

Food Insecurity in Rural, Suburban, and Urban New York

November 2022





Introduction

Across New York State, a little more than half of food-insecure individuals live in urban areas, slightly more than one-quarter in suburban areas, and the rest in rural areas. The number of New Yorkers in these areas who are food insecure is not proportionate to the population in these places. And individuals living in differently populated places experience food insecurity—the lack of consistent access to enough food for an active, healthy life—differently.

Understanding how factors like food access, affordability, and transportation influence individuals' ability to get the food they need is crucial to designing effective policies. Based on a 1,507-person statewide [Survey of Food and Health](#) from the New York Health Foundation, this brief outlines the different experiences food-insecure individuals face in rural, suburban, and urban places and proposes actions to address these differences.

KEY FINDINGS INCLUDE:

- Food-insecure New Yorkers in rural areas experience worse health than their suburban and urban peers. Among food-insecure rural New Yorkers, 11% report being in poor health, compared with 8% of food-insecure individuals in suburban and urban areas.
- Sixty-nine percent of rural food-insecure New Yorkers say it is extremely or somewhat difficult to get food, compared with 56% of suburban and 47% of urban peers.
- Affordability is the most commonly cited barrier among rural residents (79%, compared with 76% of suburban and 53% of urban respondents) to getting food.
- Somewhat surprisingly, transportation is a greater barrier for urban residents getting the food they need, with 68% of urban respondents compared with 55% of suburban and 54% of rural respondents citing transportation as a barrier.
- Nearly twice as many urban food-insecure residents (63%) compared with rural residents (34%) have trouble cooking at home.
- A larger proportion of food-insecure suburban New Yorkers do not participate in food and nutrition programs (38%, compared with 27% of rural and 23% of urban peers). Suburban residents who do participate in public benefit programs are less likely to rate them as sufficient and easy to use.

