



# WHO ARE FRONTIER AMERICANS?

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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

DENSITY	PERSONS PER SQUARE MILE	POINTS
	0-12	45
	12.1-16	30
	16.1-20	20
NOTE: PER COUNTY OR PER DEFINED SERVICE AREA WITH JUSTIFICATION		
TOTAL POINTS DENSITY		<input type="text"/>

DISTANCE IN MILES	TO SERVICE/MARKET	POINTS
	>90 MILES	30
	60-90	20
	30-60	10
	<30	0
NOTE: STARTING POINT MUST BE RATIONAL, EITHER A SERVICE SITE OR PROPOSED SITE		
TOTAL POINTS DISTANCE IN MILES		<input type="text"/>

TIME IN MINUTES	TO SERVICE/MARKET	POINTS
	>90 Minutes	30
	60-90	20
	30-60	10
	<30	0
NOTE: USUAL TIME; EXCEPTIONS MUST BE DOCUMENTED (ie; WEATHER, GEOGRAPHY, SEASONAL)		
TOTAL POINTS TIME IN MINUTES		<input type="text"/>

TOTAL POINTS ALL CATEGORIES	<input type="text"/>
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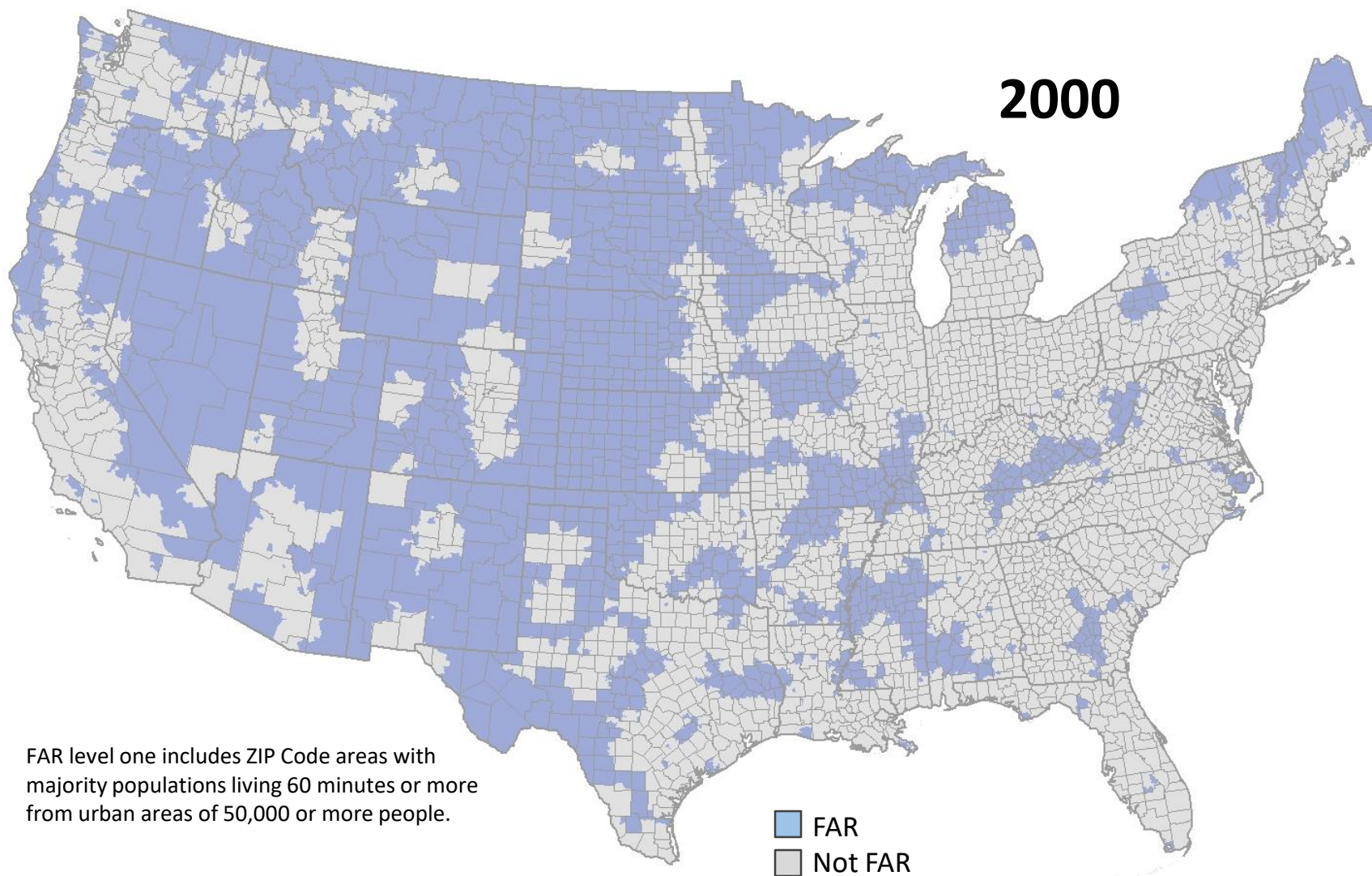


# CURRENT DEFINITIONS

- **USDA Frontier and Remote (FAR)**

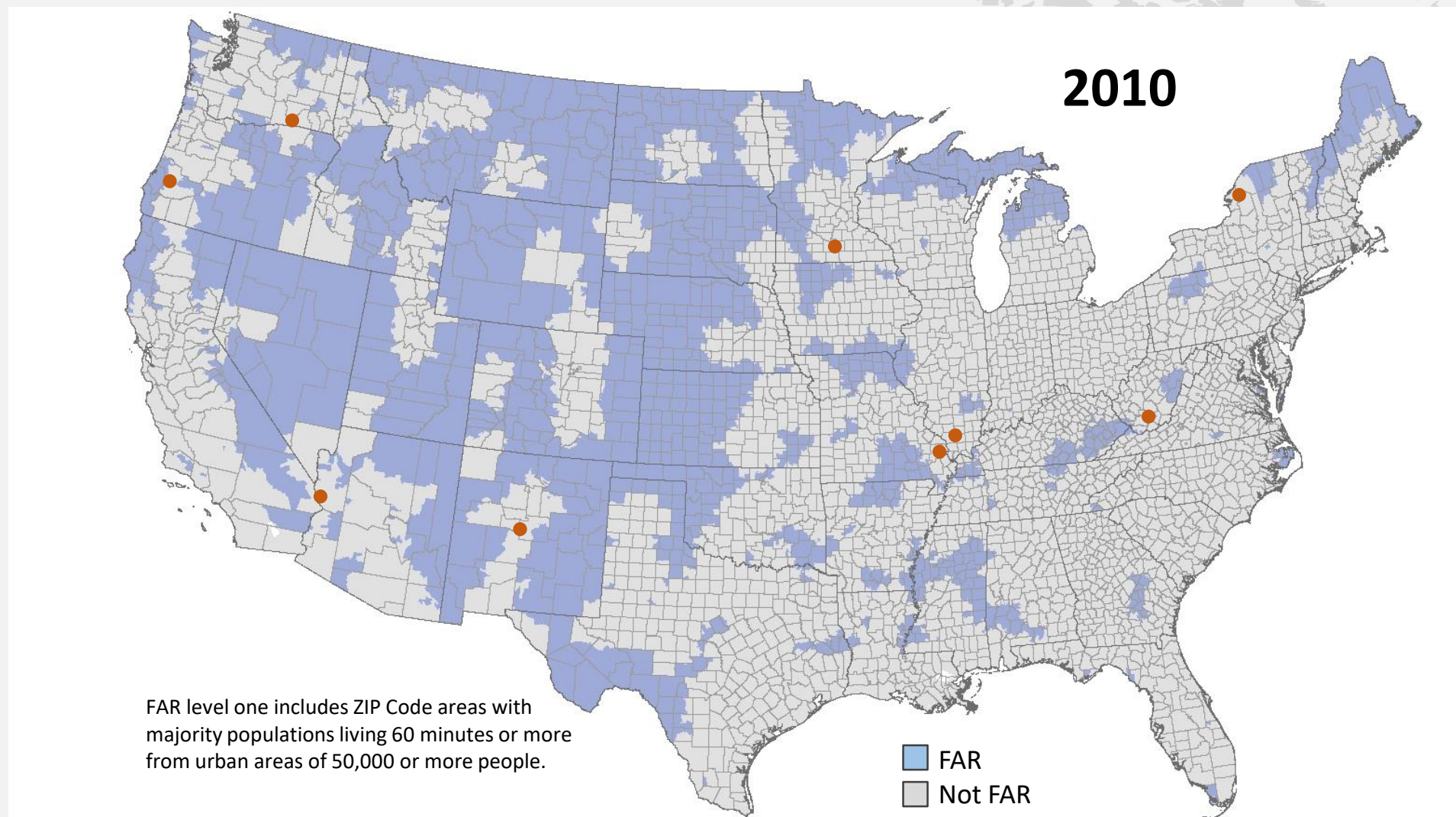
- **Level 1**--FAR areas consist of rural areas and urban areas up to 50,000 people that are 60 minutes or more from an urban area of 50,000 or more people.
- **Level 2**--FAR areas consist of rural areas and urban areas up to 25,000 people that are: 45 minutes or more from an urban area of 25,000-49,999 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

