ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 6 April 2020
Response Date: 9 April 2020; updated 3 August 2020
Type of TA Request: Standard

Request:

ASPR TRACIE received a request to identify information on the effect of COVID-19 on rural areas.

Response:

The ASPR TRACIE Team reviewed the following existing resources:
- Rural Health and COVID-19: Quick Sheet
- Rural Health and COVID-19 (Full Report)
- The "Population-Specific Resources: Rural Areas" category of the COVID-19 At-Risk Individuals resource collection; and
- The Rural Disaster Health Topic Collection

The team also conducted an online search for articles that referenced rural areas and how they were preparing for and managing residents who tested positive for COVID-19. Access the COVID-19 Healthcare Resilience Working Group's Rural Healthcare Surge Readiness portal for more information.

Section I describes challenges associated with COVID-19 in rural areas; Section II presents case studies from rural areas and highlights the Rural Health Information Hub's resources. Section II provides links to related resources, and Section IV lists applicable waivers for rural hospitals and Federally Qualified Health Centers (FQHCs) from the Centers for Medicare and Medicaid Services (CMS).

Please refer to the Centers for Disease Control and Prevention's Coronavirus Disease 2019 webpage for the most up-to-date clinical guidance on COVID-19 outbreak management.

Overview

According to the U.S. Census Bureau, approximately 1 in 5 (60 million) Americans live in rural areas, which are "sparsely populated, have low housing density, and are far from urban centers." They also estimate that 97% of U.S. land mass is rural but only houses 19.3% of the population. Rural areas are served by a variety of healthcare facilities (e.g., clinics, critical access hospitals) and practitioners (e.g., part-time, visiting). Workforce and other resource shortages,

socioeconomic factors that compound resident health risks, and public health issues often compete with the ability to plan for and respond to natural and human-caused events in some rural areas.

I.   Challenges Associated with COVID-19 in Rural Areas

This interactive article (published April 8, 2020) graphically displays how rural areas have been affected by the spread of COVID-19 since February 20, 2020. The authors write that "more than two-thirds of rural counties have confirmed at least one case." Overall response time is challenged as the virus affects healthcare staff and local leaders in rural areas, and they are forced to quarantine (or become ill from the virus).

Additional challenges and their effects on the COVID-19 pandemic include:
- **Rural healthcare financial challenges**. For a variety of reasons (e.g., revenue pressure, diverse hospital population, and recruitment and retention challenges), many rural hospitals are facing financial crises and are on the brink of closure. One study finds the following states at higher risk of hospital closures: Tennessee, Oklahoma, Mississippi, Alabama, and Kansas (O'Brien 2020).

  - **COVID-19 Effects:** Fewer hospitals in rural areas translates to increased patient stress and burdens on other local providers.
  - The use of telehealth is increasing in rural areas where access to a physical facility is limited.

- **Access to healthcare can be challenging in rural areas.** This can be due to one or a combination of factors, including financial challenges, difficulties traveling to facilities, communication challenges (e.g., poor health literacy, language barriers, inconsistent access to internet service), and trust in the system. Workforce shortages and insurance challenges compound these barriers.

  - **COVID-19 Effects:** Healthcare facilities in rural areas have limited beds, equipment such as ventilators, and personal protective equipment needed to combat COVID-19. This hospital in rural Louisiana shares their experience, explaining how they have managed a surge of critically ill patients with limited resources.
  - Clinics are often located a fair distance from the closest laboratory; submitting tests, transporting them to labs, and receiving results may take significantly longer than it does in more urban areas.
  - While telehealth is an option, internet access is not a given in many rural areas.

- **Rural areas have high population of older adults.** Symens Smith and Trevelyan ([2019](#)) estimate that "more than 1 in 5 older Americans live in rural areas," which translates to roughly 10.6 million. Vermont and Maine have the highest concentration of older rural adults, followed by Mississippi, West Virginia, Arkansas, and Montana.

    o **COVID-19 Effects:** Trends indicate that older age is associated with a higher death rate from COVID-19.

- **People who live in rural areas and are addicted to legal and illegal substances** (e.g., alcohol, tobacco, methamphetamine, and opioids) are likely to have relatively limited access to prevention/treatment assistance.

    o **COVID-19 Effects:** People with addiction disorders may also have lung damage or other physical injuries associated with abuse. These factors may put them at greater risk for severe infection due to COVID-19.

- **Tribal communities** (many located in rural areas) have the autonomy to respond to and manage incidents that occur on their lands, but also receive federal support to bolster healthcare provision.

    o **COVID-19 Effects:** In March 2020, the U.S. Department of Health and Human Services announced their intent to provide funding to tribes to support their COVID-19 response in this press release.
    o Historical trauma related to infectious disease and mistrust of the federal response can keep some community members from seeking treatment/ admitting illness.

II. Preparing for and Responding to COVID-19 in Rural Areas

Case Studies

In an April 4, 2020 interview with National Public Radio, Dr. Randy Tobler, Chief Executive Officer of Scotland County (Missouri) Hospital described how his rural medical center was preparing for COVID-19. The facility had 25 beds, three ventilators, and two negative-pressure isolation rooms before the pandemic. At press time, they had increased capacity to eight negative-pressure isolation rooms (13 beds total). Dr. Tobler explained that in order to receive additional personal protective equipment (PPE) in Missouri, a facility must document a coronavirus case then request the PPE. Like many other rural healthcare systems, his was already struggling financially before the pandemic. One of his most pressing concerns was running out of financial resources and the toll that would take on staff. Three rural health clinics also fall under Scotland County Hospital.

