October 2020

The State of Rural Health

FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

The State of Rural Health

TABLE OF CONTENTS

Introduction

In 2020, America has found itself in the grips of a global pandemic that triggered the worst health and economic crises in generations. While the long-term ramifications of the COVID-19 pandemic are still unfolding, families and communities across the country continue to be disrupted by immediate and grave consequences: deaths from COVID-19, high unemployment rolls, historic losses of health insurance, financial insecurity, and widespread closures of businesses, big and small.

Amidst a sluggish economy and the shuttering of Main Street businesses, the interdependence of families' access to health care and financial security is told through the data. Recent Families USA analyses show that 5.4 million people will lose health insurance in the next year, while 29 million people are unemployed due to COVID-19 because of either being laid off, becoming ill, having concerns about getting or spreading the coronavirus, or stopping work to care for a family member with COVID-19. Further, the pandemic has brought into sharp focus the U.S. health care system's existing inequities — specifically in terms of racial and ethnic disparities, access, quality, delivery, and affordability — which have been made even more severe by the pandemic.

Families across America are facing an uncertain future, with concerns about health care front and center. Anxieties fueled by the pandemic are driving conversations about the quality of health care, access to health care, prescription drug costs, and surprise medical bills. These conversations are happening at kitchen tables across America, including in rural America, yet, historically, policymakers do not give rural areas adequate attention.

This report begins with unveiling rural Americans' attitudes on their health and livelihoods, shared in surveys conducted by Hart Research Associates in partnership with Families USA Action, Families USA's 501(c)(4) nonprofit. The second section of this report identifies the current demographics of rural America, health care and economic challenges faced by people who live in rural America, as well as COVID-19 impacts on rural communities. To conclude, this report highlights key national policy recommendations that address rural America's health care concerns and reduce health disparities in rural communities during the coronavirus pandemic and onward.

Families across America are facing an uncertain future, with concerns about health care front and center. Anxieties fueled by the pandemic are driving conversations about the quality of health care, access to health care, prescription drug costs, and surprise medical bills.

Definition of "Rural"

"Rural" is defined as low-density populated regions and are far from urban areas. Almost 60 million people live in rural communities, making up one in five U.S. residents. Around half — 28 million — reside in Southern states.

Why Rural America and Health Care?

Nearly 60 million people[1] live in rural communities, comprising 19% of the U.S. population. We know they face myriad challenges when it comes to health care: fewer physicians, closing hospitals, a lack of mental health services, higher rates of disability, lower rates of insurance coverage, and poor internet services, which reduces access to telemedicine and other educational and care services.[2]

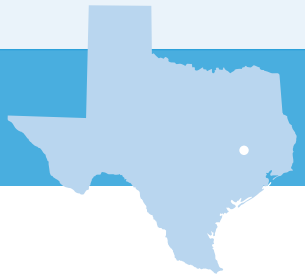
In an effort to better understand how people in rural America feel about health care and what issues are most important to them, Families USA Action canvassed people in rural areas to learn whether their views align with national attitudes and whether they experience any unique challenges. Families USA Action commissioned a survey with Hart Research Associates that surveyed 800 adults, ages 18 to 85, across employment status, religious affiliation, and political identification. Survey participants came from rural areas in several states — including Illinois, Indiana, Michigan, Ohio, Pennsylvania, and Wisconsin— and answered questions on issues such as Medicare, the affordability of health care, access to health care, the economy, employment, and the COVID-19 pandemic.

Our Findings

While the COVID-19 crisis certainly exposes challenges specific to rural America, it's the commonality of experience and shared perspective on health care that are the dominant themes. **From our research, we found the following health care issues are top of mind for people who live in rural America:**

- Half of the rural survey respondents chose the coronavirus or health care as one of their top two voting issues.
- The most important issue to survey respondents was jobs and the economy. Health care and COVID-19 both have major effects on jobs and the economy in rural communities.
- When asked specifically about a list of health care issues, a majority of survey respondents ranked the following health care issues as extremely important: the coronavirus, affordable coverage, Medicare, access to care, and affordable prescription drugs.
- The majority of rural survey respondents said that access to hospitals and emergency rooms in rural areas is an "extremely important" health care issue, but it was not at the top of their lists.

Dell Giles, Rockdale, Texas



> Mostly, it's just the fact that if there's an emergency, people are scared. What am I going to do? How long is it going to take me to get help?

Dell Giles lives in Rockdale, Texas — which has a population of around 6,000 people — and they are facing some big health care problems. Her town's one and only hospital has closed, just over a year ago.

According to Dell, the hospital essentially closed overnight due to bankruptcy. Any other urgent or emergency services are over 50 miles away.

A clinic has opened up since, which includes pediatric services, that has filled the community's needs for check-ups and other appointments. It has even been able to provide testing for COVID-19.