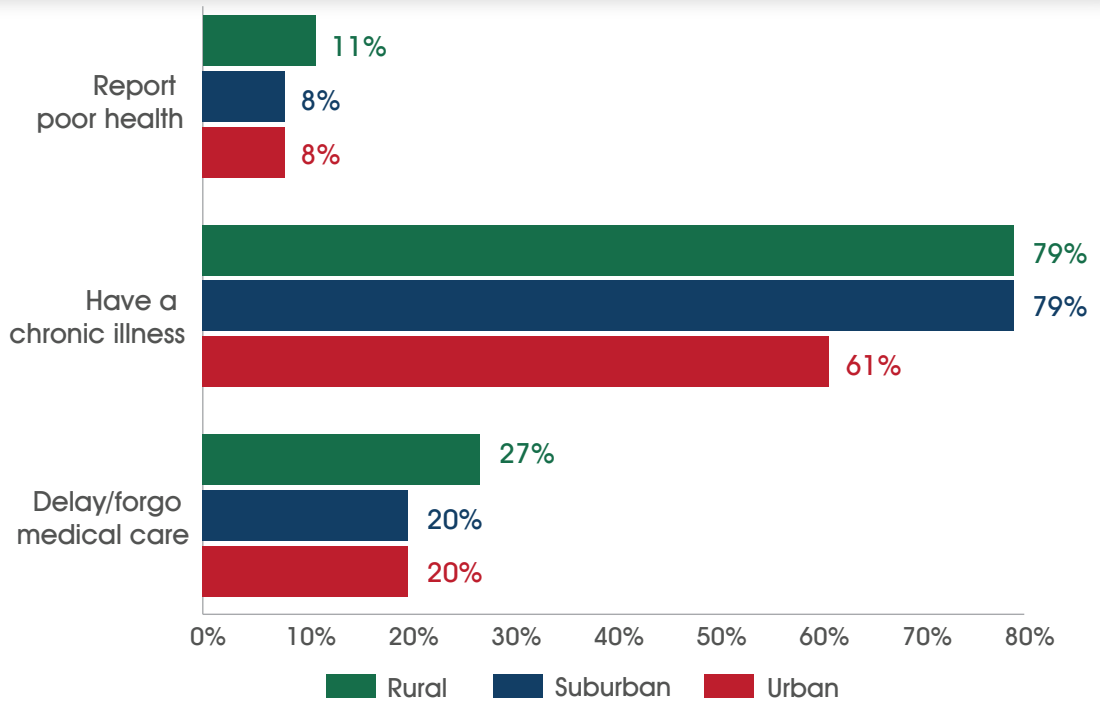


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FOOD INSECURITY JEOPARDIZES GOOD HEALTH

Food insecurity jeopardizes New Yorkers' health, and New Yorkers living in rural areas are at greater risk than their suburban or urban peers. Just 2% of rural food-insecure individuals report being in excellent health. Food-insecure rural residents are both more likely to have a chronic illness and less likely to get the care they need: a greater percentage of rural food-insecure residents delay or forgo medical care compared with their suburban and urban peers.

FIGURE 1. Food-Insecure New Yorkers' Health Status



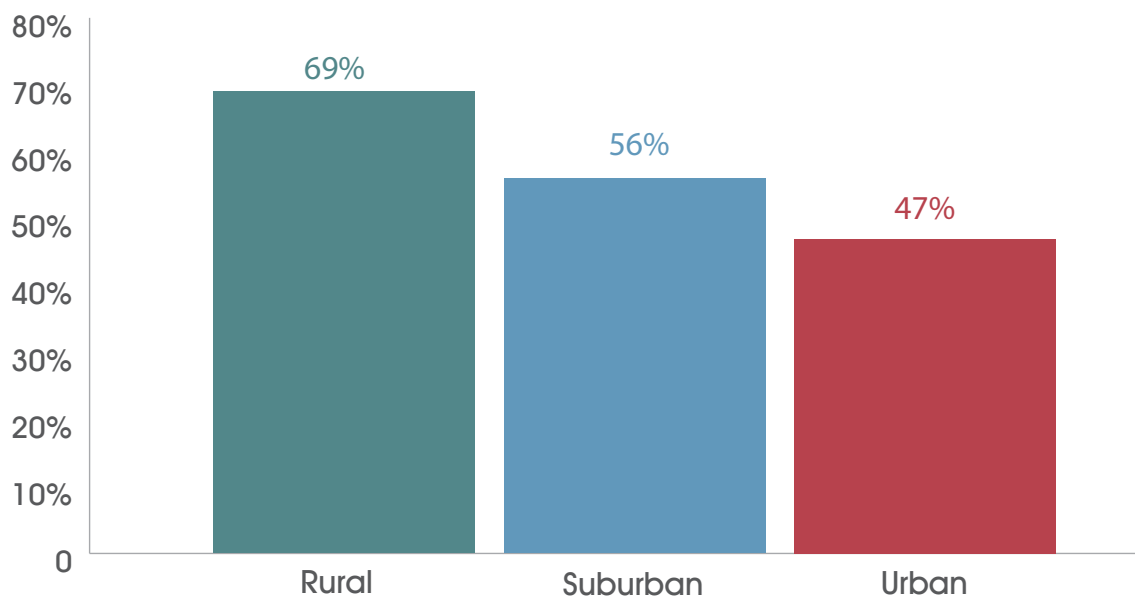


Food Insecurity in Rural, Suburban, & Urban NY (continued)

COST AND TRANSPORTATION ARE LEADING BARRIERS TO HEALTHY EATING

Among food-insecure individuals, where you live matters: there are notable differences in the degree of difficulty obtaining food in rural versus urban areas. A greater percentage of rural food-insecure individuals report that it is extremely or somewhat difficult to get the food they need than do their suburban or urban peers.

FIGURE 2. Food-Insecure New Yorkers Who Say Getting Food Is Extremely or Somewhat Difficult



“There are limited stores in a rural area, so I have limited variety of leafy greens that are fresh, especially in the wintertime.”