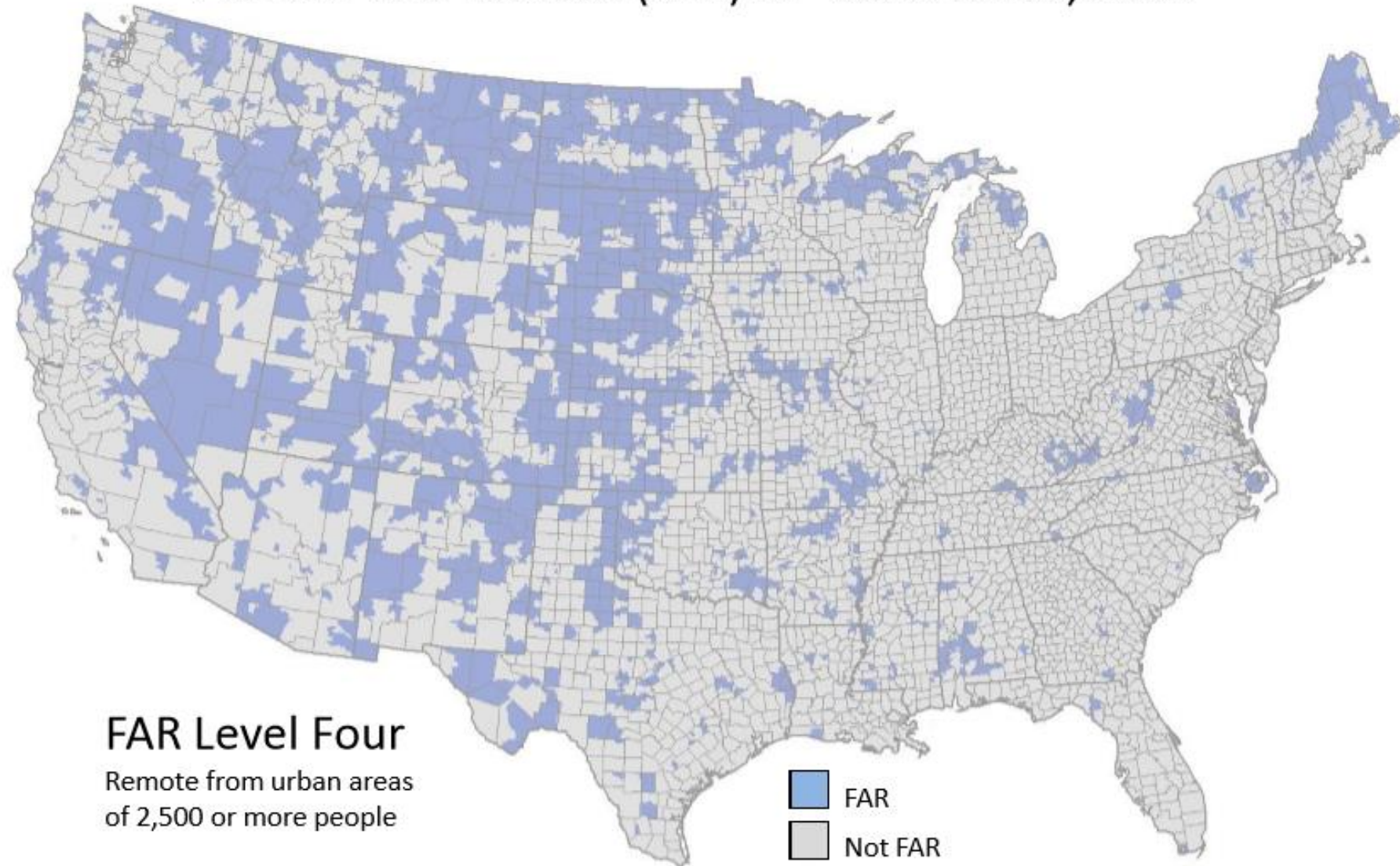




# Frontier and Remote (FAR) Areas - Level 1



## Frontier and Remote (FAR) ZIP-Code Areas, 2000

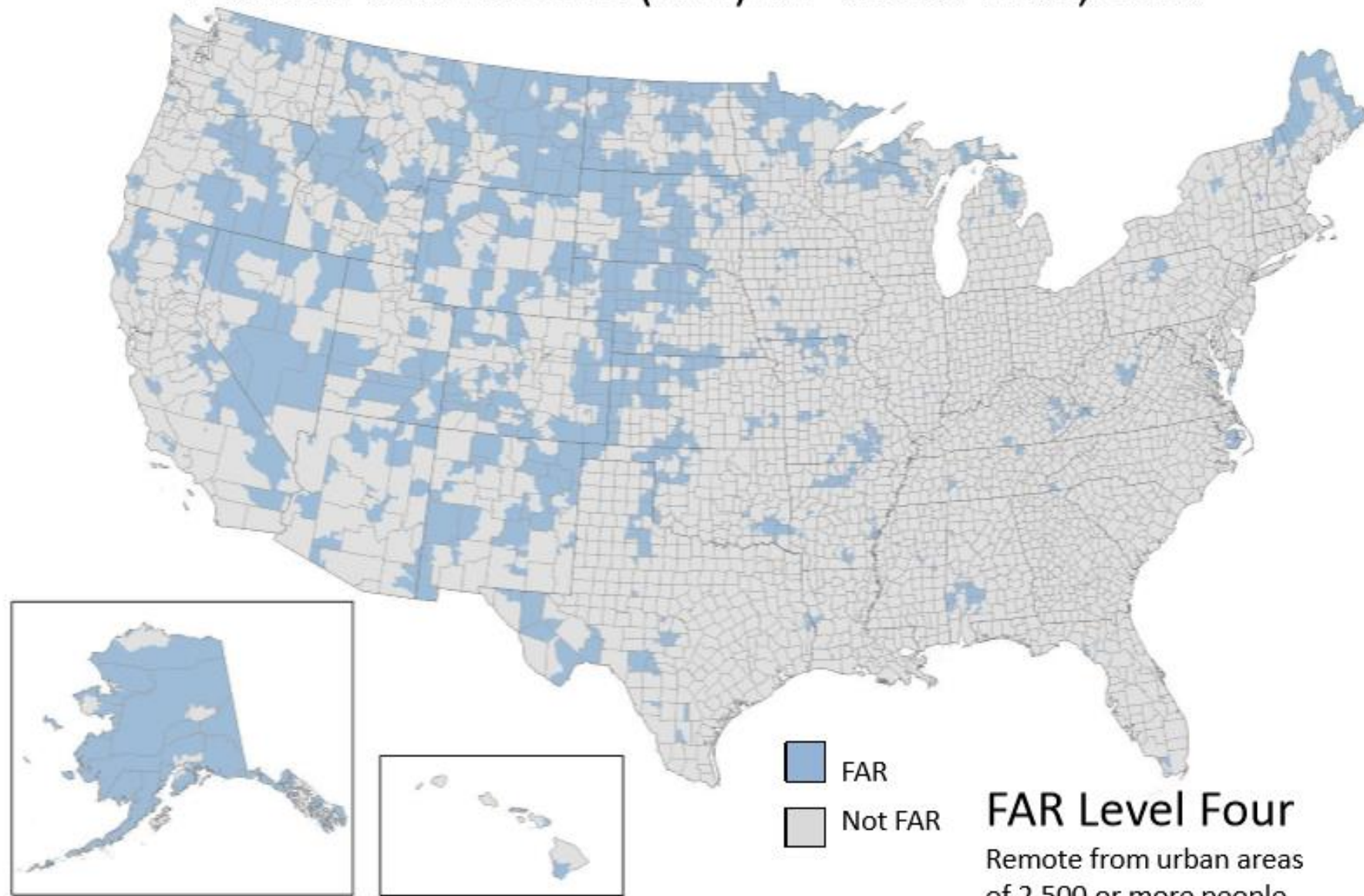


FAR level four includes ZIP Code areas with majority populations living 60 minutes or more from urban areas of 50,000 or more people; and 45 minutes or more from urban areas of 25,000-49,999 people; and 30 minutes or more from urban areas of 10,000-24,999 people; and 15 minutes or more from urban areas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



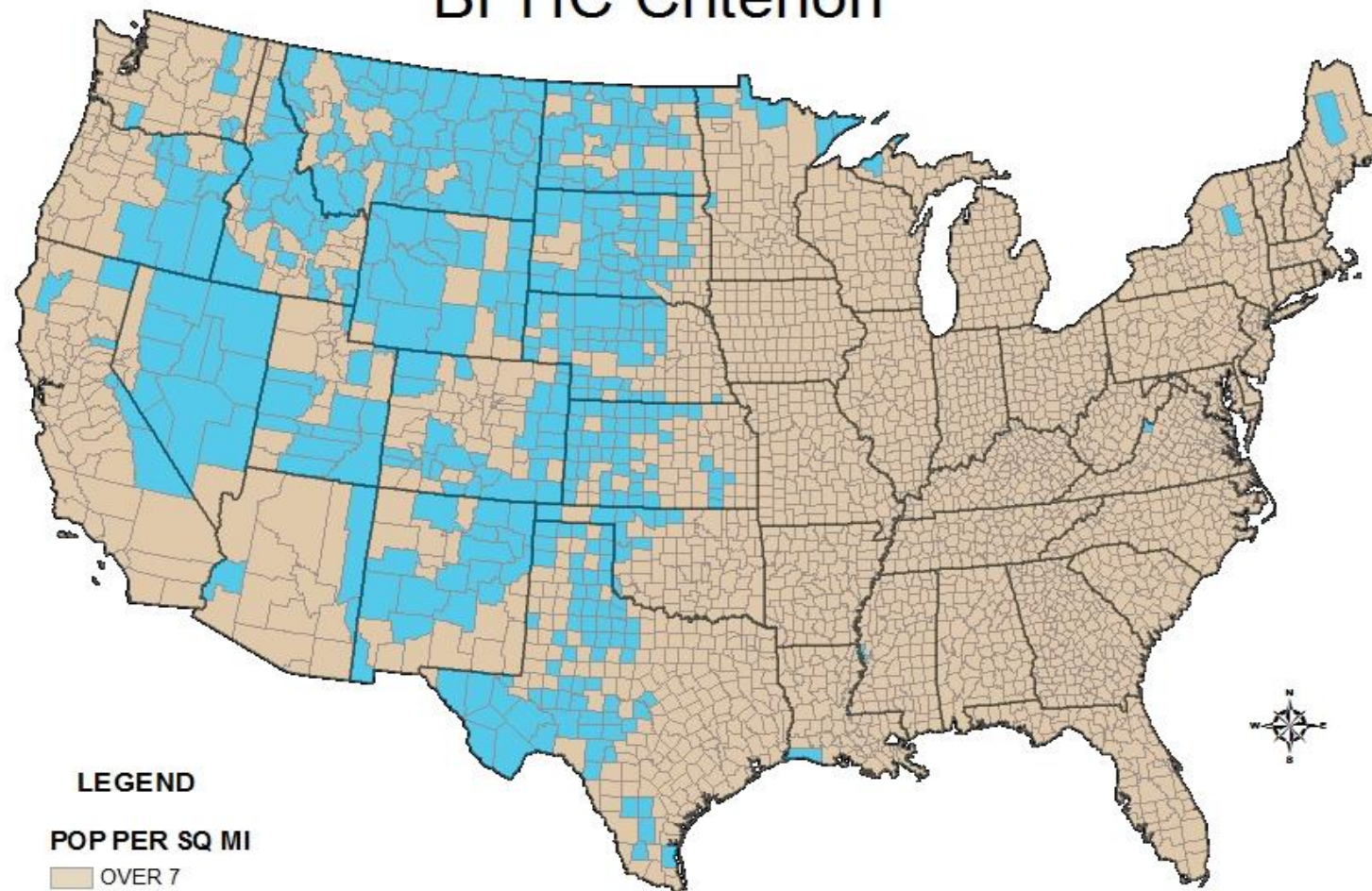
# Frontier and Remote (FAR) ZIP Code Areas, 2010



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.

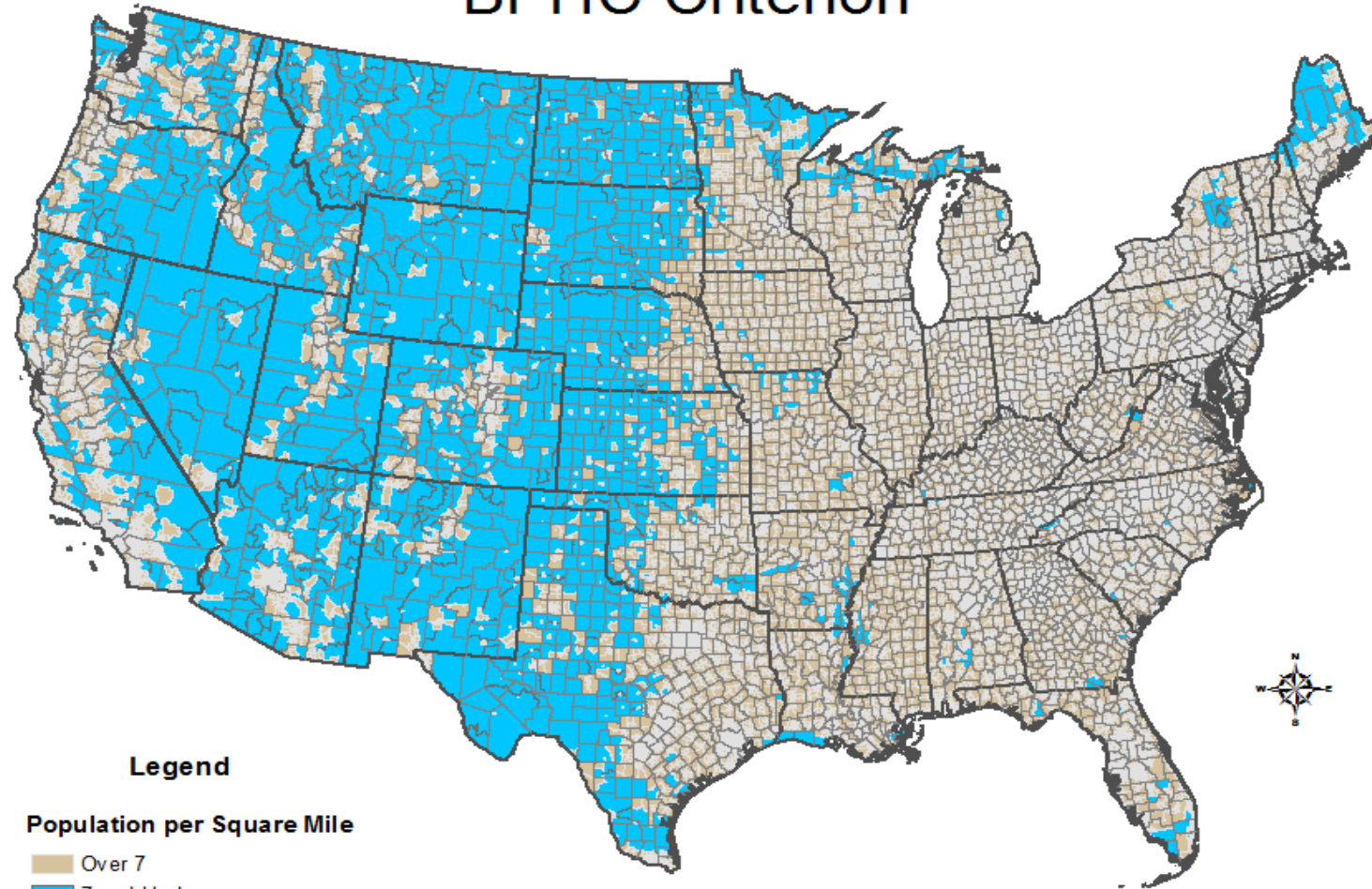
Source: Economic Research Service, U.S. Department of Agriculture, using data from the U.S. Census Bureau and ESRI.

