

U.S. Health Care in the Midst of a Global Pandemic: A Message from Rural America

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 from the COVID-19 (2019 Novel Coronavirus) pandemic are still unfolding, families and communities across the country continue to be disrupted by very immediate and grave consequences: pandemic-related deaths, high unemployment rolls, historic losses of health insurance, sudden uprooting of financial security, and a widespread closures of business, big and small.

Amidst a sluggish economy and 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 are losing health insurance in the next year, while 29 million are unemployed due to COVID-19, either because of layoffs, illness, concerns about getting or spreading the disease, or stopping work to care for a family member with COVID-19. Further, the pandemic has brought into sharp focus long existing inequities in the U.S. health care system — access, quality, delivery, and affordability for people of color — that 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. Pandemic-fueled anxieties are driving conversations about quality of health care, access, prescription

drug costs, and surprise medical bills. These conversations are happening at kitchen tables across America, including in rural America where, historically, policymakers do not give adequate attention.

Why should policymakers focus on rural health care?

Nearly 60 million people¹ 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, lack of mental health services, higher rates of disability, lower rates of insurance coverage, and poor internet services reducing access to telemedicine and other educational and care services². Rural areas have high concentrations of poverty, too.

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, embarked on a project to canvass people in rural areas to learn whether their attitudes align with national attitudes, and whether they experience any unique challenges. Families USA Action commissioned a survey with Hart Research that surveyed 805 men and women ages 18-85, across employment status, religious affiliation and political identification. Survey participants came from rural areas in several states — including Pennsylvania, Wisconsin, Michigan, Illinois, Indiana, and Ohio— and answered questions on issues such as Medicare, affordability, access, the economy, employment, and the COVID-19 pandemic.

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.

Key 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 choose Coronavirus or health care as one of their top two health care issues.
- » When survey respondents were asked to volunteer the health issues that matter most to them, they emphasize affordability of coverage, COVID-19, and Medicare.
- » Their number one issue is 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: coronavirus, affordable coverage, Medicare, access to care, and affordable prescription drugs.
- » The majority of rural survey respondents say that access to hospitals and emergency rooms in rural areas is an “extremely important” health care issue, but it is not at the top of their lists. In fact, four out of ten rural survey respondents say that access to hospital care, emergency care, or specialized care is a minor or major problem in their own communities.
- » And four out of ten respondents say that access to dental care is a problem in their own communities.
- » More than 6 out of 10 rural survey respondents feel positively or very positively toward 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.

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 for contracting coronavirus. To further compound matters, the pandemic has disproportionately affected communities of color in rural areas, where there are typically higher concentrations of racial/ethnic minorities.

For example, immigrants make up one fifth of the national rural population and are growing.³ Certain rural areas have long-standing, majority communities of colors such as the “Black Belt” in Mississippi and Alabama where rural Black populations outnumber White populations. Majority-minority rural communities in Georgia, Mississippi, New Mexico and Arizona have some of the highest COVID-19 death rates in the United States.

Key takeaways:

Rural America is not a separate America. In fact, **people who live in rural areas do not care to be categorized as “rural voters.”** Instead, they view themselves simply as Americans who share similar concerns about health care and the economy, with a few exceptions, and who happen to live in rural areas.

Similarly, on health care, rural families do not view their health care concerns as esoteric or very different from those of other families, nor do think their experience with the healthcare system is a consequence of their rural geography.

With a pandemic taking its toll on the nation’s health and economy, survey respondents say health care issues such as **COVID-19, cost, preexisting**

conditions, and coverage resonate more than does the idea they lack access to care.

In addition, **there are health care issues unique to rural regions**, including lack of reliable and comprehensive broadband; lack of investment in telehealth; and poor access to oral health care coverage and services, exacerbated by a patchwork of Medicaid reimbursement structures and a lack of a Medicare prescription drug benefit.

What’s next?

One theme from the research comes through loud and clear: **Health care is a leading policy concern for people across America, no matter where they live.** People who live in rural America care about policies that will improve health and secure health care for families across America, especially issues like prescription drugs, surprise medical billing, affordability. Rural Americans also care about issues specific to their experience – telemedicine, physician retention, and hospital closures.

And our work isn’t done. The COVID-19 pandemic has exposed gross frailties across the U.S. health care system, including in rural America. As previously noted, **racial and ethnic disparities have been further exacerbated among communities of color, especially those in rural, Southern areas with highly-concentrated populations of racial/ethnic minorities.** Our next survey — to be released in early October — will canvass residents in these Southern states to compare insights against existing data. We aim to use those Southern-region data to inform and advance our health equity work.

Endnotes

¹ <https://gis-portal.data.census.gov/arcgis/apps/MapSeries/index.html?appid=7a41374f6b03456e9d138cb014711e01>.

² https://ruralopiods.soc.iastate.edu/wp-content/uploads/sites/210/2020/06/Peters_2020_JRuralHealth_COVID19.pdf.

³ https://www2.census.gov/programs-surveys/demo/tables/hhp/2020/wk13/employ3_week13.xlsx.

<https://www.americanprogress.org/issues/economy/reports/2019/07/17/471877/redefining-rural-america/>.

This publication was written by:

Kimberly Alleyne, Senior Director, Communications, Families USA

The following Families USA staff contributed to the preparation of this material (listed alphabetically):

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,

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