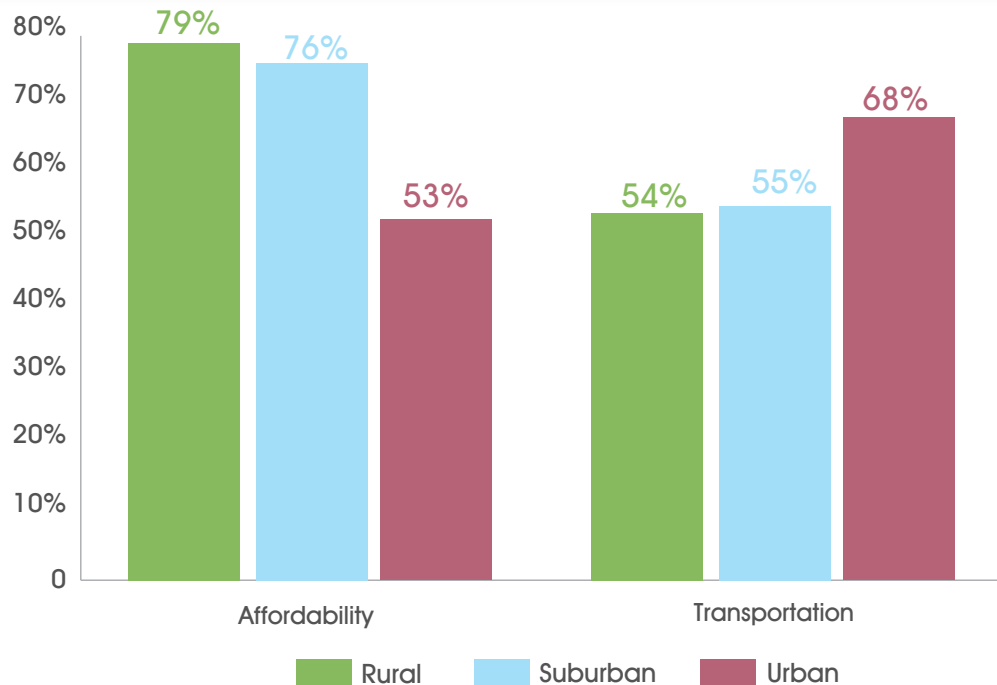
– Survey Respondent



Food Insecurity in Rural, Suburban, & Urban NY (continued)

Cost and transportation are the main barriers to New Yorkers getting the food they need. Food-insecure individuals in rural and suburban areas find it more difficult to afford food than those in urban areas. In contrast, and surprisingly, food-insecure individuals living in urban areas are more likely than their suburban and rural counterparts to have trouble with transportation. This disparity could be explained by the challenges of carrying an adequate supply of groceries, as well as a lack of public transportation to affordable, appealing grocery stores.

