

Rural people, populations and health: Examining personal and official definitions of rurality

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Session objectives

Explore

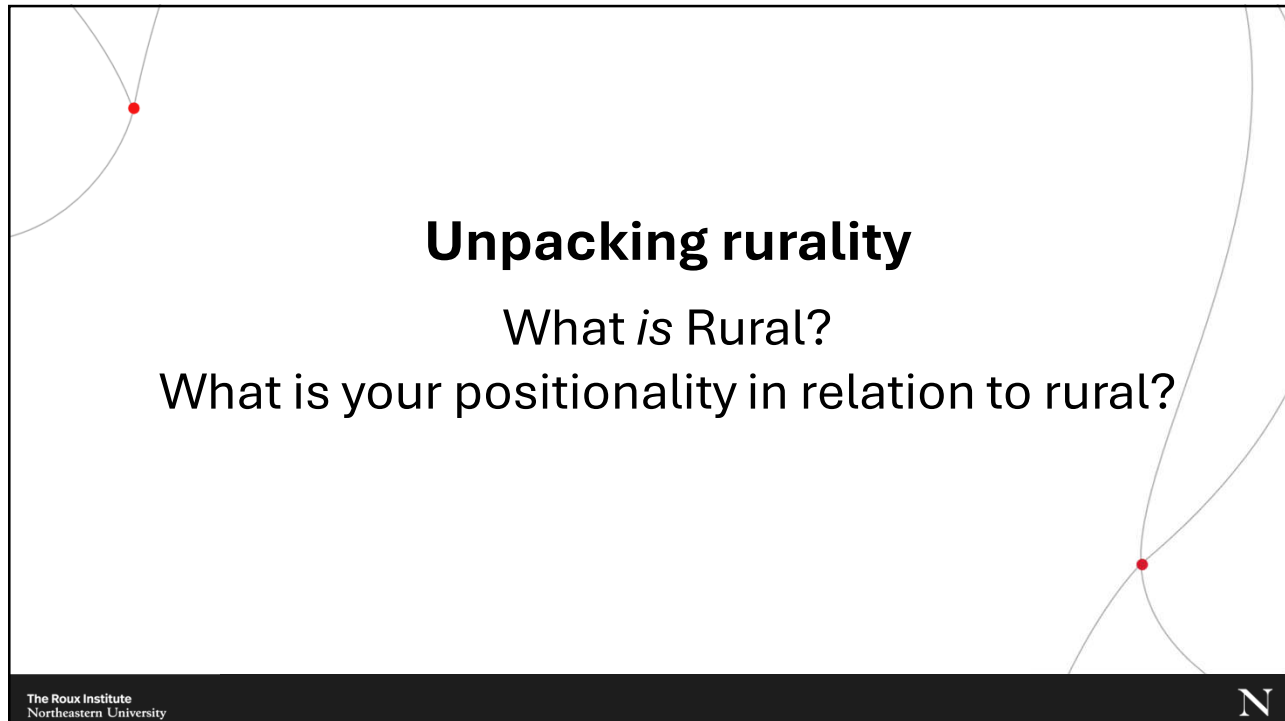
Explore personal experiences and societal images related to rurality and how these influence professional practice

Examine

Examine prominent definitions of rural in the United States

Discuss

Discuss implications of rurality and official definitions of rural related to caring for patients and their families

