

How rural is it?

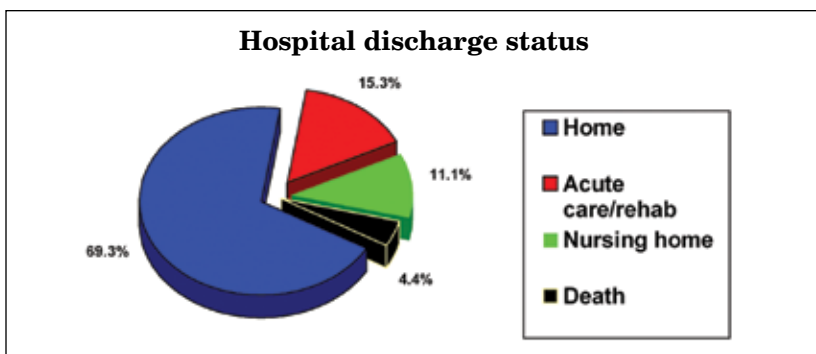
by Richard J. Fantus, MD, FACS; and Tom Foley, MD, FACS

When asking for the definition of “rural,” one may get many diverse and sometimes interesting replies. For some, rural is a subjective state of mind, such as rural is when you hit “seek” on your FM car radio and nothing tunes in, or when you can’t get enough bars on your Blackberry to receive an e-mail. For others, rural is a quantitative objective measure. One thing is for certain: seldom are these definitions of rural in agreement.

There is no single, universally preferred definition of rural and there is not a single definition of rural that can serve all purposes. There are currently 15 definitions of rural used by federal programs. Two of the most commonly used classification systems are the U.S. Census Bureau’s definition of rural—open areas of country and settlements that have fewer than 2,500 residents—and the Office of Management and Budget classification system definitions of metropolitan and nonmetropolitan divisions. The Economic Research Service of the U.S. Department of Agriculture developed a set of county-level urban influence categories and in 2003 used these codes to divide the 3,141 counties, county equivalents, and independent cities in the U.S. into 12 groups (<http://www.ers.usda.gov/briefing/rurality/urbaninfl/>). These urban influence codes can

2003 urban influence codes classified into four groups

Code	Description	Number of counties	2000 Population	Square miles	Population per sq. mile	
Metropolitan counties:						
1	In large metro area of 1+ million residents	413	149,224,067	267,423	558.0	Urban
2	In small metro area of less than 1 million residents	676	83,355,873	629,671	132.4	Urban
Nonmetropolitan counties:						
3	Micropolitan adjacent to large metro	92	5,147,233	94,178	54.7	Suburban
4	Noncore adjacent to large metro	123	2,364,159	88,229	26.8	Rural
5	Micropolitan adjacent to small metro	301	14,668,144	285,527	51.4	Suburban
6	Noncore adjacent to small metro with own town	358	7,855,590	334,361	23.5	Rural
7	Noncore adjacent to small metro no own town	185	1,879,264	336,499	5.6	Wilderness
8	Micropolitan not adjacent to a metro area	282	9,139,821	338,256	27.0	Rural
9	Noncore adjacent to micro with own town	201	3,227,833	193,200	16.7	Rural
10	Noncore adjacent to micro with no own town	198	1,313,175	196,269	6.7	Wilderness
11	Noncore not adjacent to metro or micro with own town	138	2,247,189	488,521	4.6	Wilderness
12	Noncore not adjacent to metro or micro with no own town	174	999,558	285,304	3.5	Wilderness
Total		3,141	281,421,906	3,537,438	79.8	



then be grouped into urban, suburban, rural, and wilderness.

There were 798,439 records with injury sites that could be matched up with urban influence codes for examining the occurrence of rural injuries

in the National Trauma Data Bank® Dataset 7.0. Using the urban influence codes grouping, 67,632 of the injuries were classified as rural; 25,796 as wilderness; and the remaining were classified as urban

and suburban. Of the 62,896 rural records with discharge status, 43,567 were discharged to home, 9,603 to acute care/rehabilitation, and 6,955 to nursing homes; 2,771 died. Victims were 63 percent male and on average 40.2 years of age; they had an average length of stay of 5.4 days, an intensive care unit stay of 2.3 days, and an average injury severity score of 11.1 (see Figures on page 47).

The definition of rural is not the only difference in rural trauma. Even though the trauma victim may sustain the same physiologic insult, rural hospitals have fewer resources, staffing, and available personnel than their urban or suburban counterparts. To improve the level of care provided to the injured patient in areas where geography, population density, weather, distance,

or availability of professional or institutional resources combine to isolate the victim of trauma, the Ad Hoc Subcommittee on Rural Trauma of the American College of Surgeons Committee on Trauma created the Rural Trauma Team Development Course (RTTDC®). No matter what definition one chooses for rural trauma, through the educational efforts of RTTDC, rural hospitals' ability to handle victims of trauma will improve. You can find more information on this course at <http://www.facs.org/trauma/rttdc/rttdcinfo.html>. Then, if you happen to be injured while traveling through remote parts of the country, you won't have to ask, "How rural is it?" when it comes to trauma care.

The full NTDB Annual Report Version 7.0 is available on the ACS Web site as a PDF and

a PowerPoint presentation at <http://www.ntdb.org>.

If you are interested in submitting your trauma center's data, contact Melanie L. Neal, Manager, NTDB, at mneal@facs.org.

Acknowledgment

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Dr. Fantus is director, trauma services, and chief, section of surgical critical care, Advocate Illinois Masonic Medical Center, and clinical professor of surgery, University of Illinois College of Medicine, Chicago, IL. He is Chair of the ad hoc Trauma Registry Advisory Committee of the Committee on Trauma.

Dr. Foley is trauma director at Marshalltown Medical and Surgical Center, Marshalltown, IA.

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