2. INTRODUCTION

Although there has been widespread concern regarding a "health care crisis" in rural areas, there is little agreement as to what rural areas are. How rural areas (or rural populations) are defined is far from academic, since urban/rural designations are basic to participation in certain Federal programs and to payment rates from Federal sources. Indeed, the perceived magnitude of rural health care problems and the impact of any change in public policy depend on how rural is defined.

The features most intuitively associated with rurality are small populations, sparse settlement, and remoteness or distance from large urban settlements. Historically, rural populations have been distinguished from urban ones by their dependence on farming occupations and by differences in family size, lifestyle, and politics (13). However, because of dramatic improvements in transportation and communication, migration to and from rural areas, and diversification of the rural economy, these clear distinctions no longer exist. The presence of farms, mining areas, and forests in rural areas contribute to persistent differences, most notably lower population densities (1 3). By 1980, however, over two-thirds of the work force both inside and outside of metropolitan areas were employed in three industries--service, manufacturing, and retail trade (49).

The purpose of this staff paper is to:

1. describe the principal "rural" definitions applied by the Federal Government that affect health programs and policies -- i.e., urban and rural areas (and populations) as defined by the Bureau of the Census and metropolitan statistical areas as defined by the Office of Management and Budget;
2. describe the classifications used to distinguish different types of rural areas;
3. discuss how Federal agencies have used these definitions to compile vital and health statistics and to implement programs; and
4. discuss the strengths and weaknesses of rural definitions and classifications currently in use.