



## Rural Communities

The concept of social vulnerability refers to “the characteristics of a person or group and their situation that influence their capacity to anticipate, cope with, resist and recover from the impact of a natural hazard.” Indeed, vulnerability is “place-based and context-specific,” linked to both the physical environment and social environments, inclusive of a variety of economic, political, and cultural conditions.<sup>[1]</sup>

Disaster-related outcomes may lead to newly vulnerable populations, thus increasing the scope of the problem during the recovery period. Examples of the newly vulnerable can include newly unemployed or uninsured individuals; individuals and families previously above the poverty line who may be ineligible for some services because their income level exceeds the cutoff, but who end up impoverished as a result of disaster-related costs; and newly homeless, isolated, or displaced individuals.<sup>[1]</sup>

In addition to the newly vulnerable, there are also populations with lower socioeconomic status (SES) characteristics who have already been disproportionately affected by morbidity (illness) and mortality. These populations with low SES characteristics reside across the country, extending across counties and throughout regions. More specifically, medically vulnerable populations include low-income populations residing in medically underserved areas where there may be health professional shortages, in both metropolitan and rural communities. As a result, vulnerable populations residing in rural communities are more likely to have a number of medical conditions such as cancer, diabetes or heart disease, and are less likely to receive recommended preventive services including: cancer screening and management of cardiovascular disease.<sup>[2]</sup>

“Populations residing in isolated small towns, farms, frontiers, and American Indian reservations generally have less direct access to health services due primarily to a disparity in the supply of the health workforce. And because of limited access to a primary care physician or any type of specialist, rural residents often travel longer distances to receive medical care.”<sup>[4]</sup>

### Emerging Issues in Preparedness <sup>[3]</sup>

As the United States prepares to address a range of emerging issues related to preparedness, communities can also become impacted in several ways. As reflected in the Healthy People 2020 national objectives, stakeholders can:

- Plan for the increased prevalence of emerging and re-emerging infectious diseases
- Incorporate Disaster Risk Reduction as an approach to preparedness
- Focus on health disparities and variations in preparedness across geographies, communities, and demographics
- Analyze how demographic trends are changing the vulnerability of populations during public health emergencies
- Increase opportunities for public-private partnerships
- Protect against threats to Electronic Health Record systems
- Identify how to take advantage of trends in technological innovation
- Increase transparency and flexibility in supply chain management



### Background Information (Populations with Low Socioeconomic Status Characteristics)

There are geographic disparities in cancer morbidity and mortality rates across the country. Although overall cancer incidence rates are lower in some rural areas across the United States, cancer incidence remains higher in rural areas for many cancers, including cancers that can be prevented and detected in early stages such as colorectal, cervical, and lung cancer.<sup>[5]</sup> Nationwide, nonmetropolitan (rural) counties have higher percentages of potentially excess deaths from the five leading causes of death (heart disease, cancer, unintentional injury, chronic lower respiratory disease, stroke) than metropolitan counties.<sup>[6]</sup>

The coronavirus pandemic adds another layer of factors. Hesitancy in scheduling appointments with healthcare providers due to social distancing and disease transmission concerns related to the Coronavirus pandemic can cause delays in early detection and diagnosis that could contribute to more individuals presenting with advanced-stage cancers with poorer clinical outcomes.<sup>[7]</sup>

## Healthcare access and affordability

Income plays a great role in where one lives and what medical care one has access to, as well as what pre-existing conditions one might have. More than one in three (35%) non-elderly adults with household incomes below \$15,000 are at higher risk of serious illness if infected with coronavirus, compared to about one in seven (16%) adults with household incomes greater than \$50,000 – a two-fold difference.<sup>[8]</sup>

Job layoffs or downsizing related to the Coronavirus pandemic have also affected rural communities, with some families experiencing loss of healthcare coverage and a routine source of preventive or specialty care. Low-income populations lacking access to health services in normal circumstances become most vulnerable during times of crisis, national emergencies, or disasters. Misinformation and miscommunication disproportionately affect individuals with less access to information channels. It will remain important to ensure that scarce resources and funding allocation decisions aim to reduce health inequities rather than exacerbate them.<sup>[9]</sup>