FIGURE 3. Common Barriers to Food-Insecure New Yorkers Getting Food



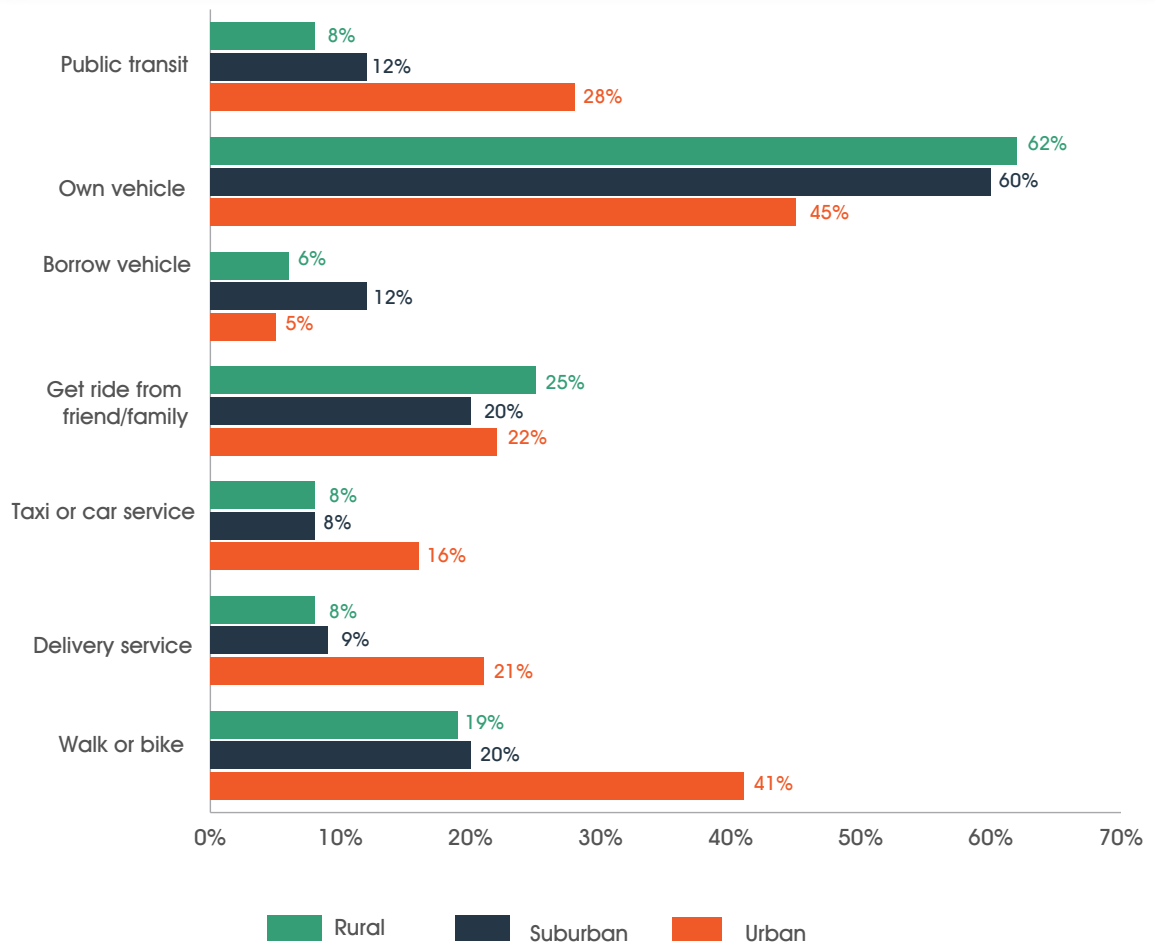
“The challenges my household faces in getting the food it needs is related to pricing and location. For example, the closest supermarkets in my neighborhood are overpriced...and shopping in other neighborhoods is not feasible when my only mode of transportation is public transportation.” – *Survey Respondent*



Food Insecurity in Rural, Suburban, & Urban NY (continued)

Travel times do not vary significantly by population density: approximately 4 of every 10 food-insecure individuals travel more than 20 minutes each way to shop for food. But the means of transportation individuals rely on does vary. Unsurprisingly, urban residents are more likely to use public transportation, walk, and bike. But, somewhat surprisingly, 40% of rural and suburban food-insecure individuals do not use their own car when food shopping, and 20% walk or bike.

