



How to Define Rurality

Overview

The term “rural” is relative, as its interpretation differs based on perspective. There isn’t a single definition used across all federal agencies. Each agency creates their own process to define rurality for their purposes.

With no universally accepted definition of rurality, it’s critical to use a single definition consistently in the Veterans Health Administration (VHA). To standardize what is rural for Veteran care, the Office of Rural Health (ORH) uses the U.S. Department of Agriculture’s (USDA) definition of rurality.

A key part of USDA’s definition is the [Rural-Urban Commuting Area codes \(RUCA\)](#) framework. VHA, and thus ORH, determine rurality based on RUCA codes, which use population density and commuting patterns to assign these designations to census tracts. These measurements offer more detailed insight into how far rural communities are from health care services in more populated areas.

Why Does Rurality Matter to VHA?

A clear definition of rural allows ORH to identify how many of the 8.3 million enrolled Veterans in the U.S. are considered rural, highly rural, or urban.

Accurately calculating the number of rural Veterans helps ORH and its partners create policies to allocate resources, such as funding and staffing, needed to support this Veteran population.

What Are RUCA Codes?

RUCA codes are a Census Tract based system and offer a consistent methodology for VHA to classify a facility (e.g., VA medical center, Community-Based Outpatient Clinic) or Enrolled Veteran as urban, rural, or highly rural.

There are 10 primary classification RUCA codes and 21 secondary classifications. [In VHA*](#), Veterans are designated Rural, Highly Rural or Urban by the census tract in which they reside using the following codes:



Urban: census tracts with RUCA scores of 1.0 or 1.1. These are tracts determined by the Bureau of the Census as being located in an urban core and having the majority of their workers commute within that same core (1.0). If 30% to 49% commute to an even larger urban core then the code is 1.1. (The distinction between 1.0 and 1.1 is not significant to VHA.)



Rural: all tracts not receiving scores in the urban or highly rural tiers.



Highly Rural: tracts with a RUCA score of 10.0. These are the remotest occupied land areas. Less than 10% of workers travel to urbanized areas or clusters.



Insular Islands: enrollees living on the U.S. insular islands (territories): Guam, American Samoa, Northern Mariana Islands, and U.S. Virgin Islands receive this designation. They are not coded using RUCA but are nominally designated as such.

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Veterans who live in a census tract with a RUCA code of:



1.0, 1.1
are considered urban.



2 - 9, 10.1 - 10.3
are considered rural.



10.0
are considered highly rural.

Each quarter, all VA facilities are also assigned a level of rurality (urban, rural, or highly rural) in the VA Site Tracking System (VAST). Sites that receive a designation from VAST include VA medical centers, community-based outpatient clinics, independent outpatient centers, residential rehabilitation treatment programs, VA community living centers, and Vet Centers.

VAST determines rurality based on census tract location. Rurality is assigned in a two-step process. **Step 1** is geocoding the precise latitude and longitude coordinates of site street addresses. **Step 2** is placing those coordinates on the rurality map layer. The area of land where a site's coordinates fall on the rurality map determines the rurality attribute they will receive.

Rurality Calculator

The Office of Rural Health utilizes a "rurality calculator" as a guide for ORH funding. This tool provides information on the total and rural Enrolled Veteran populations for each VHA facility, county, and ZIP code by aggregating the number of already designated residences (by census tract using RUCA Codes) of rural veterans living in those areas and assigning rurality to the facility, county ZIP code, etc.

ORH also defines a facilities' rurality based on the proportion of Veterans that are served who are

classified as rural, not necessarily the facility's location. To determine rurality of a facility's patient population for funding purposes, the rurality calculator can be used. You can access the rurality calculator on the VHA SharePoint site [here](#).*

The Future of Rurality

In FY24, USDA's Economic Research Service (ERS) will incorporate 2020 U.S. Census Bureau data, as well as American Community Survey data from 2016-2020. This update will shift the current distribution of RUCA codes in certain areas. For example, what were previously considered new development areas could shift to become classified as urban.

References

- ¹ Rural Definitions and Methods Work Group Report, U.S. Department of Veterans Affairs, Assistant Deputy Under Secretary for Health for Policy and Planning. March 2013.
- ² VAMC Facility Rurality: Comparison of Three Classification Approaches, Peter J. Kaboli, MD, MS, Just M. Glasgow, MS., U.S. Department of Veterans Affairs Office of Rural Health – Veterans Rural Health Resource Center in Iowa City, Iowa, March 2011.

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The Office of Rural Health (ORH) works to see that America's Veterans thrive in rural communities. To support the health and well-being of rural Veterans, ORH and its Veterans Rural Health Resource Centers establish and disseminate initiatives that increase access to care for the 2.7 million rural Veterans enrolled in the U.S. Department of Veterans Affairs' health care system. Key focus areas include programs that address workforce shortages, transportation, primary care, mental health, telehealth, and specialty care.