



# Coronavirus Disease 2019 (COVID-19)

MENU >

## Rural Communities



Updated July 21, 2020

[Print](#)

About 46 million Americans live in rural areas, which face distinctive challenges during the COVID-19 pandemic.

Long-standing systemic health and social inequities have put some rural residents at increased risk of getting COVID-19 or having severe illness. In general, rural Americans tend to have higher rates of cigarette smoking, high blood pressure, and obesity as well as less access to healthcare which can negatively affect health outcomes. They are also less likely to have health insurance.

Rural communities are also [becoming more diverse](#) racially and ethnically. Racial and ethnic [minority groups](#) including, African Americans, Hispanics and Latinos, American Indians/Alaskan Natives, and Asian/Pacific Islanders, are at increased risk of getting COVID-19 and having severe illness.

Rural areas can face different health challenges depending on where they are located. Each rural community should assess their unique [susceptibility](#)   and social vulnerability to COVID-19. Many rural communities are considered highly vulnerable according to [CDC's Social Vulnerability Index \(SVI\)](#). The SVI includes factors such as housing, transportation, socioeconomic status, housing, race and ethnicity, and language which can be helpful in determining how to help support rural communities before, during, and after COVID-19.

Rural communities also have strengths, assets, and [protective](#) factors that public health can use to tailor policies and messages designed to:

1. reduce the risk of COVID-19 community spread and
2. improve the general health of rural populations, which may minimize the severity of COVID-19.

## How Rural Communities Can Respond During COVID-19


### Approaches for public health professionals

- Review [data](#) and other [resources](#) to better understand the burden of disease in your community and state.
- Network and collaborate with healthcare providers and others (e.g., health departments in other jurisdictions, pharmacists, nutritionists, community health workers, educators, counselors, businesses, and advocacy, community, labor, and faith-based organizations).
- Identify partners' needs and ways to access resources such as personal protective equipment (PPE), medicines (including naloxone for opioid overdose), and other necessary items.
- Work with advocacy, [community](#), [labor](#), and [faith-based organizations](#) to better understand the community's knowledge, needs, barriers, and challenges around COVID-19 [prevention](#)

- Include trusted community leaders who serve racial and ethnic minority populations and people with disabilities.
- Learn about special challenges or misconceptions that partners may encounter in their interactions with community members and help identify opportunities to [engage with the community](#).
- Tailor communication strategies to educate and inform rural residents about COVID-19 and ways they can protect themselves, coupled with general education on physical activity, healthy eating, chronic disease management, and [coping with stress](#).
- Get community input when developing materials, if possible.
- To foster a sense of trust and credibility, share messages and materials that are sensitive to unique health issues, access to care, and lifestyle challenges.
  - Develop [culturally appropriate](#) messages for [racial and ethnic](#) minority
  - Ensure messages are appropriate for [people with disabilities](#).
  - Make sure messages are easy to understand. Use storytelling to convey complex information.
  - Use CDC COVID-19 [communication resources](#), especially videos, when appropriate.
  - Use [Spanish](#) and [other language translations](#) that are available, when needed.

## Approaches for rural healthcare systems and healthcare providers

### Planning

- Develop a COVID-19 [action plan](#) with your staff and make adjustments to office, service, and patient procedures based on the patient populations you serve (e.g., older adults with chronic illnesses, people with disabilities, people with substance use disorders, children).
  - Look for [innovative ways](#)  to provide health services during COVID-19.
- Identify a plan for transporting people with COVID-19, including those with disabilities, for care at other healthcare systems and/or providers if your hospital or facility is closed or offering decreased services.
  - Review [CDC guidance](#) on how people can protect themselves when using shared transportation during the COVID-19 outbreak.
  - Prepare for surges in care by developing plans to re-open closed hospital facilities temporarily for low-level care.
- Maximize existing personal protective equipment to prevent shortages. Review [CDC guidance on optimizing PPE supplies](#).
- [Partner with state and local health departments](#), hospitals, and other healthcare systems, including those in metropolitan areas to:
  - Get regular information about local infection rates.
  - Develop a [contact tracing plan](#).
  - Offer [telehealth](#) services to reduce risk of infection in clinical setting.

