WHO ARE FRONTIER AMERICANS?

Ben Rasmussen
The National Center for Frontier Communities
DEFINING FRONTIER
WHY DEFINE FRONTIER?

• Demographic and socioeconomic analysis; and

• Rural health system policy/program development.
  • Frontier areas are different, and may require a different approach to assure adequate health service.
  • Identifying frontier areas highlights populations that will likely require public intervention to assure a core set of health services.
  • Assure the geographic equity of the health service system.
  • Establish a standby capacity of key services where low volume makes market solutions unlikely.
WHY DEFINE FRONTIER?

- Remoteness bestows highly-cherished benefits, but also persistent economic and social challenges.
- There is a need to better understand the effects of remoteness on job creation, population retention, and service provision.
- Frontier and remote area classifications have the potential to contribute to research and policy-relevant issues:
  - Demographic trends
  - Food deserts
  - Health care accessibility
  - Funding/Program Issues
BRIEF HISTORY OF FRONTIER DESIGNATIONS

• **Frontier Health Professional Shortage Area- 1980:**
  • “Therefore a new category of primary care shortage area is under consideration for rural areas whose ratio of population to number of primary care physicians are below the previous qualifying ratios.”

• **Frontier Health Care Task Force (NRHA) – Recommendations - 1985-6:**
  • Service Area, Population Density, Distance to Services, Next Level of Care

• **HRSA/BHCDA – Regional Program Guidance Memorandum 86-10: June 10 1986**
  • Because of the unique nature of frontier areas and the difficulty in developing eligibility criteria which fit all cases, there will be an opportunity for organizations to justify any unusual circumstances which may qualify them as frontier, for example, geography, exceptional economic conditions, or special health needs.”
BRIEF HISTORY OF FRONTIER DESIGNATIONS

• Office for the Advancement of Telehealth: Frontier Definitions- 2006
  • Expert Panel definition of frontier area for use associated with programs within the jurisdiction of the Office for the Advancement of Telehealth

• Frontier Health Professional Shortage Area- ACA
  • (A) with a population density less than 6 persons per square mile within the service area; and
  • (B) with respect to which the distance or time for the population to access care is excessive.
CURRENT DEFINITIONS

• **BPHC Criterion**: BPHC uses a population density criterion to identify Frontier service areas eligible for funding priority.
  • Frontier is identified as any service area with a population density no greater than 7 persons per square mile.
  • Service areas can be constructed from Census Tracts, ZCTAs, Counties or other appropriate Census subdivisions.

• **CMS Super Rural**: CMS identifies rural Zip Codes with the lowest population density as Super Rural. CMS selects the bottom quartile of rural Zip Codes for this designation. Payment bonuses are contingent on this designation.

• **NCFC Consensus Definition**: Result of a consensus process convened by NCFC and the Office of Rural Health Policy in 1997. A multi-disciplinary group of frontier and rural leaders spent nearly a year developing a matrix that weights population density, distance in miles and travel time in minutes from a market-service area.
**DESIGNATION OF FRONTIER**

Total Possible Points: 105  
Minimum Points Necessary for Frontier Designation: 50  

"Extremes" = 55 – 100

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<tr>
<th>DENSITY</th>
<th>PERSONS PER SQUARE MILE</th>
<th>POINTS</th>
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*NOTE: PER COUNTY OR PER DEFINED SERVICE AREA WITH JUSTIFICATION*

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<tr>
<th>TOTAL POINTS</th>
<th>DENSITY</th>
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<th>DISTANCE IN MILES TO SERVICE/MARKET</th>
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<td>30-60</td>
<td>10</td>
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*NOTE: STARTING POINT MUST BE RATIONAL, EITHER A SERVICE SITE OR PROPOSED SITE*

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<th>TOTAL POINTS</th>
<th>DISTANCE IN MILES</th>
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*NOTE: USUAL TIME; EXCEPTIONS MUST BE DOCUMENTED (i.e., WEATHER, GEOGRAPHY, SEASONAL)*

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<thead>
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<th>TIME IN MINUTES</th>
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<tr>
<th>TOTAL POINTS</th>
<th>ALL CATEGORIES</th>
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CURRENT DEFINITIONS

- USDA Frontier and Remote (FAR)

- **Level 1** -- FAR areas consist of rural areas 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** -- FAR areas consist of rural areas 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** -- FAR areas consist of rural areas 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** -- FAR areas consist of 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.
Frontier and Remote (FAR) Areas - Level 1

FAR level one includes ZIP Code areas with majority populations living 60 minutes or more from urban areas of 50,000 or more people.
FAR level one includes ZIP Code areas with majority populations living 60 minutes or more from urban areas of 50,000 or more people.

New Urbanized Areas in 2010 that significantly affect FAR status
Frontier and Remote (FAR) ZIP-Code Areas, 2000

FAR Level Four
Remote from urban areas of 2,500 or more people

FAR level four includes ZIP Code areas with majority populations living 60 minutes or more from urban areas of 50,000 or more people; and 45 minutes or more from urban areas of 25,000-49,999 people; and 30 minutes or more from urban areas of 10,000-24,999 people; and 15 minutes or more from urban areas of 2,500-9,999 people.

