Rural America and COVID-19:
Small Towns and Rural Communities
are at High Risk

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COVID-19 has reached rural America, and it is already having a major impact on our small towns and rural communities. Families in rural communities face disproportional challenges that put them at high risk:

- **Rural health systems are already strained and under-resourced.** Rural hospitals are closing at astounding rates, leaving patients with limited options for care. More than 128 rural hospitals have closed since 2010, including eight this year already. Of the hospitals remaining, many lack the capacity and equipment to manage an influx of patients suffering from a novel and deadly disease like COVID-19.

- **Rural communities generally have higher rates of chronic health conditions like heart disease and diabetes** that increase the risk of COVID-19 complications. Recent studies from the CDC report that nearly 90 percent of patients hospitalized with COVID-19 in the U.S. have underlying health conditions.

- **Many rural residents lack access to reliable broadband and high-speed internet.** Twenty six percent of Americans living in rural areas do not have access to high-speed internet. This creates new barriers to patients now limited to telehealth services, students forced to only learn online, and small businesses and workers in desperate need of support.

- **Rural America is built on essential workers, farmers, and small businesses.** These Americans are at greater risk for infection and community spread. They often fare worse during recessions and have a harder time bouncing back. Small businesses provide 35 percent of employment in rural towns, compared to 27 percent in urban areas. Tourism, manufacturing, natural resource production, and transportation – some of the industries most threatened by the virus – make up 56 percent of jobs in rural economies.

- **Rural communities face challenges accessing healthy food.** Despite producing most of our country’s food, households in rural areas face more food insecurity than those in more densely populated areas. As COVID-19 spreads across the country, demand for charitable food assistance is surging as supplies and staff decline.
Democrats recognize these vulnerabilities and are committed to providing every town in America with the necessary resources to overcome these challenges.

**Democrats are fighting for:**

- Widespread, rapid testing to save lives, contain the spread of COVID-19, and ultimately reopen our economy.

- Immediate funding to close the digital divide and deploy high-speed internet across the country.

- Protections for our food supply and essential food industry workers in rural communities.

- A Heroes Fund that rewards our frontline workers with the premium pay they deserve during this pandemic and recruits the additional workers we will need in the months ahead.

- Support for farmers and ranchers who have been adversely affected by COVID-19.

- Expedited support for rural small businesses.

- Increased access to food assistance and expanded food donation.

- The creation of a Rural COVID-19 Task Force to identify and address the needs of rural communities.
Rural America is not Immune to COVID-19

The COVID-19 pandemic is spreading rapidly through small towns and rural communities. While initial hot spots of COVID-19 were centered in dense urban areas, the map of infections is expanding into suburban and rural areas. It is estimated that rural areas might see peaks of the virus after the worst has passed through larger cities. Many rural areas have a geographic advantage of being further away from dense urban areas, but once the virus takes hold in a rural area, it can spread rapidly and have a devastating impact. Under-resourced health systems, disproportionate rates of poverty and food insecurity, limited internet access, and economies largely built on essential industries and services leave rural communities at a heightened risk when it comes to fighting this virus.

More than two-thirds of rural counties in the United States already have confirmed cases of COVID-19. Across rural America, the per capita infection rate has doubled in less than one week, which is as fast as recent increases in Chicago, Miami, Boston, Los Angeles, and New York.

Source: New York Times
A well-documented lack of testing capacity across the country has made it difficult to track the spread of the coronavirus. In many states, rural communities face even greater testing shortages than urban areas, raising the likelihood that rural areas are underestimating the scale of COVID-19 outbreaks. According to Johns Hopkins University, 85 percent of U.S. counties yet to report a positive case are rural. Researchers believe lack of testing throughout rural communities is allowing the virus to spread unnoticed, until it is too late to control.

In Florida, poorer and rural counties are not receiving the same access to tests compared to wealthier urban counties in the Tampa Bay area. In early April, the Orlando Sentinel found 20 rural Florida counties had each conducted fewer than 50 tests. Similarly, health experts in rural Ohio also believe the number of positive cases does not represent the virus’ spread, in part due to lack of testing.

