



Rural Health and COVID-19

According to the [U.S. Census Bureau](#), approximately 60 million Americans live in rural areas, which are “sparsely populated, have low housing density, and are far from urban centers.” Many rural communities are experiencing increases in COVID-19 cases and similar challenges to urban areas, however rural healthcare systems also face unique challenges that require different considerations than their urban counterparts. Workforce and other resource shortages, socioeconomic factors that compound resident health risks, and public health issues often complicate the ability to plan for and respond to natural and human-caused incidents in many rural areas.

This ASPR TRACIE quick sheet, along with the [ASPR TRACIE Rural Health and COVID-19](#) considerations resource identifies challenges faced by rural areas specific to COVID-19. The challenges are grouped into two main categories: those specific to healthcare facilities, and those related to at-risk populations who reside in rural areas. Considerations for meeting each challenge are also provided.

COVID-19 Challenges Specific to Rural Healthcare Facilities



Limited Financial Resources

- Ⓟ Rural healthcare systems operate on thin profit margins; most do not have a lot of cash on hand to cover operating costs.
- Ⓢ To assist the rural healthcare system during this challenging time, on May 1, 2020, the U.S. Department of Health and Human Services (HHS) announced a \$10 billion rural distribution.



Limited Human Resources

- Ⓟ Rural hospitals have less staff—in the facility and in the area—to draw from if there is a need for staff to quarantine or patient surge overwhelms the facility.
- Ⓢ Working with other hospitals and pooling resources in relative proximity and/or selecting a central facility for the treatment of COVID-19 patients may help ease some of the capacity issues. Pre-identifying and developing agreements with just-in-time staffing firms may also help.



Limited Space, Equipment, and Location Challenges

- Ⓟ Healthcare facilities in rural areas have limited beds, equipment such as ventilators, and personal protective equipment (PPE) needed to combat COVID-19.
- Ⓢ Working through healthcare coalitions or in partnership with other facilities can help increase inventory and purchasing power.



Patient Load Balancing

- Ⓟ Close coordination with the state, healthcare coalitions, and receiving facilities, as well as EMS services (particularly ground and air critical care transport services that may not commonly be used) is important to ensure that there is a plan for load-balancing between and among facilities.
- Ⓢ Establish a medical operations coordination cell within healthcare coalitions and at the State-level to coordinate distribution of patients to and from rural hospitals.



Medical Supplies and Testing

- Ⓟ While large healthcare systems may have the staff and money to work outside of the traditional supply chain and acquire PPE and other medical supplies directly from the producers, most rural healthcare systems do not have these resources.
- Ⓢ Collaborating with other rural hospitals in the region to source medical supply vendors and share equipment may be necessary and helpful. Additionally, using telehealth to screen patients prior to arrival may reduce the use of PPE and ease surge.

KEY

Ⓟ Problem

Ⓢ Solution



Telehealth

- Ⓟ While telehealth supports healthcare in rural areas, many areas lack broadband internet or wireless bandwidth to support video capabilities.
- Ⓢ The Federal Communications Commission has provided telecommunication companies with temporary access to unused wireless broadband spectrum to support the increased demand on wireless services. This measure only assists those customers with devices to access the internet.

At-Risk Populations



Food Insecurity

- Ⓟ Food insecurity is another major challenge that affects residents in many of these communities. Reduced access to food at school settings and a decrease in donations to food banks is amplifying this problem.
- Ⓢ Advertising to encourage continued food donation and increasing access to donation centers or drives (while maintaining appropriate social distancing) is one practice being used in some communities. Also, many schools have worked with their state education departments and the U.S. Department of Agriculture to provide school lunches to families in need, through drive through and other pick up mechanisms.



Older Americans

- Ⓟ According to U.S. Census data, more than 1 in 5 older Americans live in rural areas. Also, older adults are more likely to have one or more chronic illness, which may mask some of the more common symptoms of COVID-19 causing them to wait to seek treatment.
- Ⓢ Healthcare systems can provide additional outreach to older populations to ensure they understand their risks and mitigation steps. Long-term care facilities should implement infection control procedures within the facilities.



