Definitions of Rural

There are many methods for defining rural areas. These definitions are important because they are used to determine eligibility for resources such as federal grants, rural health clinics, and federally qualified health centers. For questions regarding your eligibility for resources or if you qualify as “rural,” contact the State Office of Rural Health.

Federal Definitions

Rural:

The U.S. Census Bureau defines rural as “all territory, population, or housing unit located outside of UAs [urbanized areas] and UCs [urbanized clusters].”


Urban:

“For Census 2000, the Census Bureau classifies as ‘urban’ all territory, population, and housing units located within an urbanized area (UA) or an urban cluster (UC). It delineates UA and UC boundaries to encompass densely settled territory, which consists of core census block groups or blocks that have a population density of at least 1,000 people per square mile and surrounding census blocks that have an overall density of at least 500 people per square mile.”


Urbanized Area:

According to the U.S. Census Bureau, an urbanized area “consists of contiguous, densely settled census block groups (BGs) and census blocks that meet minimum population density requirements, along with adjacent densely settled census blocks that together encompass a population of at least 50,000 people.”


Urban Cluster:

According to the U.S. Census Bureau, an urban cluster “consists of contiguous, densely settled census [block groups] and census blocks that meet minimum population density requirements, along with adjacent densely settled census blocks that together encompass a population of at least 2,500 people, but fewer than 50,000 people.”

Metropolitan:

The metropolitan statistical areas are defined by the United States Office of Management and Budget (OMB) using published standards applied to data from the Census Bureau. Metropolitan statistical areas are required to have at least one urbanized area of 50,000 or more persons. “Under the standards, the county (or counties) in which at least 50 percent of the population resides within urban areas of 10,000 or more population, or that contain at least 5,000 people residing within a single urban area of 10,000 or more population, is identified as a ‘central county’ (counties). Additional ‘outlying counties’ are included in the CBSA [Core Based Statistical Area] if they meet specified requirements of commuting to or from the central counties. Counties or equivalent entities form the geographic ‘building blocks’ for metropolitan and micropolitan statistical areas throughout the United States and Puerto Rico.” A metropolitan statistical area that contains a single core of at least 2.5 million people may be subdivided into smaller groupings of counties called “metropolitan divisions.”


Micropolitan:

The micropolitan statistical areas are defined by the United States Office of Management and Budget (OMB) using published standards applied to data from the Census Bureau. Micropolitan statistical areas are required to have an urban cluster of at least 10,000 but less than 50,000 persons. “Under the standards, the county (or counties) in which at least 50 percent of the population resides within urban areas of 10,000 or more population, or that contain at least 5,000 people residing within a single urban area of 10,000 or more population, is identified as a ‘central county’ (counties). Additional ‘outlying counties’ are included in the CBSA [Core Based Statistical Area] if they meet specified requirements of commuting to or from the central counties. Counties or equivalent entities form the geographic ‘building blocks’ for metropolitan and micropolitan statistical areas throughout the United States and Puerto Rico.”


Core Based Statistical Area (CBSA):

Core Based Statistical Area refers collectively to metropolitan and micropolitan statistical areas.

The Centers for Medicare and Medicaid uses the Core Based Statistical Area definitions, established by the Office of Management and Budget, to define hospital geographic areas (labor market areas).


Revised June 2011
Rural-Urban Continuum Codes:

According to Economic Research Service, of the United States Department of Agriculture, the Rural-Urban Continuum Codes “form a classification scheme that distinguishes metropolitan (metro) counties by the population size of their metro area, and nonmetropolitan (nonmetro) counties by degree of urbanization and adjacency to a metro area or areas. The metro and nonmetro categories have been subdivided into three metro and six nonmetro groupings, resulting in a nine-part county codification.”