In fact, Alabama, Georgia, and Kansas were three of the least tested states as of April 9, and they all have rural populations above the national average. According to the U.S. Department of Agriculture, 14 percent of the national population is rural, compared to 23 percent of Alabama’s population, 17 percent of Georgia’s, and 31 percent of Kansas’s.

Industry officials are also struggling with the lack of testing. “As we all learn more about coronavirus, it is clear that the disease is far more widespread across the U.S. and in our county than official estimates indicate based on limited testing,” said Bob Krebs, President of JBS USA Pork.

### Top 5 Least Tested States

<table>
<thead>
<tr>
<th>State</th>
<th>Tests per million people</th>
<th>Rural Population</th>
</tr>
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<tbody>
<tr>
<td>Texas</td>
<td>10% rural</td>
<td>10%</td>
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<tr>
<td>Alabama</td>
<td>23% rural</td>
<td>23%</td>
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<tr>
<td>Georgia</td>
<td>17% rural</td>
<td>17%</td>
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<tr>
<td>Kansas</td>
<td>31% rural</td>
<td>31%</td>
</tr>
<tr>
<td>Virginia</td>
<td>12% rural</td>
<td>12%</td>
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Source: Vox and USDA

Vox (As of April 9), Rural Data: USDA ERS State Data
Meatpacking Plants: Essential Workers, Limited Testing

All across rural America, a concerning trend of COVID-19 outbreaks is occurring at meatpacking plants, where essential food supply chain employees often are working in close quarters. These outbreak clusters are exacerbated by a lack of testing and personal protective equipment. This has resulted in significant outbreaks of COVID-19 that have shuttered meatpacking plants as both infected employees and those afraid of getting infected do not go to work.

The impacts of these outbreaks are rippling throughout communities, affecting public health and local economies. The increasing number of infections within the facilities has quickly spread the virus in the larger communities. It has also had devastating impacts on rural economies. For example, when meatpacking plants close, producers can be left with limited or no options on where to send their market-ready animals.\(^{15}\)

**Sioux Falls, South Dakota**

Smithfield Foods’ South Dakota pork plant has become one of the country’s largest COVID-19 hotspots. As of April 17, more than 600 employees have tested positive since the plant’s first diagnosed case on March 24, and 143 other positive cases are associated with those cases.\(^{16}\) Testing shortages and complications allowed the virus to spread unknowingly throughout Sioux Falls and the surrounding area.\(^{17}\) As of April 21, more than 40 percent of the diagnosed cases in the entire state of South Dakota are linked to this facility.\(^{18}\)

**Grand Island, Nebraska**

A hotspot has also emerged in Grand Island, Nebraska. Ten employees of the local JBS meatpacking plant tested positive on April 4, and the virus has since spread throughout the community, including into nursing homes. Forty-five Grand Island doctors sounded the alarm after the first cases were diagnosed, fearing the number of infections could already be in the thousands. The doctors said because of limited testing availability, the ten diagnosed cases “do not even begin to show the full picture.”\(^{19}\)

Unfortunately, testing in Grand Island was “very limited.”\(^{20}\) The town now has the highest number of cases in Nebraska and ten times more cases per capita than Omaha – whose population is nearly nine times greater. Hall County, which surrounds Grand Island, has a per capita infection rate that is almost tied with Louisiana, which has about the third highest per capita infection rate in the country.\(^{21}\)
Rural Disparities Increase the Challenges of Tackling the COVID-19 Pandemic

Rural Health Systems Are Already Strained And Under-Resourced

Rural hospitals already face unique challenges when it comes to providing care. They are typically farther away from their patients, under-staffed, and generally under-resourced. Rural hospitals were under significant financial strain even before the COVID-19 crisis—more than 128 have closed since 2010, and eight have closed in 2020 alone. Most of these hospital closures were in the South and Midwest, especially in states that did not expand Medicaid coverage under the Affordable Care Act. These closures have created “healthcare deserts” across rural America, forcing residents to drive miles to the nearest health care provider and sometimes more than an hour to the closest hospital. According to Kaiser Health News, nearly 11 million Americans live in counties without a hospital, including 2.7 million seniors.