People with Substance Use Disorders

- Ⓟ People who live in rural areas and are addicted to legal and illegal substances (e.g., alcohol, tobacco, methamphetamine, and opioids) are also likely to have relatively limited access to prevention/treatment assistance and be at higher risk for adverse outcomes.
- Ⓢ Similar to other applications, use of telehealth in treating addiction, such as for opioid use, has advanced quickly in response to COVID-19.



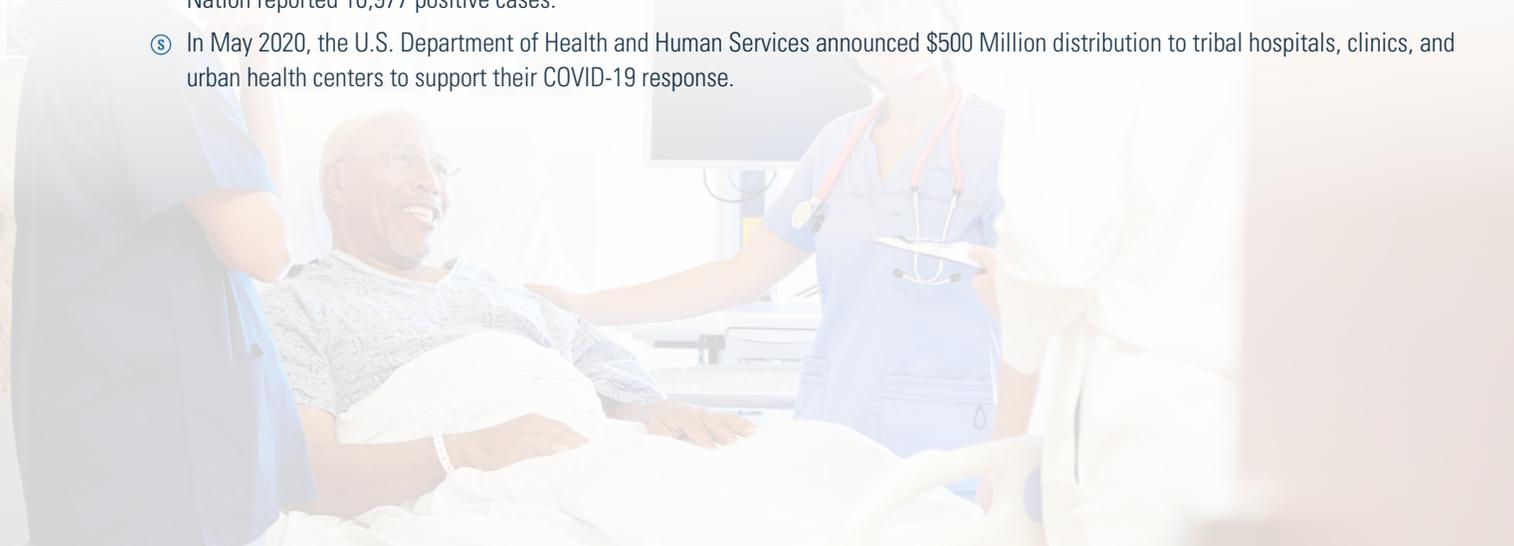
Transient Workers and Unique Working Conditions

- Ⓟ While rural communities have fewer densely populated areas, essential facilities, such as meat packing plants and farm operations, may be primary sources of employment. Some of these facilities have recently been COVID-19 “hotspots.”
- Ⓢ The Centers for Disease Control and Prevention has produced guidance for these facilities and many states have produced separate guidance that addresses housing and healthcare for the workers in these facilities.



Tribal Communities

- Ⓟ Some tribal communities have experienced a relatively high rate of COVID-19 cases. As of August 17, 2020, for example, the Navajo Nation reported 10,977 positive cases.
- Ⓢ In May 2020, the U.S. Department of Health and Human Services announced \$500 Million distribution to tribal hospitals, clinics, and urban health centers to support their COVID-19 response.



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Ⓢ Solution