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Thank you for joining today's webinar. We will begin promptly at 12:00 pm Central.

Rural Definitions and Data: Changes after the 2020 Census

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Rural Definitions and Data: Changes after the 2020 Census

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Housekeeping

- Slides are available at <https://www.ruralhealthinfo.org/webinars/rural-definitions>
- Technical difficulties please visit the Zoom Help Center at support.zoom.us

3

If you have questions...

The image shows a Zoom meeting interface. On the left is a slide from RHIhub (Rural Health Information Hub) with the text: "Your *First STOP* for *Rural Health INFORMATION*". The slide also features a map of the United States filled with various rural health-related images and the website URL "ruralhealthinfo.org". At the bottom of the slide, it reads: "Examining Rural Cancer Prevention and Control Efforts from the National Advisory Committee on Rural Health and Human Services". A red arrow points to the "More" icon in the Zoom meeting controls at the bottom of the slide. On the right is a "Question and Answer" window with the text: "Welcome. Feel free to ask the host and panelists questions." Below this text is a text input field with the placeholder "Type your question here..." and a red arrow pointing to it.

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Featured Speakers



Sarah Heppner, MS, Associate Director, Federal Office of Rural Health Policy



Steve Hirsch, MSLS, Public Health Analyst, Federal Office of Rural Health Policy



Greta Stuhlsatz, PhD, Statistician, Federal Office of Rural Health Policy

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Rural Definitions and Data: Changes after the 2020 Census

Rural Health Information Hub Webinar

November 8, 2023

Sarah Heppner, MS, Associate Director
Steven Hirsch, MSLS, Public Health Analyst
Greta Stuhlsatz, PhD, Statistician
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People



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Why Do Rural Definitions Matter?

- Federal program funding often follows population. Larger numbers get resources
- Programs that are targeted for rural populations rely on some kind of criteria to target the funding
 - The way rural is defined determines who is eligible to receive federal resources



How Does the Federal Government Define “Rural”?

What does rural mean? Uncle Sam has more than a dozen answers.



By David A. Fabrethold

June 8, 2013 at 8:11 p.m. EDT

Lenoir is a small town in western North Carolina. It has 18,000 people, a Wal-Mart, a Waffle House and an annual parade famous for people carrying pans of blackberry cobbler.

Is it a rural place? The U.S. government has an answer: Yes.

No.

Yes. Yes. No. No. No. Yes. No. No. No. No. No.

The problem is that the U.S. government has at least 15 official definitions of the word “rural,” two of which apply only to Puerto Rico and parts of Hawaii.

All of these definitions matter; they’re used by various agencies to parcel out \$37 billion-plus in federal money for “rural development.” And each one is different.

In one program, for instance, “rural” is defined as any place with fewer than 50,000 residents. So Lenoir is rural, and eligible for money. But in another, only towns smaller than 2,500 residents are “rural.” So Lenoir isn’t, and isn’t.



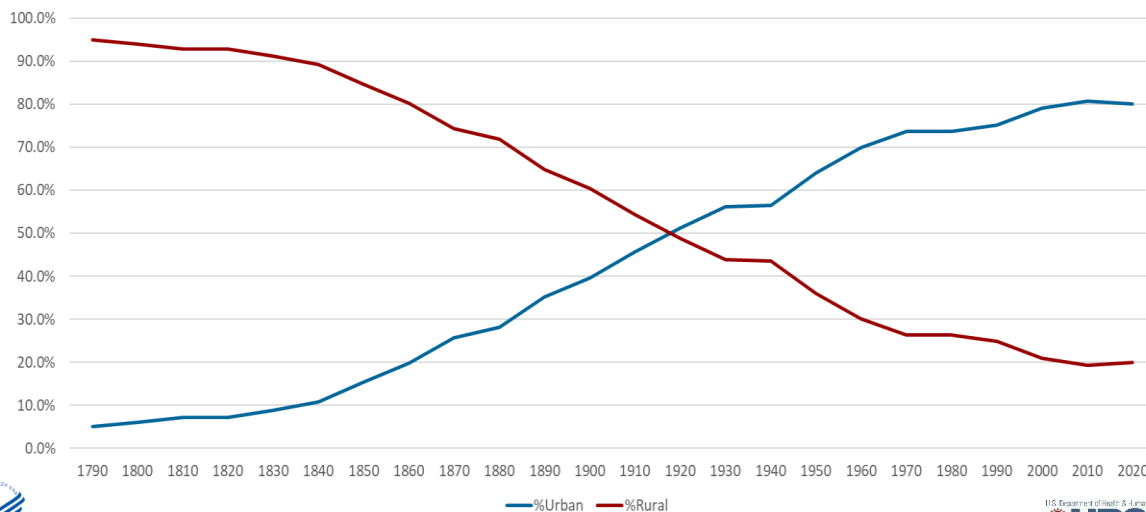
The Census and the Constitution

Article I, Section 2:

