Children's Hospital of Philadelphia PolicyLab

# COVID-19 and Pennsylvania's Rural Kids

Health Equity

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While cities are likely to experience heightened risks of COVID-19 exposure, its impact on rural communities may be just as devastating, particularly if we expand our view to the ripple effects of the pandemic. Lack of access to health care will be compounded by intersecting shortcomings in physical infrastructure, transportation, housing and education.

Every rural county (48) across Pennsylvania has at least one case of COVID-19, with numbers growing quickly in the eastern and southwestern parts of the state. Despite geographic isolation, rural communities are not immune to the virus's spread. This is in part because they are home to employment sectors with high transmission risk, including agriculture, food processing and manufacturing.

Furthermore, with a population that is older, is in poorer health, and has higher rates of chronic conditions, rural communities without robust health care systems will experience higher death rates if they can't contain transmission. Though the virus itself is disproportionally impacting older adults, children and families will feel the social and economic strain. Of the almost 700,000 youth in rural Pennsylvania counties, nearly 18%, live in poverty. Moreover, of Pennsylvania's 61,000 households with grandparents raising grandchildren, 28% are in rural communities. Far fewer institutional social safety nets are available to catch them when finances, food and public infrastructure come up short. And, if the last post-recession recovery is any indicator, the economic consequences and subsequent corporate consolidation of rural land, infrastructure and services will be felt for decades.

That said, COVID-19 has already exposed three enormous challenges to protecting rural families: insufficient broadband connectivity, inadequate health care and rising food insecurity.

#### Insufficient Broadband

The pandemic has highlighted that internet access, a human right recognized by the United Nations, is not equal across Pennsylvania. In rural Pennsylvania, 16% of households do not have a computer in the home, 4.5% rely solely on a smartphone and 20% have no internet access at all. That means that during a time of physical distancing, many services—remote work, at-home education, online religious services, virtual grocery orders and video conferencing—are out of reach for many.

For households with internet, a slow connection, a reality for most of the state, compounded by multiple people needing to use it at once, can make streaming impossible. Internet service providers' neglect to service rural Pennsylvania has become so problematic that some communities have created their own ways to provide internet to residents.

The educational and health consequences of this technological divide for families is significant. With prolonged school closures, the well-documented "homework gap" may turn into lasting educational damage for students who relied on free internet outside the home. Telehealth services remain out of reach for families without streaming ability, limiting health care for children and parents. And as community-based preventive services like maternal and child home visiting services go online, social isolation is especially concerning for new mothers without internet.

#### Inadequate Health Care

The lack of health care in rural communities is well documented and, in many places, worsening from COVID-19. In Pennsylvania, the December 2019 closing of a fourth rural hospital in the past decade further restricted access to care. Ten of our rural counties have no ICU beds and seven have no regular hospital beds. Though the Commonwealth has undertaken extraordinary efforts to save our rural hospitals, half report negative operating margins, with 66% reporting margins of 3% or less. If these financially vulnerable hospitals can't weather the pandemic, the fallout will be community-wide.

Furthermore, many rural communities rely on volunteer firefighters, first responders and EMTs. In Pennsylvania, these rural emergency providers have little stocked PPE, few resources and insufficient substitute volunteers. And without their own county health departments, rural areas are unable to robustly perform their own disease surveillance, reporting and mitigation planning. These gaps leave communities unprepared in crises.

#### Rising Food Insecurity

More than 120,000 children in Pennsylvania's rural counties live with food insecurity. Many of these households are working families, but jobs in rural communities are more likely to be low-pay and without benefits, precisely the ones presently shedding employees. With schools closed, the nearly 170,000 rural students who participate in free and reduced school meal programs no longer have access to meals. While many districts are putting herculean efforts into meal delivery, not all are able to do this. Also, social safety net programs, like food pantries, are experiencing staffing and supply chain issues nationwide.

Rural food insecurity is enhanced by lack of access to fresh and affordable food. Just like the hospital closure crisis, rural grocery stores are also fading away. Pennsylvania's 48 rural counties are home to less than one-third of the state's grocery stores, and prices are higher with less selection. Food travels first through urban distribution centers regardless of the source, leaving rural stores waiting longer for delivery. Keeping shelves stocked with WIC and SNAP-eligible goods—vital for nearly half a million of Pennsylvania's rural residents—has become even more challenging. And for the many farm workers and employees of meat processing plants who were already vulnerable to abuses and dangerous working conditions, injustices will be exacerbated during the pandemic.

#### A Way Forward?

Given these challenges, what can we do *now* to protect against further community spread and ensure containment measures don't worsen conditions for already-vulnerable populations?

- Engage in innovative broadband connectivity: For example, some rural school districts have equipped school buses doing meal deliveries with mobile hotspots that students can use to check email, contact teachers and download homework assignments. Rural telephone cooperatives are opening free drive-in WIFI hotspots in parking lots. Districts with limited broadband may be able to provide hotspot services through buses or parking lots. For more information on rural broadband actions, The Rural Assembly has coordinated a series of conversations on Rural Broadband in the Time of COVID-19.

- Expand SNAP benefits: The Families First Coronavirus Response Act created the Pandemic Electronic Benefit Transfer (P-EBT) to extend SNAP benefits to households with children who qualify for free and reduced school meals. Four states have submitted plans to implement this program—Pennsylvania should follow their lead. For more information, the Food Research and Action Center is tracking state-by-state P-EBT activities.
- Broaden SBA PPP to include public hospitals: Rural health infrastructure benefited from $825 million in stimulus funding. However, government-owned hospitals, which comprise one-third of all rural hospitals, are not eligible for the Small Business Administration's Paycheck Protection Program (SBA PPP). Now, rural hospitals are furloughing workers when they most need staff. Expanding SBA PPP to include county-run hospitals will strength the rural public hospital system. The National Rural Health Association remains an ongoing advocate for rural health care.
- Prioritize social and health services engagement for families at-risk: Delivery of preventive services to families is critical, including meeting tangible resource needs like diapers, protecting families at-risk for or experiencing violence in the home, preserving caregiver connections to mental health and substance use treatment services, and providing parenting supports like home visiting to mitigate caregiver stress and isolation.

In the long term, policymakers should undertake broad reforms to strengthen the health and economic viability of rural communities. We must provide equitable and affordable access to broadband, erasing the digital divide. We must build equitable and just food systems that are not reliant on corporate control of farm land, labor, and processing. And we must eliminate health care access disparities and sustain rural health care providers.

Rural Pennsylvania was already struggling prior to this crisis, in part because of larger inequities that stretch across urban and rural spaces, connecting inequality in America with global injustices in food systems, infrastructure and health care. Emerging from this crisis requires, as author Arundhati Roy points out, the readiness to imagine and fight for a better world for Pennsylvania's children, and all children and families.

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