

## Rural Resilience in Response to COVID-19

Growing up in a rural area means finding ways to describe where you live to people who have never heard of it – which is most people. I have spent most of my life growing up in St. Mary's County in southern Maryland, which is about an hour and a half south of Washington, D.C., if you manage to avoid rush hour traffic. For the friends I have made at the University of Maryland in Prince George's County, where I earned my undergraduate degrees, St. Mary's County is “almost an hour south of Waldorf if you have ever heard of it, or I live right down the road from St. Mary's College of Maryland, if you happen to know where that is.” And to no surprise – they usually have not.

What exactly characterizes the rural experience? For me, the rural experience means being more surprised *not* to run into somebody I know at the store while running errands. However, for Lake Charles, Louisiana, Mayor Nic Hunter, (after Hurricane Laura swept through his small town back in [August](#)), it means imploring the average American, “Don't forget about Lake Charles.” For the approximately [46 million](#) Americans living in rural areas in the United States, it means a higher risk for illness and a more difficult recovery. In mid-October, the Midwest saw COVID-19 cases [climb](#) on average nearly 60%, compared to 35% nationally. Rural healthcare systems and hospitals tend to be more fragile than urban ones, due to being more spread out and therefore harder to reach. Furthermore, the abundance of food, poultry, and food processing facilities in rural areas means a greater amount of people working essential jobs that involve working closer than social distancing would permit.

This begs the question – where do we go from here? What do we do? At a recent ISD webinar, Nathan Ohle, CEO of the [Rural Assistance Community Partnership](#) (RCAP), and Alexa Ofori, Senior Advisor for the [Federal Office of Rural Health Policy](#) (FORHP) in the Health Resources and Service Administration, offered the following themes and recommendations for amplifying rural resilience during the COVID-19 pandemic:

- 1) Building trust** – There are numerous examples in history of a lack of trust or misplaced trust exacerbating the effects of public health disasters. For example, placing trust in information from social media versus from health professionals and teachers has been known to stall vaccination efforts for measles-rubella in [India](#). Compliance with epidemic safety measures and policies is partially reliant on the [trust](#) that people have in their government and its decisions. The same is true when applied on a smaller scale, from relationships between individuals, to between the citizens of a community following a disaster and an aid organization that comes in to assist with recovery efforts. Trust may be admittedly hard to foster right now – we might find ourselves questioning who we can trust to be safe and healthy. Therefore, it is important that we do not lose sight of the goals that we have in common – goals that are most successfully achieved when we know we can trust each other.
- 2) Involving the community** – Establishing trust leads to being able to effectively involve the community in disaster response efforts. The Center for Disaster Philanthropy recently hosted a webinar titled “Working with Indigenous Communities After a Disaster: Focus on South Dakota.” The speakers, all Native American individuals living and working in SD, emphasized how outcomes turn out better when the community spearheads decision-making and problem-solving, rather than adjusting to the goals proposed by an outside program. Involving the community is about listening to what the *community* wants and asking/helping to carry out what they believe is best.

**3) Focusing on long-term solutions** – Together with trust and involving the community, it is also necessary to focus on long-term solutions, rather than treating “band-aid solutions” as the be-all and end-all for disaster recovery. For example, treated bed nets are a simple method for protecting those that live in malaria endemic areas. However, without the removal of standing water in such areas, which are breeding habitats for mosquitoes, malaria is likely to persist as a public health crisis. Residents in the Republic of Vanuatu were [trained](#) to minimize the potential for standing water by removing misplaced water containers and drilling water drainage holes in discarded tires. In response to the COVID-19 pandemic in the U.S., drive-in theatres in some places have been turned into health clinics, while some local businesses have changed up their products to assist with PPE shortages. By investing in sustainable problem-solving and community development, we can empower community members to remain prepared long after disaster recovery funds have run out and humanitarian aid organizations have left the area.

With the first COVID-19 vaccination in the U.S. recently being administered to a nurse in [New York](#), we have reason to be hopeful and optimistic about the outlook of the pandemic. However, this does not mean that we have an opportunity to relax. Most Americans are not projected to be vaccinated until as late as early [spring](#) in 2021, and differences in healthcare delivery between urban and rural areas remind us to be wary of disparities in vaccine delivery. Nonetheless, guided by these themes of trust, community involvement, and sustainable problem-solving, we can do our part to minimize health disparities in rural areas and strengthen their resilience during the COVID-19 pandemic.