

# THE CONSENSUS DEFINITION - 2007 UPDATE

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## BACKGROUND

In 1997, a group of rural and frontier experts from around the United States was convened to develop an appropriate way to categorize and define frontier areas. The group agreed to use a Consensus Development Process, based on the methodology used by the National Institutes of Health to develop consensus statements.

The process combined reading an introductory packet of background materials with a series of conference calls for discussion among the group members. As one or more of the experts recommended an element of a definition, a table with the recommendations was circulated to the whole group. Each member then weighted each element by relevancy and importance. It took four rounds of this process and numerous conference calls before the group achieved consensus.

## CONSENSUS REACHED ON A WEIGHTED MATRIX

Although it took almost a full year, the group did reach a consensus recommending a weighted matrix of population density, distance in miles to a service/market center and travel time in minutes. This weighted matrix was named the Consensus Definition and in April of 1998 a final report on the process was completed. The full report, *Frontier: A New Definition*, the Final Report of the Consensus Development Project, is both archived online at [www.frontierus.org/documents/consensus\\_paper.htm](http://www.frontierus.org/documents/consensus_paper.htm) and available from the National Center for Frontier Communities. This consensus definition has been formally adopted by both the National Rural Health Association and the Western Governors' Association and most recently has been used by the National Institute of Mental Health to develop a frontier mental health research initiative. This consensus definition has been formally adopted by both the National Rural Health Association and the Western Governors' Association and most recently has been used by the National Institute of Mental Health to develop a frontier mental health research initiative.

## USING THE MATRIX AND STATE FEEDBACK LOOP

The matrix has been used to develop a list of frontier counties and sub-county areas first with 1990 Census data and then again after the 2000 US Census.

The Center believes that States and communities should be involved in frontier designation. Local involvement is necessary because local people are most aware of the realities of the areas in their state. The Center put the consensus definition of frontier into practice by developing a list of counties based on the matrix and finalizing the list after consultation with State Offices of Rural Health (SORH). Both times, the Center had 100% participation of the SORH's in states with frontier areas. By consulting with local experts, a list of frontier counties that more accurately reflects the conditions in each county is developed. This process is unique in that it has followed a "bottom-up" approach which acknowledges the diversity among frontier counties.

## The Matrix

## DESIGNATION OF FRONTIER

Total Possible Points 105

Minimum Points Necessary for Frontier Designation = 55

"Extremes" = 55-105

<b>DENSITY - PERSONS PER SQUARE MILE</b>	<b>POINTS</b>
0-12	45
12.1-16	30
16.1-20	20
NOTE: PER COUNTY OR PER DEFINED SERVICE AREA WITH JUSTIFICATION	
TOTAL POINTS DENSITY	
<b>DISTANCE - IN MILES TO SERVICE/MARKET</b>	
>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	
<b>TRAVEL TIME - IN MINUTES TO SERVICE/MARKET</b>	
>90 Minutes	30
60-90	20
30-60	10
<30	0
NOTE: USUAL TRAVEL TIME; EXCEPTIONS MUST BE DOCUMENTED (i.e. WEATHER, GEOGRAPHY, SEASONAL)	
TOTAL POINTS TRAVEL TIME IN MINUTES	
<b>TOTAL POINTS ALL CATEGORIES</b>	

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