Lerner Center FOR PUBLIC HEALTH PROMOTION
Maxwell | Syracuse University

CENTER FOR AGING AND POLICY STUDIES
Cornell • Syracuse • UAlbany

RESEARCH BRIEF #67

March 15, 2022

Rural Adults Report Worse COVID-19 Impacts than Urban Adults

Shannon M. Monnat

COVID-19 infection and mortality rates have been higher in rural than in urban America since late-2020.[1] However, the consequences of COVID-19 extend far beyond the deaths that it has caused. The pandemic itself, and the spread mitigation policies it prompted, may have negatively affected physical and mental health, employment and financial wellbeing, and social relationships.

This brief uses data from a national survey of working-age adults (ages 18-64) collected in February and March of 2021[2] to describe rural-urban differences in reported impacts of COVID-19 on physical and mental health, employment, financial wellbeing, and social relationships. Nearly 3 out of 5 respondents (58%) reported that COVID-19 has had a negative impact on their lives. Across most outcomes, rural residents fared worse than their urban peers.

KEY FINDINGS

- In a national sample of nearly 4,000 working-age adults (18-64) conducted in early-2021, 58% reported that COVID-19 had a negative impact on their lives.
- Rural residents reported worse outcomes than their urban peers.
- Rural residents were more likely than those in large urban counties to test positive for coronavirus; have a friend or family member test positive and/or be hospitalized; seek treatment for anxiety or depression; lose their job; be considered an essential worker; be late paying housing and other bills; and not be able to afford groceries or other necessities.
- Recovery policies must consider geographic variation in COVID-19 vulnerability and impacts.

Rural Residents Had More Exposure to COVID-19

Rural working-age adults were more likely than their urban peers to test positive for coronavirus, live with someone who tested positive, and have a close friend or family member outside of the household test positive (see Figure 1). Rural residents were also more likely to have a close family member hospitalized and to have anyone in the household quarantine due to exposure.

Rural and Urban Residents were Comparable on Most Health Impacts

The survey also asked residents to report how the COVID-19 pandemic affected their physical and

mental health. Comparable shares of urban and rural residents reported that the pandemic has somewhat or substantially worsened their physical health (urban=29.4%; rural=30.3%) and mental health (37.5%; 37.1%). A larger share of urban residents reported that they were unable to see a doctor due to COVID-19, but the difference was not statistically significant. Rural residents were significantly more likely than their urban peers to report seeking treatment for anxiety or depression due to the pandemic (urban=16.9%; rural=20.7%).