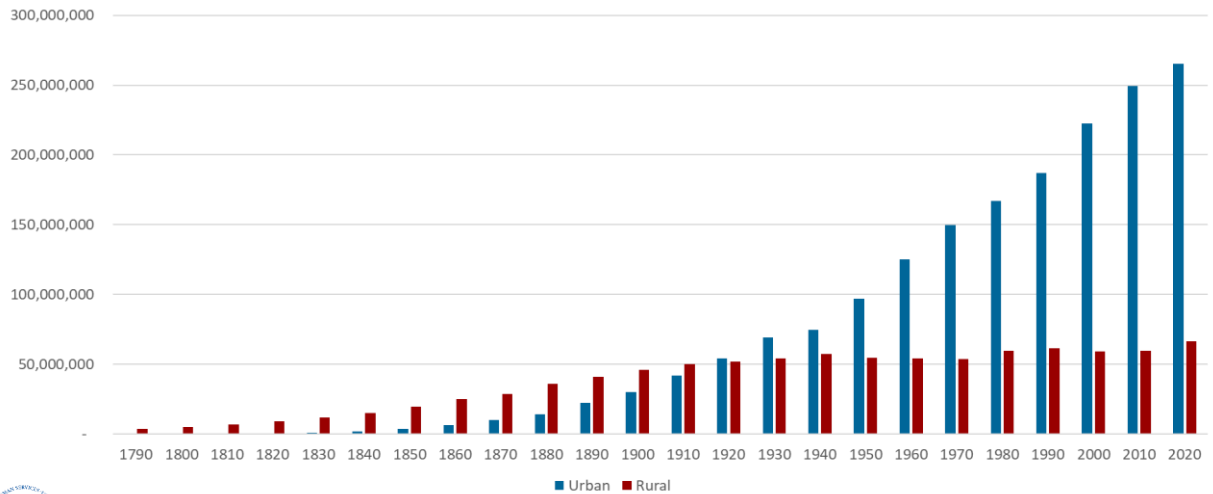
“Representatives and direct Taxes shall be apportioned among the several States which may be included within this Union, according to their respective Numbers... The actual Enumeration shall be made within three Years after the first Meeting of the Congress of the United States, and within every subsequent Term of ten Years, in such Manner as they shall by Law direct.”



Census Urban/Rural Population by Percent of Population



Census Urban/Rural Population by the Numbers



Why the Change in Urban/Rural Populations?

“In 1870, almost 50 percent of employed persons worked in agriculture and one farmworker could only supply five people with farm products. By 1980, just 4 percent of the employed were in agriculture, and each one supplied food for nearly 70 others.”

Agricultural employment: has the decline ended?
 Patricia A. Daly
Monthly Labor Review, Bureau of Labor Statistics
 November 1981



Why the Change in Urban/Rural Populations?

“The two occupation groups of farmers (including farm managers) and farm laborers (including foremen) combined declined 96 percent as a proportion of total employment between 1910 and 2000, from 33 percent to 1.2 percent.”

Occupational changes during the 20th century

Ian D. Wyatt and Daniel E. Hecker

Monthly Labor Review, Bureau of Labor Statistics

March 2006

The total number of people working on farms in 2000 was 1.6 million compared to more than 12 million in 1900



How did the Census distinguish Urban and Rural?

“The Census Bureau began identifying urban places in reports following the 1870, 1880, and 1890 Censuses. In the early part of the twentieth century, the Census Bureau adopted an official definition, identifying incorporated cities and towns with at least 2,500 people as urban. Population and territory outside of cities and towns with 2,500 or more people were considered rural.”

Defining Rural at the U.S. Census Bureau

By Michael Ratcliffe, Charlynn Burd, Kelly Holder, and Alison Fields

Issued December 2016

ACSGEO-1

https://www2.census.gov/geo/pdfs/reference/ua/Defining_Rural.pdf



Recognizing Suburbs as Urban

- Beginning with the 1950 Census, suburbs outside of incorporated areas with population over 50,000 were included in the Urban Area as long as the population density was at least 1,000 people per sq. mile
- Population Density can be as low as 500 people per sq. mile in areas with “a mix of residential and nonresidential land use (parks, schools, commercial, retail, or industrial uses), [which] therefore should be included within the urban area.”
- Incorporated areas with populations from 2,500 to 49,999 were still urban



Changes with the 1990 Census

“Technological advancements, increased computing power, and data processing following the 1990 Census allowed the Census Bureau to extend the density-based approach to smaller clusters of the population, resulting in a consistent and seamless definition of urban areas with 2,500 or more people.”

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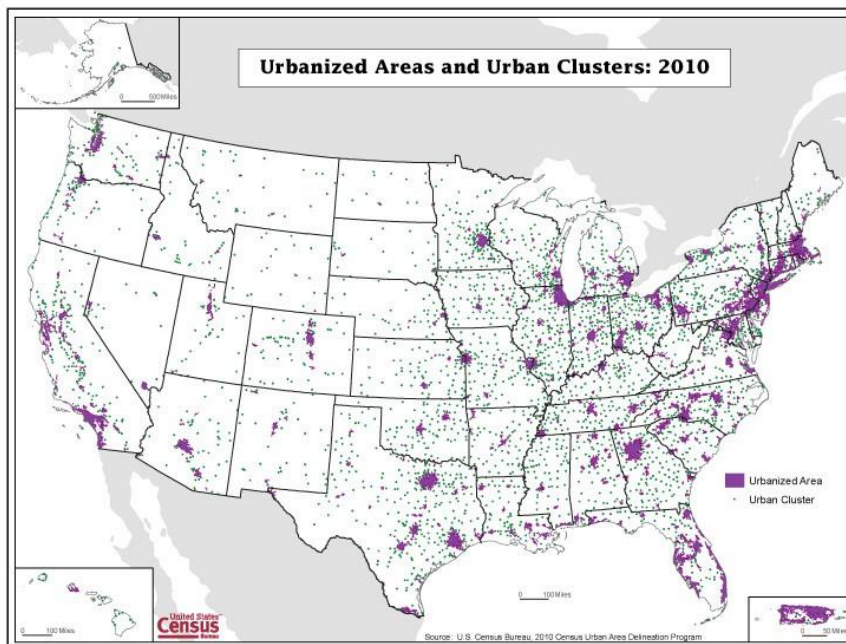


Urban Clusters and Urbanized Areas

- In 2000, the Census Bureau expanded the classification to include two types of urban areas: urbanized areas and urban clusters
 - Urbanized areas have cores with 50,000 or more people
 - Urban clusters have cores with at least 2,500 but fewer than 50,000 people
- Rural Health Clinics (RHCs) could be located in Urban Clusters because the statute specified that Clinics could be located “in an area that is not an urbanized area (as defined by the Bureau of the Census)” Public Law 95-210



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Office of Management and Budget

