

## COMMENTS FROM THE NATIONAL CENTER FOR FRONTIER COMMUNITIES

Submitted July 1, 2007

**Subject:** Request for Public Comment on Use of Rural Urban Commuting Areas (RUCAs) FR Doc. E7-8492

On behalf of the National Center for Frontier Communities, we appreciate this opportunity to comment on the Use of Rural Urban Commuting Areas for programmatic purposes by the federal Office of Rural Health Policy (ORHP). The National Center for Frontier Communities (NCFC) is the only national organization dedicated to the issues and concerns of frontier communities.

The NCFC is especially sensitive to the uses of designations and definitions for programmatic purposes because our staff and board have worked for more than twenty years to reduce the impacts of various definitions and designations on the nation's frontier communities. Our comments fall into two sections, both of which address the opportunities for inclusion of outlier communities. Section 1 addresses the need for a waiver and/or reconsideration process and Section 2 illustrates the creation of outliers by the RUCA methodology.

### **Section 1: Waiver and/or Reconsideration Process**

The section relates to the need for a waiver and/or reconsideration process for rural and frontier communities, which do not meet the eligibility criteria established by the ORHP. It is a longstanding principle of the NCFC always advocate for a waiver and/or reconsideration process for entities excluded from accessing resources because of a national eligibility methodology. The NCFC believes that there must always be a process for organizations, state and local government, tribal leaders and other relevant entities to make the case for programmatic eligibility despite being excluded by the use of a single national criterion or set of criteria.

There is a long history of federal legislation and policy to include such procedures. For example, the Rural Health Clinic Act of 1983 mandated that the HRSA create a waiver for small National Health Service Corps freestanding sites and small Community and Migrant Health Centers from paying fees to the federal government for NHSC personnel assigned to these sites.

In 1986, a process described below was established for designating medically underserved populations outside of existing criteria.

“The Secretary may designate a medically underserved population that does not meet the criteria established under paragraph (4) if the chief executive officer of the State in which such population is located and local officials of such State recommend the designation of such population based on unusual local conditions which are a barrier to access to or the availability of personal health services.”

SOURCE: Public Law 99-280, (100 Stat. 399), Section 2. MEDICALLY UNDERSERVED POPULATIONS, (6), April 24, 1986.

More recently in 2006, a detailed reconsideration procedure was established in response to S.1533 Health Care Safety Net Amendments of 2002, Subtitle B--Telehealth Grant Consolidation, SEC. 330I. TELEHEALTH NETWORK AND TELEHEALTH RESOURCE CENTERS GRANT PROGRAMS. This legislation required the Secretary (of HHS) to issue a regulation on defining “frontier” for the purposes of telehealth grant

programs. The Office for the Advancement of Telehealth within HRSA convened a group of experts to recommend a process to the Secretary. The earliest point of consensus reached by the group was the absolute necessity of a procedure whereby sites designated ineligible could submit a request for reconsideration.

“The chief executive of a state, in consultation with the state Office of Rural Health and other relevant agencies, or the highest elected official of a federally-recognized tribe should be provided the opportunity to recommend additions or deletions of designated frontier areas if they find that these areas should have been either included or excluded initially from the list of designated frontier areas as a result of inaccuracies in the analyses that produced the original list (e.g., mistakes in mapping programs, calculation of mileage or travel-time). The reason for requesting reconsideration must be specified and documented in the request as to why an exception should be made to the designated list related to the published criteria. Among the reasons for reconsideration, states and tribes may include rationales such as seasonal fluctuations in travel time related to the time of year, island locations, topography, or other unique characteristics of their state or tribe.”

SOURCE: Expert Panel Report: Defining the Term “Frontier Area” for Programs Implemented through the Office for the Advancement of Telehealth, Center for Rural Health, University of North Dakota, May 2006.

In conclusion, there is ample precedence for recognizing the limitations of national-level criteria and establishing a process for reconsidering criteria-based designations. No methodology is perfect and local conditions cannot always be adequately captured using estimates and models; a responsive system enables feedback and corrections where necessary. The next section will discuss some of the limitations of the combined county- and RUCA-based designation process, further illustrating the need for an appeal or reconsideration process.

## **Section 2: Creation of Outliers by the RUCA Methodology**

This section considers the three elements for which the ORHP specifically requested comment:

- Use of census tract RUCA codes to determine eligibility rather than RUCA codes which have been crosswalked to ZIP code areas.
- Possible use of RUCA sub-codes, to more accurately identify rural areas inside Metropolitan counties.
- The possible use of travel times along with RUCA's to identify census tracts inside Metropolitan counties as rural rather than using tract size and population density.

