



Rural Health Preparedness Policy Brief

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I. Introduction

Rural health suffered one of the worst years on record in 2019. With 19 hospital closures and 37 states facing primary physician care shortages by 2025, the rural healthcare infrastructure is in crisis.¹ Rural communities also have less public health and epidemiology capacity and fewer EMS resources compared to urban counterparts. In 2020, the COVID-19 pandemic exacerbated the challenges for the rural health care system. While the pandemic showed that all Americans are susceptible to the physical harm and financial challenges brought on by such a threat, it also revealed that rural communities are particularly vulnerable. The purpose of this brief is to provide some background and data to illustrate those key difference and to make policy recommendations to help prepare rural communities and mitigate risk in the future.

II. Background

Along with 19 closures in 2019, an additional 25% of rural hospitals were considered vulnerable to closure and the percent of hospitals operating at a loss rose from 39% in 2010 to 47% in 2019.² Additional threats to rural communities have been exposed by the COVID-19 pandemic. There have been 17 rural hospital closures in 2020.³ Furthermore, rural communities face numerous structural challenges which can make it more difficult to prepare and respond effectively to both natural and manmade disasters, including infectious disease outbreaks such as COVID-19. These include fewer health care providers, lack of transportation, lack of housing options, higher substance use disorder rates, limited job opportunities, limited and/or volunteer emergency medical services, lower household financial preparedness and hazard awareness, and limited and underfunded public health capacity including the capacity to monitor and track disease outbreaks.⁴ Together these factors create significant challenges in mitigating the health impacts of disasters.

Population mass and density are often primary considerations in the allocation of preparedness resources. It is important to recognize that disasters can and do occur in rural areas. For example, meat packing plants responsible for 10% of all beef production and 25% of all pork production temporarily closed during the COVID-19 pandemic.⁵ The impact of these disasters can be felt on all Americans regardless of geography and often times can be more devastating in rural areas due to the presence of health disparities, inadequate access to health care and public health services, the presence of greater proportions of vulnerable populations, and social determinants related to poverty, housing and education.^{6,7}



These challenges are further complicated due to the extent to which public health and health care infrastructures are already strained from years of chronic underfunding and from the considerable demands placed on the rural safety net.⁸ Appropriate funding that enables planners and operational personnel to collaborate in developing plans for scenario-based exercises has real potential to predict and mitigate negative outcomes resulting from disasters.⁹ Unlike their urban counterparts, rural residents frequently lack adequate access to health care services, and not all rural counties have public health departments or robust transportation networks. For these reasons, flexible, dedicated rural community funding is needed to address rural readiness and to build rural resilience.

III. Guiding Principles and Recommendations for Rural Preparedness

- Offices of Rural Health. There is an ongoing need for agencies such as CDC and FEMA to not only continue their focus on rural health issues, but to expand and formalize this focus through the creation of Offices of Rural Health within the agencies.
- National rural coordination. There is a need for reinvigoration of the White House Rural Council or a central rural agency within the federal government to coordinate all offices focused on rural health.
- Standardization with local control. While all response efforts need to be responsive to local needs, standardized criteria should be in place to ensure consistent response across localities. Funding and requirements need to be flexible enough to allow appropriate solutions according to the local needs, while adhering to evidence based approaches that can be applied across communities.
- Strengthened rural technology infrastructure. The rural public health and health care infrastructures must be strengthened to increase the ability to identify, respond to, and mitigate problems of public health importance. This has implications for workforce training and development, funding allocations, consistent standards across communities, and the use of evidence based approaches to preparedness and response including telehealth, broadband and expanded cellular coverage.
- Improved communication and response. Information pertaining to preparedness and response within the region is critical. A regional health care point of contact should be designated to establish regional partnerships for preparedness and response as needed. A database or listserv should be created for consistent information sharing from federal and/or state (depending on the crisis). Currently there is no consistency across counties, state or federal. There needs to be a



way to share information more quickly in order to know how to respond to a disaster or pandemic. While each state or county may choose not to respond in the same manner, the information should be available for them to be able to make the best decision.

- Availability of, and accessibility to health care resources, including medications and vaccines, for individuals exposed, infected, or injured in disaster events must be assured throughout the state in connection with the national strategic stockpile. Local response entities should have a plan in place for communication and distribution.
- Workforce preparedness education. Health professionals, volunteers/ first responders, and the public should receive ongoing preparedness education to better identify, respond to, and prevent the health consequences of disasters. Rural communities should also work with their health care workforce extenders, including retirees, to have a reserve corps available and ready to help when disasters occur to help address disaster related social determinants of health.
- Mental health preparedness education. Disaster Mental Health must be included as part of a comprehensive strategy of preparedness response in every rural community. Practices such as cognitive behavioral therapy as well as psychological first aid should be explored.¹⁰ If rural providers are to be "safety net" providers, a local "minimal services" should be established and guaranteed to local patients. Then these local services should be provided with appropriate reimbursement.
- The response to disasters in rural communities will require a coordinated effort for planning, funding, and scenario-based exercise training purposes. No one entity can be expected to absorb the costs of disaster preparedness alone. Emergency response is a government responsibility and all response entities need to be properly reimbursed for expenses incurred during a response effort.



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