FIGURE 4. How Food-Insecure New Yorkers Get to Food Stores



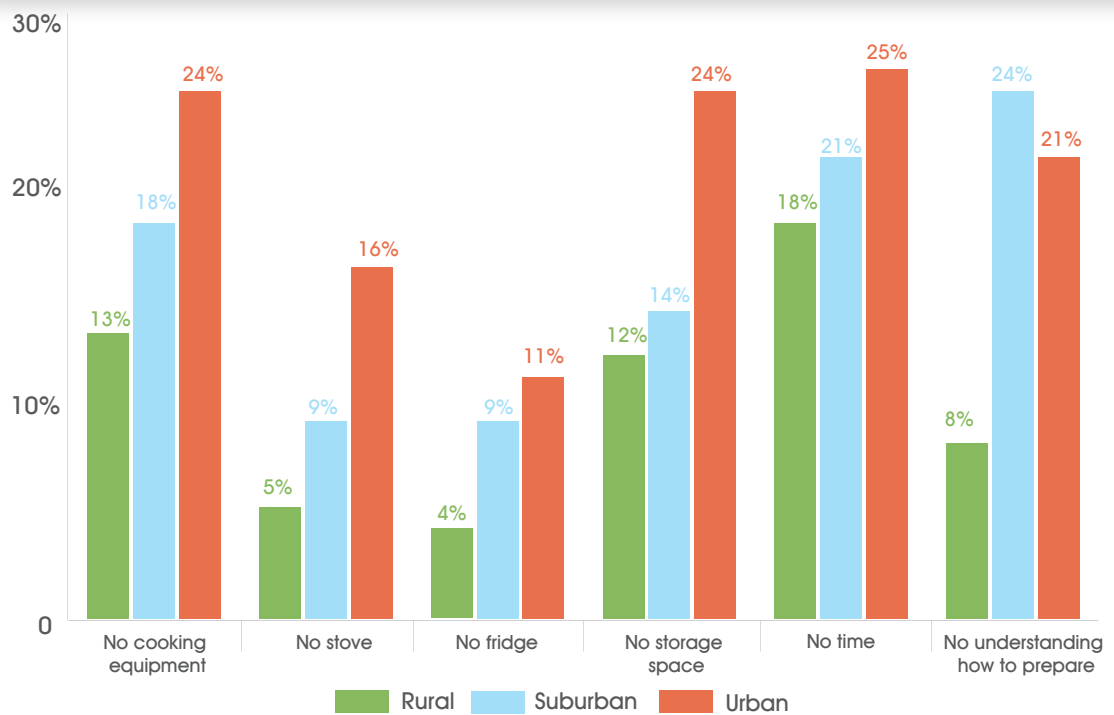
"We do not live within a reasonable distance of any supermarkets (we do not have a car), so are often limited to purchasing whatever we can carry on the bus." –Survey Respondent



Food Insecurity in Rural, Suburban, & Urban NY (continued)

Time is the most consistently reported barrier to cooking at home among food-insecure New Yorkers, and nearly twice as many urban food-insecure residents (63%) as rural residents (34%) have trouble cooking at home. This disparity may exist because a greater percentage of urban food-insecure individuals do not have kitchen equipment, storage space for food, or access to a stove.

