Funding for Rural COVID-19 Care

The US Department of Health and Human Services (HHS) recently announced that it would spend nearly $1 billion to improve the COVID-19 response and increase the uptake of vaccines in rural areas.

The Health Resources and Services Administration (HRSA), part of HHS, will send more vaccines, expand COVID-19 testing and other preventive measures, and work to reduce vaccine hesitancy in rural communities.

“Rural health providers are vital to ensure equity in COVID-19 testing, vaccinations and in making sure rural residents have the information about vaccine safety,” HHS Secretary Xavier Becerra, JD, said in a statement.

More than 4600 Rural Health Clinics throughout the country this summer will share a total of $460 million from HRSA’s Rural Health Clinic COVID-19 Testing and Mitigation Program. Rural Health Clinics are Medicare–certified health care practices whose purpose is to increase access in medically underserved areas.

HRSA also will provide $398 million later this year to current grantees of the Small Rural Hospital Improvement Program to work with about 1730 hospitals that have fewer than 50 beds each.

In addition, HRSA and the US Centers for Disease Control and Prevention are inviting Rural Health Clinics to join the new Rural Health Clinic COVID-19 Vaccine Distribution Program to receive directly from the federal government vaccines that aren’t part of their local jurisdiction’s allotment. And HRSA’s Rural Health Clinic Vaccine Confidence Program will provide nearly $100 million in grants to Rural Health Clinics to help narrow the vaccine uptake gap between medically underserved rural communities and more populated areas.

“Addressing the health care challenges rural areas face requires a targeted approach,” HRSA Acting Administrator Diana Espinosa, MPP, said in a statement.

Vaccination in Residential Facilities

The Centers for Medicare & Medicaid Services (CMS) recently issued a rule requiring that long-term care facilities and intermediate care facilities for people with intellectual disabilities educate residents, clients, and staff about COVID-19 vaccines and offer them the shots.

Long-term care facilities were already required to do the same with influenza and pneumococcal vaccines.

Nursing home residents and people with intellectual or developmental disabilities have been disproportionately affected by COVID-19, CMS Chief Medical Officer Lee Fleisher, MD, noted in a statement. Residing in a congregate setting alone increases the risk of contracting COVID-19, and people who live in long-term care or intermediate care facilities face a greater risk of severe disease because of their age, disability, or underlying health conditions.

The new rule also mandates that long-term care facilities report weekly COVID-19 vaccination status data for residents and staff to the US Centers for Disease Control and Prevention’s National Healthcare Safety Network.

The information will be used to assist in monitoring uptake and identifying facilities that may need additional help in responding to the pandemic. As the data become available, CMS will post facility-specific vaccination status for the public to see on its Nursing Home Data website.

The regulations went into effect May 21. CMS may expand these policies to encourage vaccine uptake and access in other congregate care settings, such as psychiatric residential treatment facilities, group homes, and assisted living facilities.

NIH Addresses COVID-19 Disparities

The National Institutes of Health (NIH) recently funded $29 million in new grants to address COVID-19 disparities among racial and ethnic minorities.

Of the new NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities grants, $15 million will go to 11 teams already conducting research and outreach to strengthen COVID-19 vaccine confidence and access as well as testing and treatment.

The remaining $14 million will go to 10 new research teams affiliated with academic medical centers in Puerto Rico and the US. CEAL, led by the National Heart, Lung, and Blood Institute and the National Institute on Minority Health and Health Disparities (NIMHD), is an NIH-wide effort.

Focus groups in CEAL regions identified perceptions about vaccines and treatment, including medical mistrust, which guided outreach efforts.

“It’s one thing to have strong national messages about the science behind vaccines,” NIMHD Director Eliseo Pérez-Stable, MD, said in a statement. “It’s another to have those messages delivered by local, trusted sources who can ensure questions from their communities are honestly and clearly addressed.”

For example, the Florida CEAL team this year hosted 90 events throughout that state, including webinars, panel discussions, and vaccine drives, including a forum with the Orlando-area Black community about COVID-19 vaccines.

And the Alabama CEAL team developed a public health education campaign in English and Spanish that relies not only on social media but also, as requested by community members, on traditional forms of communication such as door hangers, paper flyers, and yard signs. – Rita Rubin, MA

Note: Source references are available through embedded hyperlinks in the article text online.