- “[OMB] delineates metropolitan and micropolitan statistical areas according to published standards that are applied to Census Bureau data. The general concept of a metropolitan or micropolitan statistical area is that of a core area containing a substantial population nucleus, together with adjacent communities having a high degree of economic and social integration with that core.”
- “Standard delineations of metropolitan areas were first issued in 1949 by the then Bureau of the Budget (predecessor of OMB), under the designation "standard metropolitan area" (SMA)... The term "metropolitan area" (MA) was adopted in 1990 and referred collectively to metropolitan statistical areas (MSAs), consolidated metropolitan statistical areas (CMSAs), and primary metropolitan statistical areas (PMSAs). The term "core based statistical area" (CBSA) became effective in 2000 and refers collectively to metropolitan and micropolitan statistical areas.”
 - <https://www.census.gov/programs-surveys/metro-micro/about.html>



Core Based Statistical Areas (CBSAs)

- A Core Based Statistical Area is one or more counties with an urban ‘core’ of at least 10,000 people, and any adjacent counties which have a high degree of social and economic integration with that core, as measured by commuting ties
- OMB identifies two types of CBSAs: Metropolitan and Micropolitan Statistical Areas
 - Metro Areas contain a core urban area of 50,000 or more population
 - Micro Areas contains an urban core of at least 10,000 (but less than 50,000) population.
 - As currently classified, OMB builds both MSAs and Micropolitan Statistical Areas around a central county, or counties, which contains an urban core. Surrounding counties can be designated as part of the Core Based Statistical Area (CBSA) based on the presence of core population and/or the commuting patterns of the working population. A county may be included in only one CBSA.

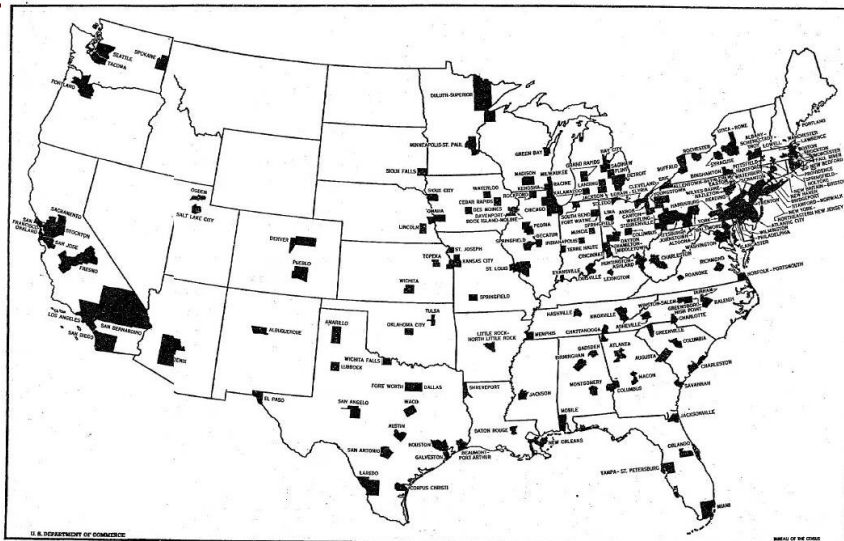


How CBSA Counties are Classified

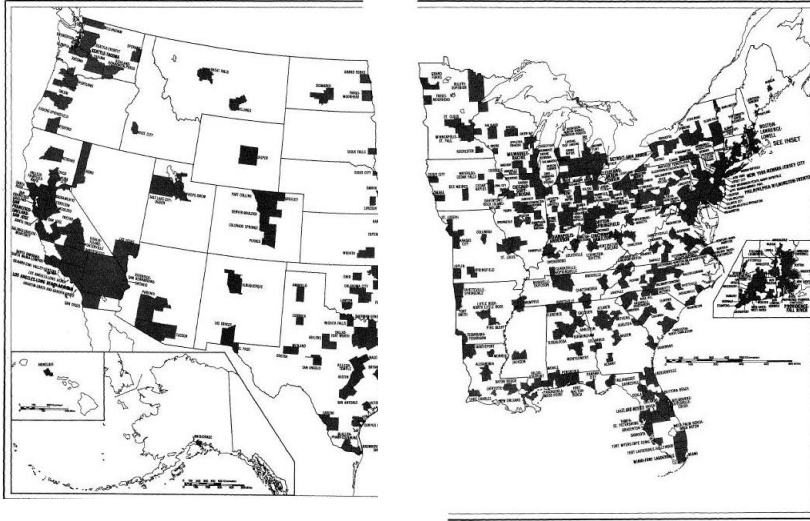
- A county qualifies as a central county of a CBSA if it meets the following requirements:
 - (a) Have at least 50 percent of the population in urban areas of at least 10,000 population; or
 - (b) Have within the boundaries a population of at least 5,000 located in a single urban area of at least 10,000 population.
- A county qualifies as an outlying county of a CBSA if it meets the following commuting requirements:
 - (a) At least 25 percent of the workers living in the county work in the central county or counties of the CBSA; or
 - (b) At least 25 percent of the employment in the county is accounted for by workers who reside in the central county or counties of the CBSA.



Standard Metropolitan Areas, 1950



Consolidated Statistical Areas and Standard Metropolitan Areas: 1980



Commuting in Reverse

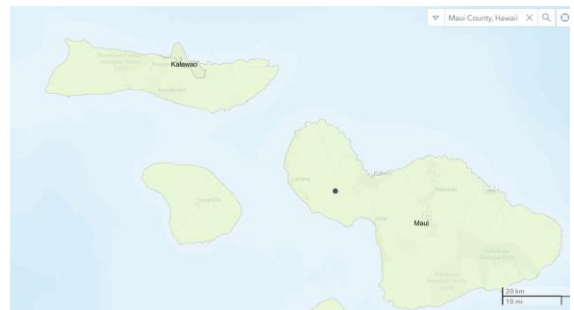
- “But no county is as tiny and as remote as Kalawao County, on the Hawaiian island of Molokai... “Sheer 2,000-foot sea cliffs isolate the peninsula, so there’s not even a road connecting the settlement to the rest of Molokai, just a steep, winding mule trail. Most of the peninsula is occupied by the Kalaupapa National Historical Park, administered by the state as its very own county, called Kalawao... “It’s also easily the nation’s smallest county, with a land area about half the size of Manhattan.”
- 82 people living in 12 sq. miles, population density of 6.8 people per sq. mile.