However, the loss of the hospital has left a void in care for the community. Members of the community are worried that if someone were to fall ill enough to need hospitalization, they would have to receive care very far from their home and loved ones. In addition, many members of the community have been unable to get access to their medical records, and they don't know who to turn to get their information.

"Mostly, it's just the fact that if there's an emergency, people are scared. What am I going to do? How long is it going to take me to get help?"

One of the great strengths of rural communities is social infrastructure. Many rural communities host generations of families and overlap in social circles, setting them apart from urban and suburban communities where social infrastructure has drastically declined over the last 50 years.

In fact, four out of 10 rural survey respondents said that access to hospital care, emergency care, or specialized care was a minor or major problem in their own communities.

- Four out of 10 respondents said that access to dental care was a problem in their own communities.
- More than 6 out of 10 rural survey respondents felt positively or very positively toward each of the following health care policy proposals:
  - Adding dental coverage to Medicare, more support for dental care in rural areas.
  - Improving telehealth in rural areas, especially mental health and specialty care.
  - Increasing funding for community health centers in rural areas.
  - More funding to rural hospitals with flexibility to decide how to spend funding.

To read more on the key takeaways of these polls, check out U.S. Health Care in the Midst of a Global Pandemic: A Message from Rural America.[3]

In addition to these findings, other data show that, due to existing system vulnerabilities, such as barriers to care that are specific to rural regions, rural populations have a higher risk of contracting the coronavirus. Furthermore, the pandemic has disproportionately affected communities of color in rural areas.

For example, certain rural areas have long-standing communities where the majority of residents are people of color such as the "Black Belt" in Mississippi and Alabama, where rural Black populations outnumber white populations. "Majority-minority" rural communities in Arizona, Georgia, Mississippi, and New Mexico have some of the highest COVID-19 death rates in the United States. In Alaska, one in five state residents are Alaska Natives or American Indians, and those communities comprise a majority of large parts of the state.[4]

Rural Communities – A Snapshot

"Rural" is defined as low-density populated regions and are far from urban areas.[5] Almost 60 million people[6] live in rural communities, making up one in five U.S. residents.[7] Around half — 28 million people — reside in Southern states. Rural areas account for 10% of the country's gross domestic product.[8] The U.S. relies on these regions for water, food, and energy.[9]

One of the great strengths of rural communities is social infrastructure. Social infrastructure, defined as "spaces and organizations where community members exist and develop social capital,"[10] is robust in rural areas. Many rural communities host generations of families and overlap in social circles, setting them

Tamara Hamilton, Mancos, Colorado

Lack of community providers means that a lot of people only seek health care from the emergency room, which is expensive, and the training that ER workers receive doesn't always meet the community's needs.

Tamara Hamilton lives in Mancos, Colorado, a town of around a thousand people. When her 1-year-old grandson, Tucker, recently fell ill, there were only two hospitals nearby as options.

The first, closer hospital, Tamara knew she had to avoid. Not only does the hospital have a horrible reputation in the community, but Tamara's own experiences there have been enough for her. 15 years ago, she took her son there and they diagnosed him with strep throat. Knowing something else was wrong, Tamara took the extra 7-hour drive to a children's hospital in Denver where he was diagnosed with and treated for cancer.

Based on this previous, terrible experience, when Tucker fell ill this past March, Tamara and Tucker's mom Lillian decided to take him to the other hospital nearby. Tucker's pediatrician had diagnosed him with COVID-19 via a telehealth appointment and told them to seek treatment at the hospital, but the hospital refused to listen to the pediatrician's advice. Tamara and her daughter felt trapped. With Tucker extremely dehydrated and with low oxygen levels, it would be risky to take the 7-hour trip to Denver. Lillian had to threaten the hospital that she would take him to Denver for the hospital to give him oxygen. Fortunately, the hospital agreed to help, and Tucker recovered.

Tamara faces other issues living in a rural area. In her corner of Colorado, insurance premiums are higher than anywhere else in the state. Every doctor in the county is on the same network, so there is no competition. Medical appointments are extremely backlogged in her area, and often can only be booked four months out. In frustration, Tamara has even told a receptionist trying to book her for appointment not to bother because "that far from now, I'll either be better, or I'll be dead."

This lack of community providers means that a lot of people only seek health care from the emergency room, which is expensive, and the training that ER workers receive doesn't always meet the community's needs. Tamara believes this is part of the reason it was difficult to get care for Tucker.

apart from urban and suburban communities where social infrastructure has drastically declined over the last 50 years. Sharing these points of connection — along with values of self-reliance and personal responsibility — strengthens rural communities and produces strong interpersonal ties and resiliency to ongoing challenges and unexpected circumstances.

Although the strengths and value of rural America are evident, national discussions on policy have left many rural communities behind, oftentimes making sweeping generalizations about rural areas, focusing on specific industries and applying policies from other regions that don't account for rural community differences and complexities.