FIGURE 5. Common Barriers to Food-Insecure New Yorkers Cooking at Home



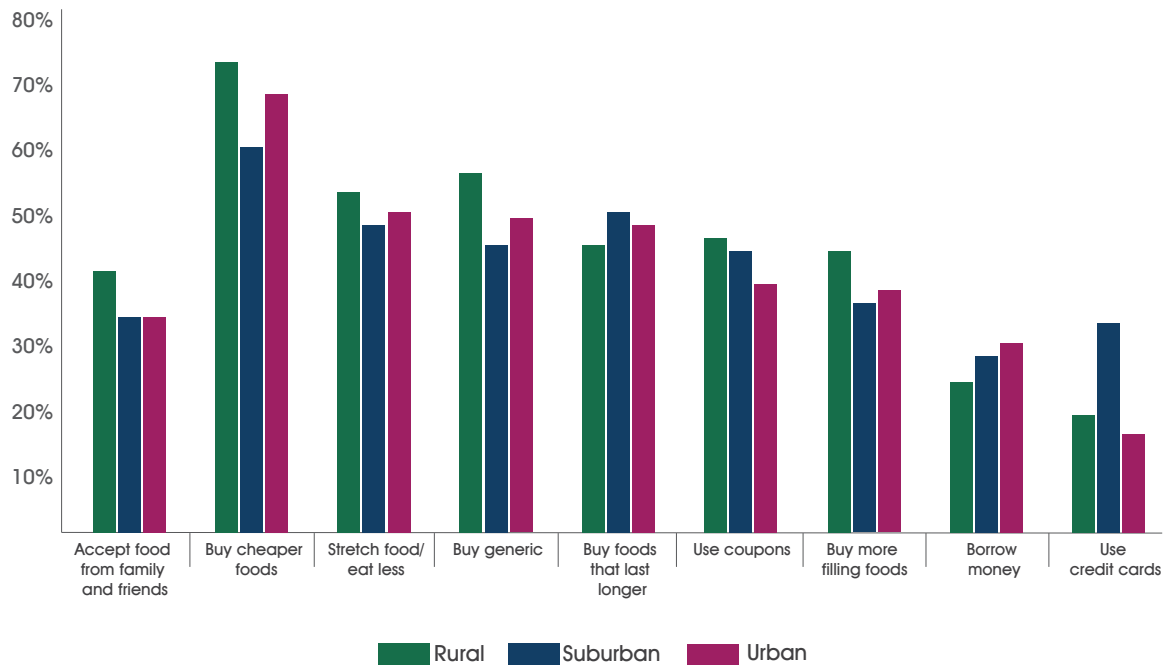


Food Insecurity in Rural, Suburban, & Urban NY (continued)

FOOD-INSECURE NEW YORKERS MAKE TOUGH TRADEOFFS

When purchasing and planning meals, individuals struggling to afford food make a variety of tough tradeoffs. The most common tradeoffs include buying cheaper foods or foods on sale, eating less to stretch the food that they can afford, and buying generic brands or shelf-stable foods that don't go bad quickly. Rural individuals engage in these behaviors at higher rates than do their urban or suburban peers.

FIGURE 6. Tradeoffs Among Food-Insecure New Yorkers



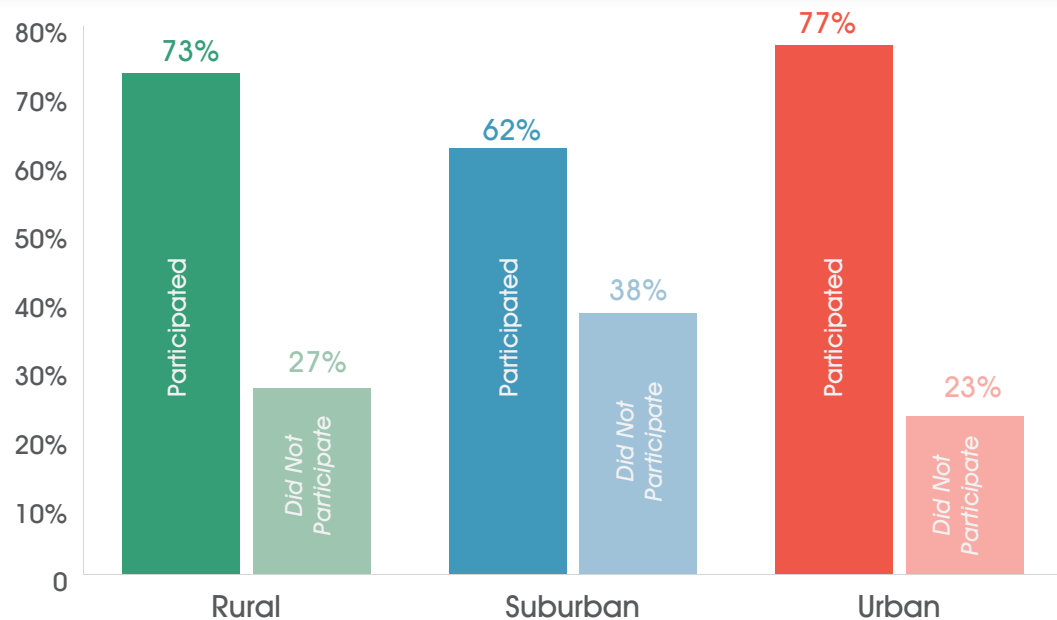


Food Insecurity in Rural, Suburban, & Urban NY (continued)