Source: Economic Research Service, U.S. Department of Agriculture, using data from the U.S. Census Bureau, the Center for International Earth Science Information Network, and ESRI.
FAR level four includes ZIP code areas with majority populations living 60 minutes or more from urban areas of 50,000 or more people; and 45 minutes or more from urban areas of 25,000-49,999 people; and 30 minutes or more from urban areas of 10,000-24,999 people; and 15 minutes or more from urban areas of 2,500-9,999 people.

Source: Economic Research Service, U.S. Department of Agriculture, using data from the U.S. Census Bureau and ESRI.
US Frontier Counties - 48 States
BPHC Criterion
US Frontier Census Tracts - 48 States
BPHC Criterion

Legend
Population per Square Mile
- Over 7
- 7 and Under
Am I Rural? – Tool

Enter address
Search

Determine whether your specific location is considered rural based on various definitions of rural, including definitions that are used as eligibility criteria for federal programs.

Using RHIlhub’s Am I Rural? Tool

Using RHIlhub’s Am I Rural? Tool
FRONTIER DEMOGRAPHICS
Population decline of 39% in FAR 2 Areas between 2000 and 2010

In the United States, the population has increased by 9.7% between 2000 and 2010
WHO ARE FRONTIER AMERICANS?

- American Indian or Alaska Native Alone
- Foreign Born
- Percentage of Individuals without Highschool Diploma

US Avg vs FAR 2
Poverty Rate in Frontier Counties 2013

Poverty Rate
- 3.02 - 11.22%
- 11.23 - 14.19%
- 14.19 - 17.27%
- 17.28 - 21.38%
- 21.39 - 53.16%

Source: US Census Bureau 2013 ACS 5-year Estimates & USDA Economic Research Service
FARMING-DEPENDENT: CHEYNNE, KANSAS

POPULATION: 2,726 (2010 Census)
Under 18 years: 21%
65+ years: 27.2%
White: 97.6%
Persons without health insurance, under age 65: 15%
Median household income (2011-2015): $44,500 vs. $53,889 national
Persons in poverty: 12.3% vs. 13.5% national
Total Employment: 556
Population per square mile, 2010: 2.7
MINING-DEPENDENT: HUMBOLDT, NEVADA

**POPULATION**: 16,528 (2010 Census)
**Median Age**: 35.3 years
**Under 18 years**: 27.4%
**65+ years**: 10.2%
**White**: 79%, **Black**: 0.5%, **American Indian/Alaskan Native**: 4.2%
**Persons without health insurance, under age 65**: 15%
**Median household income (2011-2015)**: $65,212 vs. $53,889 national
**Persons in poverty**: 8% vs. 13.5%
**30.6%** employed in agriculture, forestry, fishing/hunting, mining
MANUFACTURING-DEPENDENT: LANCASTER, NH

**Population:** 1,725 (2010 Census)
**Median Age:** 47.5 years
**Under 18 years:** 22%
**65+ years:** 19.7%
**White:** 99.2%
**Median household income (2011-2015):** $72,500
38.8% employed in educational services, health care and social assistance
11.8% employed in arts, entertainment, recreation, accommodation, food service
9.8% employed in retail trade
FEDERAL/STATE GOVERNMENT DEPENDENT: COCONIN, AZ

**POPULATION**: 134,421 (2010)
- **Under 18**: 23.6%
- **65+ years**: 8.9%
- **Median Age**: 30.8
- **White**: 61.7%, **Black**: 1.2%, **American Indian/Alaska Native**: 27.3%
- **Hispanic/Latino**: 13.5%

**Median Household Income**: $50,234
- 27.7% Employed in education services, health care & social assistance
- 19.1% employed in arts, entertainment, recreation, accommodation, food services
- **18.2% no healthcare coverage**
SERVICES-DEPENDENT: GRAND, COLORADO

POPULATION: 14,843 (2010)
Median Age: 42.5 years
Under 18 years: 20.3%
65 + years: 10.2%
White: 93.5%, Black: 0.4%, American Indian/Alaska Native: 0.3%, Hispanic or Latino: 7.5%
Median Household Income: $63,628
30.1% employed in arts, entertainment, recreation, accommodation, food service
12% employed in educational services, health care, social assistance
11.4% employed in construction
NON-SPECIALIZED: REEVES, TEXAS

**POPULATION:** 13,783 (2010 census)
**Median Age:** 35.6
**Under 18 years:** 22.8%
**65+ years:** 12%
**White:** 77.2%, **Black:** 5%, **American Indian/Alaska Native:** 0.5%
**Hispanic or Latino:** 74.2%
**Median Household Income:** $43,540
22.3% employed in educational services, health care, social assistance
14.6% employed in agriculture, forestry, fishing/hunting, mining
12.6% employed in arts, entertainment, recreation, accommodation, food service
11.2% employed in public administration
HEALTHCARE ACCESS
Despite recent declines, opioid prescribing is still high and inconsistent across the US.

The amount of opioids prescribed per person varied widely among counties in 2015.

MME PER PERSON
- Insufficient data
- 0.1 - 453
- 454 - 676
- 677 - 958
- 959 - 5,543

Higher opioid prescribing puts patients at risk for addiction and overdose. The wide variation among counties suggests a lack of consistency among providers when prescribing opioids. The CDC Guideline for Prescribing Opioids for Chronic Pain offers recommendations that may help to improve prescribing practices and ensure all patients receive safer, more effective pain treatment.

SOURCE: Vital Signs MMWR, July 2017

www.cdc.gov/vitalsigns/opioids