## US Frontier Counties - 48 States BPHC Criterion

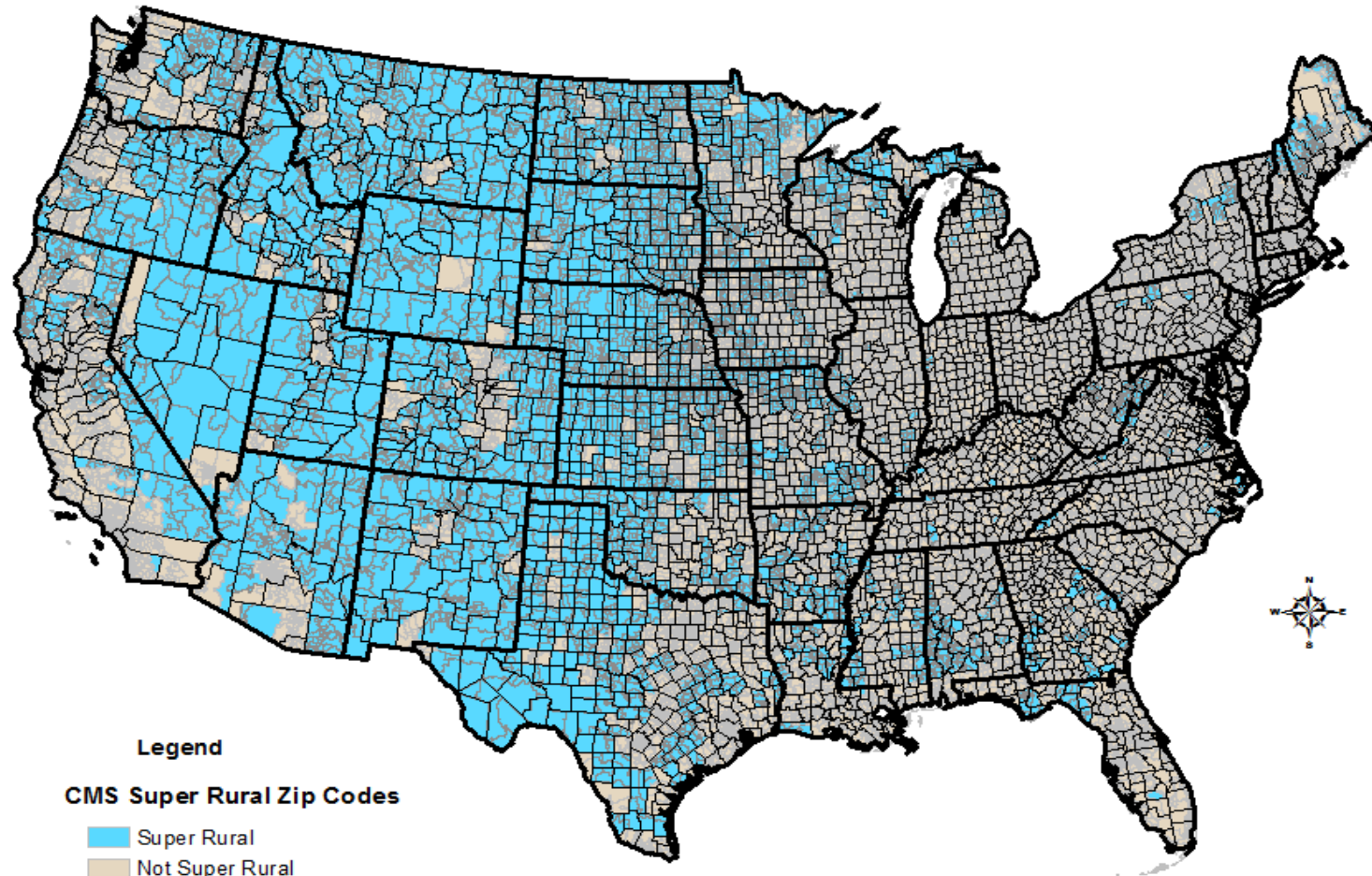




## US Frontier Census Tracts - 48 States BPHC Criterion



## CMS Super Rural Zip Codes - 2014





Online  
Library ▾

Topics &  
States ▾

Community Health  
Gateway ▾

Tools for  
Success ▾

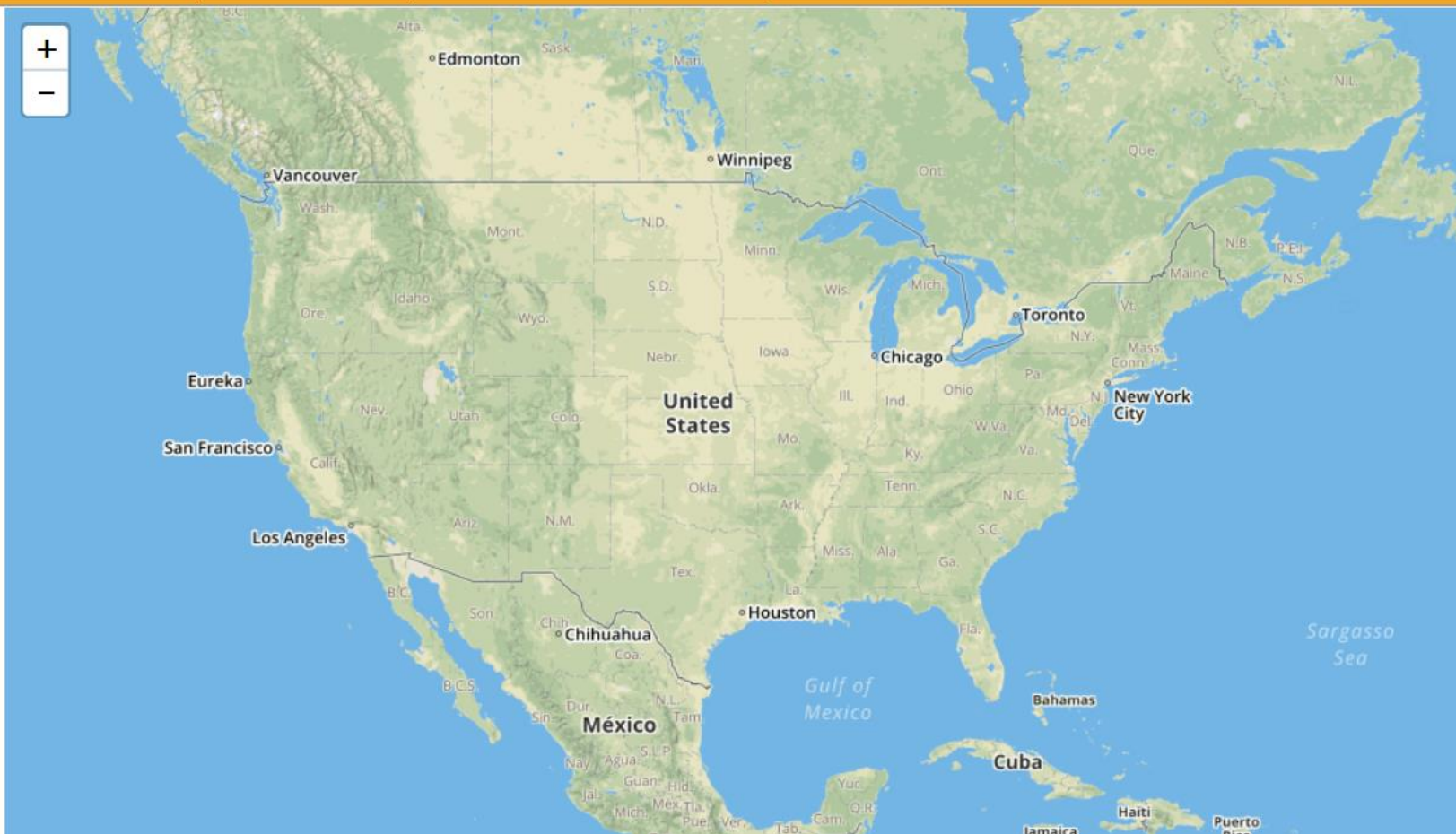
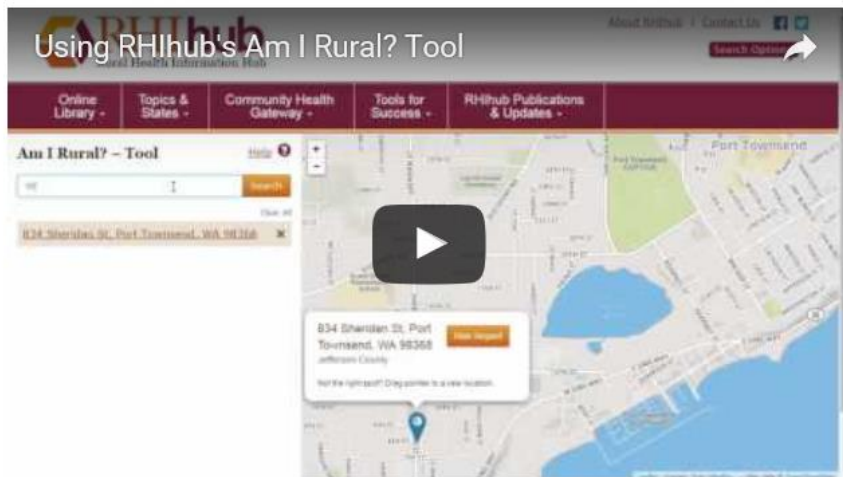
RHIhub Publications  
& Updates ▾

## Am I Rural? – Tool

[Help](#) ?

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 RHIhub's Am I Rural? Tool



# FRONTIER DEMOGRAPHICS



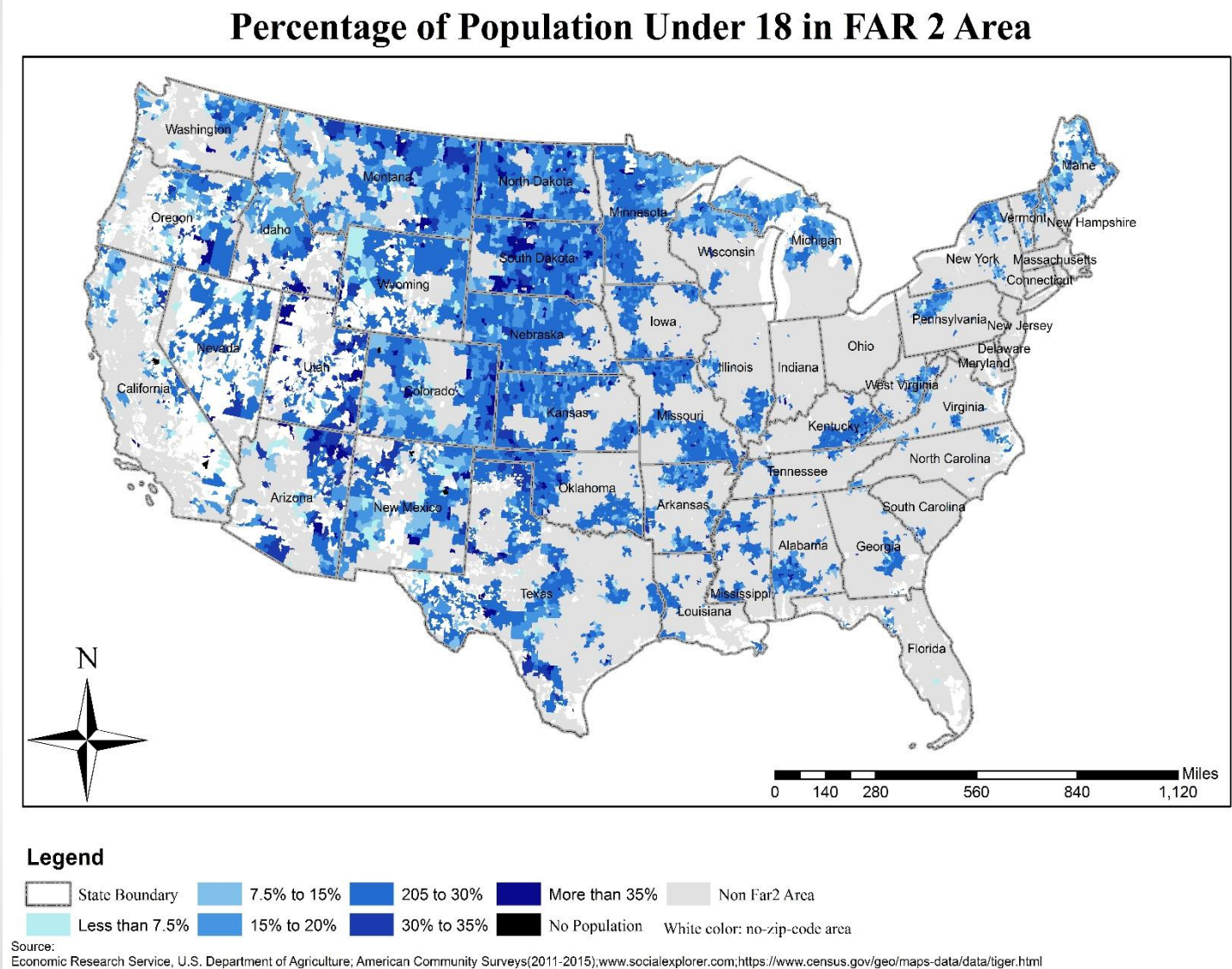
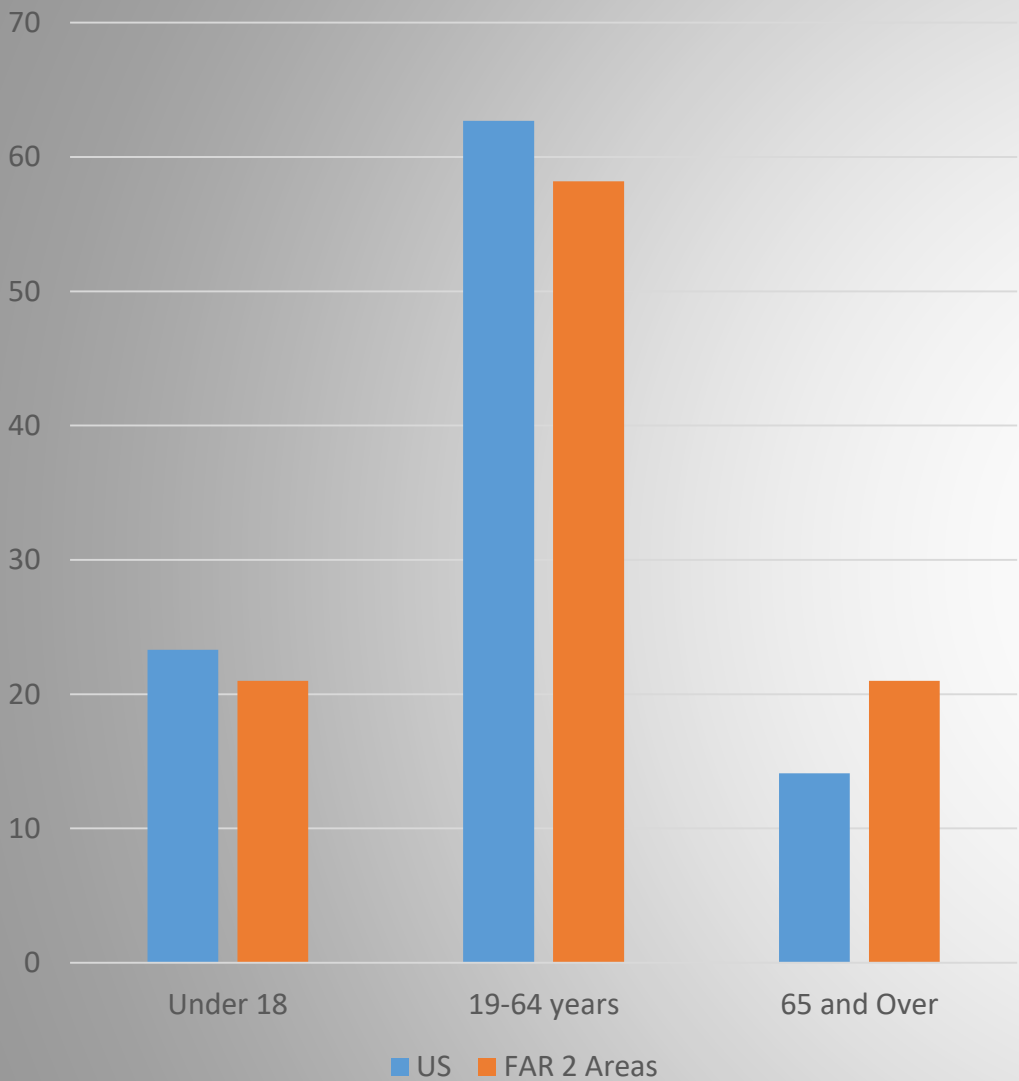
# FRONTIER POPULATION