PARTICIPATION IN AND PERCEPTIONS OF PUBLIC BENEFIT PROGRAMS VARY BY PLACE

Food and nutrition programs can help New Yorkers access the food they need to thrive. But some food-insecure individuals are not eligible under federal guidelines, and many of the programs available are under-enrolled. Across the State, participation in any food benefits or emergency food program in the last 12 months was highest in urban areas and lowest in suburban areas. Thirty-eight percent of food-insecure individuals living in suburban areas did not participate in any benefits or emergency food program.

FIGURE 7. Food-Insecure New Yorkers' Participation in Food Benefits/Emergency Food Programs

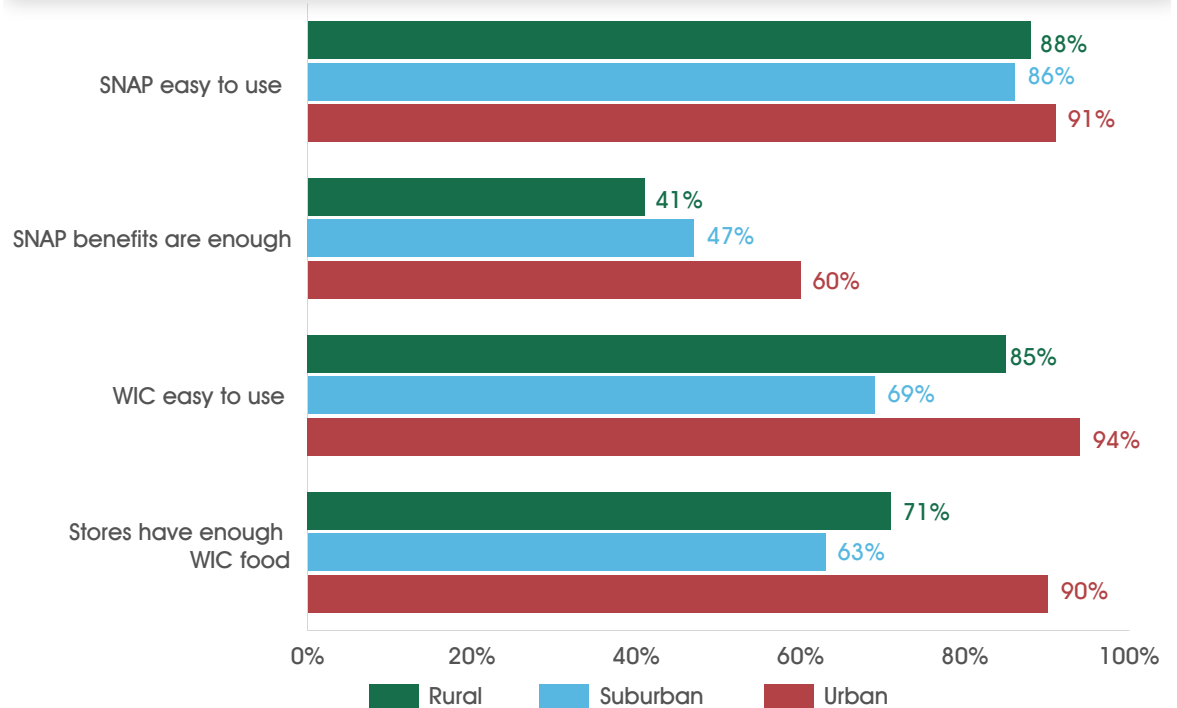




Food Insecurity in Rural, Suburban, & Urban NY (continued)

Lower suburban participation may reflect individuals' more negative perceptions of the programs. Suburban individuals are less likely than their urban and rural peers to find Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits easy to use and less likely to report that their stores carry enough WIC-eligible items. A forthcoming NYHealth brief will provide more detailed information on rural, suburban, and urban food-insecure individuals' participation in public programs.