Below are additional facts that reflect the broader and lesser-known demographics of rural America:

- On average, 20% of the rural population is 65 years or older, which is 4% higher than the national average.[11] However, some rural communities have much larger populations of young people. According to the 2010 census, almost 29% of American Indians and Alaska Natives living predominantly in rural areas are under the age of 18.[12]
- Between 2012 and 2016, around 31% of rural counties had concentrated poverty,[13] compared with 49% in suburban and 34% in urban areas. However, many rural communities have higher rates of poverty than the national average and lower median annual household incomes. Many rural residents grapple with housing, employment, and public schooling concerns, similar to issues their urban and suburban counterparts also face.[14,15]
- Between 2012 and 2016, 35% of urban residents held bachelor's degrees compared with only 19% in rural counties. In rural areas, high school graduates outnumbered college graduates.[16]
- According to the Centers for Disease Control and Prevention, "Nonmetropolitan areas had higher age-adjusted death rates and greater proportions of excess deaths from the five leading causes of death" than metropolitan counterparts between 1999 and 2014.[17]
- While rural counties are on average 78% white, over 500 counties are national hubs[18] for Black, Latinx, and Indigenous communities.[19] Rural policy discussions often exclude the narratives of these and other groups, such as immigrants, who make up one-fifth of the national rural population and are growing in number;[20] migrant workers; disabled people; and LGBTQ communities.[21]

As portrayed above, rural communities provide their own demographic complexities, which are important to consider when tackling systemic challenges and approaching policy solutions. Because of this, advancing rural public health requires local and regional planning and community engagement,[22] and to support these efforts, national policies can lay the groundwork for sustainable health systems serving rural America.

In the following section, we will cover top-line health care issues for rural voters mentioned earlier in this report.

Accessing Health Care

Before the onset of the COVID-19 crisis, rural communities faced challenges in having their health care needs met and overcoming barriers to care: fewer physicians, lack of mental health services, higher rates of disability, lower rates of insurance coverage, and poor internet services, which reduce access to telemedicine and other educational and care services.[23]

Tara Blackburn, Native American reservation in California

Tara has had health concerns that her rural community cannot address. Although there is a health clinic and a dental clinic nearby, they are unable to provide all of the care the community needs.

Tara Blackburn lives on a Native American reservation in California. Her community has been able to regulate itself very well during the COVID-19 pandemic. No one has refused to wear a mask, and they've only had one case so far with no deaths.

Despite that, Tara has had health concerns that her rural community cannot address. Although there is a health clinic and a dental clinic nearby, they are unable to provide all of the care the community needs. Two years ago, two abscesses in Tara's mouth burst. The dental clinic was not set up to meet Tara's needs, but after she spent several hours waiting in pain, they were able to finally see her. They couldn't give her the root canals she needed, but they gave her necessary antibiotics to recover.

The community also has local ambulance services, but for issues that can't be treated at the nearby clinics, people have to be taken by helicopter as far as 100 miles to a hospital in Redding or take a gnarly mountain road 65 miles to Eureka.

Tara has worried about what would happen to her in an emergency. If she had a fall, the local clinic would probably be enough, but what if she had a stroke?

The community is also facing issues of smoke inhalation. Fire season is underway in California, and for people who have lived in the community a number of years, the persistent seasonal smoke has caused them to be at greater risk of pneumonia or, now, COVID-19.

Rural hospitals — some counties' largest employers — have been closing at alarming rates across the U.S.[24] These facilities provide key access points to care for many rural communities, including physician care. Many have 60% of their revenue coming from outpatient care. But 170 rural hospitals have closed since 2005, and 700 are currently at risk of closing.[25] As a result, many patients are forced to travel longer distances to receive care. This becomes even more of a problem if a medical emergency requiring ambulances or hospitalization occurs.

Contributing to these closures are higher uninsured rates — particularly in states that have not expanded Medicaid — combined with broader economic problems and a relative lack of higher-paying commercially insured patients.[26] The longer-term national trend of provider shortages and network consolidation further limits underserved and marginalized rural communities from accessing necessary health services as rural providers are acquired and downsized or eliminated.[27] The combination of these amassing issues further drives the health inequities we see between rural residents and their urban and suburban counterparts.

