



# **POWER** Communication

*Policy Outreach and Effective Results*

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## **POLICY AND ISSUE DISCUSSION SHEET**

### ***COVID-19 and Rural Community Healthcare***

#### ***Defining the Issue***

At the beginning of the COVID-19 pandemic, cases were concentrated in urban areas where conditions provided abilities for the virus to spread quickly. However, as the pandemic progressed, rural neighborhoods in many areas of the nation, including parts of Ohio, began seeing increased infection rates. The outbreak in rural areas placed a high burden on community services to address COVID-19, as well as other pandemic related health issues. As the nation bounces back, data shows that some rural communities could have witnessed proportionately greater death and infection rates than their urban counterparts.

Rural community stakeholders are exploring how their neighborhoods weathered the pandemic and what strategies could be put in place to address similar incidents in the future.

#### ***OFBF Policy***

Health Care - We support:

- Efforts to ensure access to quality health care and medical coverage in rural communities, including collaborative efforts to fund care, educate rural residents and attract medical personnel.
- Expansion of telehealth services where in person services may not be accessible.

Health Service - We support:

- Obtaining more health care centers and medical personnel in rural Ohio by appropriate agencies.
- Utilization of certified physician's assistants and licensed nurse practitioners as health care providers.
- Community based health care services as cost effective alternatives to institutionalized care.
- Development of more assisted living services for the citizens of rural areas.
- The establishment and growth of the Ag Crisis Coalition and other programs that would address the mental health needs of Ohio farmers and rural communities.

#### ***Policy Background***

Experts agree that a variety of factors contributed to the spread and severity of COVID-19 in rural communities. These include:

- *Healthcare Access:* Rural residents have less access to healthcare professionals and critical care facilities than their urban counterparts. While many rural hospitals did not report dangerously high occupancy rates during peak periods of the pandemic, the lack of ICU beds and related facilities, as well as availability of critical care personnel per capita affected local health services. Research to determine how many rural residents traveled to distant, urban areas for assistance is ongoing.
- *Virtual Care Options:* Pandemic conditions spurred adoption of virtual care. This included access to out-of-community healthcare professionals and rapid development of new telemedicine services. However, the adoption of virtual care in rural areas has lagged urban neighborhoods. Rural residents are more likely than urban residents to lack access to broadband and many rural residents prefer a non-web-based approach to communication with healthcare providers.
- *Underlying Health Conditions and Older Populations:* Individuals with serious underlying medical conditions faced greater infection risks. Moreover, rural residents are more likely to be older and already have health conditions (cardiovascular or pulmonary disease, diabetes, etc.) that make COVID-19 symptoms worse.
- *Returning to Previous Treatment Schedules:* Surveys show that a portion of rural residents have not scheduled or received care on other health issues they were treating prior to the pandemic. Delayed or cancelled healthcare creates treatment gaps and negatively affect other conditions.
- *Vaccine Distribution:* States, in coordination with the federal government, local health departments, manufacturers, and other service providers, collaborated on establishing COVID-19 vaccination programs. Programs differed across states, but providers agree that rural areas have a greater share of high-risk populations and face more logistic and social barriers that could have affected vaccine distribution.
- *Psychological Counseling Services:* Battling COVID-19 has led to an increase in psychological distress. Rural residents already faced significant obstacles obtaining mental healthcare. With COVID-19 causing high levels of distress for rural residents, demand for rural behavioral health providers and programs will be on the rise.
- *Intervention Strategies:* Research reveals that public health measures (social distancing, stay-at-home orders, mask mandates, and travel restrictions) helped curb the spread of COVID-19. Several studies and surveys are finding that rural respondents reported being less likely to observe (either by unavoidable conditions or personal preferences) COVID-19-related public intervention measures.
- *Economic Challenges:* Experts agree that there is a direct link between health and vulnerable populations. Families facing food insecurity, living at or below the

poverty line and/or and being uninsured likely exacerbated the effects of COVID-19.

Addressing the COVID-19 pandemic has shown gaps and challenges in the rural healthcare delivery system. While the immediate priority under COVID-19 was to save lives, stakeholders now looking for potential strategies needed to enhance access and quality in the rural healthcare system.

### ***Discussion Questions***

1. How did your community council members weather the COVID-19 pandemic? What community customs changed to immediately address pandemic conditions, and what social norms do you feel will eventually return?
2. Many community council members can remember (or have heard their family history) on previous infectious disease outbreaks, (Spanish influenza, polio, measles, smallpox, scarlet fever, whooping cough, etc.) and how community services employed several strategies (vaccinations when available, quarantines, intervention orders, etc.) to address the local spread of disease. How are current strategies and their social acceptance of controlling COVID-19 different/same as strategies used in previous disease outbreaks? What can we learn from family and local history?
3. Given the issues detailed above, which do you feel could be easily addressed with local resources and efforts, and which do you feel are the most challenging?
4. Do you feel that our rural communities will face another pandemic? What steps needs to be adopted now to create a more effective rural healthcare system for the future?