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Space, Place, and COVID-19: Introduction to the Special Issue

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Cover Page Footnote

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Space, Place, and COVID-19: Introduction to the Special Issue

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The COVID-19 pandemic alerted the U.S. populace to spatial patterns of health outcomes. Trusted sources of information such as the Johns Hopkins University and *The New York Times* mapped COVID-19 indicators at the county-level, bringing widespread attention to the timing and clustering of case rates, mortality, and vaccine uptake. The severity of the pandemic has motivated the research community to share data and conduct analyses to illuminate and project trends that would be useful for healthcare providers and policy makers in their communities. This special issue of the *Journal of Rural Social Sciences* explores the roles space and place have on COVID-19 outcomes and experiences. The contributing authors consider the importance of context, individual-level factors within those environments, and what mitigation efforts might be most useful in improving health outcomes.

Initially, urban centers were hot spots for COVID-19, but over time, the pattern reversed so that rural areas had higher per capita death rates. Albrecht used *The New York Times* COVID-19 database to examine COVID-19 cases and deaths in counties across the country. He found that per capita death rates increased where the proportion of Trump voters was greater, where minority populations are more extensive, where education attainment levels were lower, where more people are employed in high risk-industries, and where more people have risk factors.

Sun et al. examined COVID-19 mortality rates from USA Facts across the rural-urban continuum, as well as within rural counties across types of labor markets and by metropolitan adjacency. They found that high mortality rates in rural counties are explained by lower education attainment and lower median household income. Within rural counties, they found that mortality rates were highest among farming-dependent counties and lowest among recreation-dependent counties. These findings challenge the assumption that all rural communities share common characteristics; while many do, there are important educational and economic variations that may impact public health.

Ulrich-Schad et al. used a web survey of Utahans' attitudes, behaviors, and perceptions of the COVID-19 pandemic, conducted in June 2020. They found that rural Utahans were less likely than their urban counterparts to adopt preventative behaviors. Notably, similar to Sun et al., they found that less education and lower socioeconomic status respondents were less likely to adopt preventative behaviors. They discuss implications for risk communication and health-related policymaking.

Wynveen et al. conducted observational research on the physical distancing behaviors of groups (n=8,093) on fourteen recreational trails across six states. They found that the presence of COVID-19-related signs was associated with more compliance with physical distancing recommendations. Additionally, urban trail users were less compliant with the six-foot recommendations, as were larger groups, and this effect held when controlling for trail width. They discuss the importance of their findings, given that outdoor recreation became increasingly important during the initial stages of the pandemic and that compliance to COVID-19 protocols varies widely.

Using a 2020 survey of Extension professionals in twenty-four states, Israel et al. assessed symptoms of anxiety using the Generalized Anxiety Disorder 2-item screener. They found that almost a quarter of Extension professionals exceeded the threshold used to indicate potential anxiety disorders. Respondents who are single, who have children under five years old, and those who experienced impacts to their employment were significantly more likely to report symptoms of anxiety. The authors argue that Extension professionals are important science communicators in their communities and that the Extension workforce should be expanded to meet the challenges associated with the pandemic and to reduce the burden on the strained workforce.

Though the research questions and methods differed across these papers, there were important common themes from the findings, as well as the authors' recommendations for policymaking. First, while the high population densities of urban areas may contribute to the spread COVID-19, per capita case and death rates are relatively high in rural areas. Second, poor pandemic outcomes in rural areas may be driven by low educational attainment and low household incomes. Third, communication about the risks associated with COVID-19 should be culturally specific and come from trusted sources of information. At the time of this writing, we are over two years into the COVID-19 pandemic, and these takeaways are as relevant as ever.

ENDNOTES

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² The mission of the Social Science Research Center is to conduct research on social, economic, political, human resource, and social-environmental problems facing the state of Mississippi, nation, and world. Views expressed here are those of the authors and do not necessarily reflect the views of the Social Science Research Center.

³ The Southern Rural Development Center (SRDC) focuses on building capacity among Land-Grant institutions to address issues impacting well-being, and receives funding from the USDA National Institute of Food and Agriculture. Any opinions, findings, conclusions, or recommendations expressed here are those of the authors and do not necessarily reflect the views of USDA NIFA.