

Rural Health Care Program

Rurality Tier Search Tool: Methods & Procedures

The [rurality tier](#) is a factor in determining the prioritization of funding in the event eligible funding requests exceed the amount of available funding for a particular funding year.

Below is information on how the Rural Health Care (RHC) Program identified the geographic areas and Medically Underserved Area/Populations (MUA/Ps) that determine the rural tiers and funding priority levels, including links to datasets used in the creation of shapefiles, i.e., a data storage format for storing the location, shape, and attributes of geographic features for use with geographic information system (GIS) software like ArcGIS.

Datasets Used

- [2013 Core Based Statistical Areas \(CBSA\)](#) dataset released by Office of Management and Budget
- [2013 US Census Bureau County Dataset](#)
- 2010 US Census Bureau datasets including:
 - [Census Blocks](#)
 - [Census Tracts](#)
 - [Urban Areas](#)
 - [Census Places](#)
- [Alaska Division of Community and Regional Affairs](#) (DCRA) community dataset
- Health Resources & Services Administration (HRSA) [Medically Underserved Areas and Populations \(MUA/P\)](#) dataset

Extremely Rural

“Extremely rural” areas are those entirely outside of a Core Based Statistical Area (CBSA). All counties that fell within a CBSA were selected. This selection was then inverted to capture all counties that fell outside a CBSA. These captured counties were exported as the Extremely Rural shapefile.

Rural

“Rural” areas are those within a CBSA that do not have an Urban Area with a population of 25,000 or greater. All counties that fell within a CBSA were selected. All urbanized areas and urban clusters with a population greater than or equal to 25,000 were then selected. All counties that were within the CBSA but did not contain an urbanized area or urban cluster with a population greater than or equal to 25,000 were exported to create the Rural shapefile.

Less Rural

“Less rural” areas are those within a CBSA that contains an Urban Area with a population of 25,000 or greater, but are within a specific census tract that itself does not contain any part of a Place or Urban Area with a population of greater than 25,000. All counties that fell within a CBSA were selected. All Urban Areas and Places with a population greater than or equal to 25,000 were then selected. Next, all counties that were within a CBSA and contained an Urban Area or Place with a population greater than or equal to 25,000 were selected. All census tracts within these counties were then selected, and the tracts that did not contain any Urban Area or Place with a population greater than or equal to 25,000 were exported to create the Less Rural shapefile.

Non-Rural

“Non-rural” areas are those areas within the United States not determined to be either Extremely Rural, Rural, Less Rural, or Frontier.

Priority Tiers

Funding priority tiers are based on the rurality tiers but with the additional consideration of medical service availability within the rural tier. Areas with high rurality and less medical service availability are prioritized before areas with less rurality and more medical service availability. Once the rurality tiers are created, those shapefiles are overlaid by the MUA/P data from HRSA to create the priority tiers. The HRSA data is updated intermittently and may result in changes in an HCP site's priority tier. The current priority tiers are based on MUA/P data as of 4/9/2020. The following table shows the different prioritization tiers and can be found in [47 C.F.R. § 54.621\(b\)](#). Priority 1 is the highest priority tier; Priority 8 is the lowest priority tier.

Health Care Provider (HCP) Site is Located in:	MUA/P	Not in MUA/P
Extremely Rural Tier	Priority 1	Priority 4
Rural Tier	Priority 2	Priority 5
Less Rural Tier	Priority 3	Priority 6
Non-Rural Area	Priority 7	Priority 8