

Editorial

Another Mortality Penalty for Rural Populations: Covid 19?

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There is a gap in mortality between rural and urban people. This has been referred to as the rural mortality penalty (Alreshidai et al., 2020; James, 2014). There are more deaths in five major areas among rural than urban populations (Centers for Disease Control and Prevention [CDC], n.d.). Data are now emerging that indicate rural Americans are in the unenviable position of being more likely to have died from covid-19 than those in urban areas (Marema, 2022; Rural Health Information Hub, n.d.). Although covid was initially seen more frequently and was the cause of more deaths in urban than rural areas; by August 1, 2020 the mortality rates were equal. Rural mortalities became higher than urban in all but three reporting weeks thereafter (CDC embedded data in Marema, 2022). In this data, rural was defined using Office of Management and Budget, 2013 criteria for counties outside of a metropolitan statistical area (as cited in Marema, 2022). The largest difference in rural/urban covid mortality, occurred December 2020; rural 8.29 vs. urban 4.79, per 100,000 per week.

Since February 2022, mortality rates have declined in rural and metropolitan areas. Starting the week of April 17, 2022, a divergence began and became wider on May 1, 2022, when urban mortality continued to decline while rural mortality began to climb again. More analysis will be needed to better understand why rural people are dying at a higher rate, at 100,000 per week than urban dwellers. Vaccinations rates are part of the problem; however, the classic disparities in rural and urban health care may well hold a role in this latest rural mortality penalty. Lack of access to health care, especially specialty care, issues of transportation that complicate accessing health care, and underinsured could be part of the problem. Additionally, rural populations tend to have higher

risks that contribute to chronic illnesses (CDC, n.d.). Nurse scientists focused on rural health should delve into the problem of higher crude covid mortality rates among rural dwellers. Those rural nurses providing direct care in both acute and public settings need to redouble efforts toward vaccination and education on mitigating methods and treatments. Beyond these roles, work on reducing macro level disparities is one area that needs continued intra-professional attention, if we are ever going to reduce the rural mortality penalty.

References

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