The Surprising History of Kalaupapa, Hawaii

BY KEN JENNINGS

May 6, 2013, Condé Nast Traveler

<https://www.cntraveler.com/stories/2013-05-06/kalawao-county-hawaii-maphead-ken-jennings>

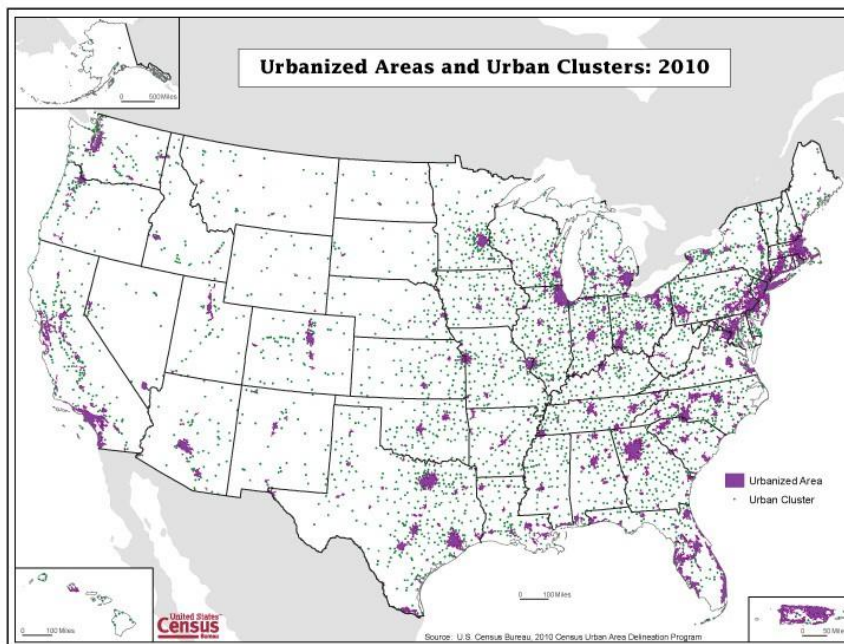


Changes in the 2020 Census

- Three key changes to the urban-rural definition for the 2020 Census
 - No longer differentiating between Urban Clusters (at least 2,500 people) and Urbanized Areas (50,000 or more people)
 - Use of primarily housing unit density to identify qualifying census blocks instead of population density
 - Minimum threshold for qualification as an urban areas
 - \geq 2,000 housing units or at least 5,000 persons
- *All changes and updates are available
 - Federal Register: [Urban Area Criteria for the 2020 Census-Final Criteria](#)

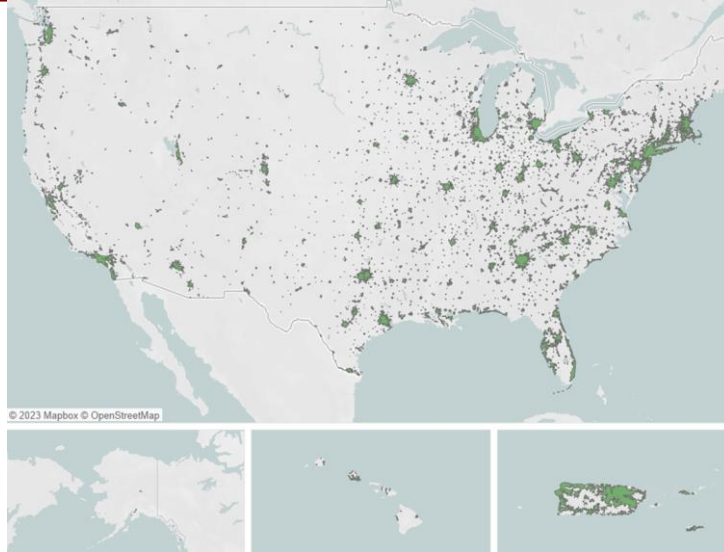


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2020 Census Bureau Urban Areas



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The Increasing Size of the Metro USA

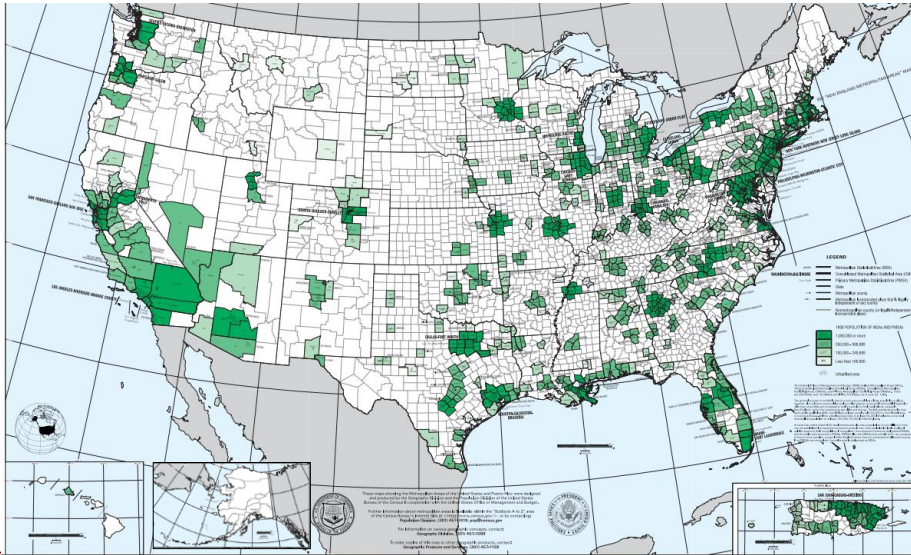
Year	# Metro Counties	# Nonmetro Counties	Total	Metro Pop.	Nonmetro Pop.
1980	740	2397	3137	170.4 million	55.4 million
1990	842	2295	3137	196 million	52 million
2000	1090	2051	3141	239.1 million	49.1 million
2010	1236	1898	3143	262.6 million	46.1 million
2020	1252	1969	3143	285.6 million	46 million