Before the pandemic, Neshoba General, located in Philadelphia, Mississippi, had 25 acute care beds and 10 beds in a geriatric psychiatry unit. Thirteen beds on two floors that formerly made up the hospital's intensive care unit (shut down in 2014) could be converted to manage patient surge. In an April 10 [article published by U.S. News](#), Lee McCall, the hospitals' chief executive officer, said that in preparation for the pandemic, they bolstered their PPE, fluid, and medication supply chain, activated their multidisciplinary incident command system, and restricted access to the hospital and its facilities (e.g., 160-bed nursing home). They recently implemented patient telescreening to conserve PPE. McCall noted that as a result of having to cancel nonessential services, the system's revenue dropped significantly; he is concerned that in the long run, as residents are furloughed and industries go out of business, patients will be less likely to be insured, driving costs up even more.

The Rural Health Information Hub

The Rural Health Information Hub's (RHIhub) page [Rural Response to COVID-19](#) includes links to information that can help healthcare providers in rural areas plan for and manage COVID-19. The Rural Surge Readiness Team/Federal COVID-19 Healthcare Resilience Working Group recently added a [Rural Healthcare Surge Readiness portal](#) that includes links to more specific information. The "[News](#)" tab provides links to related articles from the past 60 days, many of which currently highlight lessons learned from the COVID-19 pandemic. Other helpful links include:

- [Funding](#), which highlights grants that can help rural communities bolster their pandemic response.

- [Rural COVID-19 Innovations](#), where users can learn how rural healthcare networks have adjusted their telephone/telehealth services, helped seniors shelter in place (and conduct virtual wellness checks), procure and share personal protective equipment, and share data.

- [Events](#), where users can access webinars and teleconferences to specific to rural COVID-19 planning and response.

III. Related Resources

Centers for Disease Control and Prevention. (2020). [Update for Rural Partners and Communities on the Coronavirus Disease 2019 (COVID-19) Response](#). (Hosted March 23, 2020.)

Speakers shared pandemic guidance for stakeholders in rural healthcare and held a question and answer session.

Centers for Disease Control and Prevention. (2020). Update for Rural Partners and Communities on the Coronavirus Disease 2019 (COVID-19) Response. (Hosted April 8, 2020.)

> Dr. Jay Butler shared guidance stakeholders working to protect the health of rural communities.

Health Resources and Services Administration (HRSA). (2020). COVID-19 Frequently Asked Questions- Federal Office of Rural Health Policy. U.S. Department of Health and Human Services.

> This webpage provides information on HRSA funding and policy questions related to COVID-19, including telehealth and healthcare delivery.

Indian Health Service. (2020). Coronavirus (COVID-19). U.S. Department of Health and Human Services.

> This webpage includes an updated table that lists COVID-19 cases by Indian Health Services Area. Tabs along the left side of the page include an FAQ section and links to news and other resources.

O'Brien, J. (2020). A Quarter of Rural Hospitals at "High Risk" of Closure, COVID-19 Likely to Make it Worse. HealthLeaders.

> The author discusses a recent analysis that found more than 350 hospitals in rural areas at risk of closure for financial reasons. He cites the study team's concern that a pandemic "'is likely to worsen the overall situation.'"

Rural Health Information Hub. (2020). Rural Response to Coronavirus Disease 2019 (COVID-19).

> This webpage includes links to information that can help healthcare providers in rural areas plan for and manage COVID-19. The "News" tab provides links to related articles from the past 60 days, many of which currently highlight lessons learned from the COVID-19 pandemic. Other helpful links include Funding; Rural COVID-19 Innovations, and Events.

Rural Health Information Hub. (2020). Am I Rural? –Tool.
> Users can enter their address into this online tool to determine whether their location is classified "rural" and if it qualifies for certain programs.

Symens Smith, A. and Trevelyan, E. (2019). The Older Population in Rural America: 2012-2016. U.S. Census Bureau.

T R A C I E
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

This report highlights several key findings about the elderly in rural populations: there are approximately 10.6 million older Americans living in rural areas; this population requires specialized medical and rehabilitation services, as well as innovative housing and public transportation options; and health and financial limitations can make routine tasks more difficult.

Williams, M., Galaye, B., and Broad Leib, E. (2020). The Covid-19 Crisis is Going to Get Much Worse When it Hits Rural Areas. The Washington Post.

The authors highlight challenges experienced by rural communities in general and specific to the COVID-19 pandemic.

IV.   CMS Waivers

The Centers for Medicare and Medicaid Services (CMS) has released the following waivers in response to COVID-19 applicable to rural hospitals and Federally Qualified Health Centers (FQHCs):

- Electronic Form CMS-10455, Report of a Hospital Death Associated with Restraint or Seclusion
- Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-19)
- Guidance for Infection Control and Prevention of Coronavirus Disease (COVID-19) in Hospitals, Psychiatric Hospitals, and Critical Access Hospitals (CAHs): FAQs, Considerations for Patient Triage, Placement, Limits to Visitation and Availability of 1135 waivers.
- Guidance for Infection Control and Prevention of Coronavirus Disease (COVID-19) in Outpatient Settings: FAQs and Considerations
- Guidance for use of Certain Industrial Respirators by Health Care Personnel
- Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness (2019-nCoV)
- Prioritization of Survey Activities
- Suspension of Survey Activities
- Updates to the State Operations Manual (SOM) Chapters 2 and 3 Related to Excluded Hospitals with Excluded Units