FIGURE 8. Food-Insecure New Yorkers' Perceptions of Benefit Programs



"I receive SNAP benefits, but it's not always enough. I don't have a vehicle and can't always afford delivery." *—Survey Respondent*



Recommendations

Rural, suburban, and urban food-insecure individuals face different challenges getting the food they need to thrive. Rural food-insecure individuals tend to be in poorer health, have a harder time affording food, and make tough tradeoffs that can compromise health at higher rates compared with their urban and suburban peers. Suburban food-insecure individuals are less likely to participate in food assistance programs and less likely to find benefit programs like SNAP and WIC easy to use. Urban food-insecure individuals are more likely to report trouble with transportation and cooking at home.

Despite these differences, there are common actions that can improve food security across rural, suburban, and urban places. Policymakers can work to:

- **Make universal school meals permanent.** New York State should continue to push the federal government to extend universal school meals permanently, and, in the absence of federal action, consider covering the cost. Many urban schools already take advantage of a federal policy enabling schools to provide free meals to all, meaning that statewide universal free meals would most benefit rural and suburban areas where participation has historically been lower.
- **Increase outreach, including targeted outreach, for SNAP and WIC.** Maximizing uptake of federal nutrition programs could lower food insecurity rates across the board. A first step should be to increase eligible suburban individuals' participation in benefit programs, given their lower relative participation.
- **Work with federal partners to cover the costs of online grocery delivery.** Grocery delivery costs can put online ordering out of reach, and transportation remains a substantial barrier for a majority of food-insecure individuals in rural, suburban, and urban areas. More than 90% of food-insecure and 80% of food-secure New Yorkers think it should be easier for families to use SNAP benefits to purchase groceries.
- **Explore ways to prevent food insecurity in the summer.** Nearly 100% of all New York families that participated in the federal Pandemic Electronic Benefit Transfer (P-EBT) program think it should be extended to provide cash benefits during school closures. P-EBT reduces cost and transportation barriers, problems that are universal to rural, suburban, and urban families.



Recommendations (continued)

Health care providers can support food security programs, and in turn improve health, through the following actions:

- **Implement food insecurity screening and referral processes.** Health care providers do not routinely screen for food insecurity, despite the high health care costs associated with the condition. A majority of food-insecure New Yorkers are interested in having more conversations with their doctors about their diet. Rural communities, where food-insecure individuals report worse health, are particularly poised to benefit.
- **Support Food Is Medicine interventions, such as medically tailored meals.** A growing body of evidence shows Food Is Medicine programs reduce food insecurity and increase health. Food Is Medicine programs can help improve health outcomes across areas of all density, but especially in rural areas, where health outcomes for food-insecure individuals are worse.



Appendix

Food Insecurity in Communities Across New York State

New Yorkers' experiences with food insecurity vary by where they live. What are the food-related challenges in rural, suburban, and urban places?

<p>A survey of 1,507 New Yorkers helps explain the barriers they face.</p>	 <p>Say they do <i>not</i> participate in food or nutrition programs</p>	 <p>Say transportation is a barrier</p>	 <p>Say affordability is a barrier</p>
<p>Ali lives in a rural area.</p> 	<p>27%</p>	<p>54%</p>	<p>79%</p>
<p>Alex lives in a suburban area.</p> 	<p>38%</p>	<p>55%</p>	<p>76%</p>
<p>Lee lives in an urban area.</p> 	<p>23%</p>	<p>68%</p>	<p>53%</p>
<p>Policy Recommendations</p> <p><i>How can we start to improve?</i></p>	<p><i>Increase targeted outreach for SNAP and WIC.</i></p>	<p><i>Work with federal partners to cover the costs of online grocery delivery.</i></p>	<p><i>Expand access to child nutrition programs.</i></p>

See full policy recommendations at www.nyhealthfoundation.org/foodandhealth



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