	US	FAR 1	FAR 2	FAR 3	FAR 4
Population	308,239,847	12,156,019	7,457,906	4,348,636	2,275,894
% of total	100%	3.9%	2.4%	1.4%	0.7%
Land Area	3,594,372	1,868,091	1,669,185	1,501,409	1,287,233
% of total	100%	52.0	46.4	41.8	35.8

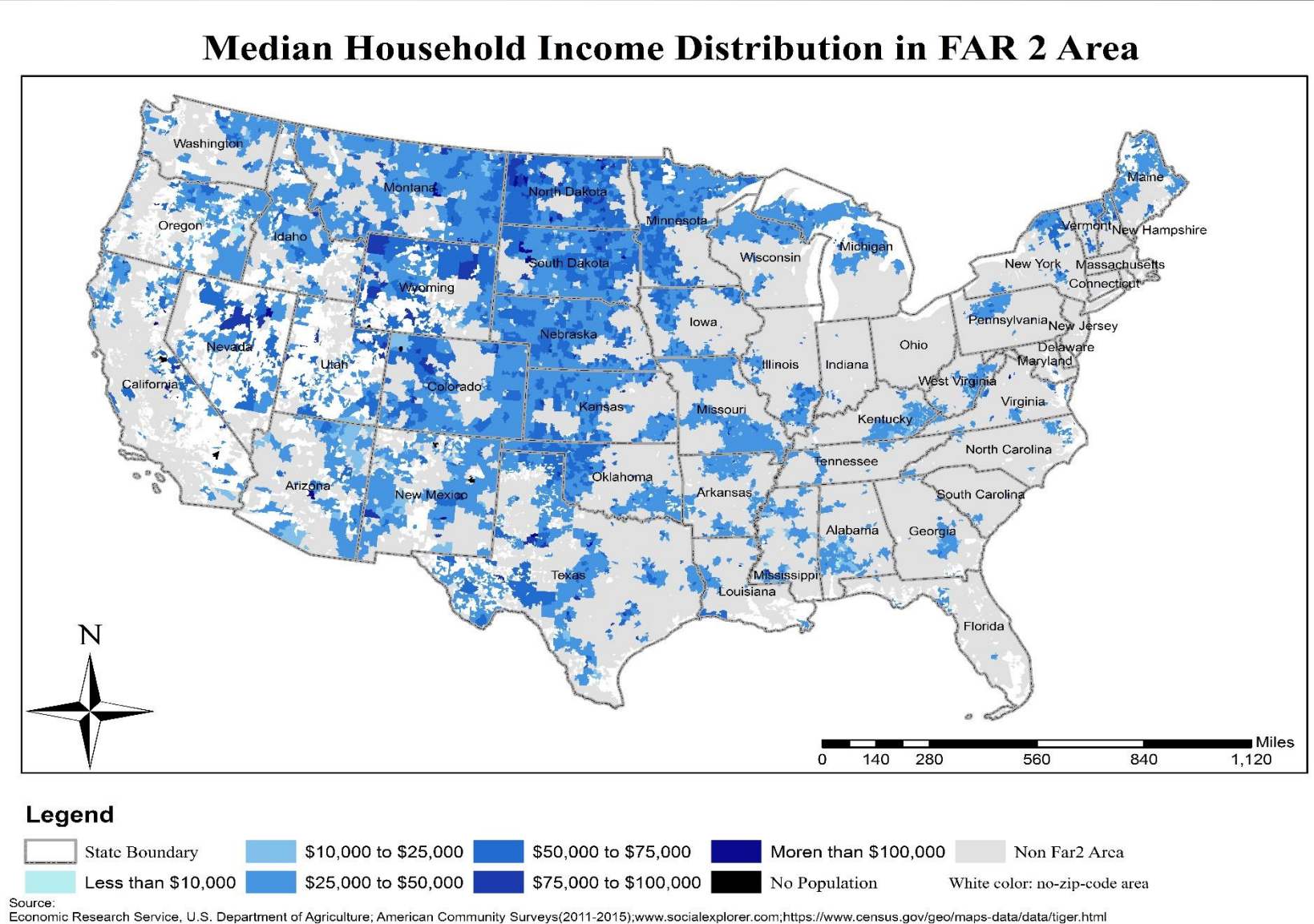
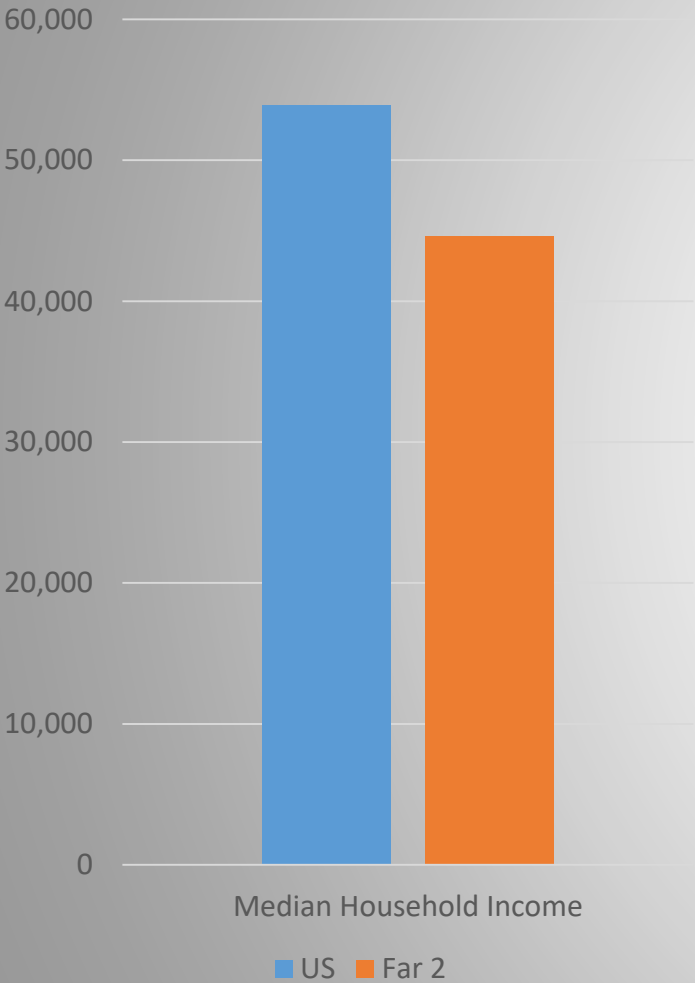
Population decline of 39 % in FAR 2 Areas between 2000 and 2010

