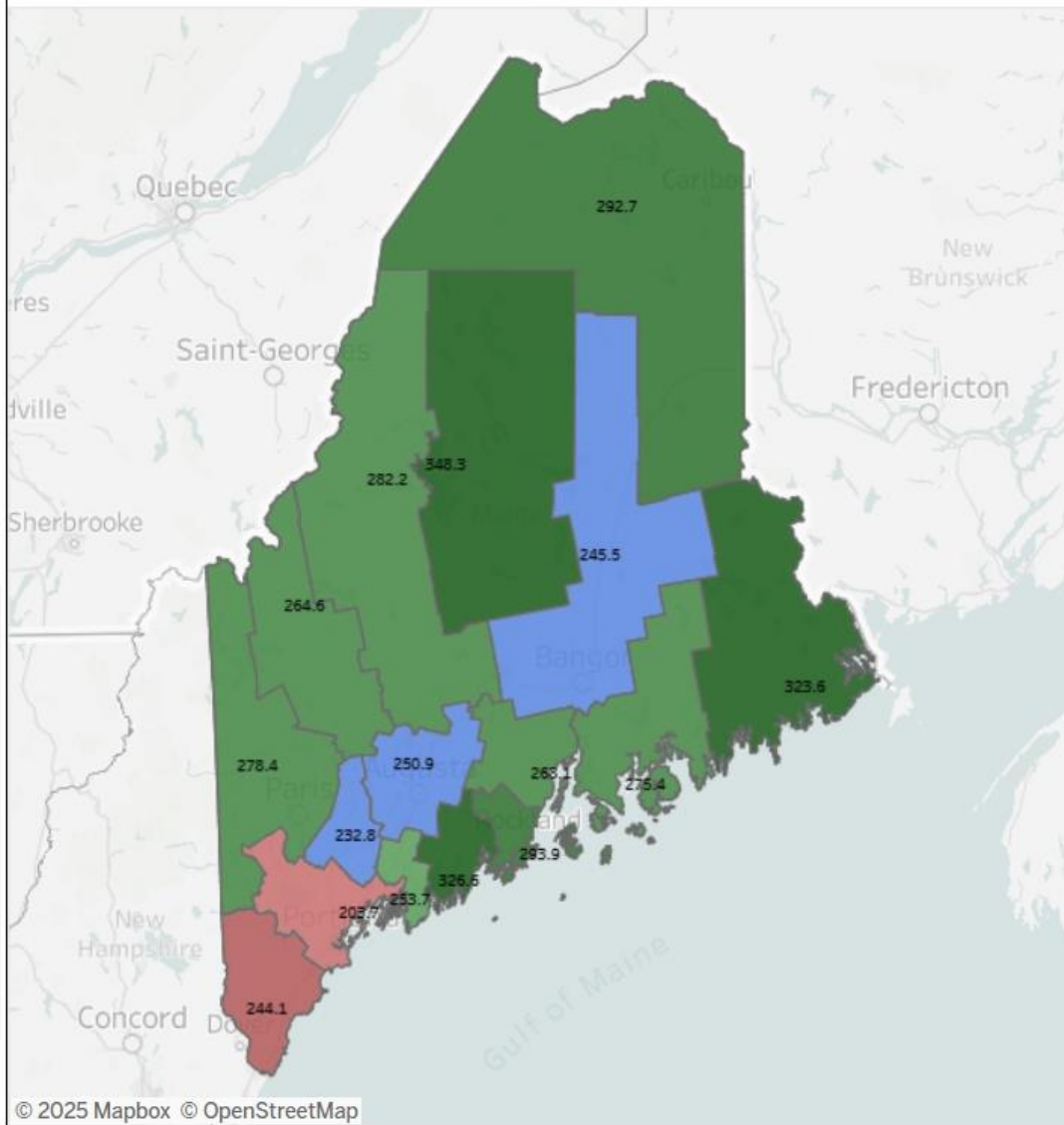
Measure Value Range

LOW HIGH

Malignant neoplasms (Cancers)

Deaths / 100,000 Pop (Crude)

CDC-Comp. Mortality 2018-2021



© 2025 Mapbox © OpenStreetMap



Select States

ME

1) Select Data Category

Mortality

2) Select Measure

- ☐ Alcohol-impaired driving death
- ☐ All Deaths
- ☐ Alzheimers disease
- ☐ Cerebrovascular diseases, including stroke
- ☐ Chronic liver disease and cirrhosis
- ☐ Chronic lower respiratory diseases
- ☐ Diabetes mellitus
- ☐ Diseases of Heart
- ☐ Drug poisoning deaths
- ☐ Essential (primary) hypertension and hypertensive...
- ☐ Fall
- ☐ Firearm Mortality
- ☐ Influenza & Pneumonia
- ☐ Intestinal infections
- ☒ Malignant neoplasms (Cancers)
- ☐ Motor Vehicle Traffic
- ☐ Parkinsons disease
- ☐ Poisoning
- ☐ Suicide
- ☐ Unintentional Mortality

Download PDF

View Data Table

HOW TO SHOW/DEMONSTRATE YOU ARE RURAL?

- If you state "rural or non-urban" back it with data
- Describe your town or area as a non-metropolitan area
- State your population size
- Showcase conditions (long distances to services, sparse infrastructure, water system (septic, well), distances to healthcare providers)



LINKS AND CONTACT...THANK YOU

- [USDA - State Fact Sheets - State Data](#)
- [Am I Rural? Tool - Rural Health Information Hub](#)
- [Rural Data Analysis Tool – NERHA](#)
- [Maine Workforce Outlook 2014 - 2024 \(PDF\)](#)

Grant related Email: Uconn-tab@uconn.edu

Website: Tab.program.uconn.edu

LinkedIn: linkedin.com/in/uconn-tab/

My email: nnoori@newenglandrha.org

Go to our website to subscribe to our newsletter!

