Policy Point-Counterpoint: Addressing Social Disparities and Resource Allocation in Rural and Urban Communities: Challenges and Solutions

Social and health disparities are common problems in the United States. Rural and urban communities worldwide face unique challenges and disparities, ranging from access to healthcare resources to socioeconomic inequalities. These issues can have a devastating impact on resource allocation, emergency management preparedness and response efforts. Additionally, budgets for local governments are tight and only complicates the issues surrounding social and health disparities. Federal grants are often a way for local governments to receive funding to help in a variety of different preparedness measures.

Taking these issues into account, we ask several questions about resource allocation regarding rural and urban communities. Should rural communities receive the focus of resources and funding or should urban communities? If rural communities are subject to a number of serious health and socioeconomic disparities, should they receive more funding for preparedness efforts? Conversely, if urban areas are more densely populated, should the focus on funding be on urban communities? This policy point-counterpoint focuses on a few of the arguments surrounding budgets and resources surrounding rural and urban communities. We aim to explore the strain of social disparities on rural and urban communities while proposing solutions to address these challenges.

Policy Point: Rural Communities Need the Bulk of Emergency Management Resources

Rural communities, in general, lack appropriate resources. Some of these issues include the distances to hospitals, the lack of medical care, and the lack of funding that many communities experience. These issues compromise the ability for a community to prepare well for a disaster—thus, creating the potential to make any disaster more serious should one hit a

rural community. Thus, rural communities should receive more federal funding to help them effectively mitigate disasters now.

Citizens of rural areas often experience health disparities due to their remote location and limited access to healthcare resources. According to Harrington et al., (2024) "People living in rural parts of the U.S. are 40% more likely to develop heart disease and have a 30% higher risk of stroke than people who live in urban areas. Unique health challenges related to individual risk factors, social determinants of health and lack of access to health care drive these disparities."[1] The lack of healthcare infrastructure exacerbates the vulnerability of rural communities during emergencies. This resource shortage significantly hampers the ability to provide timely and efficient medical assistance during disasters.

Though urban areas are undoubtedly densely populated, the population's access to healthcare facilities is unparalleled. In contrast, rural communities face numerous health disparities based on geographical location and population demographic, which make physicians and necessary care more inaccessible. About 15 percent of the U.S. population lives in rural areas— that is over 46 million Americans[2]—but less than one-tenth of the country's physicians practice there.[3] In addition, rural areas are often more secluded, with residences further spaced out, so on top of the already sparse number of physicians, the distance which individuals have to travel for common inpatient care has increased over the years. Back in 2012, the average distance individuals in rural communities had to travel for this type of care was 3.4 miles; by 2018, due to a number of hospital closures, the average travel distance jumped to 23.9 miles for inpatient care.[4] This adds yet another dimension to the challenges that rural communities face.

Both hospital closures in rural communities over the years,[5] as well as small concentrations of available physicians, indicate that rural areas are lacking resources in a way that urban areas do not have to tolerate. Between 2013 and 2020, approximately 100 hospitals closed in rural areas,[6] a major contributing factor being the lack of financial support going to these facilities. Professor Stark of the University of Pennsylvania states that it is "precarious finances as well as declining economic conditions in broader rural communities" that play a role in the closure of rural hospitals and no easy access to healthcare within a reasonable distance.[7] Another very telling statistic is that rural hospitals tend to have less than half the average profit margin of urban hospitals.[8] This is another reason the hospitals continue to close at an alarming rate and therefore provide less support to rural communities, making it even more crucial for these communities to receive funding and additional resources. With the lack of hospitals and healthcare that exist in rural areas, it is no surprise that they face even more difficult circumstances once a disaster hits and complicates existing vulnerabilities; if there was increased mortality among vulnerable people before all of the hospital closures, it can be inferred that this statistic has worsened as healthcare has become more and more inaccessible. Resources must be provided in order to mitigate these conditions. All of these vulnerabilities have an even more detrimental impact during disaster situations, in which disparities make community recovery complicated and multifaceted. When rural healthcare already faces challenges before a disaster event, the community does not have the means to properly help individuals holistically and will be underprepared for disaster-related challenges as well. Therefore, healthcare resources should be allocated towards rural communities, so that they will be able to mitigate healthcare disparities before a disaster strikes and make the recovery process in the aftermath of a disaster that much smoother.

During disasters, instability in the healthcare system is exposed, and communities are less resilient in recovery. Hospitals and healthcare professionals face a demand for efficient care and are expected to support their community, when they did not have the means to accommodate an influx of patients before the additional strain from the disaster. Oftentimes, care facilities become overwhelmed with acute injuries or injuries caused by the disaster, leaving chronic patients receiving less of their necessary care; this has been linked to an increased mortality among vulnerable populations following a disaster.[9] Due to the lack of healthcare resources available to rural communities, they are unable to balance both long-term and short-term patients when disasters occur. In order to make sure these people are taken care of correctly during an already traumatic time, more funding and resources must be allocated to rural communities.