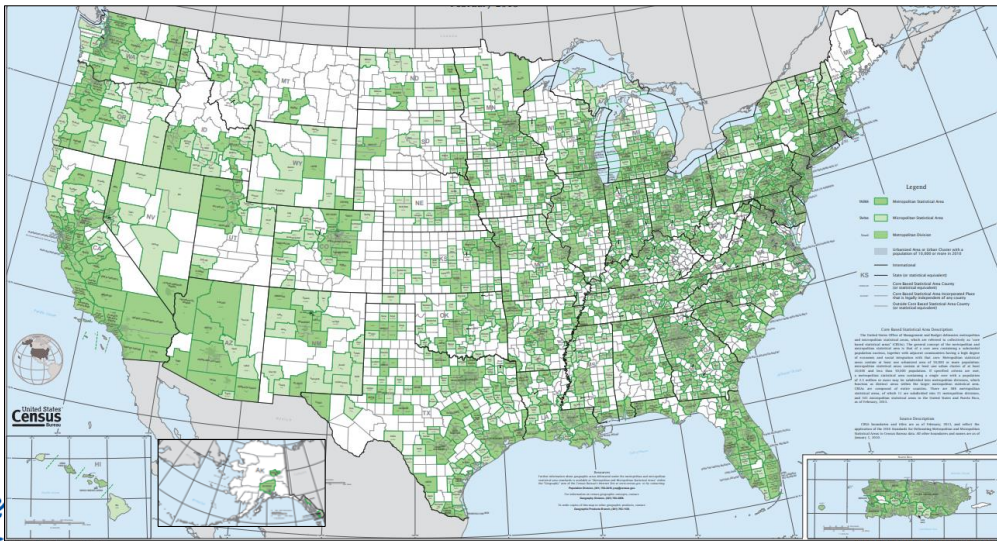
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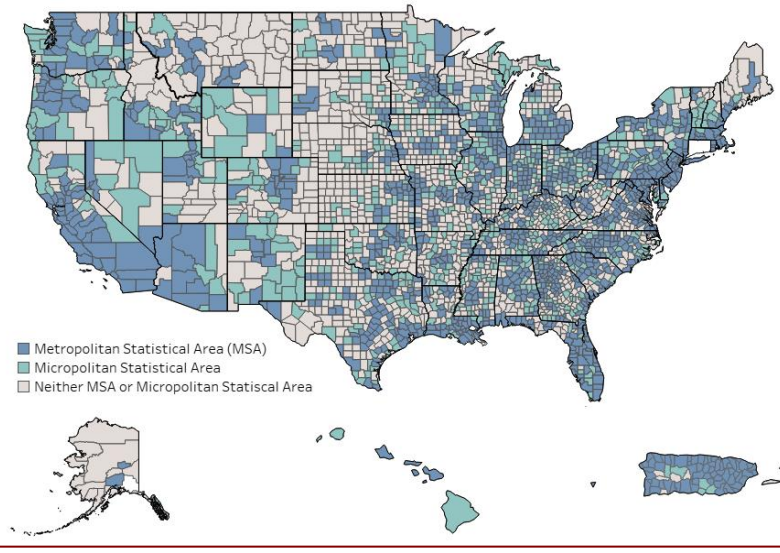
OMB Delineations based on 1990 Census



OMB Delineations based on 2010 Census



OMB Delineations based on 2020 Census



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Metropolitan and Micropolitan Statistical Area Standards Review Committee Recommendations, 2021

- The minimum urban area population to qualify to be classified a metropolitan statistical area should be increased from 50,000 to 100,000
 - The committee noted that the minimum population required for an urban area to qualify as a metropolitan statistical area had not kept pace with population growth of the United States. They observed that the population of the United States had more than doubled since the 1950 census (the population in 2019 is about 2.2 times larger than in 1950)
 - Areas with a core of 50,000 to 99,999 population would become micropolitan statistical areas
 - Areas with an urban area population of between 10,000 and 49,999 also would continue to qualify as micropolitan statistical areas, as they did under the 2000 and 2010 standards

Federal Register Notice from OMB, published 01/19/2021

<https://www.govinfo.gov/content/pkg/FR-2021-01-19/pdf/2021-00988.pdf>

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Response to the Proposed Change

- "Seven hundred thirty-four comments remarked on Recommendation 1, increasing the minimum population threshold of an urban area to qualify an MSA from 50,000 to 100,000, with 21 in favor (5 of which conditionally agreed with additional suggestions regarding population thresholds) and 712 opposed. In addition, there was one comment that was neutral toward Recommendation 1."
- "Many of the comments opposing Recommendation 1 did not provide a rationale for their opposition. **Of the commenters who did cite a rationale for their opposition, almost all cited a nonstatistical rationale, such as concerns about loss of federal or other funding;** concerns about other programmatic consequences; and concerns about economic development for individual areas that would be reclassified from metropolitan to micropolitan."