### Patient Care

- Call the Clinician On-Call Center, a 24-hour hotline with trained CDC clinicians standing by to answer COVID-19 questions.
  - Call 1-800-CDC-INFO (800-232-4636) and ask for the Clinician On-Call Center.
- Explain to patients at [high risk of severe illness](#) from COVID-19 how they can protect themselves from infection, even if transmission rates seem to be low in your community.

- Share COVID-19 [resources](#) to keep patients informed, safe, and empowered.
- Learn how to [file claims](#) [↗](#) for reimbursement for providing COVID-19 testing or treatment for uninsured patients.
- Find ways to ensure COVID-19 testing needs are met by working with state and local health departments and commercial laboratories.
- Assess risk for [harms of opioid use](#) as more people may be using substances alone, without others around to administer [naloxone](#), perform life-saving measures, or call for help in case of [overdose](#).
  - Review CDC Guidance for [Syringe Service Programs \(SSPS\)](#) and COVID-19 resources for [people who use drugs or have substance use disorder](#).

## Approaches for community-based organizations and interest groups

- Review [COVID-19](#) information, [considerations for community-based organizations](#), and communication [resources](#) from federal, state, and local governments.
- Inform your community that COVID-19 cases can occur, even with careful planning and preparation. Some people can spread the disease before they start having symptoms, or even if they never have symptoms.
- Educate the community about COVID-19 [prevention](#) behaviors and use of [cloth face coverings](#).
- Provide information on [hygiene practices](#) and [limiting travel](#).

Plan and communicate about consistent [mitigation activities](#), given there is no treatment, vaccine, or other pharmaceutical intervention for COVID-19.

- Engage community members in education campaigns and mitigation efforts.
  - Residents, local business, and media may have creative ideas on ways to protect their community.
  - Find innovative ideas on the Rural Health Information Hub ([RHihub](#) [↗](#)).
- Be aware of possible [stigma](#) related to testing and having COVID-19.
- Work with local healthcare providers and organizations to develop a [Community Health Work \(CHW\) program](#) [↗](#) if the community does not already have one.
- Make every attempt to continue services for rural homeless populations in the event of community spread of COVID-19. See CDC's resources for supporting people experiencing [homelessness](#)
- See CDC [communication resources](#).

## Approaches for rural residents

- The best way to prevent becoming sick is to avoid being exposed to the virus. This means staying home whenever possible and avoiding public places where you may encounter many other people. If you are near other people, try to keep 6 feet apart (about two arms' lengths).
- Use [cloth face coverings](#) and other COVID-19 [prevention](#) behaviors to limit exposure to the virus.
- Know how to contact a healthcare provider if you or a family member becomes ill.
- Keep preventive care and other routine healthcare appointments, such as vaccinations and blood pressure checks, when possible. Check with your provider about safety precautions for office visits.
- Volunteer by contacting community service organizations and ask how you can help.
  - [Make and distribute cloth face coverings](#) for others in the community.
  - Help older adults, people with disabilities, and others at increased risk for severe COVID-19 illness, in your family or in the community, by shopping for groceries or running errands.
- Create an information card with the phone numbers and addresses of healthcare facilities, along with the family and

friends who live nearest to you.

- Locate state, local, or tribal health centers in advance to learn where to get tested for COVID-19, along with other COVID-19 health information.
- Create a phone tree system with family, friends, and neighbors that will be helpful to share information and get messages out quickly if COVID-19 affects your community.
- Know medicines your family members may need and see if you can have extra on hand to reduce visits to the pharmacist while COVID-19 is circulating in the community.
  - Many health insurance plans now allow for early access to prescriptions, for more than a 90-day supply of medication.
- Find ways that you and your family can [cope with stress](#).

