Who Counts as Rural? Why It Matters for California's Older Adults

CALIFORNIA POLICY BRIEF • NOVEMBER 2025

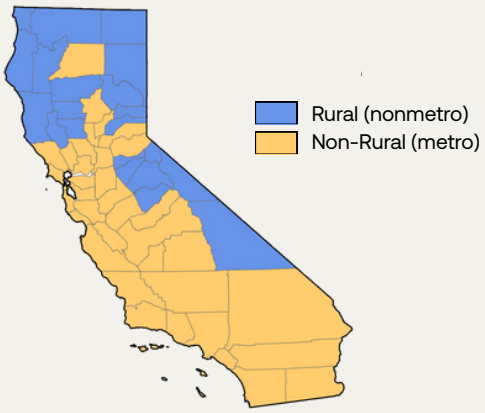
By UC Davis Health and The SCAN Foundation*
Contributors: Pauline DeLange Martinez, PhD; Elizabeth Bogumil, PhD; Helen Miltiades, PhD; Sharon Brisolara, PhD; Katie Spears, MPH; Megan Burke, LCSW*; and Olivia Burns, MSW*

California is often seen as an urban state, yet many of its communities are distinctly rural — and they are aging rapidly. Rural older adults face unique realities shaped by geography, culture, and limited access to resources. This brief provides an overview of who rural older Californians are and how differing definitions of "rural" affect funding and planning. Understanding rural aging is critical for shaping equitable policies that ensure no community is left behind.

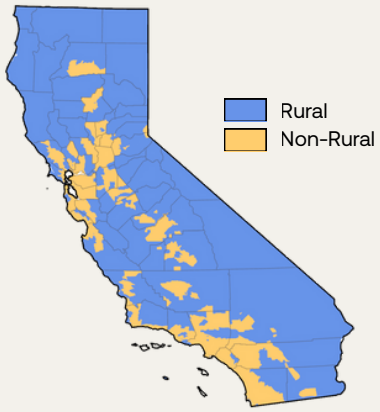
Why Definitions of "Rural" Matter

How we define "rural" has big consequences. Currently, more than 30 different federal and state definitions are in use. For our series of rural policy briefs, we use two of the most up-to-date definitions - National Center for Health Statistics Urban-Rural Classification Scheme for Counties (NCHS 2023)[1] and Health Resources Services Administration, Rural Areas by Census Tract (HRSA 2025).[2]

National Center for Health Statistics Urban-Rural Classification Scheme for Counties (NCHS 2023) [1]



Health Resources Services Administration, Rural Areas by Census Tract (HRSA 2025) [2]



Depending on the definition, California looks either mostly rural or barely rural — with major consequences for funding and planning. Notably:

- Using county-level definitions (NCHS 2023), only 21 of California's 58 counties are classified as rural.
- Using census tract definitions (HRSA 2025), 57 of 58 counties include rural areas.

California's counties are exceptionally large, averaging 2,685 square miles compared to 1,200 in the Midwest and 800 on the East Coast. Many contain both highly urbanized and highly rural areas, making county-level definitions problematic for targeting resources. For example, smaller rural towns or unincorporated areas may be classified as "urban" despite being geographically isolated.

Other definitions factor in population size, density, or commuting ties to urban centers. This patchwork produces very different results about which communities qualify as rural and often leaves rural areas under-identified in data, overlooked in funding, and under-supported in planning. And, in counties with mixed urban and rural regions, resource delivery tends to be more focused on the urban region because of its centrality and proximity to existing providers. Compounding these definitional issues, many rural communities face limited availability of local data and fewer administrative resources, making it harder to demonstrate need and compete for funding.

Who are Rural Older Californians?

- Nearly one in eleven (8.6%) Californians ages 65+ lives in a rural community.[3]
- Rural counties have a higher share of older adults (1 in 4 residents vs. 1 in 6 statewide).[4]
- On average across rural counties, over 40% of older adults live with a disability (vs. 34% non-rural).[5]
- Rural older Californians include Latino, Hmong, Mien, Tribal, and LGBTQ+ communities, many of whom face added barriers due to limited culturally and linguistically competent services.