## Where Low SES Populations-Live, Work, Play and Learn

Communities with low SES characteristics can benefit greatly from community mitigation recommendations, such as social distancing and mask wearing. These recommendations should be widely instituted, not only to protect elderly or older adults and populations with underlying medical conditions or health risks, but also to prevent the spread of Coronavirus among persons in the general population who might not consider themselves to be at risk for severe illness.<sup>[10]</sup>

In resource-limited environments where efficiency is critical, communities can identify and leverage the activities that are already in place to further build resilience.<sup>[11]</sup>

Health—meaning physical, behavioral, social, and environmental health and wellbeing—is a big part of overall community resilience.<sup>[12]</sup> As the Coronavirus pandemic continues to evolve, the ongoing refinement of strategic multi-faceted control efforts along with sustainability efforts at multiple levels will remain essential to prevent the future spread and minimize risks.<sup>[13]</sup> Approximately 1 in 5 Americans reside in a rural area, as a result; disparities among rural populations can have a broad impact on the nation's health.<sup>[14]</sup>

## RESOURCES

- APhA. Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions <https://www.pharmacist.com/tobaccocessation/promising-practices>
- Appalachian Regional Commission (ARC). COVID-19 Updates and Resources <https://www.arc.gov/coronavirus/>
- CDC. Screen for Life: National Colorectal Cancer Action Campaign <https://www.cdc.gov/cancer/colorectal/>
- CDC. Social Vulnerability Index (SVI) <https://svi.cdc.gov/>
- CDC. Tips from Former Smokers Campaign Resources <https://www.cdc.gov/tobacco/campaign/tips/index.html>
- CDC. COVID-19 Resources (community mitigation, people who need extra precautions, cloth face coverings, and more) <https://www.cdc.gov/coronavirus/2019-ncov/>
- CDC. Public Health Preparedness Resources: Identifying Vulnerable Older Adults and Legal Options for Increasing Their Protection During All-Hazards Emergencies: A Cross-Sector Guide for States and Communities <https://www.cdc.gov/cpr/readiness/resources.htm>
- CDC. Disability and Health Emergency Preparedness <https://www.cdc.gov/ncbddd/disabilityandhealth/emergencypreparedness.html>
- Centers for Medicare and Medicaid Services. Marketplace coverage & Coronavirus <https://www.healthcare.gov/coronavirus/> and <https://www.healthcare.gov/get-coverage/>
- DHHS. Examining Rural Cancer Prevention and Control Efforts: Policy Brief and Recommendations to the Secretary <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2019-Cancer-Control.pdf>
- Kaiser Family Foundation. State Data and Policy Actions to Address Coronavirus - Maps and Data <https://www.kff.org/coronavirus-covid-19/>
- National Colorectal Roundtable: 80% In Every Community: <https://nccrt.org/80-in-every-community/>
- NCI. Organizations that Offer Free Cancer Support Services <https://www.cancer.gov/about-cancer/coping/adjusting-to-cancer/support-groups>
- Patient Advocate Foundation <https://www.patientadvocate.org/>
- Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions <https://www.pharmacist.com/tobaccocessation/promising-practices>
- Public Health Emergency. Community Resilience <https://www.phe.gov/Preparedness/planning/abc/Pages/community-resilience.aspx>
- USDA. COVID-19 Federal Rural Resource Guide <https://www.rd.usda.gov/coronavirus>

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- 3 Office of Disease Prevention and Health Promotion. [Preparedness](https://www.healthypeople.gov/2020/topics-objectives/topic/preparedness). Healthypeople.gov
- 4 US DHHS, National Advisory Committee on Rural Health and Human Services. [Examining Rural Cancer Prevention and Control Efforts: Policy Brief and Recommendations to the Secretary](https://www.hhs.gov/rural-health/initiatives/examining-rural-cancer-prevention-and-control-efforts-policy-brief-and-recommendations-to-the-secretary). August 2019.
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