One way officials in rural communities can increase support is by creating opportunities for resources to expand. For example, in the state of Missouri, about 43 percent of Kansas City University alumni practice in rural areas—in order to increase this number, local officials in Joplin, Missouri and leadership from the university partnered to open a new medical school campus in Joplin, which focused students on rural health and gave them access to early rural clinical rotations.[10] The idea here is to encourage young medical students to focus on rural health and remain in the area to continue their support of rural health, growing the number of physicians in rural areas and therefore individuals' access to healthcare. This not only provides additional resources and funding to this area, but also is a much more long-term solution to the issue. Rather than just giving federal stimulus funding or temporary resources, programs to support healthcare providers to actually settle in this area will boost access to healthcare for years to come. Not to mention, when disasters strike, a better foundation of providers in the area makes recovering the community more efficient as well.

Rural areas have been lacking in funding and have had a need for more resources in emergency management, and the COVID 19 pandemic was a disaster that spotlighted this issue. Rural areas tend to be less socioeconomically diverse and have larger populations of lower income people. The rate of poverty in rural areas is higher than in urban areas. Data from the federal government shows that in 2018 the poverty rate of urban areas was 12.6 percent, and the poverty rate of rural areas was 16.1 percent.[11] This is an almost four percentage point difference. Despite poverty rates being slightly higher, rural and remote areas tend to have less funding provided to them. Another government study shows from over one thousand American foundations, that between 2005 and 2010 there was $88 per capita given to non-metropolitan areas. There was $192 per capita given to metropolitan areas.[12] There has been a divide in funding between these two types of areas: cities versus wider communities. However, the pandemic forced nationwide changes in how to deal with an epidemic. One of these changes was how government's deal with rural management. Less resources could not be given because of the risk of spread. Communities had to get creative in how they operated.

It is one thing to discuss how rural communities should receive more funding, but when looking at real case studies of this increase in funding, we can see the real benefits. Ohio and Pennsylvania were states during the pandemic where rural communities were given more focus and funding. These areas had mobile health deployed to go to the people in the community that were out of reach. They safely delivered COVID 19 testing and vaccinations. This type of community outreach also tried to combat misinformation and give people accurate answers. The organizations that planned this effort had not tried something like this before. It was the pandemic that forced them into something so mobile and large. Isolation was a large issue in the pandemic and mobile units helped to achieve goals. This mission was so successful that the areas

in Pennsylvania and Ohio where they were used are adjusting the program to be a resource for all community health issues. These mobile health units will be able to be used to supply mental, dental, and physical health issues in rural areas.[13] This could be crucial in the face of a disaster. These areas are not easily accessible and the people there may not be able to travel during a disaster, but this takes the care they need to their doorstep. In this case study, there was also use of urban resources within rural communities. They lacked a necessity and outsourced through resources that already existed in a city environment. This way they saved some funding and were still able to access what those in the city could. Throughout these communities in Pennsylvania and Ohio there was a resounding amount of medical resources in urban areas that just could not reach rural areas physically. However, using telehealth and online resources, the urban medical professionals could access those in rural communities[14] This allowed both areas to benefit from the same resource. While urban communities can still have resources, there should still be access to those from other communities.

The pandemic allowed for funding to be expanded into rural areas, in less-populated areas that lawmakers frequently deprioritize. This was a time where a disaster was really affecting cities and rural areas at a similar level and extent where neither could be overlooked. One could not be given preferential treatment. While many of these programs were rolled out exclusively for the pandemic, these could be modified for more current use during other types of disasters. There was a Rural Emergency Health Care Program created to help expand access to resources to rural areas that were getting overlooked.[15] This type of direct acknowledgement of country areas helped not only with the spread of the pandemic, but with the challenges small communities were facing with less. Rural healthcare faced many challenges due to COVID-19 expenses. The pandemic also stimulated the conversation on long-term plans for rural healthcare.

There have been impact grants put together to try and solve health care problems that were exacerbated by the pandemic. The American Rescue Plan Act is one of these types of programs designed to alleviate some of the issues in rural communities.[16] These types of programs are important in maintaining long term help and funding that can sustain small communities. If their healthcare is not strong, then in a disaster they will be set up to fail.

A catastrophic event can devastate urban areas as much as it can devastate rural ones. However, with more funding, resources, and plans urban areas could be better equipped to tackle a disaster more efficiently and quickly. Rural areas can struggle with disasters not due to a lack of effort, but due to less funding being provided. In some rural areas they have ambulance deserts where there is an extreme lack of access to healthcare.[17] If on a day-to-day level there is a gap in basic healthcare, then during a disaster this fact will only be exacerbated. With more attention paid to rural areas this gap could be closed. While urban areas often have greater rates of population and diversity, it does not mean rural areas should be forgotten. The mobile resources they implemented in that area showcase how effective rural programs can be. This epidemic just proved how disasters can hit from anywhere and we still need resources to access and help those communities.