Many rural hospitals also depend on larger urban systems for resources and care. However, as urban hospitals themselves become consumed with and overwhelmed by the coronavirus, rural hospitals are now finding themselves in competition for those very same resources. According to Kaiser Health News, less than half of U.S. counties have intensive care beds. This means a rural resident experiencing...
COVID-19 complications may have to drive an hour to reach their closest hospital, which still might not offer access to an ICU bed. Even the hospitals with intensive care beds might only have one bed for several thousand residents.27

Many rural hospitals are also severely under-staffed, a dangerous characteristic especially during an outbreak of a highly contagious novel virus. A recent federal survey of hospitals responding to the COVID-19 crisis found severe and widespread supply and staffing shortages across the country. Of the numerous challenges the report exposed, many hospitals are concerned that staff will get sick, resulting in severe staffing shortages. According to the report, “one small, rural hospital explained that if one patient tested positive for COVID-19, the hospital would have to put 16 staff members in quarantine, which would essentially halt its operations.”28

In order to manage the influx of COVID-19 patients and limit further spread of the virus, many hospitals are rescheduling elective surgeries and treatments. These are generally the most profitable procedures, thus leaving rural hospitals with the difficult combination of high operational costs and low revenues. Rural hospitals in Washington State have seen their revenues fall by as much as 50 percent since the outbreak began.29

Rural Communities Face Several Health Disparities

The populations that rural health systems serve are also disproportionately vulnerable to an outbreak. Recent studies from the Centers for Disease Control and Prevention report that nearly 90 percent of patients hospitalized with COVID-19 in the U.S. had an underlying health condition like heart disease or diabetes,30 which are both found at high rates in rural communities. Rural Americans are more likely to die from heart disease and chronic lower respiratory disease as well as other potentially preventable conditions, compared to urban residents.31 32 Rural communities also have higher rates of smoking and aging populations.33

Mental illness affects approximately one in five Americans in rural areas, and individuals with mental illness are likely to have other chronic conditions as well.34 With communities across the country ordered to shelter in place, social safety networks for rural communities are severely weakened, and stress levels have skyrocketed. Nearly half of respondents to a survey conducted by the Kaiser Family Foundation said their mental health is affected by stress related to the coronavirus.35 Nearly 40 percent of
residents reported they have lost their job or income due to the pandemic, including over half of part-time workers. Alarmingly, more than a third of people said they have been unable to receive medical care due to the crisis, and a quarter were unable to get prescription drugs. With drastic numbers of Americans facing both financial and health insecurities, the number of people with behavioral health needs has skyrocketed. The Disaster Distress Hotline, a crisis hotline run by the Substance Abuse and Mental Health Services Administration, saw a 338 percent increase in call volume between March and February, and an 891 percent increase when compared with March 2019.

The opioid epidemic has already devastated rural communities across the country. Drug overdose is now the leading cause of death for Americans under 50, and people who misuse opioids are at higher risk for COVID-19. According to the National Institute on Drug Abuse and other health experts, opioids impact the respiratory and pulmonary health of users and make them more susceptible to respiratory infections, including coronavirus. Opioids cause respiratory depression, slowing the breathing; in a coronavirus patient, this could exacerbate the respiratory distress already caused by the virus. Individuals who are addicted to opioids are also more likely to have other health conditions, such as chronic lung disease or heart disease, which also worsen the symptoms of COVID-19. Other drugs, including methamphetamine and cocaine, can also cause respiratory and cardiovascular issues.

Health experts worry the pandemic will exacerbate current barriers to treatment, including access to appointments and a lack of providers, leaving rural residents struggling with substance use disorders even more vulnerable to negative health effects from addiction.

**Rural Families Often Lack Reliable Internet**

In light of the coronavirus outbreak, health care providers have become more reliant on telehealth services to reach their patients. Some clinics and physician practices have even had to close their offices to prevent the spread of COVID-19, leaving telehealth as the only option for their patients. While telehealth has the potential to increase access to high quality health care in rural areas, many rural Americans face barriers to its use. According to the Federal Communications Commission’s most recent Broadband Progress Report, 26 percent of Americans in rural areas lack access to high-speed internet. Without high-speed internet, patients in rural America may not be able to participate in video consultations, transmit health information, or receive the care they need.
In light of the COVID-19 outbreak, a lack of internet access creates new challenges for rural communities. The digital divide hampers the ability of rural businesses to sell services and products online. Additionally, while many school districts are moving toward virtual learning, many rural school districts and their students lack the infrastructure to follow suit. According to one map analyzing broadband access for school-aged children (ages 5-19), approximately 2.3 million school-aged children living in rural America do not have access to high-speed internet. Another recent survey of teachers by Education Week revealed that only 16 percent of teachers in rural communities can safely assume that their students can complete homework that requires technology at home. These students must either miss class or find public Wi-Fi hotspots, where they are more exposed to the virus.

