







FIGURE 1: Rural Communities Prior to and During COVID-19

Prior to COVID-19			During COVID-19		
					
Hunger	Poverty	Health	Hunger	Poverty	Health
Higher rates of hunger, especially among households with children	Slower job growth after the Great Recession has contributed to higher poverty	Low access to health care and greater rate of hospital closures	<i>insufficient data</i>	Essential workers	COVID-19 deaths increased in rural areas faster than in urban areas later in the pandemic

Source: Food Research & Action Center 2021 ©

Prior to COVID-19

Hunger: In 2019, rural households were more likely to be food insecure than suburban households (12.1 percent compared to 10.3 percent among all households, and 16 percent among compared to 13.3 percent among households with children).¹

Poverty: In 2019, rural poverty was 16.1 percent² compared with 12.6 percent for urban areas.³ Accounting for access to government assistance programs and for cost of living in calculating the poverty rate appear to reduce disparities in poverty: the 2019 Supplemental Poverty Measure was 11.8 percent for urban areas and 11.2 percent for rural areas.⁴ Job growth after the Great Recession was slower in rural towns⁵ because rural areas have fewer economic and educational opportunities and limited social services.⁶

Health: Individuals in rural counties are more likely to have lower access to health care and comorbidities related to COVID-19, including older age, higher smoking rates, greater rates of high blood pressure and obesity compared to populations in urban counties.^{7,8,9} Rural areas are more likely to have inadequate access to health care services, fewer physicians per capita, more people who are uninsured, and a population with higher rates of disability and comorbidities.^{10,11,12,13} “Digital deserts” exist, which limit access

to telehealth.¹⁴ Over the past decade, 133 rural hospitals have closed,¹⁵ especially in states that have not expanded Medicaid.¹⁶ In 2019, 20 percent of rural hospitals were at risk of closing.¹⁷

Gender disparities in rural areas: There is a lack of diversity in job opportunities for women in rural areas, and gains to education in wages are lower in rural areas compared to urban areas. Single women, with or without children, are more likely to be in poverty than single women in urban counties. Although rural households increasingly depend on a woman’s income, jobs held by women typically pay less than jobs held by men. Therefore, rural families are more likely to experience poverty when women are the primary or only breadwinner.¹⁸

Racial disparities in rural areas: Black, Latinx, and Native American people have higher rates of food insecurity, unemployment, and overall mortality rates than White people in rural areas.^{19,20} Rural Black adults have lower socioeconomic status than rural White or urban Black adults,²¹ and Black and Latinx people in rural areas have lower access to health care compared to rural White or Black and Latinx people in urban areas.²²