Federal Register Notice from OMB, published 07/16/2021

<https://www.govinfo.gov/content/pkg/FR-2021-07-16/pdf/2021-15159.pdf>



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Building on Census and OMB Delineations

- Rural means different things for different programs
- Urban areas represent densely developed territory; rural encompasses all population, housing, and territory not included within an urban area
 - [Census Bureau](#)
- Metropolitan and micropolitan statistical areas that have a core area containing a substantial population nucleus
 - [Office of Management and Budget](#)
- These definitions might not meet the needs of individual programs, research, or funding streams
- There are many alternatives, of which many are built on Census and OMB delineations

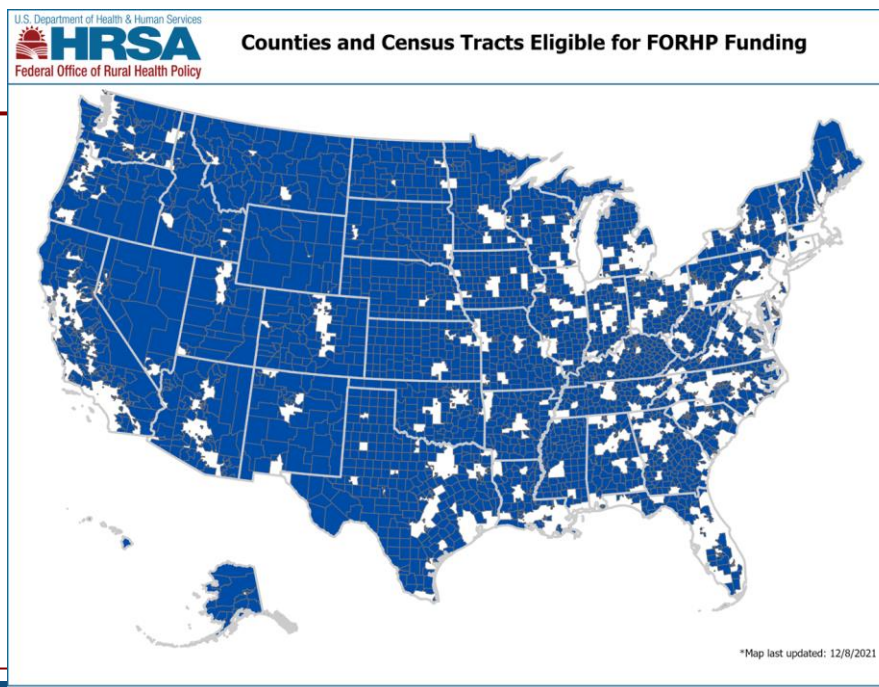


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Federal Office of Rural Health Policy

- All Nonmetro Counties, as identified by OMB
- All Census Tracts with RUCA scores 4-10 in Metro Counties
- All Census Tracts over 400 sq. miles with fewer than 35 people per sq. mile and RUCA scores 2-3 in Metro Counties
- All Outlying Metro Counties with no Urbanized Area Population



Population by Definition*

Agency	Urban/Metro	Rural/Nonmetro
Census	249.2 million (80.7%)	59.5 million (19.3%)
OMB	262.6 million (85%)	46.1 million (15%)
FORHP	251.0 million (81.4%)	60.85 million (19.7%)



*Based on 2010 Census data



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Rural-Urban Commuting Area (RUCA) Codes

- Classified by U.S. census tract
 - Population density
 - Urbanization
 - Daily commuting
- Mirrors theoretical concepts used by the Office of Management and Budget to define county-level metropolitan and micropolitan areas but is classified by census tracts instead of counties
 - ZIP code approximations are also available
- 10 primary and 21 secondary codes can be used to select a combination of codes to meet varying definitional needs



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Criteria for Classifying RUCA Codes

Code	Classification description
1	Metropolitan area core: primary flow within an urbanized area (UA)
2	Metropolitan area high commuting: primary flow 30% or more to a UA
3	Metropolitan area low commuting: primary flow 10% to 30% to a UA
4	Micropolitan area core: primary flow within an urban cluster of 10,000 to 49,999 (large UC)
5	Micropolitan high commuting: primary flow 30% or more to a large UC
6	Micropolitan low commuting: primary flow 10% to 30% to a large UC
7	Small town core: primary flow within an urban cluster of 2,500 to 9,999 (small UC)
8	Small town high commuting: primary flow 30% or more to a small UC
9	Small town low commuting: primary flow 10% to 30% to a small UC
10	Rural areas: primary flow to a tract outside a UA or UC
99	Not coded: Census tract has zero population and no rural-urban identifier information



Frontier and Remote Area (FAR) Codes

- Frontier and Remote Area Codes (FAR Codes)
 - “Frontier and Remote” – territory characterized by some combination of low population size and high geographic remoteness
 - ✓ Time it takes to travel by car to edges of nearby Urban Areas (UAs)
 - ✓ Population size
 - ZIP-Code-Level
 - Four FAR levels
- Connecticut, Delaware, New Jersey, Ohio, Rhode Island and the District of Columbia contained no FAR territory
- States with the highest shares of FAR populations were Wyoming, Montana, North Dakota, South Dakota, and Alaska
- By land area Alaska had the highest share of FAR land at level 1 followed by Nevada, Wyoming, Montana, and South Dakota



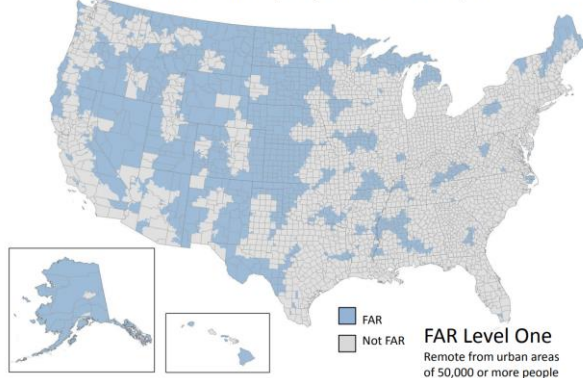
Criteria for Defining Four FAR Area Levels

- **Level 1**— rural and urban areas up to 50,000 people that are 60 minutes or more from an urban area of 50,000 or more people.
- **Level 2**— rural and urban areas up to 25,000 people that are: 45 minutes or more from an urban area of 25,000-49,999 people; and 60 minutes or more from an urban area of 50,000 or more people.
- **Level 3**— rural and urban areas up to 10,000 people that are: 30 minutes or more from an urban area of 10,000-24,999; 45 minutes or more from an urban area of 25,000-49,999 people; and 60 minutes or more from an urban area of 50,000 or more people.
- **Level 4**— rural areas that are: 15 minutes or more from an urban area of 2,500-9,999 people; 30 minutes or more from an urban area of 10,000-24,999 people; 45 minutes or more from an urban area of 25,000-49,999 people; and 60 minutes or more from an urban area of 50,000 or more people.