Jill Sherman, NCFRC Research Director and rural geographer, provided invaluable assistance in the development of Section 2.

1. The use of census tract RUCA codes to determine eligibility rather than RUCA codes which have been crosswalked to ZIP code areas.
  1. The use of census tract RUCA codes is preferable to the crosswalked ZIP codes to avoid confusion, both over how RUCAs are determined (some people think they are determined using zipcodes) and over eligibility (for example, where ZIP code “areas” encompass more than one census tract which may have different RUCAs and would otherwise have different eligibilities).
  2. The use of ZIP codes are intended as a convenience measure, however they are decidedly inconvenient where local classification systems (e.g. California) already use census tracts. According the Census bureau, the use of census tracts is becoming the “standard” for subcounty classification.
  3. Because ZIP codes change more frequently than census tracts, their use creates unnecessary work.

- 4. The online service to look up the census tract ID using a standardized address is useful tool and a reasonable solution. It could be improved by having the RUCA code displayed with tract data.

- 2. The possible use of RUCA subcodes, to more accurately identify rural areas inside Metropolitan counties.

There are no subcodes for RUCA 1. Subcodes do not address the issues arising from the use of census tracts to identify rural areas.

- 1. The possible use of travel times along with RUCAs to identify census tracts inside Metropolitan counties as rural rather than using tract size and population density.

We support the use of travel times in Metropolitan counties to identify rural populations. We go further, however, in suggesting that travel time replace RUCAs rather than adding another layer of complexity.

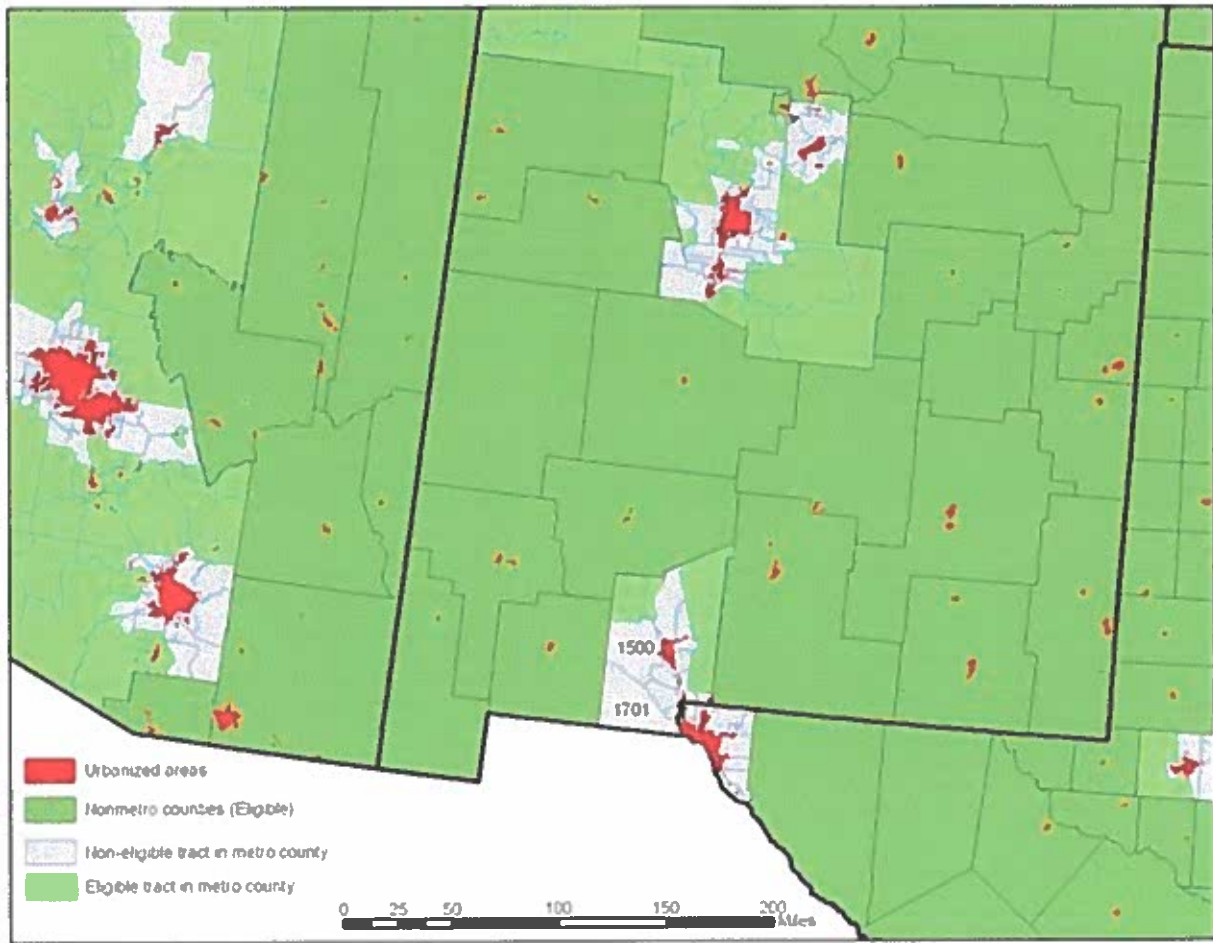
The use of subcounty classification generally improves on countywide classification in a number of metro counties. Approximately 5% of census tracts in metro counties are designated as eligible, either coded as RUCA 4-10 or as one of the 132 "large area census tracts" that are coded as RUCA 2-3. Yet problems remain with the classification system, requiring further adjustments.