During COVID-19

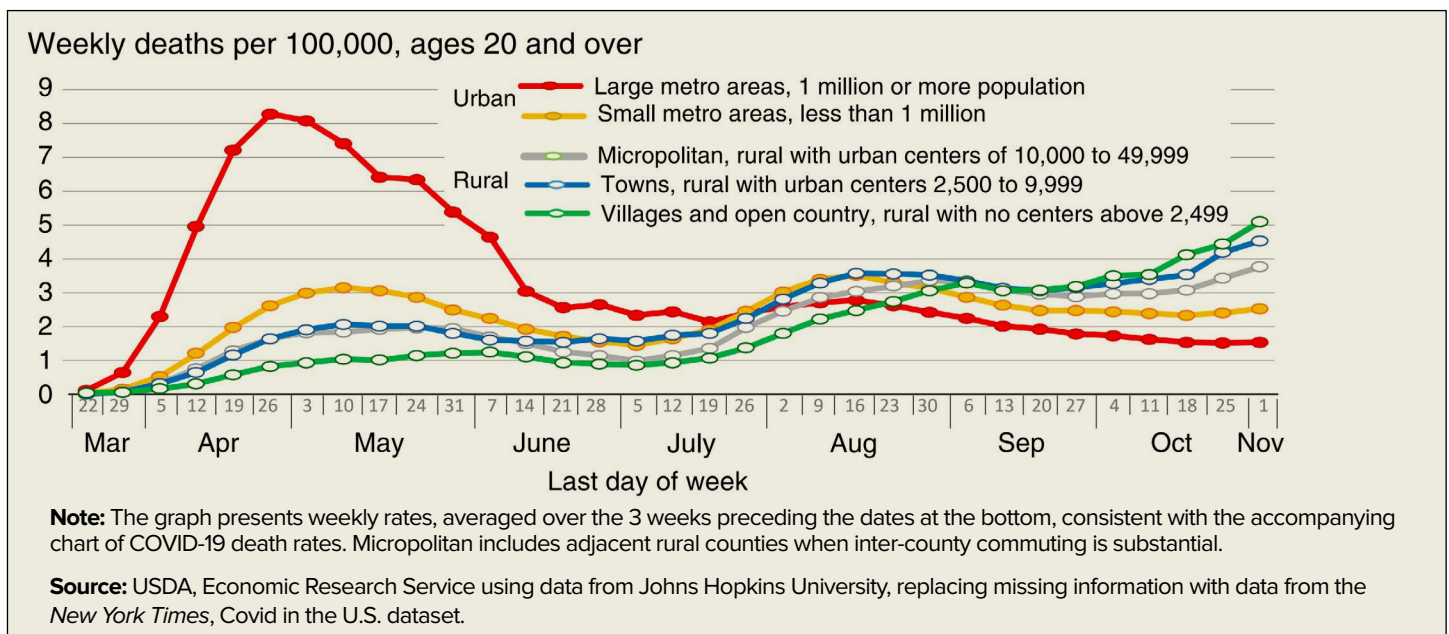
Hunger: Although the Census Household Pulse Survey collects home address data, it is not publicly released, so little is known about urban and rural differences in food insecurity and other markers of financial hardship. More research is needed in this area.

Poverty: Many rural jobs are essential positions, putting workers at risk. For example, in the agricultural sector, pressure on maintaining food production has made it difficult to follow public health recommendations for social distancing and taking sick leave.²³

Health: The share of cases in rural areas has increased over the course of the pandemic and, as of October, new cases and deaths from COVID-19 per capita exceed cases and deaths in urban counties.^{24,25} In addition, hospitals continued to struggle. In 2020, 16 rural hospitals closed²⁶ and income for all hospitals was down 89 percent in August 2020 compared to 2019.²⁷

Pre-existing racial disparities in rural areas have been reflected in COVID-19 outcomes. COVID-19 mortality rates were higher in rural counties with the highest percentage of Black and Latinx populations compared to counties with a high percentage of White populations, particularly rural counties with meatpacking plants.²⁸

FIGURE 2:
COVID-19 Death Rates in Rural Areas Surpassed Rates in Urban Areas in Late August²⁹



Impact of the Federal Nutrition Programs

A higher percentage of households participate in the Supplemental Nutrition Assistance Program (SNAP) in rural areas than in urban areas. SNAP is an effective anti-hunger tool because it delivers assistance quickly and efficiently. The use of electronic benefits technology and regular channels of commerce in SNAP mean rural households do not have to make extra trips in areas where grocery stores may be far apart.³⁰ In addition, the increase in food spending provides substantial benefit to farmers. An increase of \$1 billion in government spending on SNAP benefits creates \$32 million in farm income and \$1.5–\$1.8 billion in economic activity for the nation’s economy.³¹

Gains in program access and benefit adequacy during COVID-19 provide important best practices for strengthening and expanding the federal nutrition programs. The Biden administration and Congress must continue to invest in these critical programs. In addition, FRAC supports a broad range of policies to address the root causes of hunger, poverty, and poor health. For current recommendations, see FRAC’s [Action Center page](#).

Want to learn more? This brief summarizes information from the report [Hunger, Poverty, and Health Disparities During COVID-19 and the Federal Nutrition Programs’ Role in an Equitable Recovery](#). See [FRAC’s COVID-19 dashboard](#) for the full report and additional statistics on hunger during the pandemic.

Endnotes

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