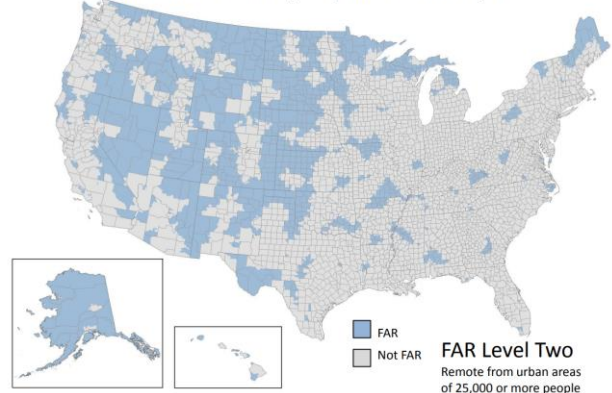


FAR Codes 1 & 2

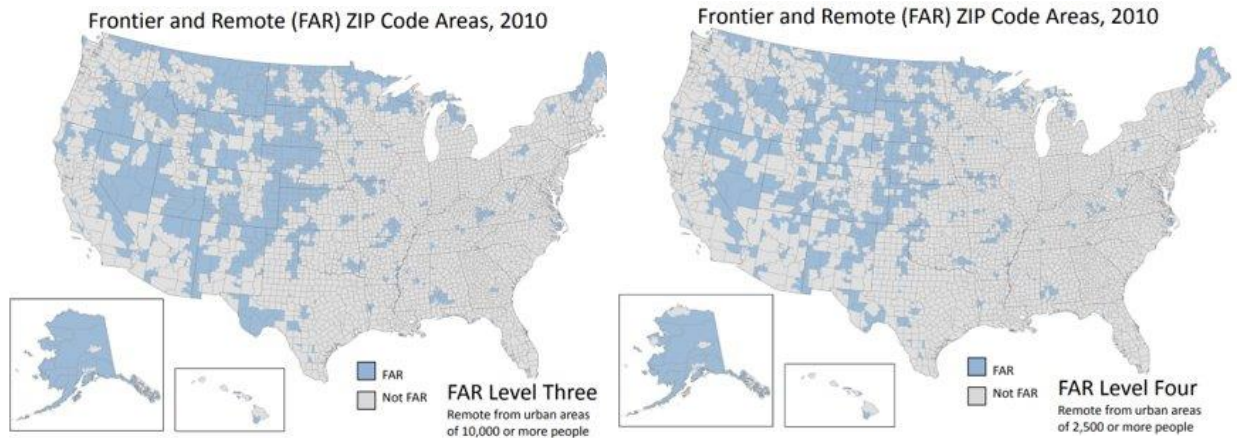
Frontier and Remote (FAR) ZIP Code Areas, 2010



Frontier and Remote (FAR) ZIP Code Areas, 2010



FAR Codes 3 & 4



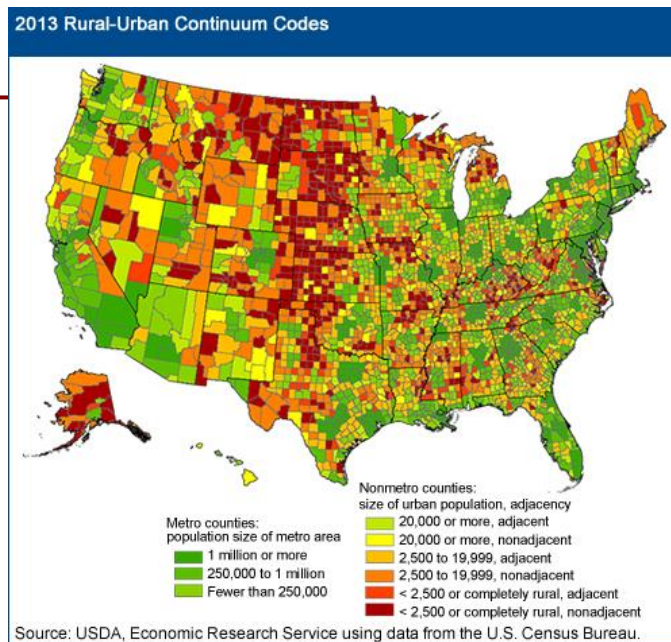
Rural-Urban Continuum Codes

- Metro Counties
 - Classified according to the total population size of the metro area they are a part of
 - ✓ 1 million people or more
 - ✓ 250,000 to 1 million people
 - ✓ Below 250,000 people
- Nonmetro counties are classified along two dimensions
 1. Divided into three urban-size categories based on total urban population in the county
 - ✓ Urban population of 19,999 or more
 - ✓ 2,500 – 20,000
 - ✓ Less than 2,500
 2. Subdivided by whether the county is adjacent to one or more metro areas



Criteria for Classifying Rural-Urban Continuum Codes

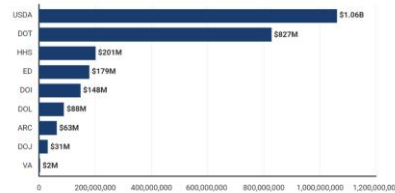
Metro counties:	
1	Counties in metro areas of 1 million population or more
2	Counties in metro areas of 250,000 to 1 million population
3	Counties in metro areas of fewer than 250,000 population
Nonmetro counties:	
4	Urban population of 20,000 or more, adjacent to a metro area
5	Urban population of 20,000 or more, not adjacent to a metro area
6	Urban population of 2,500 to 19,999, adjacent to a metro area
7	Urban population of 2,500 to 19,999, not adjacent to a metro area
8	Completely rural or less than 2,500 urban population, adjacent to a metro area
9	Completely rural or less than 2,500 urban population, not adjacent to a metro area



Rural Funding Streams

- "Over 400 programs are open to rural communities for economic and community development, spanning 13 departments, 10 independent agencies, and over 50 offices and sub-agencies."