ORHP is to be commended for recognizing that RUCA codes alone may be insufficient for identifying rural areas in Metro counties, and has developed criteria for including large tracts with RUCA codes 2 and 3 (at least 400 square miles, population density of no more than 35 per square mile). Yet these criteria may apply to tracts classified as RUCA1 as well, and it is not clear why RUCA1 tracts are not included, simply because a corner of the tract catches an urbanized area.

For example, New Mexico has two tracts classified as RUCA 1 in a metro county (Dona Ana) that meet the criteria for RUCA 2 inclusion. Nationally, sixteen RUCA1 tracts in Metro Counties meet these criteria, mainly in large Western counties.

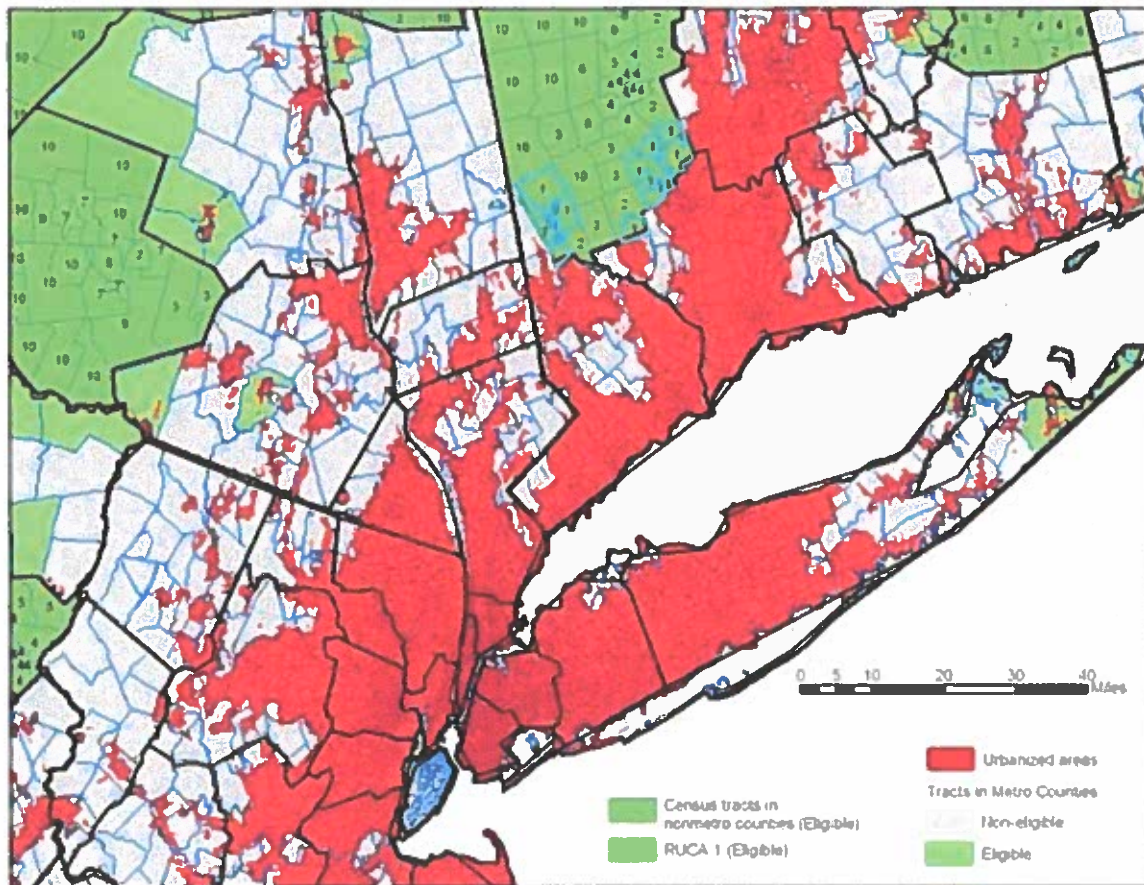
**Doña Ana County, New Mexico**

TRACT	AREA	POP DENSITY (2000)
3501300 1500	612sqmi	8.7/sqmi
3501300 1701	755sqmi	4.3/sqmi



**NEW MEXICO, EASTERN ARIZONA, AND THE EL PASO, TEXAS REGION**

At the same time, 62 RUCA1 tracts in nonmetro counties, with areas ranging from .3 square miles to 95 square miles, and densities ranging from 42 to 7632 per square mile, largely in eastern states, are “eligible.” It is unclear why these nonmetro RUCA1 tracts should be considered “rural” while the metro RUCA1 tracts should not. The map below of southern Connecticut, the area around New York City and Long Island, and eastern New Jersey provides an illustration of this situation.



## CONNECTICUT, NEW YORK AND NEW JERSEY

The use of usual travel times will identify other tracts with rural populations. Since the current ORHP classification method requires numerous adjustments, and given that the use of travel time is feasible, HRSA should consider the use of travel time INSTEAD of RUCAs. Layering travel time on top of RUCAs increases complexity without increasing clarity, whereas the use of travel time alone provides an “objective” basis to determine eligibility.

Given the inherent arbitrariness built into county- and tract-based definitions of rural, ORHP should recognize the need to “ground truth” any classification scheme. Familiarity with the on-the-ground reality of any county or census tract is essential to countering the arbitrary exclusions that are inherent in the application of such classifications. “Ground truthing,” a term borrowed from the use of remote sensing to classify the earth’s surface, refers to collecting on-the-ground data that are used to make decision rules and assign classifications. Classifications in effect reduce the complexity of the scene; the better the on-the-ground data, the better the classification. But the classification always has a purpose, and this purpose drives what on-the-ground data are considered relevant, the choice of classes, and the ultimate interpretation.