## Approaches for businesses and workplaces

- Consult with your [local health department](#) to get updated information about COVID-19 cases in the area.
- Review CDC's [resources for businesses](#).
- Talk to employees about their concerns, and [share resources](#) to keep employees and their families safe and help them [cope with stress](#).
- Use [strategies](#) that help prevent the spread of COVID-19 in the workplace, and help protect all employees, including those at [higher risk](#). These strategies include:
  - Consider telework arrangements, if possible, along with other social distancing practices (staying at least 6 feet away from other people. This might mean making changes to the physical environment such as adding physical barriers (dividers).
  - Encourage employees to stay home when sick using paid or non-punitive sick leave.
  - Promote handwashing.
  - Provide supplies for [cleaning and disinfecting](#) workspaces and appropriate personal protective equipment.

## Additional considerations

People in [rural areas](#) are often in close proximity to [animals](#), whether livestock, pets, or wildlife. Interactions between people and animals may occur during farming, working with animals, interacting with [pets, visiting fairs or animal exhibitions](#), or coming into contact with wildlife while hunting, hiking, or during other outdoor activities, as well as when wildlife wander near homes. We are still learning about the virus that causes COVID-19, but it appears that it can spread from people to certain types of animals, including pets, in some situations. Based on the limited information available to date, the [risk of animals spreading COVID-19 to people is considered to be low](#).

## Why Rural Communities May Be at Higher Risk During the COVID-19 Pandemic


### The health of populations in rural America

Rural Americans may be at higher risk of severe illness from COVID-19 because they:

- Are [older](#) [🔗](#) than non-rural populations.
- Have [higher rates](#) of underlying chronic disease even after adjusting for age.

- Are more likely to have a disability:
  - [Up to one-third](#) of adults living in rural areas report having a disability, which is 9% higher than those living in more urban areas.
  - Up to 1 in 12 adults living in rural counties report having three or more disabilities, which is 24% higher than those living in more urban areas.
  - In the United States, adults with disabilities are 3 times as likely to have heart disease, stroke, diabetes, or cancer as those without disabilities.

## Healthcare infrastructure

Rural healthcare infrastructure is limited. Since 2005, [170 hospitals have closed](#)  and 700 more are currently at risk of closure. Many rural hospitals have a limited number of hospital beds, ICU beds, or ventilators, which can affect their ability to treat patients with COVID-19. Rural residents seeking care must often travel long distances to reach hospitals, health care facilities, and clinical specialists.

Additional infrastructure issues affecting a rural community's ability to respond to COVID-19 include:

- Emergency medical services (EMS) often use volunteers who must travel long distances to respond to a call.
- Shortage of health professionals for primary care is common in many rural areas.
- Public health departments serving rural areas often serve large geographic regions, which include non-rural populations, further straining limited resources.
- Widespread use of telemedicine is not possible in some areas because of absent or unreliable broadband and internet communications.

## Agricultural and food processing industries

[Meat, poultry, and food processing](#) industries are largely located in rural areas. [Occupations](#) in these industries often involve working closer than the recommended 6-foot distance, which puts workers [at increased risk of getting and spreading COVID-19](#). Not only are workers at risk because of the conditions in these industries, but the industries are considered critical and less likely to close, leaving workers little choice but to come to work even when other businesses are shut because of high community transmission. [COVID-19 outbreaks among meat and poultry processing facility workers](#) can rapidly affect large numbers of workers and extend into the communities where they live. [Targeted workplace interventions](#) and prevention efforts that are tailored to the groups most affected by COVID-19 are critical to reducing the risk of getting COVID-19 at work.

For more information about CDC's work in rural health, contact: [ruralhealth@cdc.gov](mailto:ruralhealth@cdc.gov).

## Additional Resources

[CDC COVID Data Tracker](#)

[CDC Guidance Documents \(searchable\)](#)

[CDC's Resources: Supporting states, tribes, localities, and territories](#)

[Agricultural Workers and Employers](#)

[Long-Term Care Facilities](#)

[Correctional Facilities](#)

[Cleaning and Disinfecting Your Home](#)

[One Health](#)

[Health Departments](#)

[Rural Health Information Hub](#) 

[National Rural Health Association COVID-19 Technical Assistance Center](#) 

[National Rural Health Association COVID-19 Resources](#) 

Last Updated July 21, 2020

Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)