FY2019 grant spending on rural-exclusive development programs, by agency



Source: Brookings analysis of USASpending data

Reimagining rural policy: Organizing federal assistance to maximize rural prosperity

Anthony F. Pipa and Natalie Geismar

November 19, 2020

<https://www.brookings.edu/articles/reimagining-rural-policy-organizing-federal-assistance-to-maximize-rural-prosperity/>



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Rural Health Funding through Medicare/Medicaid

Rural Hospitals: Generally, for CMS “rural” means hospitals outside of a Metro area (Nonmetro counties).

Some hospitals in Metro areas can apply to be reclassified as “rural”

Any Inpatient Prospective Payment System (IPPS) hospital located in an urban area may be reclassified as rural by meeting one of the following criteria:

- It is located in a rural census tract of a Metropolitan Statistical Area (MSA) in the most recent version of the Goldsmith Modification, Rural-Urban Commuting Area (RUCA) codes (FORHP);
- Any State law or regulation deems it to be a rural hospital or located in a rural area; or
- It would meet all requirements of a Rural Referral Center or a Sole Community Hospital if it was located in a rural area.



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Rural Hospital Designations

- Critical Access Hospital (CAH)
 - Not paid under the usual Medicare system. Receives Cost-Based Reimbursement, 101% of the Medicare share of its allowed costs
 - Eligibility: Nonmetro hospital (or FORHP Tracts in Metro counties or State designation) and
 - ✓ Be more than a 35-mile drive from another hospital, or
 - ✓ Be more than a 15-mile drive from another hospital in an area with mountainous terrain or only secondary roads.
- Sole Community Hospital (SCH)
 - CMS bases SCH operating payments on the higher of their hospital-specific payment rate or the federal rate and base capital payments on the capital base rate (like all other IPPS hospitals)
 - “A designation based on a hospital's distance in relation to other hospitals, indicating that the facility is the only short-term, acute care hospital serving a community. Distance requirements vary depending on whether a facility is rural and how inaccessible a region is due to weather, topography, and other factors.” (RHI Hub)



Rural Emergency Hospital (REH)

- A new designation for eligible rural hospitals beginning January 1, 2023. The REH receives payment of the Outpatient Prospective Payment System (OPPS) rate plus 5% for all outpatient department services provided to Medicare patients. Must be in a Nonmetro county or reclassified as rural
- When an eligible facility converts to an REH, it’s allowed to provide:
 - Emergency department services
 - Observation care and
 - Additional outpatient medical and health services if elected by the REH, that do not exceed an annual per patient average length of stay of 24 hours



Rural Health Clinics (RHCs)

- To qualify as a Rural Health Clinic, a Clinic must be located in a “non-urbanized area,” as defined by the U.S. Census Bureau, and in an area with one of the following current designations:
 - Medically Underserved Area;
 - Geographic or population-based Health Professional Shortage Area (HPSA) ; or
 - Governor-designated and Secretary certified shortage area
- The program provides qualifying Clinics located in rural and medically underserved communities with payment on a cost-related basis for outpatient physician and certain nonphysician services
- “CMS is implementing an interim process for making RHC rural location determinations while considering the most effective options for modifying its processes to align with the [Census Bureau] changes.
- “In the interim, until further notice, CMS will use both the 2010 and 2020 CB data available at TIGERweb Decennial, a publicly available CB web-based system. During this time, an RHC applicant or a relocating RHC would be considered as meeting the rural location requirement at 42 CFR §491.5 if its physical address is identified as either “non-urbanized” or in an “urban cluster” under the 2010 CB data, or if its physical address is not identified as in an urban area under the 2020 CB data. Both the 2010 and the 2020 CB data are currently available at TIGERweb Decennial.
- <https://www.cms.gov/files/document/qso-23-12-rhc.pdf>



Other CMS Rural Funding Streams

- **Ambulance Fee Schedule:** Rural Bonus assigned based on having a “rural ZIP code” which means, Nonmetro or a rural census tracts in a MSA (Metropolitan Statistical Area) falling at or above RUCA code level of 4 as rural areas (FORHP)
- **Medicare Telehealth Payments:** Used Nonmetro counties (completely eligible) and FORHP Census Tracts (must also be in a shortage area.) Suspended the geographic requirements during the PHE. Requirements are still suspended by law though the change hasn’t been made permanent.
- **Section 340B of the Public Health Service Act:** requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to health care organizations that care for many uninsured and low-income patients. These organizations include federal grantee organizations and several types of hospitals, including critical access hospitals (CAHs), sole community hospitals (SCHs), rural referral centers (RRCs), and public and nonprofit disproportionate share hospitals (DSH) that serve low-income and indigent populations.



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www.HRSA.gov

Rural Health Questions? Email us at RuralPolicy@HRSA.gov



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Your *First STOP* for *Rural Health INFORMATION*

Examining Rural Cancer Prevention and Control Efforts from the National Advisory Committee on Rural Health and Human Services

Question and Answer

Welcome
Feel free to ask the host and panelists questions

Type your question here...

Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website