The point of the analogy is twofold: First, classification of continuously distributed phenomena (e.g. population distribution) into discrete units involves the reduction of complexity through the “averaging” of phenomena at an aggregate level. The drawing of boundaries is (or should be) purpose-based to produce meaningful classifications; this requires human choices and decision rules that are only as good as the on-the-ground data. Second, data collection is never “unmanipulated” (as the term “objective” seems to imply). The perception of the ultimate “objectivity” of remotely sensed data can either be viewed as an illusion, or

alternatively, the notion of “objective” must include reasoned decision-making based on on-the-ground human observations.

As the county and census tract boundaries are not drawn for the purpose of distinguishing rural from urban, the boundaries are not meaningful distinctions. Secondly, without “ground truthing” the inherent arbitrariness will produce classifications that continue to exclude intended beneficiaries. Finally, RUCAs still define “rural” as a residual of the “metro” category.

Classifications using counties and tracts remain useful precisely because they are administrative boundaries, and because of the availability of data. It is obvious that if these units continue to be used for determining eligibility, county-based or RUCA classifications can serve at best as a “first pass” at determining eligibility, but ultimately, on-the-ground expertise is necessary to adjust or validate the classification for it to have any rational or objective basis.

The use of administrative and statistical divisions of territory and population as a means to classify “urban” and “rural” may be convenient and may even be “best available.” However, because the boundaries are not drawn for that purpose, their use will always contain an element of the arbitrary and, in fact, demonstrates the need for a waiver/reconsideration method as described in Section 1 of these comments.

By way of a final comment, use of commuting as a screen does not address the reality of rural non-commuters. In most parts of the United States, there is no access to public transportation. Non-commuters are frequently elderly and/or low income individuals resulting in limited access to services of any kind. In addition, high gas prices are already impacting rural and frontier commuting and will likely result in different patterns than were present in the 2000 census.