In the United States, the population has increased by 9.7% between 2000 and 2010

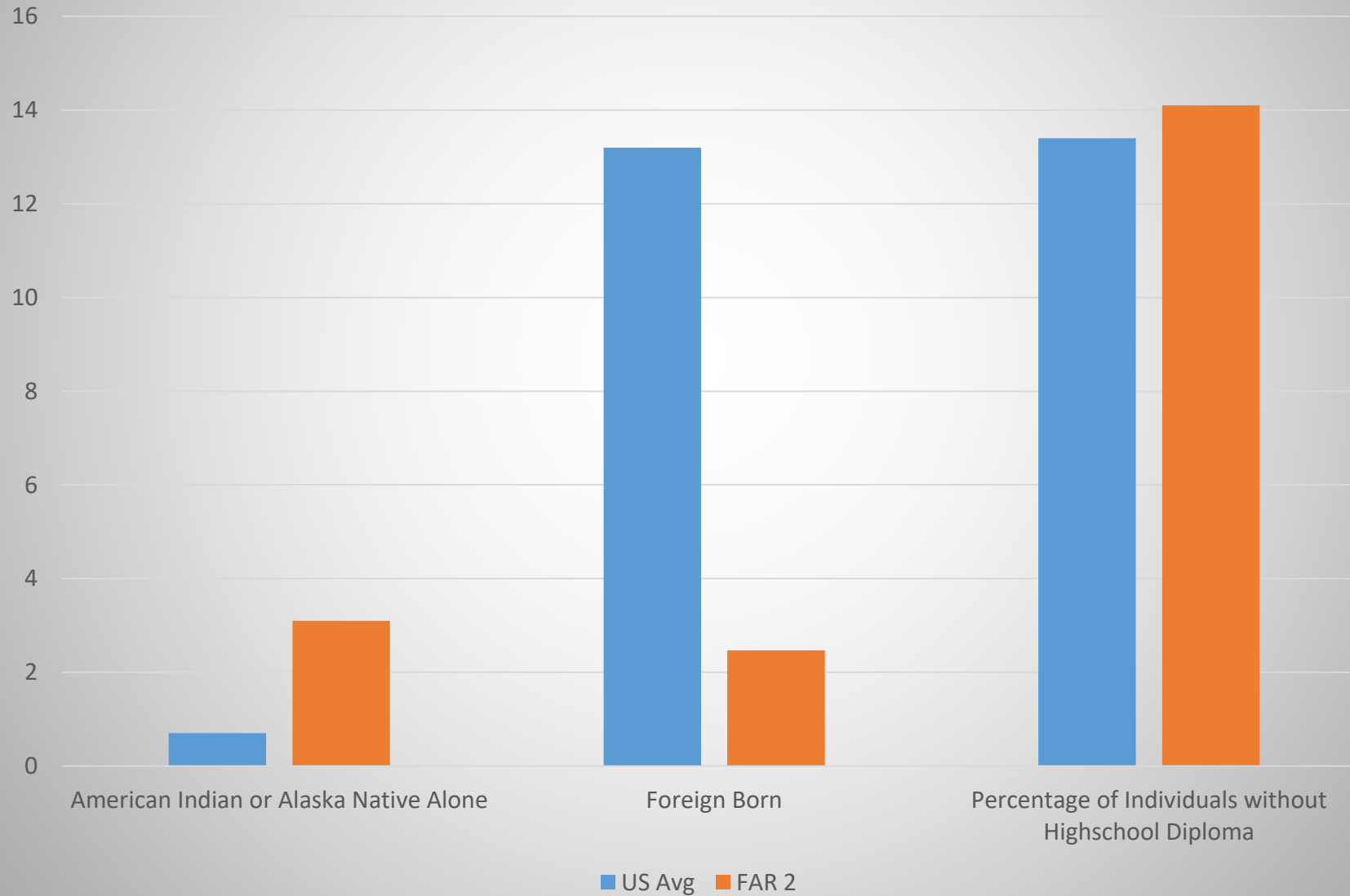




# WHO ARE FRONTIER AMERICANS?

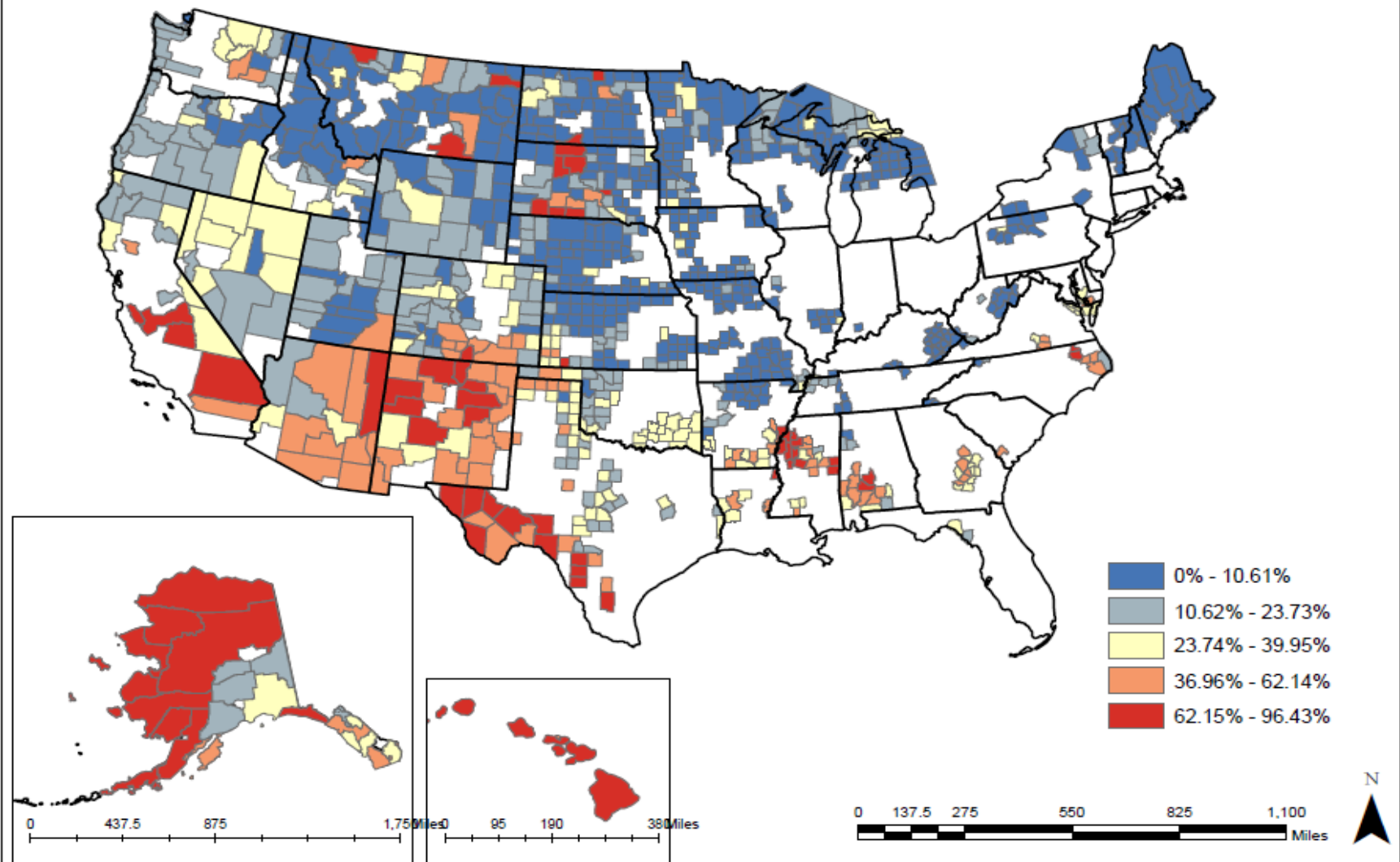


# WHO ARE FRONTIER AMERICANS?



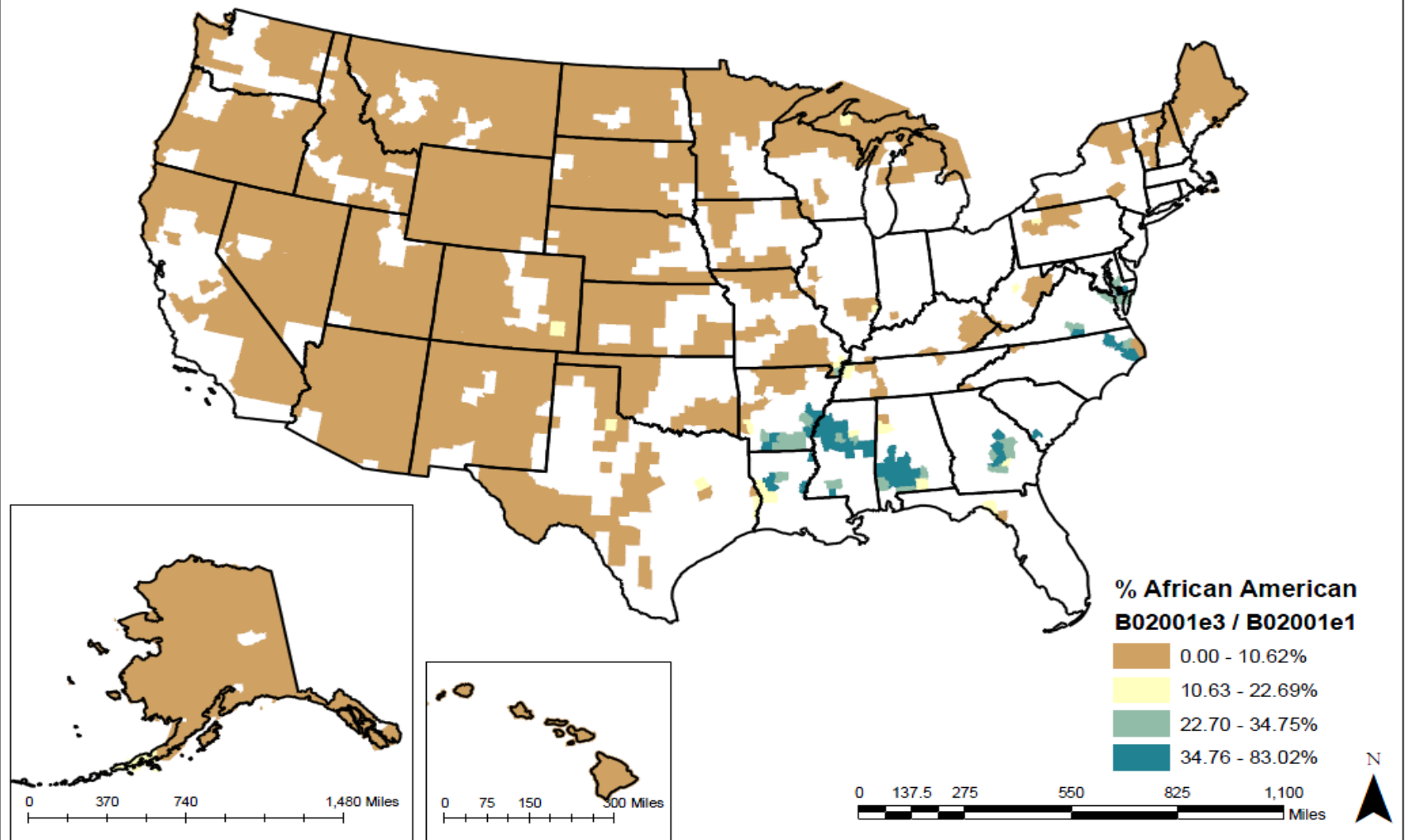


## Percent Non-White in Frontier Counties 2013



Source: US Census Bureau 2013 ACS 5-year Estimates & USDA Economic Research Service

## Percent African American in Frontier Counties 2013



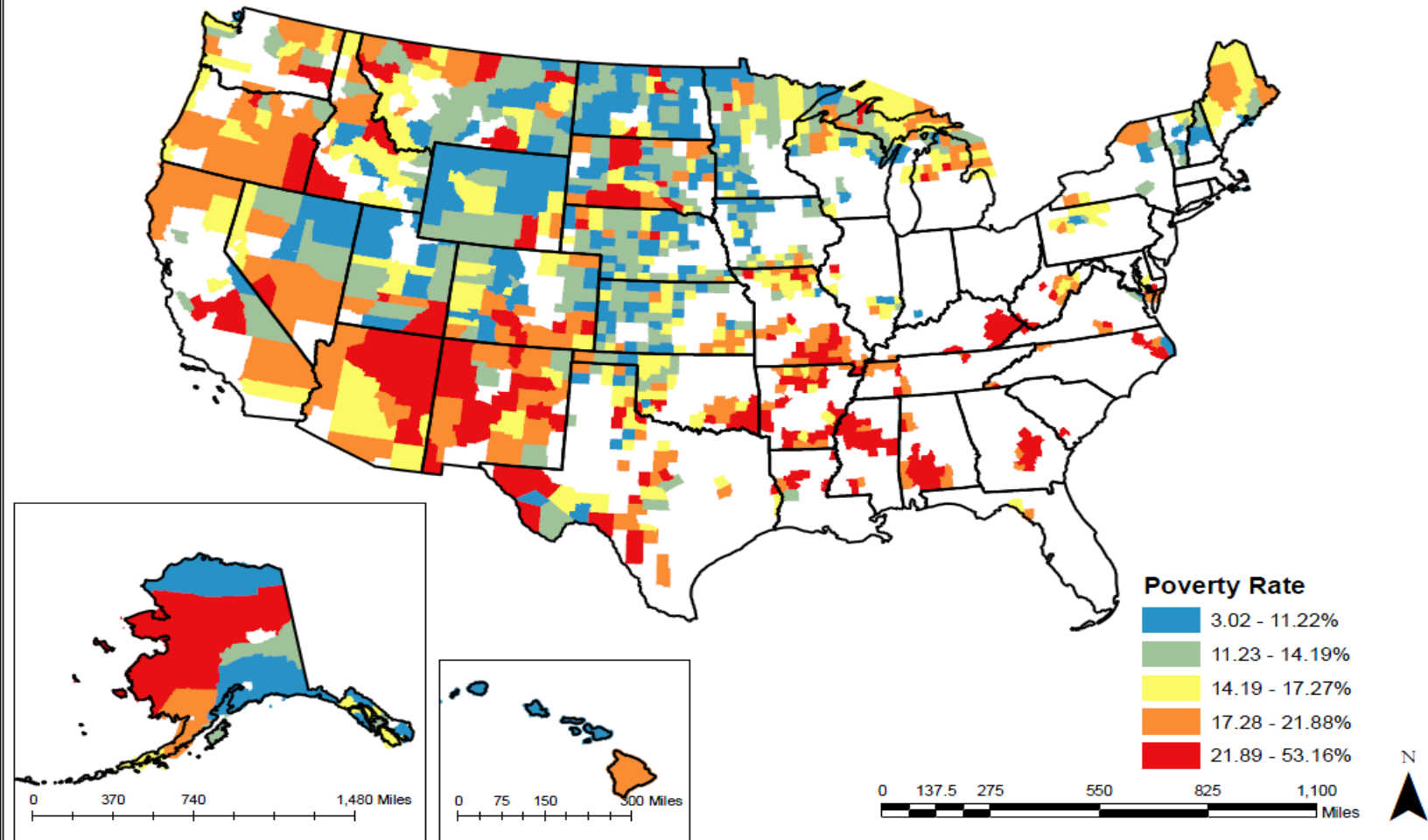
Source: US Census Bureau 2013 ACS 5-year Estimates & USDA Economic Research Service