Below, are additional health system challenges rural voters described in the surveys conducted by Hart Research Associates and Families USA Action:

Rural residents encounter challenges to obtaining affordable insurance coverage, leaving many uninsured. Rural uninsured rates remain higher than in urban and suburban areas. The U.S. Census Bureau estimates around 12% of people in rural counties lacked health coverage, compared with 10% in mostly urban counties.[28] Without coverage, individuals are less likely to seek out health care services for preventive and emergency situations. Many resort to charity or low-cost care, but the supply of providers who offer these services is limited.[29]

Survey data confirm that rural residents struggle to afford health services and coverage, making them more likely to forego care altogether.[30]

A high proportion of rural residents are eligible for Medicaid,[31] but in states that have not expanded Medicaid, many low-income adults are uninsured instead of enrolled in coverage. This has considerable health system ramifications: Extensive research has shown that states with Medicaid expansion experience lower levels of hospital closures and that expansion has played an important role in getting more people covered in rural America. Between 2008 and 2016, "rural uninsured rates declined from 35 to 16% in Medicaid expansion states while in non-expansion states, this percent change only declined from 38 to 32%."[32]

Accessing affordable prescription drugs and pharmacies can be difficult in many rural communities. Rural communities face high-cost drugs just like many other Americans; however, rural residents face additional challenges to receiving their medications. On average, older Americans take 4.5 prescription drugs, and one-third of U.S. farmers are over the age of 65.[33] Those who take more than four prescription drugs reported difficulty paying for prescriptions, and one in three report that they forgo taking medications due to high costs.[34]

Many rural pharmacies face barriers to staying open due to "low-volume purchasing, slim profit margins, unfavorable insurance practices, a limited pharmacy workforce, and the slow growth of many rural economies."[35] Moreover, when pharmacies aren't nearby, rural patients may face additional barriers, such as traveling long distances.

For rural Americans, oral health care is often out of reach. Dental care accessibility issues are caused by a lack of oral health coverage, high costs, limited access to transportation, and an inadequate number of providers. Medicare does not cover dental

care, which has a disproportionate impact in rural areas where the population is older and more likely to get health insurance through that program. In addition, relatively few rural employers provide dental coverage. Research shows that, along with these gaps in provider access and coverage, "geographic location is associated with inconsistent dental care, especially for Black Americans."[36] As a result, rural seniors and adults are forced to go without dental care — possibly harming their overall health — or go to the emergency room, where care is costly, less effective, and adds additional burdens to rural hospitals.[37] Unmet oral health needs exacerbate other health conditions, including heart disease, respiratory illnesses, cancer, and diabetes — all of which increase the risk for contracting COVID-19.[38]

Older rural residents have particular challenges in accessing care. One in five older Americans live in rural regions.[39] Older people on average have a greater need for health care, and the provider capacity problems described above are a particular challenge for older rural adults. Access to formal long-term support and services is also difficult in a growing number of communities. Over the last decade, more than 440 rural nursing homes have closed or merged.[40] Families oftentimes have few paid options for aging family members as nursing homes or long-term care facilities in remote communities close and at-home services are limited. Quality of life also can be lower in remaining nursing homes as closures make the travel time longer for families to visit.

COVID-19 Impacts

Early on in the COVID-19 pandemic, metropolitan areas were the hardest hit. Less densely populated areas saw lower numbers of both cases and deaths. However, any sense that rural communities would not be hit by the pandemic soon collapsed as rural counties saw higher numbers of cases and deaths beginning in May 2020.[41] From April to September, the proportion of COVID-19 cases in nonmetropolitan areas grew from 3.6% to 11.1%.[42] Despite the rise in cases and deaths, the effects of COVID-19 are much more nuanced than the outcomes seen in urban areas.

Eight out of 10 COVID-19-related deaths were people ages 65 and older,[43] and over 40% occurred in nursing homes across the country, which poses concern for rural communities with larger aging populations. Moreover, rural hospitals are even more financially vulnerable as occupancy rates and elective procedures decreased, yet operational expenses increased for reasons such as increased need for personal protective equipment. Shortages of health professionals and overextended public health departments cause further strain due to limited resources.

Communities of color, including those in rural communities, have been and continue to be impacted by COVID-19 at higher rates. Black, Indigenous, Latinx, and other communities of color have particular vulnerability to the pandemic, rooted in structural racism and unjust policies, as we describe in detail in our report The Fierce Urgency of Now: Federal and State Policy Recommendations to Address Health Inequities in the Era of COVID-19.[44]

Black, Indigenous, Latinx, and other communities of color have particular vulnerability to the pandemic, rooted in structural racism and unjust policies,

As the nation faces the dual crises of the economic recession and the pandemic, rural communities encounter an array of health and health care challenges that cannot go unrecognized.