According to a recent report by Michigan State University, rural and socioeconomically disadvantaged students who are least likely to have broadband internet access at home, or are dependent on a cell phone alone for access, perform lower on a range of metrics, including digital skills, homework completion, and grade point average. They are also less likely to intend on completing a college or university degree. Rural districts are left with two unpalatable choices—either cease instruction for all students because they cannot guarantee equal educational access for those students, or potentially leave the students without home access behind if they cannot find public Wi-Fi hotspots for schooling.

Rural and Agricultural Economies are Vulnerable

Rural economies are particularly vulnerable to the impacts of COVID-19. According to the Center on Rural Innovation, the tourism, manufacturing, natural resource production, and transportation sectors are some of the most threatened by the virus due to a decrease in demand and the inability for employees to work from home. These industries make up 56 percent of jobs in rural economies, compared to 43 percent in urban economies.

Furthermore, small businesses, which provide 35 percent of employment in small communities, compared to 27 percent in urban settings, generally fare worse during recessions and have a harder time bouncing back. They have a more difficult time getting access to credit and often lack big reserves of cash that can help get larger companies through lean times.

The closure of large employers in rural communities also has cascading effects. More than a hundred people lost their jobs in Bristol, New Hampshire, when one factory shut down operations in April due to plummeting car sales. The Freudenberg factory was the largest employer in the town of 3,000 people and the largest customer of Bristol’s water and sewer system. Town Administrator Nik Coats referred to the factory
as Bristol’s “lifeblood.” The day before the factory announced the widespread layoffs, he warned, “If that plant were to ever close or significantly reduce operations, that would put us in a world of hurt.”

Similarly, Tyson Foods stopped production at a pork processing plant in Columbus Junction, Iowa, after 186 employees tested positive for COVID-19. As Mayor Mark Huston put it: “Let’s say there was an employer [in Des Moines] that employed 200,000 people – one employer – and then they shut down, what do you think that would do to Des Moines and the surrounding area?”

Rural communities suffered a disproportionate impact from the 2008 financial crisis and had a slower recovery as a result. As of the second quarter of 2019, rural employment was still running one percent below pre-2009 levels. Rural economies have generally lost businesses since the financial crisis and are not ready for another economic downturn.

Rural Communities Face Challenges Accessing Healthy Food

Despite producing most of our country’s food, households in rural areas face more food insecurity than those in more densely populated areas of the country. In 2018, 16.5 percent of rural households were food insecure, compared to 13.5 percent of households in metropolitan areas. Additionally, rural families depend on benefits from the Supplemental Nutrition Assistance Program (SNAP) just as much families in metropolitan areas.

As COVID-19 continues to sweep the nation, there has been a growing demand for charitable food assistance. This demand will continue to grow as people are laid off and social distancing orders are extended. Families that relied on school meals for their children are now experiencing increased need. Food banks are experiencing long lines as more families seek help even as charitable and grocery donations run low. Food pantries are also closing because they usually are staffed by volunteers, particularly older adults. Feeding America, the nation’s largest food bank network, reported a near 60 percent decrease in their volunteer workforce in March.

The organization estimates as many as 17.1 million additional Americans will face food insecurity due to the coronavirus outbreak. According to the U.S. Department of Agriculture, 37.2 million Americans experienced food insecurity in 2018.
Democrats are fighting to provide every town in America with the necessary resources to overcome the challenges COVID-19 has presented.

- **Deploy widespread rapid-response testing as soon as possible.** Nationwide testing is a critical way to help contain the spread of the virus and allow the economy to restart. Testing allows local officials to trace the virus’ spread and keep workers safe. It allows local health care professionals to prioritize treatment for those who need it most and manage scarce clinical resources; and it gives experts the information they need. Democrats secured $25 billion in the Paycheck Protection Program and Health Care Enhancement Act for testing as well as language to finally implement a national testing strategy. These are critical first steps to reliably and consistently testing patients in every community. Democrats demand a clear and comprehensive plan from the Administration, with extensive detail and timelines for completion, in order to rapidly scale and optimize testing.