Policy Counterpoint: Urban Communities Need the Bulk of Funding

The need for appropriate resources in urban communities are also particularly important for emergency management programs. Considering that most urban areas have large populations, it makes sense to send resources into these communities for preparedness efforts. However, within the United States there are large healthcare resource disparities in terms of providing adequate healthcare to specific marginalized groups of people and geographical regions. Urban areas are extremely important in the success of a state, states, and a country as a whole. Urban

areas usually host many different people of different races, ethnicities, incomes, and life experiences and as a result creates a blend of new ideas and cultures. Urban communities also serve as economic hubs with plentiful jobs and experiences which attract large populations of people. While cities attract young professionals with job opportunities, many urban residents face employment instability and limited access to steady jobs with fair wages. Urban areas struggle with the unequal distribution of resources and services among neighborhoods. Thus, adequate emergency management funding and resources are very important for urban communities. Preparedness efforts in terms of a variety of different resources help these communities in their readiness efforts before any large-scale disaster strikes.

Due to the high population and closer proximity to emergency care facilities, those who live in an urban environment will overall have better access to healthcare resources than those who live in rural communities. Simply put urban communities have higher populations so they need more resource allocation. Within the United States, "U.S. urban and suburban populations have grown at least as much as they did over the prior decade. But the total rural population has grown less than it did in the 1990s."[18] Populations within urban communities are increasing, while populations within rural communities are decreasing, and as a result resource allocation needs to ensure that the resources are equivalent to the population of the area to ensure adequate treatment and resources. The influx of population within urban communities increases its need for more healthcare resource allocation. Focusing resources towards urban communities will allow for not only adequate resource allocation in terms of population, but will provide proper healthcare accessibility.

Diversity creates a drive for cultural development allowing for improvements in many different aspects of a society, economy—and becomes one of the reasons why more funding is

needed. “Diversity is intrinsic to a sustainable, resilient, and inclusive city.”[19] Collaborative discussions and spreading ideas and cultures is what allows the United States to be considered a ‘melting pot’; however, as much as diversity is important to the country's success, marginalized groups of people have suffered from inadequate healthcare resource allocation because of traditional racial inequalities. Although minority groups experience inadequate allocation, the importance of diversity and equality amongst people shows the importance of ensuring the well being of everyone individually and diversity overall is protected. “Compared with white persons, black persons and other minorities have lower levels of access to medical care in the United States.”[20]

The disproportion of healthcare resource allocation can have devastating health effects on minority and marginalized populations. In order to allow for the continuance of benefits diversity provides a community, minority groups and other marginalized groups need to be ensured adequate healthcare allocation. As urban communities have much higher diverse community populations compared to rural communities, such allocation should be focused towards urban communities which will allow for successful communities and a successful society and country. Healthcare allocation focused towards urban areas will allow for the continued success many urban communities promote and allow for a melting point of cultures, area of many jobs, and a well functioning community. Keeping the people within urban areas healthy and giving them the resource management needed, will ensure urban communities remain strong. By allocating resources towards urban areas, and equalizing healthcare among all groups of people, communities can grow from the inside out. Providing adequate resources will ensure that healthcare disparities within a community will slowly be negated, will allow for a community to

grow and develop, and ensure that minority and marginalized populations receive the resources needed that historically have not been received adequately.

Considering the various problems that communities have before a disaster, it is important to provide the appropriate social scaffolding to correct these issues before disasters take place. Emergency management and sociology scholars have a keen understanding that disasters exacerbate problems that already exist in communities. According to Arcaya, Raker, and Waters, (2020), "Although disasters often follow known patterns, striking more frequently under particular built-environment and social conditions."[21] As such, it becomes particularly important to focus on providing the various resources communities need to correct social and health disparities in urban communities that are heavily populated before disasters strike.

Possible Solutions

To address the challenges faced by rural communities, tele-health resources emerge as a solid solution. Telehealth services can bridge the gap in access to healthcare, especially during emergencies when physical access to medical facilities may be limited.[22] In urban communities, we suggest community-led strategies aimed at economic improvement to help alleviate social disparities. By empowering local communities to address their economic challenges, urban areas can foster resilience and reduce vulnerabilities during emergencies.

More research also needs to be conducted to understand more of what makes rural and urban communities particularly vulnerable. If elected officials have more of an understanding of what these vulnerabilities may be, budgets can be better allocated towards the various resources, equipment and training needed in communities throughout the United States.

Conclusion

Social disparities, economic instability, and resource allocation issues pose major challenges for both rural and urban communities. However, by implementing targeted solutions such as tele-health resources for rural areas and community-led economic initiatives for urban centers, we can mitigate the impact of these disparities and enhance the resilience of communities in the face of emergencies. Collaboration between government agencies, (Waugh and Streib, 2006), healthcare providers, and community organizations is essential to address these challenges effectively and ensure equitable access to resources and services for all populations.

Many social scientists have noted a variety of different disparities that exist throughout social systems throughout the United States—and beyond in the international, global community. Social disparities impact access to an array of public programs. In Emergency Management, these disparities can have dire consequences. Resource allocation is a fundamental component of emergency management, but whether resources should be allocated to urban or rural communities comes with a variety of different perspectives, risks and benefits. Community leaders must have realistic conversations to close the gap to ensure appropriate resource management.

ENDNOTES

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