

POSITION STATEMENT:

Society of Behavioral Medicine Statement on COVID-19 and Rural Health

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SUMMARY STATEMENT

The Society of Behavioral Medicine supports increased healthcare funding, enhanced Broadband internet infrastructure, and enforcement of industry-related COVID mitigation practices to address gaps in rural health service delivery and stem the spread of disease.

THE PROBLEM

Rural Americans, who are on average older, poorer, and sicker than most American citizens, have less access to in-person or telehealth health care¹, and are uniquely vulnerable to contracting COVID-19.

- The Washington Post reports that nine of ten U.S. rural communities have at least one COVID-19 patient.² A Kaiser Family Foundation analysis found that the prevalence of rural COVID-19 cases is growing at a faster rate than urban rates.³ Major COVID-19 outbreaks are reported in rural-based industries such as meat-packing plants.⁴
- Many rural communities are “hospital deserts.” Approximately 30 million people in the US live more than an hour away from a trauma center and 16% live at least live thirty miles from the nearest hospital.⁵ These hospitals are both less equipped and less accessible.⁵
- Rural hospitals lack sufficient personal protection equipment [PPE] and test kits to meet the demands of COVID-19.⁶ Insufficient testing can result in underreporting of COVID-19 disease prevalence, which promotes relaxed prevention, testing, and mitigation efforts.⁷
- Gaps in Broadband and Internet connectivity are serious problems in rural communities.^{8,9,10}
- Limitations on elective surgeries, physical therapy, and lab tests threaten the financial solvency of rural area hospitals and clinics.¹¹
- The National Rural Health Association¹² states that “gravest [access] concerns” exist in the following areas: cash-flow and loan forbearance, supplies and tests, staff and workforce (e.g. EMS), and telehealth waivers.



CURRENT POLICY

Rural areas have longstanding gaps in healthcare availability⁵ and preexisting deficits in broadband infrastructure.^{8,9,10} These rural-urban disparities, along with COVID-related closures of Internet/wifi locations,^{10,13} and insufficient testing and PPE for medical practitioners,^{6,7} contribute to insufficient resources for rural practitioners to meet the health-related demands of the COVID-19 pandemic.^{6,7} Lack of testing can result in an underreporting of disease prevalence and result in reduced disease mitigation efforts.⁷ Inconsistent enforcement of COVID mitigation practices in rural industries such as meat-packing plants,⁷ contribute to the spread of disease.

RECOMMENDATIONS

- Congress should restore and increase funding to health systems such as local hospitals, Community Based Health Clinics, family practices,^{14,15,16} School Based Health Centers,¹⁷ and alternatives such as mobile health clinics,¹⁸ so they can safely reopen and operate at pre-COVID 19 levels.
- To address pre-existing gaps in Internet broadband infrastructure¹⁹ and restrictions in Internet access due to the COVID-19 related closures of businesses, schools, and libraries,²⁰ local, state, and federal governments should provide more affordable and accessible Internet access.²⁰

- To better protect the health of essential “front line” employees, especially those working in rural industries such as meat packing plants, OSHA should conduct inspections to ensure that employers implement COVID-19-related safety policies and practices, such as regular testing and the provision of effective PPE for all front line employees.²¹

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