Projected Population Change in Rural Counties, 2025-2040

AGE GROUP	PERCENT CHANGE
18-64	+3.4%
65+	+1.5%
85+	+158.3%

Looking Ahead: Growth of the 85+ Population

By 2040, the population ages 85+ in rural counties will grow 158% — far faster than the statewide average of 125% — while the population ages 18-64 barely increases. In some counties, the population ages 85+ will double or triple, creating new pressures on local economies, caregiving, housing, long-term services and supports (LTSS), and health care.[7]

> By 2040, rural California's population ages 85+ will grow nearly 50 times faster than its 18-64 year old population — and far faster than the statewide average of 125%.[7]

Strengths and Challenges of Rural Aging

Rural areas are shaped by both strengths and vulnerabilities. Effective policy must build on existing assets while addressing structural gaps.

Strengths

- Deep community identity, cultural traditions, and ties to the natural environment
- Strong culture of independence, self-reliance, and problem-solving
- Neighbors helping neighbors; mutual aid networks and local hubs such as faith communities
- Close connections to local decision-makers

Challenges

- Geographic isolation and long travel distances to health care, groceries, and essential services
- Limited transportation options and poor infrastructure (roads, transit, broadband)
- Substandard housing with unaddressed maintenance and accessibility needs
- Shortages in and challenges accessing health care, behavioral health, LTSS, and the direct care workforce
- Food insecurity, including fewer grocery stores and limited access to affordable, healthy food
- Greater vulnerability to climate disasters
- Disproportionate rural impacts of federal and state funding rules tied to population size or density, further exacerbated by the federal 2025 Budget Reconciliation Act (H.R.1)

Our Hope

Rural voices remain underrepresented in statewide policy discussions. Our goal is to spark momentum and evidence-informed advocacy to improve quality of life for rural older adults and their family caregivers, and to ensure that California's Master Plan for Aging delivers on its promise for all communities, including the most rural. Explore three policy briefs on rural aging bringing to light community voices and actionable recommendations.

Footnotes

1. National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme for Counties. (2023). https://www.cdc.gov/nchs/data-analysis-tools/urban-rural.html
2. Health Resources Services Administration (HRSA) Rural Areas by Census Tract (based on OMB county classifications, RUCA codes, and Road Ruggedness Scale adjustments). Updated September 2025. https://www.hrsa.gov/rural-health/about-us/what-is-rural
3. Authors' analysis of 2023 American Community Survey (ACS) 5-year estimates. Share of Californians ages 65+ residing in rural census tracts calculated using the 2025 HRSA definition of rural.
4. Authors' analysis of 2023 ACS 5-year estimates. Share of residents ages 65+, averaged across counties (unweighted). Rural vs. non-rural defined by 2023 NCHS county classification.
5. Authors' analysis of 2023 ACS 5-year estimates. Percent of older adults (65+) reporting any disability, averaged across counties (unweighted). Rural vs. non-rural defined by 2023 NCHS county classification.
6. Authors' analysis of 2023 ACS 5-year estimates. Poverty defined as income below the federal poverty threshold. Rate calculated for adults ages 65+, averaged across counties (unweighted). Rural vs. non-rural defined by 2023 NCHS county classification.
7. Authors' analysis of California Department of Finance, Demographic Research Unit, Population Projections (2025 Series). County-level projections for age groups aggregated to rural vs. non-rural counties using the 2023 NCHS county classification. Results are population-weighted.
8. Durazo, E. M., Jones, M. R., Wallace, S. P., Van Arsdale, J., Aydin, M., & Stewart, C. (2011). The health status and unique health challenges of rural older adults in California. UCLA Center for Health Policy Research. https://healthpolicy.ucla.edu/sites/default/files/2024-11/the-health-status-and-unique-health-challenges-of-rural-older-adults-in-california.pdf

About The SCAN Foundation

The SCAN Foundation (TSF) envisions a society where all of us can age well with purpose. We pursue this vision by igniting bold and equitable changes in how older adults age in both home and community. Our grants and impact investments prioritize communities that have been historically marginalized with an emphasis on: older people of color, older adults with lower incomes, and older residents in rural communities. Learn more at **https://www.thescanfoundation.org/**

UC DAVIS HEALTH | BETTY IRENE MOORE SCHOOL OF NURSING

About the Family Caregiving Institute at the Betty Irene Moore School of Nursing at UC Davis

The Family Caregiving Institute at the Betty Irene Moore School of Nursing at UC Davis advances the health and wellbeing of family caregivers through research, education and policy. Its work centers on developing systems of support for the millions of caregivers who provide the majority of long-term care for older adults, elevating their role within health care and communities. Learn more at **https://health.ucdavis.edu/family-caregiving/**