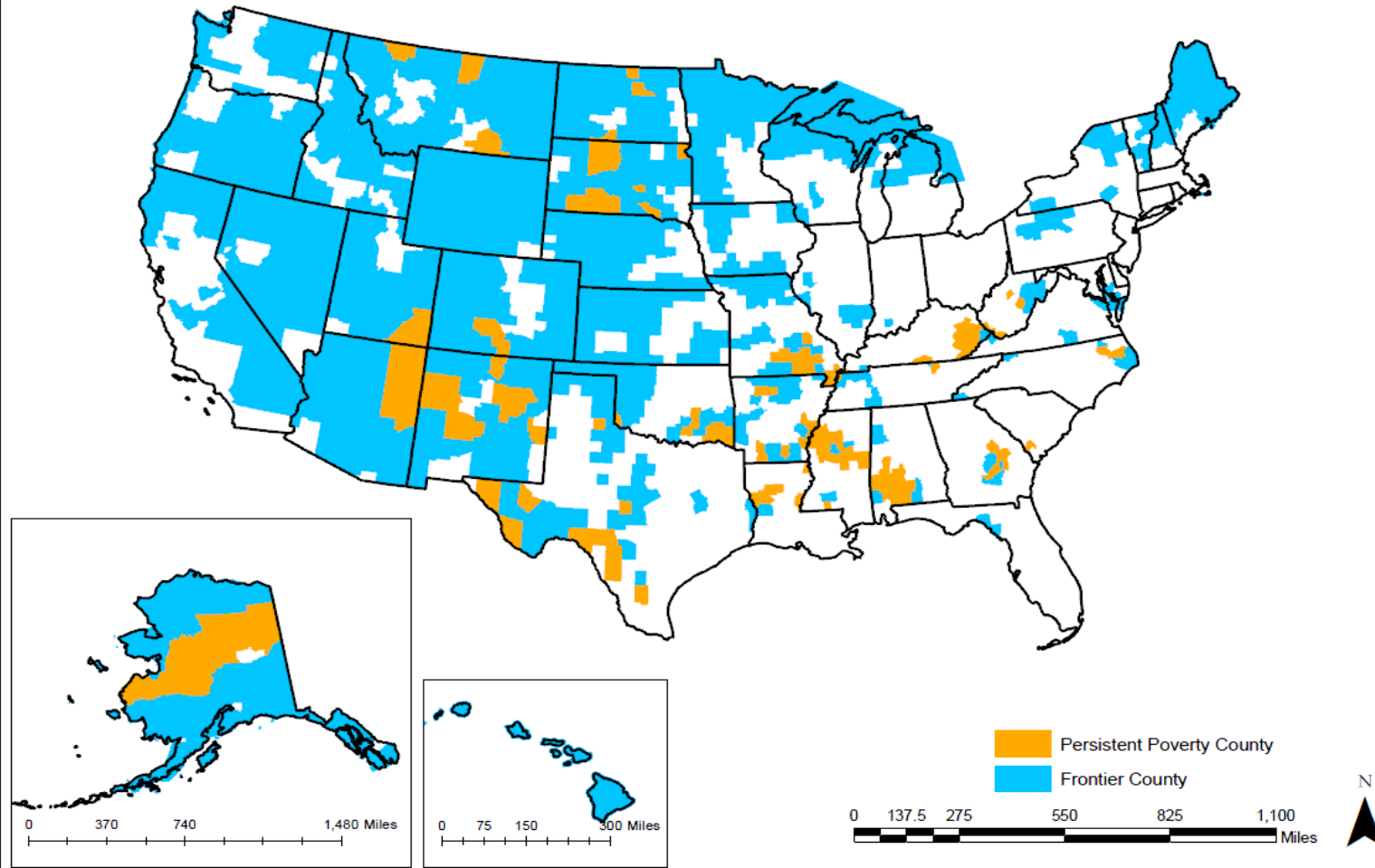
# FRONTIER ECONOMIES



## Poverty Rate in Frontier Counties 2013

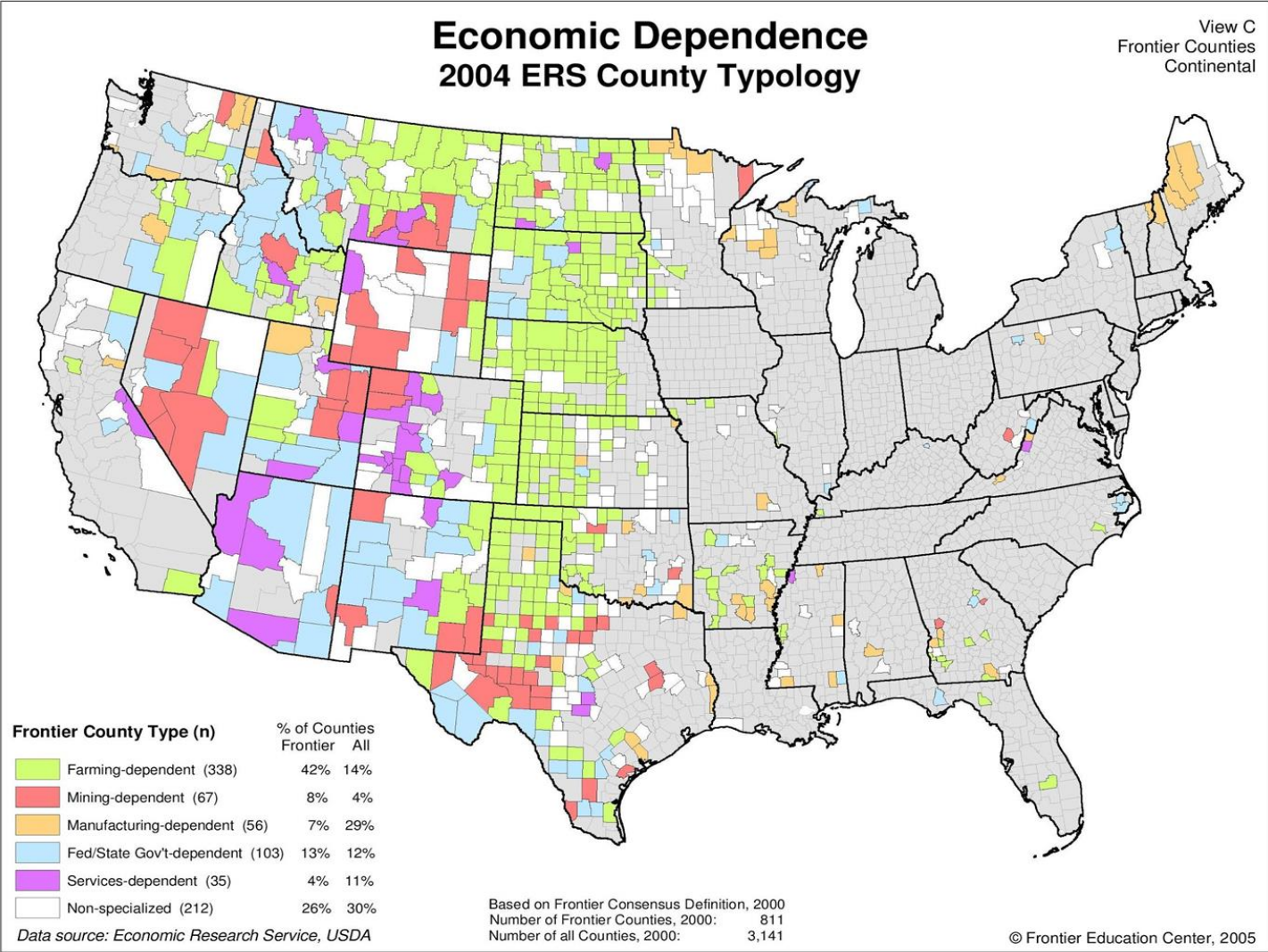


## Persistent Poverty in Frontier Counties 2013



# Economic Dependence 2004 ERS County Typology

View C  
Frontier Counties  
Continental



# FARMING-DEPENDENT: CHEYNNNE, 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%

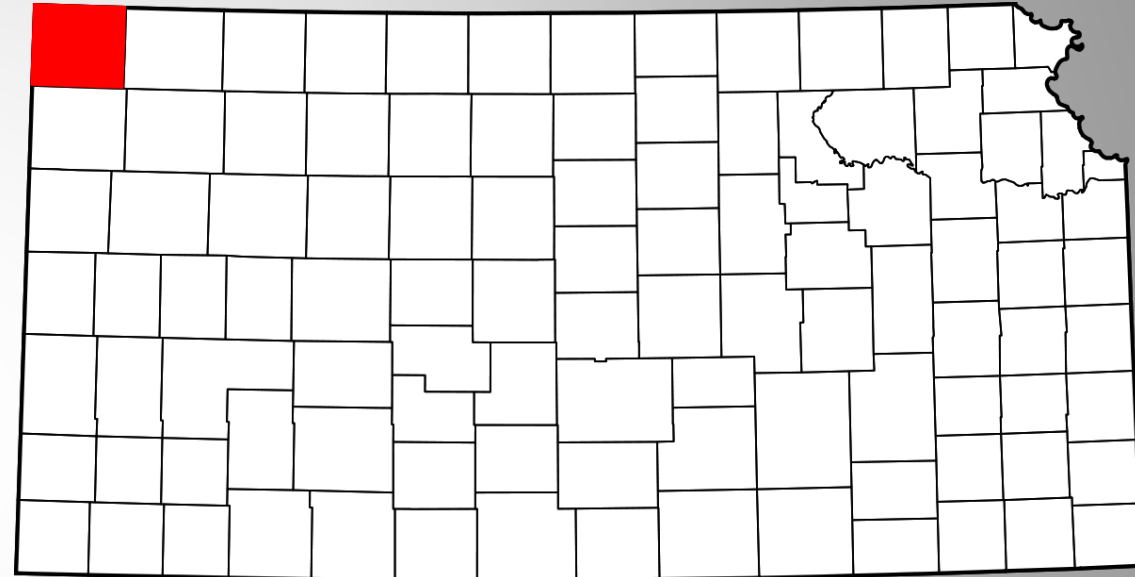
**Median household income (2011-2015):**

\$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%

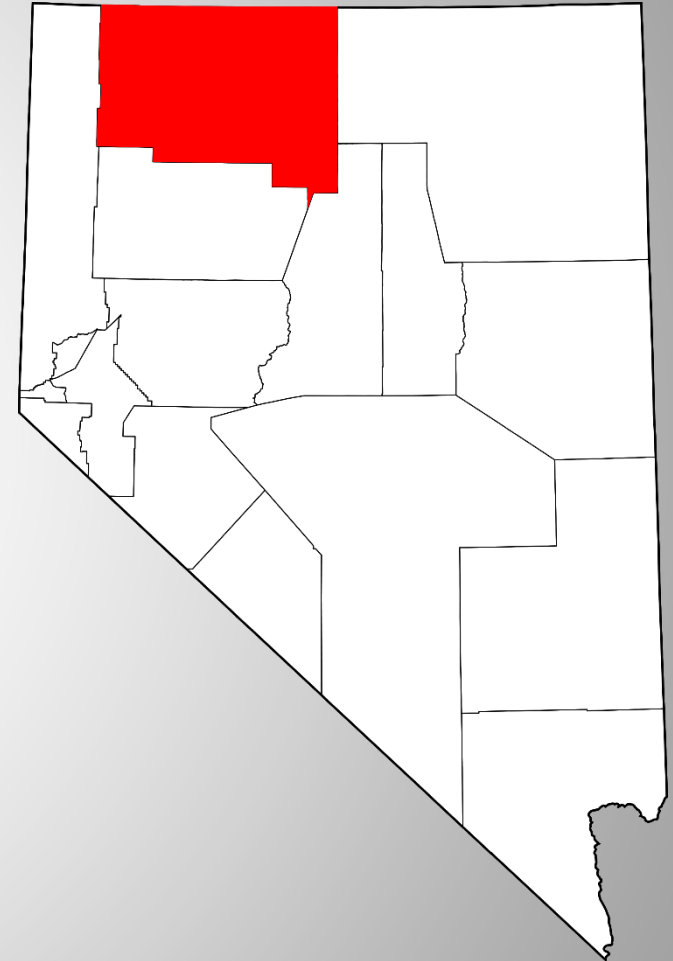
**Persons without health insurance, under  
age 65:** 15%

