Defining "Rural" Areas: Impact on Health Care Policy and Research

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## FOREWORD

The problems of health care in rural areas have long occupied a special niche in policies designed to advance the Nation's health. Programs for recruitment, training, and deployment of health care personnel, for constructing health-care facilities, and for financing health care often have included special provisions for rural areas. These programs have often also included attempts to mitigate the negative impacts on rural areas of policies primarily designed for and responsive to the needs of urban areas. However, some rural areas continue to have high numbers of hospital closures, ongoing problems in recruiting and retaining health personnel, and difficulty in providing medical technologies commonly available in urban areas. Mounting concerns related to rural residents' access to health care prompted the Senate Rural Health Caucus to request that OTA conduct an assessment of these and related issues. This Staff Paper was prepared in connection with that assessment.

Rural definitions may greatly influence the costs and effects of health policies, because the size and composition of the U.S. rural population and its health care resources vary markedly depending on what definitions are used. There is no uniformity in how rural areas are defined for purposes of Federal program administration or distribution of funds. This paper examines dichotomous designations used to define rural and urban areas and discusses how they are applied in certain Federal programs. In addition, several topologies are described that are useful in showing the diversity that exists within rural areas. These topologies may be helpful in identifying unique health service needs of rural subpopulations.

A second OTA paper, Rural Emergency Medical Services, will also precede the publication of OTA's full assessment on Rural Health Care.

JOHN H GIBBONS Director

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by

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This Staff Paper is part of OTA's assessment of Rural Health Care

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