

May 28, 2024

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**RE: 2024-0931:** Proposed Inclusion of Terrain Factors in the Definition of Rural Area for Federal Office of Rural Health Policy Grants

The National Rural Health Association (NRHA) is pleased to offer comments to the Health Resources and Services Administration (HRSA) on Federal Office of Rural Health Policy's (FORHP) proposed inclusion of terrain factors in the definition of rural. NRHA supports FORHP's expansion to include terrain factors in order to expand access to rural communities in mountainous areas. We look forward to our continued collaboration to improve rural health care access throughout rural America.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, long-term care providers, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

### **Adding Rugged Terrain Data to the Definition of Rural Area**

**NRHA supports adding rugged terrain data to be included in the definition of rural areas for HRSA's FORHP grant programs.** Including Road Rugged Scale (RRS) measures is significant for expanding access to funding in rural communities and improving equitable access to healthcare services and support. NRHA commends the inclusion of census tracts of at least 20 square miles with RRS 5 highly rugged census tracts and RUCA code 2 or 3 as census tracts in FORHP's rural definition. This will benefit rural communities and expand about an additional 84 new tracts in over 10 states to be included in the definition of rural and therefore able to apply for FORHP grant programs.

**NRHA encourages HRSA to consider inclusion of RRS 3, slightly rugged census tracts, and RRS 4, moderately rugged census tracts, in the rural definition as well to accurately include the Appalachian Region and many other mountainous census tracts.** Appalachia does not have a large share of RRS 5 because of lower elevation change compared to other mountainous areas. Rather, RRS 3 and 4 are more common in this region. The Centers for Medicare and Medicaid Services (CMS) acknowledged this in their mountainous terrain standard for critical access hospitals: "the altitude

of the Appalachian Mountains is considerably lower than that of the Rocky Mountains, yet the slope and ruggedness of the terrain in many portions of the Appalachians is mountainous.”<sup>1</sup>

Including RRS 3 and 4 areas will ensure that Appalachia is appropriately included in FORHP grant programs. The Appalachian Region’s number of physically unhealthy days, mentally unhealthy days, and prevalence of depression are all higher than the national averages for these measures.<sup>2</sup> Risk factors for health outcomes such as obesity, smoking, and physical inactivity are also all higher in Appalachia than in the nation overall. The Region also has lower supplies of healthcare professionals when compared to the United States as a whole, including primary care physicians, mental health providers, specialty physicians, and dentists. Social determinants of health such as lower household incomes and higher poverty rates are also more apparent in the Region and reflect worse living conditions than in the nation.<sup>3</sup> It is important that HRSA consider the health disparities in this region and ensure that they can use federal resources to improve health care access and outcomes.

Adding areas with RRS 3 and 4, plus HRSA’s original proposal, would extend FORHP grant eligibility to 139 census tracts and approximately 543,538 people. This is a small increase of 0.89% of the total number of people living in rural areas but would have an outsized impact on those living in Appalachia and other RRS 3 and 4 areas.

### **Notification of FORHP's Technical Clarification in Response to the U.S. Census Bureau's 2020 Census Terminology Changes Removing Urban Clusters and Urbanized Areas**

**NRHA supports HRSA’s technical clarification in response to the new Census Bureau definitions.** Prior to 2022, the Census defined a rural area as anything outside of an urbanized area (a population of 50,000 or more). FORHP incorporated “urbanized area” in its definition of rural by designating “all outlying metro counties without an urbanized area” as rural for its grant purposes.

As a result of the 2020 Census, the Census Bureau removed two categories of urban areas: urban clusters (a population of 2,500 to 49,999) and urbanized areas. Now, the Census Bureau uses the term “urban areas,” which it defines as a population of 5,000 or more or housing units of 2,000 or more. NRHA urges HRSA to finalize its proposal to tweak its definition above to read “outlying metro counties with no urban population from an urban area of 50,000 or more.” By identifying and categorizing urban areas based on population size, rather than the new Census definition of “urban area,” HRSA will create continuity and consistency in the FORHP definition. NRHA appreciates that HRSA did not adopt the “urban area” definition and recognizes that this new definition from the Census Bureau is too restrictive and does not capture all truly rural communities.

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<sup>1</sup> <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-45.pdf>.

<sup>2</sup> [https://www.arc.gov/wp-content/uploads/2017/08/Health\\_Disparities\\_in\\_Appalachia\\_Executive\\_Summary.pdf](https://www.arc.gov/wp-content/uploads/2017/08/Health_Disparities_in_Appalachia_Executive_Summary.pdf)

<sup>3</sup> [https://www.arc.gov/wp-content/uploads/2017/08/Health\\_Disparities\\_in\\_Appalachia\\_Executive\\_Summary.pdf](https://www.arc.gov/wp-content/uploads/2017/08/Health_Disparities_in_Appalachia_Executive_Summary.pdf)

We thank HRSA for continually uplifting and working to improve the health of rural communities across America. If you have any questions or would like to discuss further, please contact NRHA's Government Affairs and Policy Director, Alexa McKinley ([amckinley@ruralhealth.us](mailto:amckinley@ruralhealth.us)).

Sincerely,



Alan Morgan  
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National Rural Health Association