**Median household income (2011-2015):**

\$65,212 vs. \$53,889 national

**Persons in poverty:** 8% vs. 13.5%  
national

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%

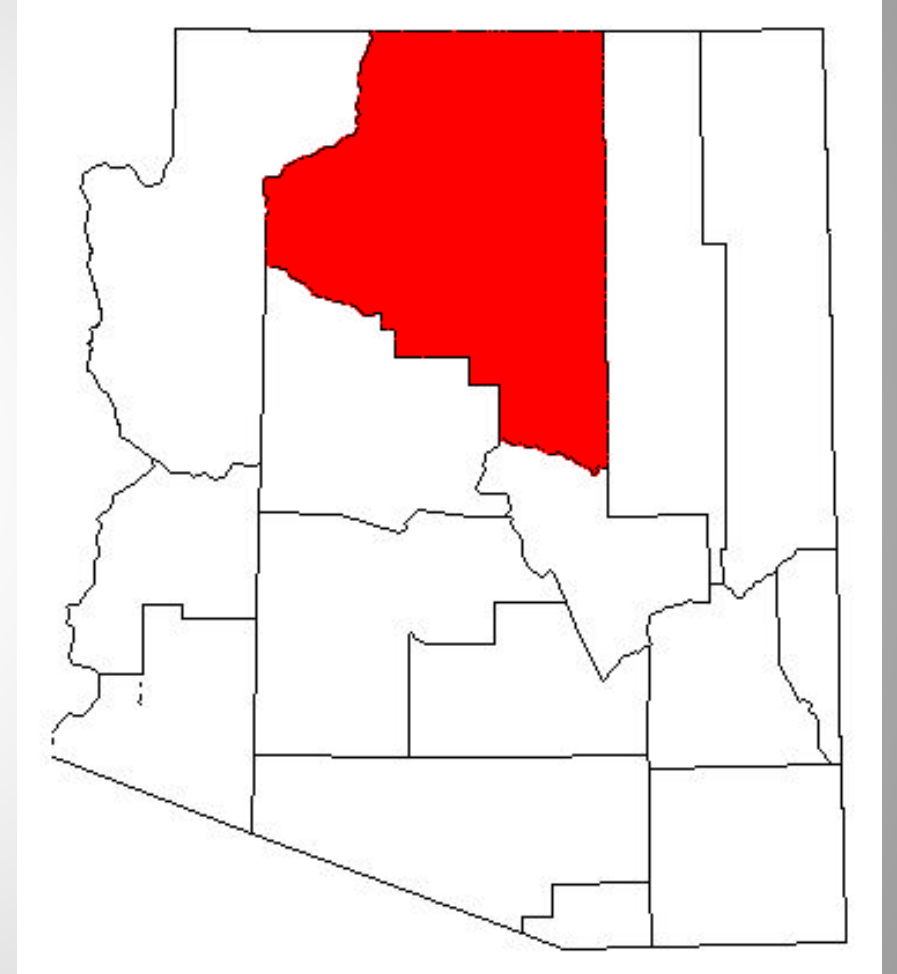
**Hispanic/Latino:** 13.5%

**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%

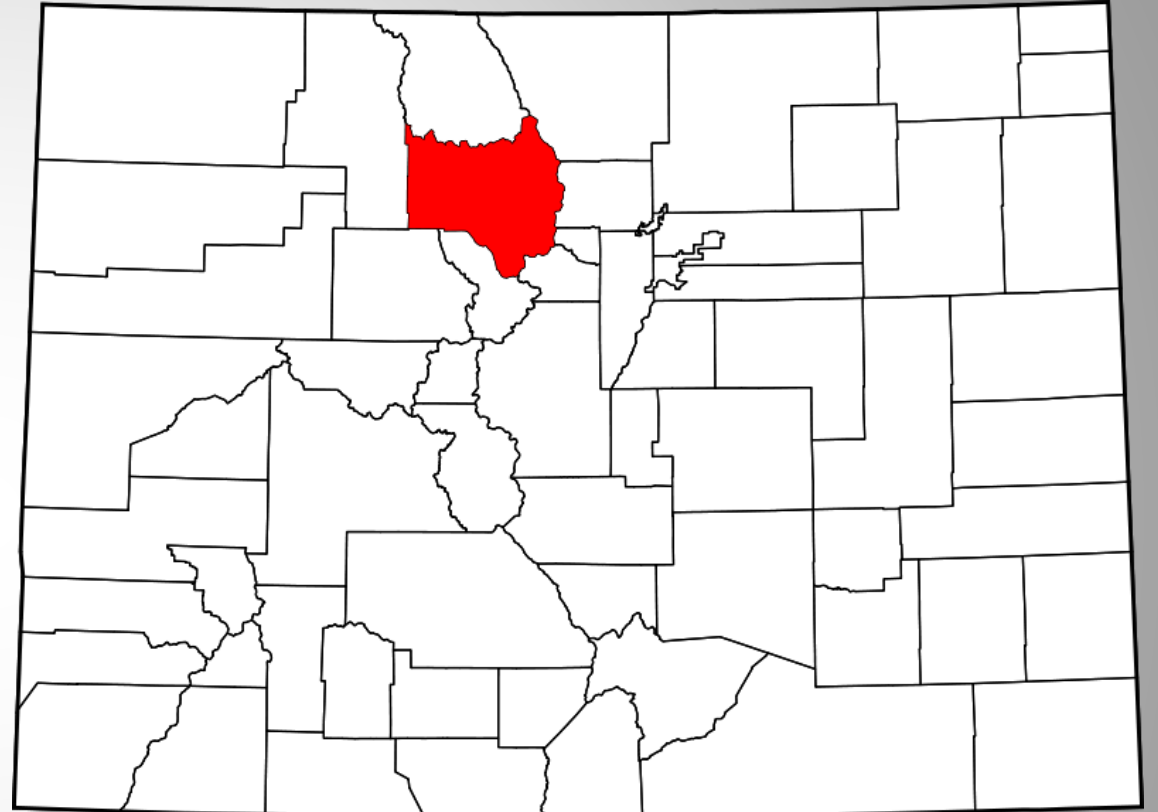
**65 + years:** 10.2%

**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

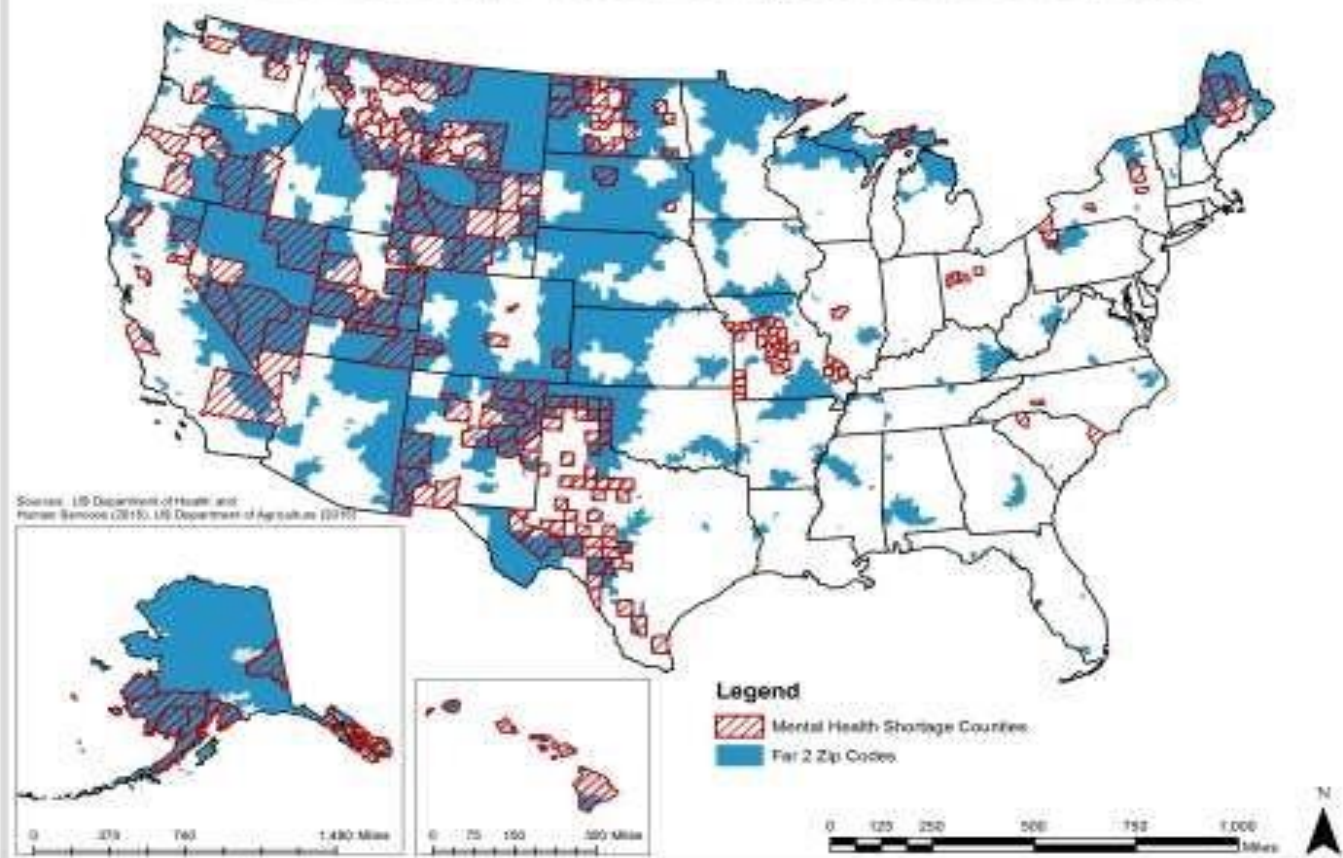
11.2% employed in public administration



# HEALTHCARE ACCESS

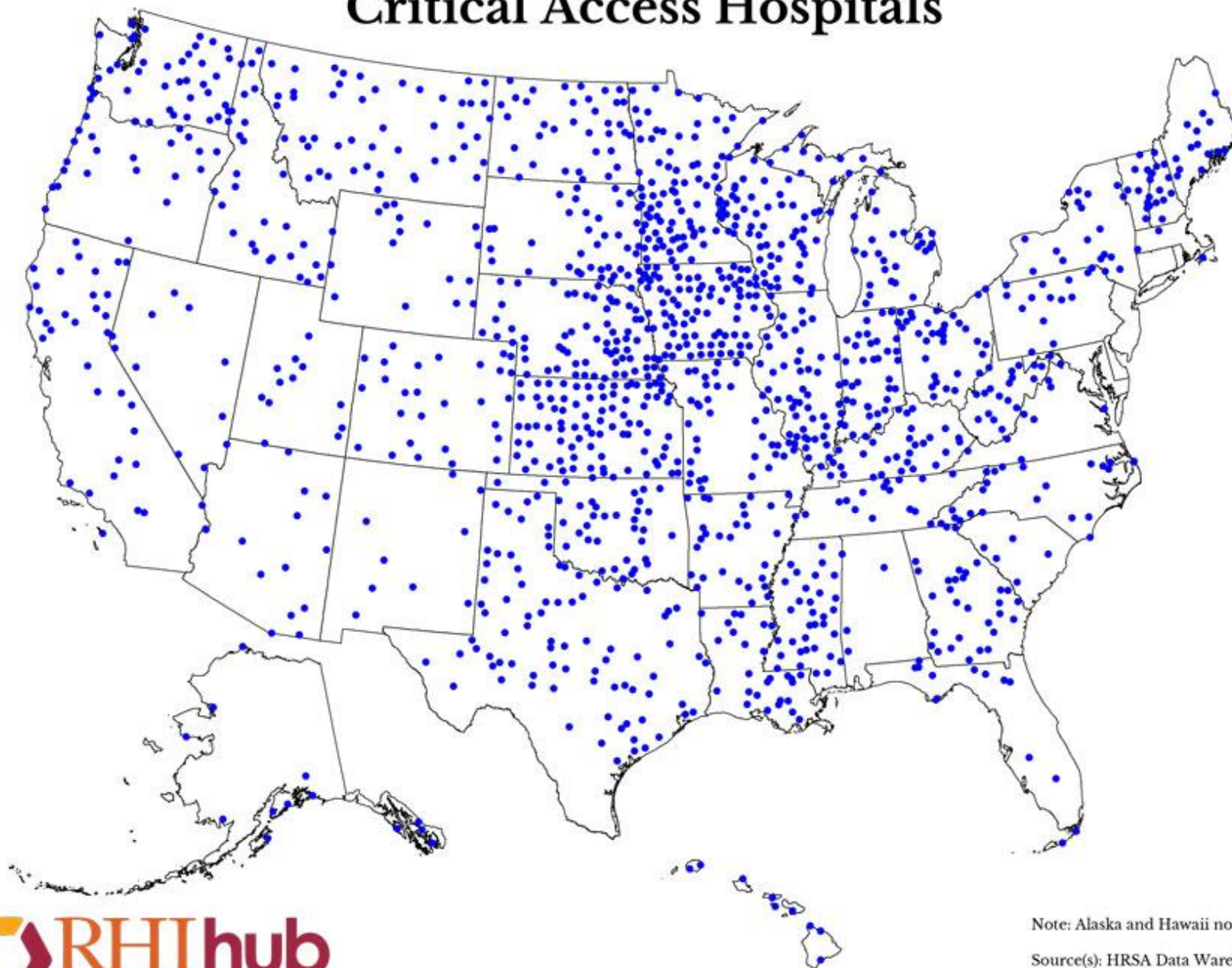


### Frontier Mental Health Professional Shortage Counties and Far 2 Zip Codes





# Critical Access Hospitals

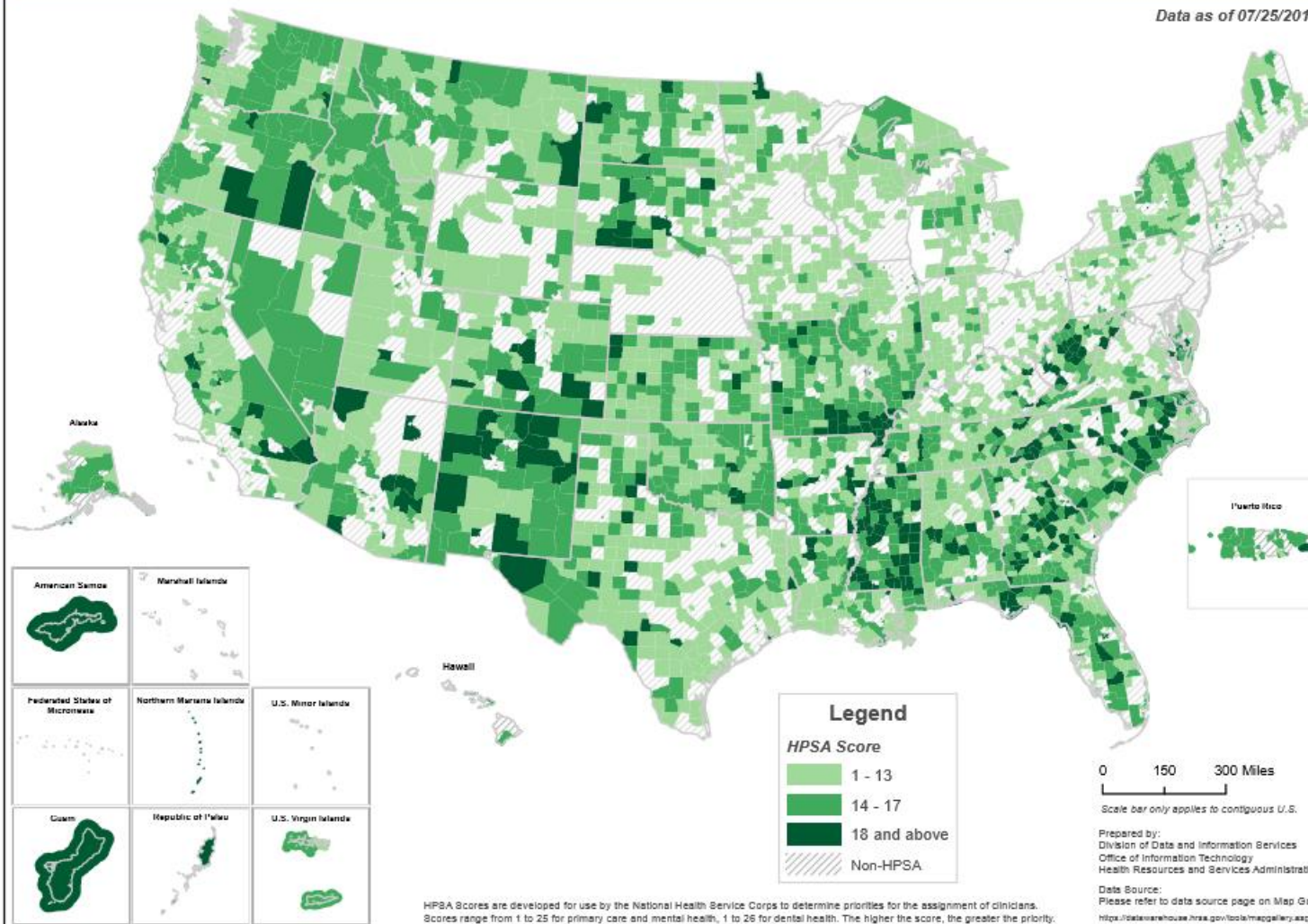


Note: Alaska and Hawaii not to scale

Source(s): HRSA Data Warehouse, U.S.  
Department of Health and Human  
Services, December 2016