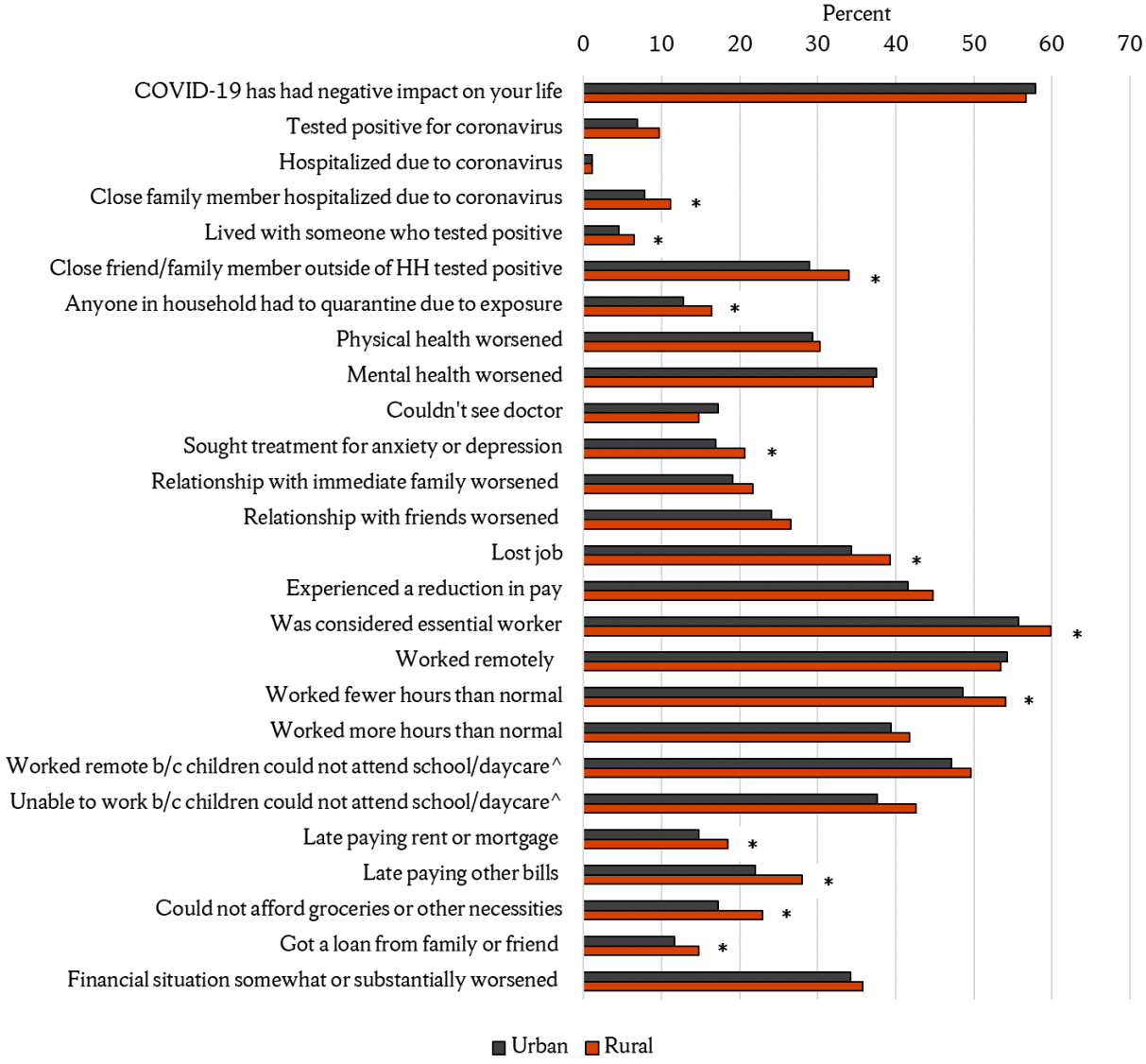

Figure 1. Urban-Rural Differences in Self-Reported COVID-19 Impacts among Working-Age Adults, 2021

Data Source: National Wellbeing Survey, 2021

Notes: N=3,933 working-age adults (18-64); percentages are based on regression models adjusted for respondent age, race/ethnicity, sex, marital status, and number of adults and children in the household; analyses are weighted; *Indicates statistically significant difference between urban and rural. ^These two items were restricted to respondents who reported having children under age 18 in the household (N=1,596).

Rural Residents Reported Worse Employment and Financial Impacts

Rural working-age adults were more likely than their urban peers to report adverse employment and financial impacts. Rural residents were more likely to report that, because of the COVID-19 pandemic, they lost their job (urban=34.3%; rural=39.3%), were considered an essential worker (55.7%; 59.9%), worked fewer hours than normal (48.6%; 54.1%), were late paying their rent or mortgage (14.8%; 18.5%), were late paying other bills (22.0%; 28.0%), could not afford groceries or other necessities (17.3%; 22.9%), and that they got a loan from a friend or family member (11.7%; 14.8%).

Recovery Policies Must Account for Geographically Differential Impacts

The consequences of COVID-19 go beyond its direct impact on loss of life. As with COVID-19 mortality itself, the mental health, employment, and financial consequences of the pandemic have not been distributed equally across geography. Although the COVID-19 unemployment rate was higher than in previous recessions, several federal and state policies, such as extended unemployment benefits and eviction moratoria, potentially buffered some individuals from short-term economic and psychological distress. However, many of these policies have been phased out, which may increase financial distress in months to come. To the extent that these impacts vary geographically, we should also expect to see geographic differences in physical and mental health outcomes and economic wellbeing. Therefore, recovery policies must consider geographic variation in COVID-19 vulnerability and impacts.

Data and Methods

Data are from the 2021 National Wellbeing Survey (NWS).[2] The NWS is a national survey of 4,014 U.S. adults ages 18-64 designed by the Syracuse University Lerner Center for Public Health Promotion (PI: Monnat) and conducted from February 1 to March 18, 2021. The survey was administered online via Qualtrics Panels. Analyses are weighted to be representative of the U.S. working-age population by age, sex, race/ethnicity, education, and rural-urban continuum. More details about the sample, survey question wording, and methods are available in the peer-reviewed paper. The percentages reported here are model-predicted values with control variables held at their means.

References

1. Sun, Yue, Kent Jason Cheng, and Shannon M. Monnat. 2021. "Rural-Urban and Within-Rural Differences in COVID-19 Mortality Rates." SocArXiv Preprint. https://osf.io/preprints/socarxiv/jbhvs/.
2. Monnat, Shannon M. and Danielle C. Rhubart. 2021. *National Wellbeing Survey Data*. Lerner Center for Public Health Promotion. Syracuse University.

Acknowledgments

The author acknowledges support from two research networks funded by the National Institute on Aging (R24AG065159 and 2R24AG045061); the NIA-funded Center for Aging and Policy Studies at Syracuse University (P30AG066583); the NICHD-funded Population Research Institute at Penn State (P2CHD041025); the USDA Agricultural Experiment Station Multistate Research Project: W4001, Social, Economic and Environmental Causes and Consequences of Demographic Change in Rural America; and the Syracuse University Lerner Center for Public Health Promotion.

About the Author

Shannon Monnat (smmonnat@syr.edu) is the Lerner Chair for Public Health Promotion and Lerner Center Director, Associate Professor of Sociology, and Co-Director of the Policy, Place, and Population Health (P3H) Lab in the Maxwell School of Citizenship and Public Affairs at Syracuse University (SU).

To access all our briefs, visit: https://surface.syr.edu/lerner/