Majority-minority rural communities in Arizona, Georgia, Mississippi, New Mexico, and Texas have some of the highest COVID-19 death rates in the United States. For example, in New Mexico, Native people make up 55% of coronavirus cases while making up only 10% of the state's population.[45] Further, the Centers for Disease Control and Prevention reports these measures on the racial and ethnic COVID-19 impact: Non-Hispanic American Indian or Alaska Native persons are 5.3 times more likely than non-Hispanic whites to be hospitalized for COVID-19, while Hispanic or Latinx persons are 4.6 times more likely to be hospitalized than whites.[46] The non-Hispanic Black persons' mortality rate for COVID-19 is 2.1 times higher than the rate for non-Hispanic whites.[47]

It is critical to address these disproportionate rates in rural areas as these groups make up larger portions of the areas' populations, such as Hispanic or Latino populations in Andrews County, Texas made up 56% of the population in 2019[48] and in St. Francis County, Arkansas, where Black Americans account for more than 50% of the population.[49] Alongside urban and suburban counties, rural areas must address racial disparities in COVID-19 outcomes and the long-standing, systemic inequities affecting persons of color to ensure fair opportunities to healthy futures and livelihoods.

The economic impact on rural communities is significant and getting worse. One survey found that for more than one in three rural adults, either they or someone else in their household has experienced job or wage loss since the start of the pandemic.[50] Rural unemployment rates rose to over 13% in April 2020, accounting for 2.8 million unemployment claims filed in May 2020,[51] and even up to 17% in specific counties; however, rates fell down to 12% in June.[52] Yet after significant federal assistance to employers, only 4.2 million out of 30 million businesses received emergency loans from the Small Business Administration despite congressional approval of $700 billion to support them.[53] And one study predicts over 100,000 small businesses will permanently close due to COVID-19.[54]

COVID-19 has supported a dramatic increase in the availability of remote video and telephonic medical services. Telehealth services have been made more widely accessible to patients and providers throughout the United States due to COVID-19. These services are not a panacea or a complete response to the hospital closures described above. Indeed telehealth, if expanded too aggressively, can also compete with rural providers and community health workers, and destabilize them further. But improved telehealth services can help provide critical access to care in rural communities — especially for people living in remote areas. However, telemedicine and telepharmacy are not possible in many rural areas due to unreliable or no internet access. Closing this technology gap would allow millions more to engage and have entry to our digital health care system and economy while meeting their daily needs during the crisis.

National Policy Solutions

As the nation faces the dual crises of the economic recession and the pandemic, rural communities encounter an array of health and health care challenges that cannot go unrecognized. National health policy discussions too often make sweeping generalizations about rural areas, proposing solutions that do not account for community differences. National policymakers looking to make investments in rural health care capacity and to improve economic and physical well-being in rural regions should provide continual support for rural communities to design and plan for health policy improvements at the regional level, not only for principled reasons but for practical ones.

Below are key national policy recommendations to improve health and health care serving rural America:

- As the pandemic continues and worsens, national policymakers must ensure equitable distribution of COVID-19 treatments and resources to all U.S. residents, with greater focus on historically marginalized communities and populations that have been disproportionately impacted by the pandemic, including rural seniors, communities of color, and American Indians.
- High prescription drug costs negatively impact families across political parties and states, though this issue weighs heavily on aging groups in rural regions. Congress should lower list prices, increase transparency, and promote competition to reduce high costs for

consumers through restructuring the Medicare Part D benefit to significantly lower the out-of-pocket maximum that beneficiaries will pay, and reduce federal reinsurance payments for catastrophic coverage.[55]

- Oral health is critical to overall health and wellness, and, in fact, is directly related to COVID-19 outcomes as patients with worse oral health tend to get sicker and are more likely to have health complications. Congress should add dental coverage to Medicare, and states should maintain oral health funding and reimbursement structures in Medicaid to make dental care more affordable and accessible to rural residents.
- Millions have lost their health insurance in 2020 as our nation's economy took a turn for the worse, yet families and communities still need coverage to access necessary testing and treatments. To ensure access to health care, financial stability, and support for our public health infrastructure, all 50 states should expand Medicaid coverage to close the gap in coverage for newly unemployed and low-income rural adults.
  - Moreover, state Medicaid agencies should make dedicated investments in home- and community-based services for rural seniors and individuals with disabilities and complex care needs.
- As federal agencies consider new mechanisms to address the social determinants of health, they should incorporate and prioritize unmet social determinants of health that are specific to rural communities, like access to education and transportation, as well as issues that are common in both rural and urban areas, such as safe living environments and access to high-quality nutrition.
- Reliable and comprehensive rural broadband is long overdue. Rural broadband is not just an American economic imperative, it is vital to America's public health.
- Telehealth has enormous potential to increase access to care in rural areas. And the COVID-19 pandemic has demonstrated how quickly our health care system can ramp up telehealth when under duress. But telehealth is not a panacea for rural health care delivery, and indeed, on its own, greatly expanded rural telehealth could accelerate the closure of rural health providers who deliver services that are necessarily in person. Instead rural provider sustainability policy should combine:
  - New types of reimbursement that are less dependent on fee-for-service revenue, such as Pennsylvania's rural hospital global payment model.
  - Sustainable telehealth payment policies and flexibilities for providers to prevent barriers to telehealth delivery from emerging after the pandemic.

