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Using federal funds under the Older Americans Act, and a variety of other funding sources, Area Agencies on Aging (AAAs) work in their local communities to help older adults and individuals with disabilities thrive in their homes for as long as possible. The Older Americans Act prioritizes services to three underserved groups: low-income minority populations, those with limited English proficiency and individuals who live in rural areas.

The Missouri Association of Area Agencies on Aging's (ma4's) member AAAs serve tens of thousands of Missourians each year through healthy meals, community services, transportation and other essential supports that protect against health declines, hospitalization and placement in nursing homes.

Recently, the Administration for Community Living (ACL) determined new data reporting standards for AAAs across the nation. The data used in these reports help ACL, AAAs and other stakeholders understand performance, impact of services on priority groups, and overall health of the aging and disability network.

Unfortunately, how AAAs classify individuals who live in rural communities is changing under the new standards. Now, a measure developed by the Department of Agriculture, called the Rural Urban Commute Areas (RUCA) codes, will tell AAAs how to classify someone as living in a rural versus urban area. In the case of older adults, RUCA codes do not apply to real life needs, and they do not represent the rural communities served by Missouri AAAs.

In fact, in many cases, they are plain wrong. These misclassifications make the rural older adults and individuals with disabilities who we serve invisible. They reclassify deeply rural areas as "urban" or "urban fringe," even when the nearest grocery store is 35 miles away. A high-risk Missourian who lives in a small rural town with no pharmacy, no gas station and no stores should be prioritized for AAA services. According to the RUCA codes, the AAA should now treat them like they live in a megacity loft.

These ill-conceived changes re-characterize the populations of Missouri and many other areas with significant rural populations. Over time, AAAs could be forced to shift services away from actual rural individuals, and more remote AAAs may lose critical funding to support their communities.

**The ma4 stands in united opposition to the misclassification of rural-dwelling older Missourians and Missourians with disabilities.** We call for the adoption of a common-sense, accurate standard that does not erase our rural neighbors. If RUCA codes are the only classification standard available, systemic corrections to weighting of factors must be applied so that they are reflective of the lived experience of rural elders. Moreover, prior to implementation, ACL should analyze and publish the impact of these changes at a national scale, including case studies of financial impact to states and AAAs with significantly rural Planning and Service Areas.

	Martha Gershun Interim Executive Director ma4
	James D. Stowe, Ph.D. Director, Aging and Adult Services Mid-America Regional Council
	Lisa Knoll CEO, Aging Ahead
	Rebecca Nowlin CEO, Aging Best Interim CEO, Northeast MO AAA
	Lana Johnson Executive Director, Aging Matters
	Jennifer Shotwell CEO Area Agency on Aging, Region X
	Michael Stopka CEO, Young at Heart Resources
	Diana Hoemann Executive Director Care Connection for Aging Services
	Anneliese Stover Director, St. Louis Area Agency on Aging
	Starr Kohler CEO, SeniorAge