

Food and Nutrition in Rural America

Adequate food and nutrition are essential to overall health and well-being. A healthy diet plays a key role in child development, reducing chronic diseases, lowering rates of obesity, and lengthening lifespans. Rural communities may face more barriers to accessing fresh, nutritious foods to support a healthy diet and positive health outcomes. Several policy changes could reduce these barriers and support rural residents by reducing food insecurity and promoting health through nutritious food.

Policy Recommendations

Rural counties account for 87 percent of the counties with the highest rates of overall food insecurity in the nation.^{i,ii} Policy efforts to increase access to healthy foods and nutrition include:

- Embed **Gus Schumacher Nutrition Incentive Program (GusNIP) and Produce Prescription Program** within **Centers for Medicare and Medicaid (CMS) health plans** to create financial and non-financial incentives for families to buy fresh fruits and vegetables to promote a healthy diet. This should include support for updated health coding infrastructure to allow providers to integrate food as medicine into clinical care.
- Make the **pandemic flexibilities for free school meals permanent**. The Keep Kids Fed Act of 2022 only increased federal reimbursement rates for the 2022-2023 school year and made grab-and-go options available for free for students through the summer of 2022.
- Allow **SNAP funds to be spent on foods that are hot at point of sale**.ⁱⁱⁱ This would remove an unnecessary hardship on beneficiaries and allow families and individuals to have access to convenient hot and ready meals.
- Create a **standardized food insecurity screening** as part of patient intake procedures, **and support education for providers** on how to conduct the screening. This simple step could reduce health care costs through preventing future emergency department visits. Also, **provide reimbursements under Medicare and Medicaid for food insecurity screenings and appointments**.^{iv}
- Changing Medicare Part D's policy on **coverage for anti-obesity medications**.
- Require private health insurers to provide **obesity-related services with no cost-sharing** to allow all patients equitable access to a healthy lifestyle.
- Expand **CDC's State Physical Activity and Nutrition Program** from 16 states to implement nationwide. This program implements evidence-based strategies at local and state levels to improve nutrition and encourage physical activity.^v

Recommended Action

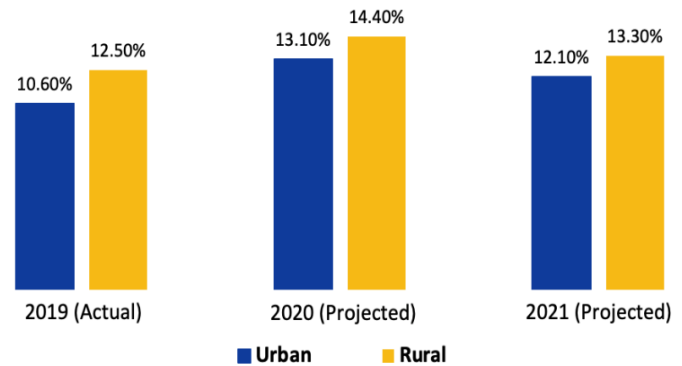
- **Support H.R. 6338**, the SNAP PLUS Act of 2021, to allow SNAP recipients to purchase hot and prepared food with their benefits.
- Encourage increased participation in GusNIP Programs by making grants noncompetitive in the **2023 Farm Bill**.
- Bring back free school lunches for all K-12 students in the **2023 Farm Bill**.

Overview

Food insecurity, which is the lack of consistent access to food for each individual in a household to live a healthy life, is a key barrier to nutrition that has been exacerbated by COVID-19.^{vi} Food insecurity is magnified by poverty, especially in rural communities. In 2019, 13.3 percent of all people in rural areas lived below the poverty line.^{vii} Due to these nutrition barriers, rural areas also have a higher prevalence of obesity.^{viii} Despite existing programming, rural areas and their public schools often receive less federal

funding for resources that have been shown to alleviate factors contributing to high obesity rates.^{ix} Methods of increasing access to healthy food often do not accept Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, making nutritious choices inaccessible to beneficiaries living below the poverty line.

Annual Food Insecurity Rate



Obesity and treatment

According to the Centers for Disease Control and Prevention’s (CDC) 2016 Behavioral Risk Factor Surveillance Survey (BRFSS) data, there is a higher prevalence of obesity in rural counties (34.2 percent) compared to urban counties (28.7 percent).^x Diet plays a large role, as obesity is higher in areas that lack access to affordable produce because of socioeconomic status or living in a food desert¹.^{xi} Obesity must be treated as a serious chronic disease rather than a lifestyle issue. Obesity affects our rural communities, yet it is underdiagnosed and undertreated. The issue must be addressed through improving healthy food access, nutrition, and safe and accessible physical activity, as well as medication and surgery.^{xii}

ⁱ https://www.feedingamerica.org/sites/default/files/2021-03/National%20Projections%20Brief_3.9.2021_0.pdf

ⁱⁱ <https://www.feedingamerica.org/hunger-in-america/rural-hunger-facts>

ⁱⁱⁱ <https://www.fns.usda.gov/snap/eligible-food-items>

^{iv} <https://foodcommunitybenefit.noharm.org/resources/implementation-strategy/food-insecurity-screening>

^v <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/span-1807/index.html>

^{vi} <https://www.feedingamerica.org/hunger-in-america/food-insecurity#:~:text=Food%20insecurity%20is%20defined%20as,many%20people%20cannot%20afford%20food.>

^{vii} <https://www.feedingamerica.org/hunger-in-america/rural-hunger-facts>

^{viii} <https://www.cdc.gov/media/releases/2018/s0614-obesity-rates.html#:~:text=Obesity%20prevalence%20was%20significantly%20higher,the%20South%20and%20Northeast%20regions.>

^{ix} <https://iop.harvard.edu/get-involved/harvard-political-review/little-school-prairie-overlooked-plight-rural-education#:~:text=Funding%20Disparities&text=In%20states%20like%20Connecticut%2C%20Michigan,funding%20than%20their%20rural%20counterparts>

^x <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6723a1-H.pdf>

^{xi} <https://www.cureus.com/articles/61370-the-burden-of-obesity-in-the-rural-adult-population-of-america>

^{xii} <https://www.cdc.gov/chronicdisease/resources/publications/aag/dnpao.htm>

¹ A food desert is an area with limited supplies of fresh affordable foods.