These multifaceted policy strategies require federal resources combined with a framework for collaboration across communities, local and national policymakers, and other stakeholders focused on rural health. Policymakers must prioritize specific economic and health care investments that empower all rural communities to maintain and advance the public's health during and after the pandemic.

Endnotes

[1] United States Census Bureau, *How Does the U.S. Census Bureau Define "Rural"?*, https://gis-portal.data.census.gov/arcgis/apps/MapSeries/index.html?appid=7a41374f6b03456e9d138cb014711e01.

[2] David J. Peters, *Community Susceptibility and Resiliency to COVID-19*, (Journal of Rural Health, May 19, 2020), https://ruralopioids.soc.iastate.edu/wp-content/uploads/sites/210/2020/06/Peters_2020_JRuralHealth_COVID19.pdf.

[3] Kimberly Alleyne, Lisa Shapiro, and Katie Corrigan, *U.S. Healthcare in the Midst of A Global Pandemic: A Message from Rural America*, (Washington, DC: Families USA, September 30, 2020), https://familiesusa.org/resources/u-s-health-care-in-the-midst-of-a-global-pandemic-a-message-from-rural-america/.

[4] *Alaska Native Health Status Report Second Edition*, (Alaska Native Tribal Health Consortium Epidemiology Center, August 2017), http://anthctoday.org/epicenter/publications/HealthStatusReport/AN_HealthStatusReport_FINAL2017.pdf.

[5] U.S. Census Bureau, *What is Rural America?*, August 9, 2017, https://www.census.gov/library/stories/2017/08/rural-america.html.

[6] United States Census Bureau, *How Does the U.S. Census Bureau Define "Rural"?*

[7] U.S. Census Bureau, *What is Rural America?*, August 9, 2017.

[8] Olugbenga Ajilore and Zoe Willingham, *Redefining Rural America*, (Washington, DC: Center for American Progress, July 17, 2019), https://www.americanprogress.org/issues/economy/reports/2019/07/17/471877/redefining-rural-america/#:~:text=Rural%20communities%20account%20for%20a,the%20U.S.%20population%20and%20economy.&text=Moreover%2C%20rural%20areas%20are%20crucial,the%20country's%20vital%20natural%20resources.

[9] Olugbenga Ajilore and Zoe Willingham, *Redefining Rural America*, (Washington, DC: Center for American Progress, July 17, 2019).

[10]Allison Fleming, et al., *Resilience and Strengths in Rural Communities*, (Disability and Vocational Rehabilitation in Rural Settings, November 4, 2017), https://link.springer.com/chapter/10.1007/978-3-319-64786-9_7#:~:text=In%20many%20rural%20communities%2C%20residents,others%20(Hoffman%2C%202011).

[11] Dante Chinni and Ari Pinkus, *Overview*, (American Communities Project, September 25, 2019), https://www.americancommunities.org/chapter/overview-2/#Well-Being%20and%20the%20Future%20of%20Rural%20America.

[12] Office of Minority Health, *Profile: American Indian/Alaska Native*, United States Department of Health and Human Services, https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62.

[13] Kim Parker, et al., *What Unites and Divides Urban, Suburban, and Rural Communities* (Washington, DC: Pew Research Center, May 22, 2018), https://www.pewsocialtrends.org/2018/05/22/demographic-and-economic-trends-in-urban-suburban-and-rural-communities/.

[14] *Challenges Facing Rural Communities*, (Washington, DC: National Conference of State Legislatures, January 21, 2020), https://www.ncsl.org/research/agriculture-and-rural-development/challenges-facing-rural-communities.aspx.

[15] Dante Chinni and Ari Pinkus, *Overview*, (American Communities Project, September 25, 2019).

[16] Kim Parker, et al., *What Unites and Divides Urban, Suburban, and Rural Communities* (Washington, DC: Pew Research Center, May 22, 2018).

[17] Ernest Moy, et al., *Leading Causes of Death in Nonmetropolitan and Metropolitan Areas – United States, 1999-2014*, The Center for Disease Control (CDC), MMWR, Surveill Summ 2017;66(No.SS-1):1-8, https://www.cdc.gov/mmwr/volumes/66/ss/ss6601a1.htm.

[18] Dante Chinni and Ari Pinkus, *Overview*, (American Communities Project, September 25, 2019).

[19] Olugbenga Ajilore, *Rural America Is Starting to Feel the Impact of the Coronavirus*, (Washington, DC: Center for American Progress, April 28, 2020), https://www.americanprogress.org/issues/economy/reports/2020/04/28/484016/rural-america-starting-feel-impact-coronavirus/.

[20] https://www2.census.gov/programs-surveys/demo/tables/hhp/2020/wk13/employ3_week13.xlsx.

[21] Olugbenga Ajilore and Zoe Willingham, *Redefining Rural America*, (Washington, DC: Center for American Progress, July 17, 2019).