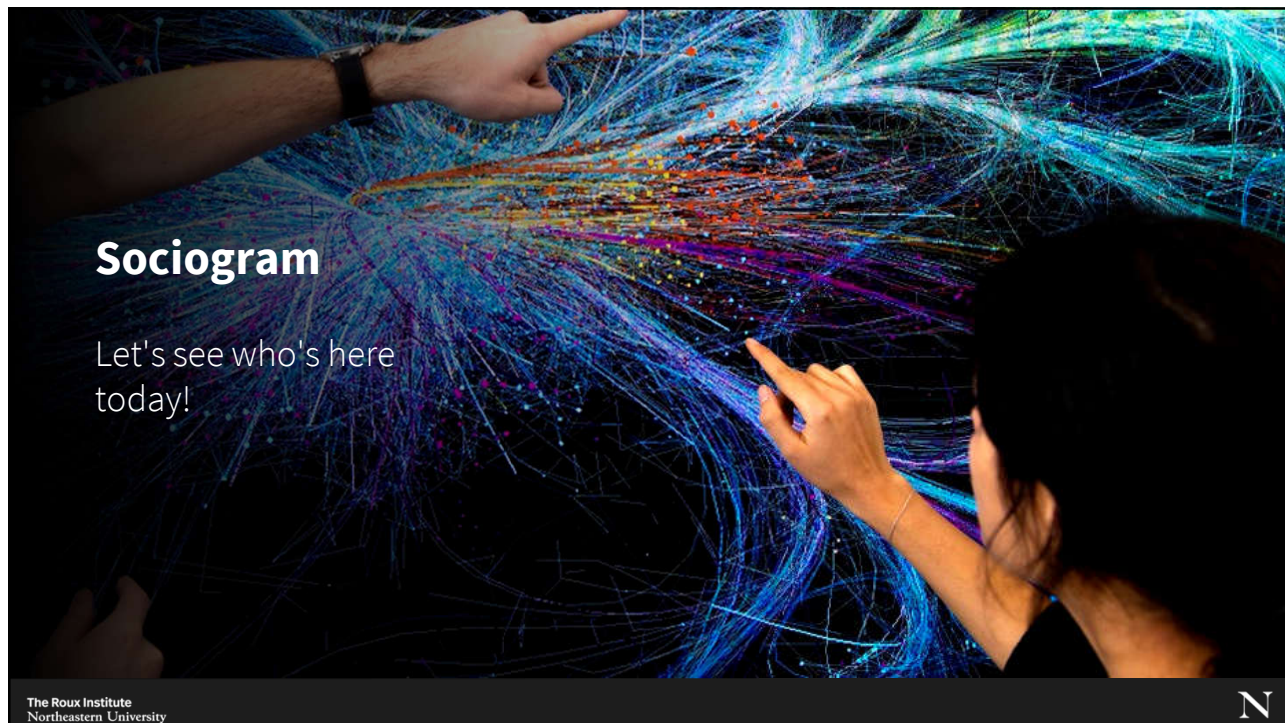


Unpacking rurality

What is Rural?
What is your positionality in relation to rural?

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Sociogram

Let's see who's here today!

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Pair share

1. What is your (personal) definition of rural and rurality?
2. What relationships, experiences, images, media, etc. have informed your definitions? (Be as specific as possible)
3. Do your definitions of rural/rurality lead to any assumptions/stereotypes about people who come from or live in rural areas?

The Beverly Hillbillies

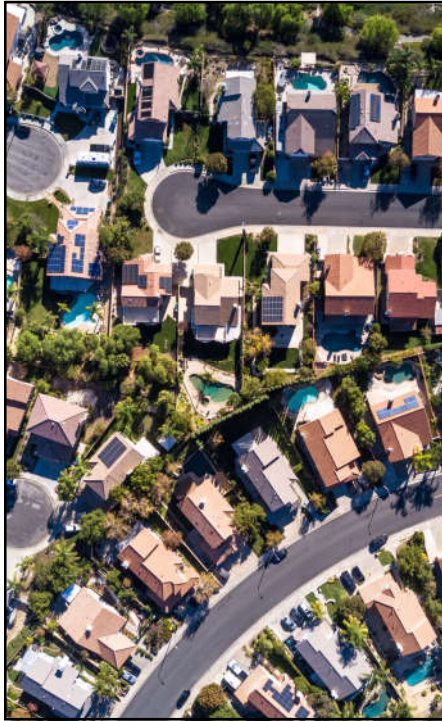


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Definitions of Rural

- Key federal rural classifications
- Impact on funding, programs, and service delivery
- Why definitions matter for case managers

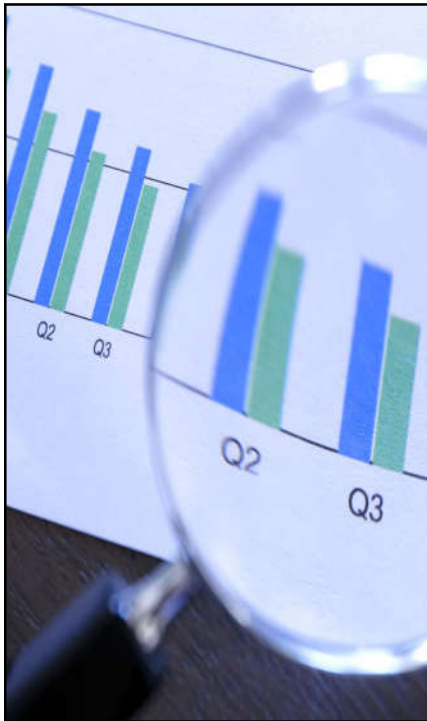


US Census' Urban-Rural classification

Core concept: Population density and settlement patterns

- **Urban areas:**
 - 50,000+ people (urbanized area) OR
 - 2,500-49,999 people (urban clusters)
- **Rural areas:** All territory, population, and housing units outside urban areas
- **Relevance:** Foundation for many other federal programs
- **Key characteristics:** Geographic boundaries, decennial census updates