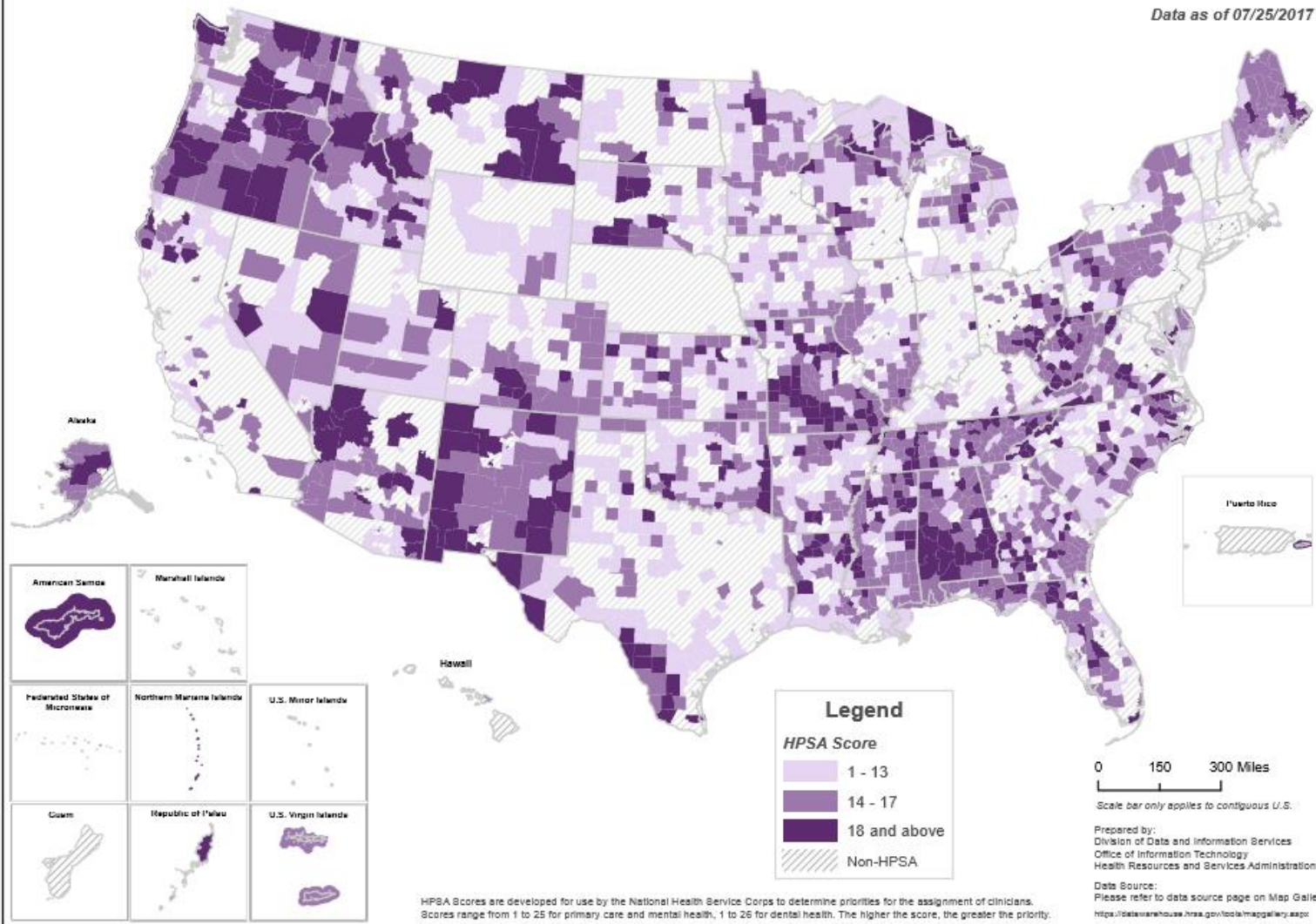
## Health Professional Shortage Areas (HPSA) - Primary Care

Data as of 07/25/2017

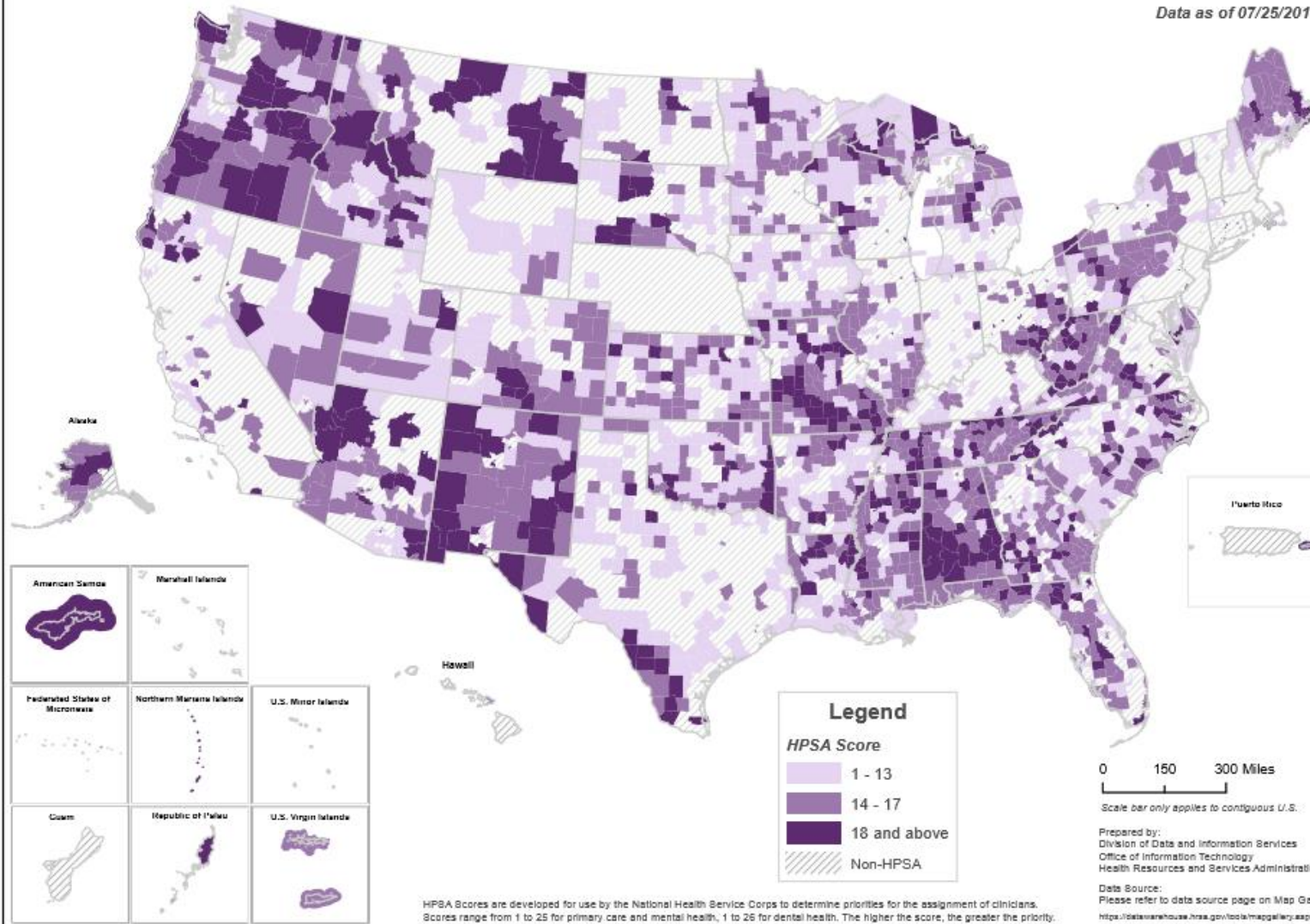




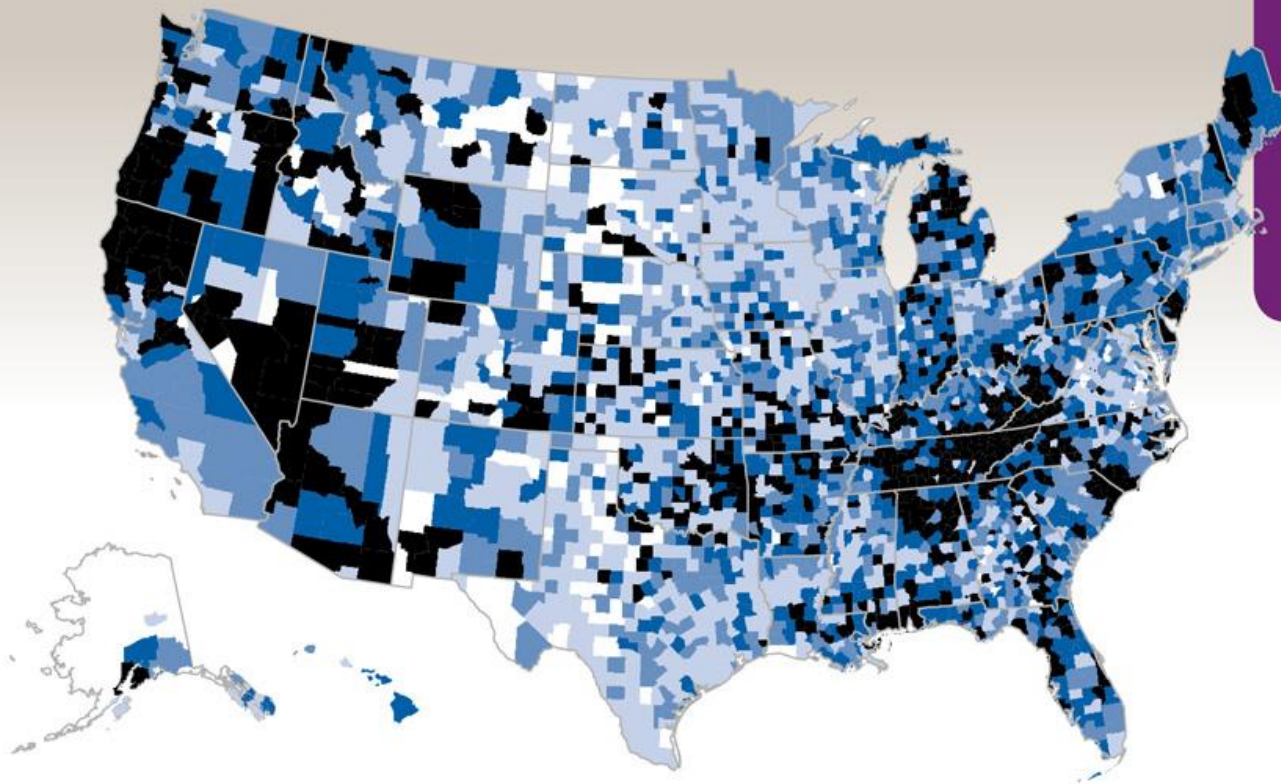
Data as of 07/25/2017



Data as of 07/25/2017







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



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.

**Vital**<sup>CDC</sup>signs<sup>™</sup>

[www.cdc.gov/vitalsigns/opioids](http://www.cdc.gov/vitalsigns/opioids)

SOURCE: Vital Signs MMWR, July 2017



CS279526