We analyzed U.S. DHHS data to compare rural and urban hospitals on two metrics: 1) the percent of hospitalized patients with COVID-19. For example, if a hospital has 80 patients and 40 of them have COVID-19, then 50% of hospitalized patients have COVID-19. 2) the percent of hospital beds occupied by patients that have COVID-19. For example, if a hospital has 100 beds and 40 COVID-19 patients, then 40% of its hospital beds are occupied by patients with COVID-19.

Rural hospitals have a higher percentage of hospitalized COVID-19 patients than urban hospitals. In most Census Divisions, the percentages of currently hospitalized patients with COVID-19 are higher in rural hospitals than in urban hospitals. Figure 1 shows the percent, among all patients in the hospital, with COVID-19. In the Midwest and South, rural hospitals are four-to-eight percentage points higher, indicating COVID-19 patients are relatively more common in rural hospitals in those regions.

Rural hospitals have more relative bed capacity than urban hospitals, but they may face great challenges with staffing. In all Census divisions, rural hospitals have a higher percentage of available beds than urban hospitals. This suggests that some rural hospitals may prove an effective “safety valve” as urban hospitals reach capacity. Some state policies have increased payment for rural hospitals willing to treat urban overflow patients with COVID-19. Of course, many rural hospitals face challenges in staffing these open beds.

Methods: 1) Rural definition. 2) Suppressed values were imputed with “2”.

Policy implications: Tighter capacity in urban hospitals could limit rural residents’ ability to access advanced health care services (including ICU beds and ventilators) if urban hospitals limit or reject transfers. Rural hospitals may be able to accept low-acuity patients transferred from urban hospitals to expand capacity.

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