[22] John Gale, Alana Knudson, Shena Popat, *Rebuilding the Foundation of Rural Community Health After COVID-19*, The Medical Care Blog, September 24, 2020, https://www.themedicalcareblog.com/covid-19-impact-rural-community-health/?fbclid=IwAR3hFQws-YCGimpVyqT4FdGqy-ob_B5McY9xFD32KQv97eal-6xhJ_6-khs.

[23] David J. Peters, *Community Susceptibility and Resiliency to COVID-19*, (Journal of Rural Health, May 19, 2020).

[24] NPR, *Small-Town Hospitals Are Closing Just As Coronavirus Arrives in Rural America*, April 9, 2020, https://www.npr.org/2020/04/09/829753752/small-town-hospitals-are-closing-

just-as-coronavirus-arrives-in-rural-america.

[25] CDC, *Rural Communities*, (Coronavirus Disease 2019 (COVID-19), August 3, 2020), https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations/rural-communities.html.

[26] Jane Wishne, et al., *A Look at Rural Hospital Closures and Implications for Access to Care: Three Case Studies*, (Washington, DC: Kaiser Family Foundation, July 7, 2016), https://www.kff.org/medicaid/issue-brief/a-look-at-rural-hospital-closures-and-implications-for-access-to-care/.

[27] Ge Bai and Gerard F. Anderson, COVID-19 And The Financial Viablity of US Rural Hospitals, (Health Affairs, July 1, 2020), https://www.healthaffairs.org/do/10.1377/hblog20200630.208205/full/.

[28] Jennifer Cheeseman Day, *Rates of Uninsured Fall in Rural Counties, Remain Higher Than Urban Counties*, (United States Census Bureau, April 9, 2019), https://www.census.gov/library/stories/2019/04/health-insurance-rural-america.html

[29] *Healthcare Access in Rural Communities*, Rural Health Information Hub, https://www.ruralhealthinfo.org/topics/healthcare-access.

[30] *Survey of Household Economics and Decisionmaking*, Board of Governors of the Federal Reserve System, https://www.federalreserve.gov/consumerscommunities/shed.htm.

[31] Joan Alker, Jack Hoadley, and Mark Holmes, *Health Insurance Coverage in Small Towns and Rural America: The Role of Medicaid Expansion*, (Georgetown University Center for Children and Families and the University of North Caronlina NC Rural Health Research Program, September 2018), https://ccf.georgetown.edu/wp-content/uploads/2018/09/FINALHealthInsuranceCoverage_Rural_2018.pdf.

[32] Jack Hoadley, Joan Alker, and Mark Holmes, *Health Insurance Coverage in Small Towns and Rural America: The Role of Medicaid Expansion*, (Washington, DC: Georgetown University Center for Children and Families, September 25, 2018), https://ccf.georgetown.edu/2018/09/25/health-insurance-coverage-in-small-towns-and-rural-america-the-role-of-medicaid-expansion/.

[33] *AARP: Rural Communities Hit by High Prescription Drug Costs*, (Pacific Northwest AG Network, September 18, 2019), https://www.washingtonagnetwork.com/2019/09/18/aarp-rural-communities-hit-by-high-prescription-drug-costs/.

[34] *Public Opinion on Prescription Drugs and Their Prices*, (Washington, DC: Kaiser Family Foundation, September 23, 2020), https://www.kff.org/slideshow/public-opinion-on-prescription-drugs-and-their-prices/.

[35] *Rural Pharmacy and Prescription Drugs*, Rural Health Information Hub, https://www.ruralhealthinfo.org/topics/pharmacy-and-prescription-drugs.

[36] Dominique Como, et al., *The Persistence of Oral Health Disparities for African American Children: A Scoping Review.* International Journal of Environmental Research and Public Health vol. 16,5 710. 27 February 2019, doi:10.3390/ijerph16050710, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6427601/#B22-ijerph-16-00710

[37] Melissa Burroughs, Cheryl Fish-Parcham, Maggie Elehwany, *For Rural Seniors, Improving Oral Health Care Could Mean Bettter Health*, (Washington, DC: Families USA, December 7, 2018), https://familiesusa.org/wp-content/uploads/2019/09/RuralSeniorOralHealth_120718_Fact-Sheet.pdf.

[38] Timothy Callaghan, et al., *Diabetes Mortality in Rural America: 1999-2015*, Southwest Rural Health Research Center, August 2017, https://srhrc.tamhsc.edu/docs/srhrc-pb2-callaghan-diabetes.pdf.

[39] Amy Symens Smith and Edward Trevelyan, *In Some States, More Than Half of Older Residents Live in Rural Areas*, (United States Census Bureau, October 22, 2019), https://www.census.gov/library/stories/2019/10/older-population-in-rural-america.html#:~:text=More%20than%201%20in%205,to%2013.8%25%20in%20urban%20areas.