“Any area that is not urban is rural”



Office of Management & Budget

Metropolitan/Micropolitan Statistical Areas

Core concept: Economic integration and commuting patterns

Key characteristics: County-based system, updated periodically, focuses on economic relationships

- **Metropolitan:** Core urban area 50,000+ population plus adjacent counties with strong commuting ties
- **Micropolitan:** Core urban area 10,000-49,999 population with adjacent integrated counties
- **Rural/Nonmetropolitan:** Counties outside metro/micro areas

USDA-ERS



Core concept: Multiple classification systems with various features and applications

Key characteristics: Adopts OMB metro/nonmetro framework, refines with more detail, recognizes "rural" as a spectrum

1. Rural-Urban Continuum Codes (RUCC)

- 9-category classification system for metro and nonmetro counties
- Based on population size and adjacency to metro areas

2. Urban Influence Codes (UIC)

- 12-category system focusing specifically on nonmetropolitan counties
- Emphasizes proximity and commuting relationships to urban areas

USDA-ERS (continued)

3. Rural-Urban Commuting Area Codes (RUCA)

- Most detailed system - census tract level classification
- 10 primary codes with subcategories
- Based on commuting flows and urban hierarchy

4. Frontier and Remote (FAR) Area Codes

- 4-level classification identifying most isolated areas
- Combines population density with travel time to services
- Specifically highlights "frontier" areas (≤ 6 people per square mile)

Comparison

| | Census | OMB | USDA-ERS |
|----------------------------|--|-----------------------------------|--|
| Primary Focus | Population density & settlement patterns | Economic integration & commuting | Rural diversity & accessibility spectrum |
| Number of Systems | 1 (Urban/Rural) | 1 (Metro/Micro/Nonmetro) | 4 main systems (RUCC, UIC, RUCA, FAR) |
| Geographic Unit | Block/tract level | County level | County & tract level (varies by system) |
| Classification Type | Binary (rural/urban) | 3-category | Continuous scales (4-12 categories per system) |
| Update Frequency | Every 10 years | Periodic (irregular) | Every 10 years |
| Special Features | Foundation for other systems | Links to federal funding formulas | Most granular; includes frontier/remote areas |
| Key Applications | General demographics & statistics | Federal program eligibility | Agricultural policy, rural development, research |

Takeaway:
Defining **rurality** is complicated!

Discussion:
Why do
these
definitions
matter?



Why 'Definition' Matters



Federal funding eligibility may depend on whether an area is 'rural'



Classification affects data collection, service planning, and resource allocation



Who gets counted as rural affects who receives grants and services — a policy choice with equity outcomes



Bottom Line For Case Managers

Three Agencies, Multiple Systems, Different Purposes

- Census:** Simple rural/urban - good for basic demographic understanding
- OMB:** Metro/nonmetro - often determines federal program eligibility
- USDA-ERS:** Multiple tools - best for understanding degrees of rurality and isolation

Tools for determining eligibility:

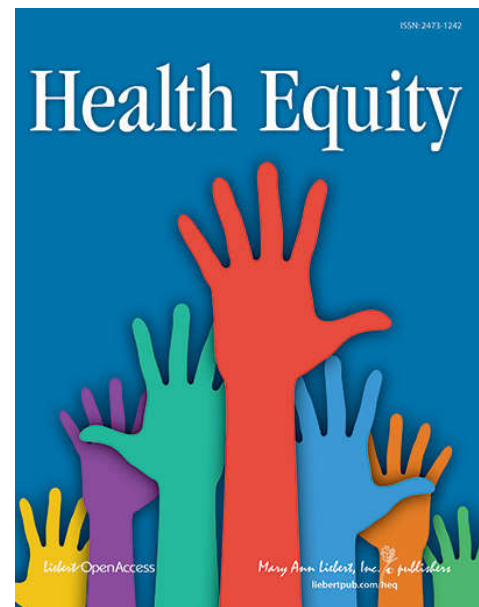
[Am I rural?](#) (Rural Health Info Hub)

[HRSA Rural Eligibility](#) calculator

“Everyone has a fair and just opportunity to be as healthy as possible.

