



RURAL POLICY RESEARCH INSTITUTE

Department of Health Management and Policy

College of Public Health University of Iowa

145 N Riverside Drive

Iowa City, Iowa 52242-2007

Phone: 319-384-3830

<https://www.public-health.uiowa.edu/hmp/>

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Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

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Mr. Thomas J. Engles, Administrator, HRSA:

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal policy makers. The Panel is pleased to offer comments in response to the Federal Office of Rural Health Policy's (FORHP) proposed modifications of the definition of rural areas used to determine eligibility for its grant programs.

Page references in this comment letter are to the Panel's May 2020 paper: RUPRI Health Panel (Keith J. Mueller, Andrew F. Coburn, Alana Knudson, Jennifer P. Lundblad, A. Clinton MacKinney, and Timothy D. McBride), with Guest Authors Erin Mobley, Fred Ullrich, and Abigail Barker. *Considerations for Defining Rural Places in Health Policies and Programs*. Rural Policy Research Institute. May, 2020. <http://www.rupri.org/wp-content/uploads/Considerations-for-Defining-Rural-Places.pdf>

The Immediate Impact of FORHP's Proposed Definition is Modest

FORHP's proposal addresses the instances in which the Office of Management and Budget classification of counties based on commuting patterns resulted in an increase in Metropolitan Statistical Area (MSA) counties, including counties with no urban populations. There are 286 counties affected and one county equivalent in Alaska. Of those, 201 were already partially or completely eligible based on census tracts being classified as rural by existing modifications to the definition used by the OMB, leaving 86 directly impacted by this proposed change.

The change specifically relates to FORHP programs. Other agencies in the Department of Health and Human Services use the FORHP's rural definitions in their programs. The Panel calls attention to this as an additional consequence of FORHP modifying its definition. We do so not to question the change, since those programs adopt FORHP's definition because the programs affected have similar objectives to the FORHP programs. Hence, all uses of the new definition are consistent with the Panel's core recommendation: "The choice of how to define rural should occur in the context of what is desired or intended to be achieved by the policy or program."(p 4) The effect of the change on other DHHS programs may affect allocation of resources, but in very modest ways and consistent with program intent.

Modifying How FORHP Defines Rural Areas Will Further its Goals

The Panel supports FORHP's proposed changes to modify the existing definition of what classifies as rural areas. These changes will allow greater access to care and increased aid to counties that otherwise would not qualify for FORHP's grants. The proposal coincides with the Panel's previously cited paper, which develops principles that should govern how one defines the term "rural." These principles (p 4) state:

- "the definition should be data-driven and accurate;
- the definition should be based on a framework relevant to the purpose of the definition;
- the definition should be robust over time, but with the ability to adjust for changes;
- the result should align closely with a heuristic sense of what is and is not rural."

FORHP's proposed changes champion the need for a data-driven and accurate methodology. This relies on county by urbanization and density data and concludes the need to include outlying MSA counties with no UA populations within its rural definition. The proposed definition successfully incorporates the goal of FORHP: to increase access to care for underserved populations and build health care capacity in rural areas. The proposal also presents a definition that can both withstand the span of time and allow for future changes, should they be needed. Finally, FORHP presents a definition that does not significantly depart from our traditional understanding; it simply modifies the definition to further accommodate counties that are rural in character and would benefit from FORHP services.

Sincerely,

The Rural Policy Research Institute Health Panel

[Keith J. Mueller, PhD – Chair](#)

[Andrew F. Coburn, PhD](#)

[Alana D. Knudson, PhD](#)

[Jennifer P. Lundblad, PhD, MBA](#)

[Clinton MacKinney, MD, MS](#)

[Timothy D. McBride, PhD](#)