Rural-Urban Commuting Areas:

According to Economic Research Service, of the United States Department of Agriculture, the “rural-urban commuting area (RUCA) codes classify U.S. census tracts using measures of population density, urbanization, and daily commuting. The most recent RUCA codes are based on data from the 2000 decennial census. The classification contains two levels. Whole numbers (1-10) delineate metropolitan, micropolitan, small town, and rural commuting areas based on the size and direction of the primary (largest) commuting flows. These 10 codes are further subdivided to permit stricter or looser delimitation of commuting areas, based on secondary (second largest) commuting flows.”

For more information on RUCAs, visit: http://depts.washington.edu/uwruca.


Urban Influence Codes:

The Economic Research Service, of the United States Department of Agriculture, created a set of county-level urban influence codes in order to capture some variations in economic opportunities. The 2003 urban influence codes divide the counties, county equivalents, and independent cities into 12 groups. “Metro counties are divided into two groups by the size of the metro area—those in ‘large’ areas with at least 1 million residents and those in ‘small’ areas with fewer than 1 million residents. Nonmetro micropolitan counties are divided into three groups by their adjacency to metro areas—adjacent to a large metro area, adjacent to a small metro area, and not adjacent to a metro area. Nonmetro noncore counties are divided into seven groups by their adjacency to metro or micro areas and whether or not they have their ‘own town’ of at least 2,500 residents.”


Health Professional Shortage Area (HPSA):

The purpose of the HPSA designation is to identify an area or population that has a shortage of
The HPSA designation is based on the following three criteria: the geographic area involved must be rational for delivery of health services; a specified population-toprovider ratio representing shortage must be exceeded within the area; resources in contiguous areas must be shown to be overutilized, excessively distant, or otherwise inaccessible. A HPSA designation may be for a geographic area, a certain population (i.e., low-income), or a facility. HPSA designation criteria are developed by the Shortage Designation Branch in the HRSA Bureau of Health Professions, National Center for Health Workforce Analysis. For information on how to apply for a HPSA designation, visit: [http://bhpr.hrsa.gov/shortage/hpsas/apply.html](http://bhpr.hrsa.gov/shortage/hpsas/apply.html).

In addition, automatic facility HPSA status is available for all Federally Qualified Health Centers (FQHCs) and those Rural Health Clinics (RHCs) that meet the requirement of providing access to care regardless of ability to pay. For more information, visit: [http://bhpr.hrsa.gov/shortage/hpsas/facilityscoring.html](http://bhpr.hrsa.gov/shortage/hpsas/facilityscoring.html).


**Medically Underserved Area (MUA):**

The purpose of the MUA designation is to identify areas that are in need of medical services on the basis of demographic data. The designation is dependent on the area having an Index of Medical Underservice (IMU) score of 62.0 points or less. The IMU is a weighted score and is based on the following four criteria: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of population below the federal poverty level, and percentage of the population 65 years and older.


**Medically Underserved Population (MUP):**

The purpose of the MUP designation is to identify populations (as opposed to medically underserved areas) that are in need of medical services on the basis of demographic data. The designation is dependent on the population receiving an Index of Medical Underservice (IMU) score of 62.0 points or less. The IMU is a weighted score and is based on the following four criteria: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of population below the federal poverty level, and percentage of the population 65 years and older.

State Definitions

Arizona Medically Underserved Area (AzMUA):

According to Arizona Statute, all federally designated Arizona Primary Care Health Professional Shortage Areas (HPSAs) qualify as AzMUAs. Additionally, areas can receive the AzMUA designation through the Primary Care Index. A Primary Care Index Score is calculated for each of the Primary Care Areas in Arizona and is based on data gathered from state and federal agencies. Primary Care Areas that have a score greater than 55 (out of 121 possible points) or that score in the top 25%, whichever is greater, are designated as AzMUAs.


Rural:

According to Arizona Revised Statutes, rural is defined as “(a) a county with a population of less than four hundred thousand persons according to the most recent United States decennial census. (b) A census county division with less than fifty thousand persons in a county with a population of four hundred thousand or more persons according to the most recent United States decennial census.”