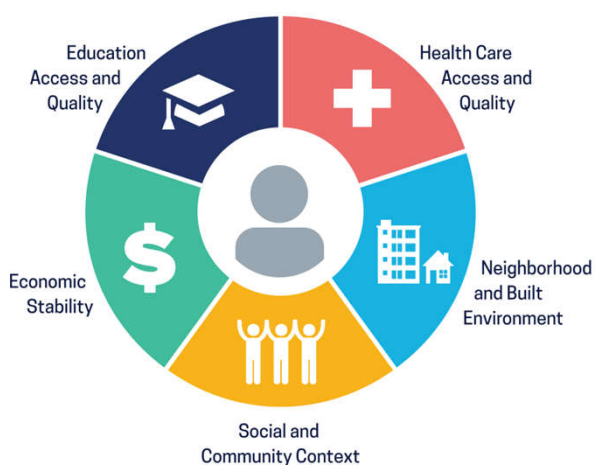
This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Braverman, P., Arkin E., Orleans T., Proctor D., and Plough A. (2017) What is Health Equity?
<https://www.rwjf.org/en/insights/our-research/2017/05/what-is-health-equity-.html>



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Social Determinants of Health



The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social Determinants of Health
 Copyright-free

 Healthy People 2030

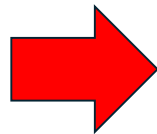
Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [September 8, 2025], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Healthy People 2030 and Social Determinants/Drivers of Health

- SDOH contribute to **health disparities and inequities**
 - E.g., People without access to grocery stores with healthy foods less likely to have good nutrition
 - ↑ risk of health conditions such as heart disease, diabetes, obesity
 - ↓ life expectancy compared to people who have access to healthy foods.
- Health promotion initiatives focused only on choices/individual behavior change don't eliminate health disparities
 - Public health organizations + allies in education, transportation, housing, etc. must collaborate to improve conditions in people's environments.



Rural Health Inequities



WHAT IS RURAL HEALTH?

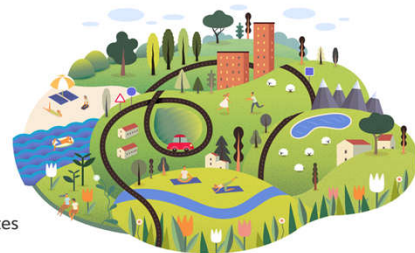
FDA U.S. FOOD & DRUG ADMINISTRATION

Rural health is the health of people living in rural areas, who generally are located farther from health care facilities and other services than people living in urban areas. Rural residents tend to be older and are at higher risk for poor health outcomes than urban residents.

DID YOU KNOW?



Nearly **1 in 5** people in the United States (**46 million**) live in rural areas.



Compared to urban residents, people living in rural areas are more likely to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke.

**Table talk:
Social
Determinants
Driving
Rural Health
Inequities**

Economic Factors

Healthcare Access and Infrastructure

Educational Opportunities

Social and Community Context

Physical Environment

Policy and Structural Factors

**Economic
Factors**

Lower household incomes and
higher poverty rates

Limited employment opportunities
and economic diversification

Agricultural economic volatility
affecting rural communities

**Higher costs for goods and
services** due to geographic isolation

Healthcare Access and Infrastructure

Provider shortages across multiple specialties

Hospital closures and service reductions

Greater travel distances to access care

Limited public transportation options

Reduced availability of specialty and emergency services

Educational Opportunities

Lower educational attainment and fewer higher education institutions

Limited continuing education and professional development opportunities

Reduced health literacy and health education resources

Brain drain - young, educated residents leaving for urban opportunities

Social and Community Context

Population decline and aging demographics

Social isolation and reduced social capital

Cultural stigma around mental health and substance use services

Traditional self-reliance values that may delay help-seeking

Physical Environment

Geographic isolation and harsh weather conditions

Limited broadband access affecting telehealth and information access

Occupational hazards in agriculture, mining, and other rural industries

Environmental exposures and limited environmental health monitoring

Policy and Structural Factors

Federal funding formulas that may disadvantage rural areas

Regulatory barriers affecting service delivery models

Insurance coverage gaps and limited provider networks

Scope of practice limitations for rural healthcare providers

Key Takeaway for Case Managers

Interconnected factors driving SDOH require comprehensive, community-based solutions that address multiple social determinants simultaneously





Thank you!

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