[40] Jack Healy, *Nursing Homes Are Closing Across Rural America*, (The New York Times, March 4, 2019), https://www.nytimes.com/2019/03/04/us/rural-nursing-homes-closure.html.

[41] Rachel Fehr, et al., *COVID-19 in Rural America – Is These Cause for Concern?* (Washington, DC: Kaiser Family Foundation, April 30, 2020), https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-in-rural-america-is-there-cause-for-concern/.

[42] https://www.ers.usda.gov/covid-19/rural-america/.

[43] CDC, *Older Adults*, (Coronavirus Disease 2019 (COVID-19), September 11, 2020), https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html.

[44] Amber Hewitt, et al., *The Fierce Urgency of Now: Federal and State Policy Recommendations to Address Health Inequities in the Era of COVID-19*, (Washington, DC: Families USA, May 26, 2020), https://www.familiesusa.org/resources/the-fierce-urgency-of-now-federal-and-state-policy-recommendations-to-address-health-inequities-in-the-era-of-covid-19/.

[45] Sahir Doshi, et al., *The COVID-19 Response in Indian Country*, (Center for American Progress, June 18, 2020), https://www.americanprogress.org/issues/green/reports/2020/06/18/486480/covid-19-response-indian-country/

[46] CDC, *COVID-19 Hospitalization and Death by Race/Ethnicity*, August 18, 2020, https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html.

[47] Infectious Disease Society and HIV Medicine Association, *COVID-19 and Health Disparities in the United States,* June 16, 2020, https://www.idsociety.org/globalassets/idsa/public-health/covid-19/covid19-health-disparities.pdf.

[48] United States Census Bureau, *Quick Facts Andrews County, Texas,* https://www.census.gov/quickfacts/fact/table/andrewscountytexas/RHI725219#RHI725219.

[49] Dante Chinni, *St. Francis County, Arkansas: African American South,* (American Communities Project, September 25, 2019), https://www.americancommunities.org/chapter/st-francis-county-arkansas-african-american-south/.

[50] Alee Lockman and Robert Blendon, *Rural US Voters' Views on Health Policy and COVID-19 Before the 2020 Election,* (JAMA Health Forum, September 21, 2020), doi:10.1001/jamahealthforum.2020.1123, https://jamanetwork.com/channels/health-forum/fullarticle/2771022?utm_source=twitter&utm_medium=social_jamaforum&utm_term=3723745283&utm_campaign=article_alert&linkId=100124069.

[51] Housing Assistance Council, *Unemployment Outside of Metro Areas – March to May 2020,* https://hac.maps.arcgis.com/apps/StorytellingSwipe/index.html?appid=6cc7f4c19f2c48b09e4a188bf0e9daad.

[52] Homestead Funds, *Mid-Year 2020 U.S. Economic Outlook: A Focus on Rural America,* August 2020, https://www.homesteadfunds.com/wp-content/uploads/Mid-Year-2020-Rural-Economic-Outlook.pdf.

[53] Heather Long, *Small business used to define America's economy. The pandemic could change that forever.* (Washington, DC: The Washington Post, May 12, 2020), https://www.washingtonpost.com/business/2020/05/12/small-business-used-define-americas-economy-pandemic-could-end-that-forever/.

[54] Alexander W. Bartik, et al., *How are small businesses adjusting to COVID-19? Early evidence from survey.* (Cambridge, MA: National Bureau of Economic Research, April 2020), https://www.nber.org/papers/w26989.pdf.

[55] Consumers First, Letter to U.S. House and Senate Leadership, (Washington, DC: Families USA, January 6, 2020), https://familiesusa.org/wp-content/uploads/2020/01/Consumers-First-Rx-Letter-1.6.20-final.pdf

.

FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

This publication was written by:

Hannah Markus,
Strategic Partnerships Coordinator, Families USA

Kimberly Alleyne,
Senior Director, Communications, Families USA

Eliot Fishman,
Senior Director of Health Policy, Families USA

The following Families USA staff contributed to this publication (in alphabetical order):

Justin Charles, Digital Media Associate

Katie Corrigan, Chief of Staff

Nichole Edralin, Senior Manager, Design and Publications

Lisa Holland, Senior Communications Manager

Adina Marx, Communications Associate

Lisa Shapiro, Senior Advisor for Strategy and Children's Policy

The following professional contributed to this publication:

Erin Pinkerton, Editor

To download a PDF of this report, visit FamiliesUSA.org/stateofruralhealth

Publication ID: COV2020-138

FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

1225 New York Avenue NW, Suite 800 | Washington, DC 20005 | 202-628-3030 | info@familiesusa.org
FamiliesUSA.org | facebook / FamiliesUSA | twitter / @FamiliesUSA