- **Expedite high-speed internet deployment.** Democrats secured additional funding in the CARES Act to help close the digital divide, including $100 million in grant funding available through the USDA’s ReConnect Program. Funding can be used for construction, improvement, or acquisition of facilities and equipment needed to provide broadband service in eligible rural areas. $25 million in grant funding for USDA’s Distance Learning and Telemedicine Program will help rural communities upgrade telecommunications capacity.

- **Protect the food supply and essential food industry workers in rural communities.** Democrats are urging the Trump Administration to take actions to help to ensure the health and safety of food supply chain workers. This is necessary to keep the food supply chain strong and prevent further damage to the rural economy. Breakdowns in the food supply chain could have significant economic impacts for both consumers and agricultural producers.

- **Establish a Heroes Fund for essential food workers.** Essential frontline workers are the true heroes of America’s COVID-19 pandemic response. Democrats believe in providing premium pay to frontline workers during this pandemic to reward essential frontline workers, ensure the retention of essential workers who are working grueling hours on the front lines of this crisis, and promote the recruitment of additional workers who will be needed in the months ahead. The Heroes Fund consists of two major components:
  - A $25,000 pandemic premium pay increase for essential frontline workers, equivalent to a raise of an additional $13 per hour from the start of the public health emergency until December 31, 2020; and a
  - $15,000 recruitment incentive for health and home care workers and first responders to attract and secure the workforce needed to fight the public health crisis.
• **Provide support for farmers and ranchers** who have been adversely affected by COVID-19. The CARES Act provided $23.5 billion to USDA to help farmers, including $9.5 billion specifically to assist producers of perishable commodities such as specialty crops, dairy, livestock and local food. USDA has indicated initial plans to distribute this assistance through $16 billion in payments to farmers to cover losses. USDA will also make $3 billion in purchases of specialty crops, dairy products, and meat that will be distributed through food banks and other feeding programs. Democrats are urging the Administration to ensure support is distributed fairly to farmers hit the hardest.

• **Expedite support for rural small businesses.** Democrats secured an additional $1 billion in loan authority for USDA’s Business and Industry Loan Guarantee Program, which provides low interest loans to rural businesses and non-profits. They fought for increased funding for Small Business Administration loan programs and to make farms eligible for the Economic Injury Disaster Loans (EIDL) program as well as the Emergency EIDL Grant program, which provides grants of up to $10,000 to businesses affected by COVID-19. The Small Business Administration should provide flexibility to ensure farmers and agricultural businesses are able to access the Paycheck Protection Program. The USDA’s Farm Service Agency should also provide permanent flexibility in loans and offer equitable access to credit during this period of market uncertainty.

• **Increase access to food assistance.** In addition to providing food, SNAP also serves as an important tool to stimulate the economy. Every $1 invested in SNAP generates more than $1.70 in economy activity. This spending supports jobs and the food supply chain, which lifts up the economies of rural America. Democrats are fighting to increase SNAP benefits to support the economy and families, and to block harmful Administration rules and policies that take food off the table for millions of Americans.

• **Expand food donation.** The Families First Coronavirus Response Act included $400 million in funding for food banks for commodities and distribution. In addition, the Coronavirus Aid, Relief, and Economic Security (CARES) Act provided $450 million to food banks. Purchases of fruits, vegetables, meat, and dairy products will support farmers and provide nutritious food to those in need. The CARES Act also provided $100 million for food distribution in Tribal communities to provide for facility improvement, equipment upgrades, and food purchases. Food banks will need continued investment in future stimulus packages, and Democrats are working to support them.

• **Create a Rural COVID-19 Task Force.** Democrats are urging the Administration to create a specific task force to identify and address the needs of rural communities, and develop strategies and policy recommendations.
Endnotes

12. USDA, Economic Research Service, State Data
statistic-graphics.aspx#insecure
59 https://www.agriculture.senate.gov/imo/media/doc/04.03.20%20Roberts%20Stabenow%20LETTER%20to%20Administrator%20Carranza.pdf
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