Chairman McGovern, Ranking Member Cole, members of the committee, and fellow roundtable participants, it is an honor to be with you today to discuss the impact of hunger in rural communities across our country.

Today, I am proud to represent my colleagues at MDC. This organization began in 1967 as part of a public-private partnership between the state of North Carolina, under Governor Terry Sanford, and the Ford Foundation. Our original purpose was two-fold:

- Integrate the North Carolina workforce
- Facilitate the transition from an agrarian to an industrial economy

Now working in 13 states across the South, MDC’s understanding of economic mobility, approach to economic development, and commitment to racial and gender equity have led us to prioritize being more directly responsive to the desires of community members to have meaningful work—in any sector—that pays a life-sustaining wage and allows them to provide for the necessities of life: food, shelter, healthcare, transportation, education, rest, and recreation. We equip Southerners of all races to live lives of meaning through work that brings dignity and engagement that finds its full expression in a strong community.

To be clear, I am not here to speak on behalf of rural communities. We have heard and will continue to hear from others on this panel who can speak with greater currency and specificity than I.

That being said, I could be considered the product of a rural community—Lexington, South Carolina. In 1990, Lexington’s population was 3,300; in 2010 it was 17,7900. And today, its population has grown to 23,200.

As a result of that rapid population growth, some would now consider Lexington a suburb of Columbia, South Carolina, instead of a rural area or small town.

Therein lies part of the problem: neither residents nor government can define rural areas with certainty.

What is Rural?

What do we mean when we talk about rural areas? There are differences between the Census Bureau and the Office of Management and Budget (OMB) designations of “rural.”
In 2010, the Census Bureau reported a rural population of roughly 60 million; the rural population by OMB's definition in that same year was 46.2 million.¹

There is also a lack of agreement even among those living in areas that might be considered rural. Some see greater prestige and economic possibility in shedding the “rural” label and seek to be defined as suburban or exurban extensions of a more familiar urban area. Others embrace the rural designation as a marker of cultural and economic distinction. Regardless of how rural areas are defined, these places nevertheless should be priority areas for federal efforts to combat hunger.

Rural Community Assets

America has deep agrarian roots that inform everything about us, from our values to our language to our food. More importantly, rural communities are essential in an increasingly urban country:

- They keep us safe -- 40% of service members and nearly 25% of veterans reside in rural communities.²
- They keep us fed -- two million farms are covering America’s rural landscape, and families operate 98%.³
- They keep us clothed and supplied -- with the vast growth of e-commerce, manufacturing and fulfillment centers are increasingly locating to rural areas.
- They keep us entertained and rejuvenated -- rural areas with strong recreational industries, such as southern states with year-round golfing weather, have been growing rapidly.⁴
- They keep us warm, cool, and adequately powered -- while many rural American communities have faced economic challenges, they have also recently experienced incredible growth in wind energy, solar power, and energy efficiency. Rural areas hold 99 percent of all U.S. wind capacity -- enough to power more than 25 million homes.⁵

Beyond these vital functions, other assets in rural communities include community organizations, innovation, and stewardship.

Rural Community Challenges

To be sure, rural communities are not merely repositories of deficits, but they do have challenges, which are unique compared to urban settings.

Rural hunger is but one issue that differs from the same phenomenon in an urban context and often occurs amid agricultural abundance. Hunger is a manifestation of food insecurity, which is perhaps one of the most direct social determinants (or social drivers) of health.⁶
North Carolina’s Upper Coastal Plain provides an illustrative example of food insecurity and hunger challenges. North Carolina has the tenth highest rate of food insecurity in the country, with 13.5% of households experiencing food insecurity. The Upper Coastal Plain—which includes Edgecombe, Halifax, Nash, Northampton, and Wilson counties—has 20-24% of food-insecure households. An underdeveloped local food system in the area has resulted in pervasive and persistent food insecurity slowing economic and community development while contributing to increased medical costs and growing health disparities, particularly in communities of color. 7

The prevalence of debt in rural communities, and again particularly communities of color, only increases the likelihood of food insecurity and its follow-on effects on health and health outcomes. As a member of the Southern Partnership to Reduce Debt, MDC collaborates with a wide range of stakeholders to generate actionable policy solutions to address what is essentially a chronic disease within our economy.

Moreover, rural communities remain disconnected from many state and federal supports due to inadequate infrastructure. This limited connectivity is both real and virtual, evidenced by inadequate transportation and limited broadband capacity. The absence of an affordable means of accessing services essentially makes them unavailable in some areas.

Even when communities work to help themselves, there are limited local resources to address rural hunger. For example, the expenditures of SNAP (the Supplemental Nutrition Assistance Program) are 20 times those of all private sources combined.8 And that still is not enough to prevent hunger. The experience of the Great Plains Food Bank is indicative of the need for more significant support beyond the Herculean efforts of community members alone.

**MDC’s work on Food Insecurity**

As a partner with the Kate B. Reynolds Trust’s Healthy Places NC program, MDC managed a learning network of community colleges focused on addressing health and wellness in the community. Below is a snapshot of the colleges’ impact on their respective communities. Edgecombe, Nash, and Rockingham community colleges specifically addressed food insecurity. MDC also authored a report detailing the project: *The Community College as Change Agent: How Community Colleges Address Health Issues in Counties Served by the Healthy Places North Carolina Initiative*.

A body of evidence has shown clear links between socioeconomic status, the practice of healthy eating, and the incidence of these chronic conditions. For low-income communities, a significant barrier to healthy foods is cost. Less-healthy, energy-dense foods come at a cheaper price tag and often last longer than perishable fresh ingredients.

Although unhealthy food is often cost-effective in the short term, the long-term financial burden of chronic conditions is far greater. However, many low-income families cannot
make the initial investment of reshaping a diet due to other immediate responsibilities and demands. Beyond cost, healthier recipes also require a time investment and can become intimidating to prepare. Considering these variables, it became clear that intervention addressing diet needed to not only be cost-effective but easily implemented into the lives of community members:

- **Rockingham County: Edible Greenhouse.** The lead team proposed an initiative focused on empowering local farmers, educating the larger community on advanced local food production, and setting the groundwork for a system that provided an economic reward for healthier food decisions. The foundation of this project involved the development of an edible greenhouse that utilized advancements in agricultural practices to produce fresh fruit and vegetables on the college campus.

- **Nash County: Healthy Places Healthy People Dining Room.** The dining room allowed NCC to provide a space on the campus in which one of the college’s culinary chefs could interactively demonstrate and teach participants how to create healthy eating options. Phase I of the HPNC initiative at NCC increased awareness and understanding of the effects of healthy eating choices through menu recipes, preparation tips, food substitution suggestions, and tasting opportunities.

- **Edgecombe County: Community Food Gardens.** The lead team began designing two community garden projects, working with their previous developer, at W.A. Pattillo Elementary School, a Title 1 school serving predominately low-income African Americans, and Iglesias Internacional Principe De Paz, a predominately Hispanic church. Constituents of both sites were trained on the garden’s upkeep and provided educational materials regarding maintenance. The gardens were intended to instill a sense of responsibility that came with the reward of fresh fruits and vegetables for community members to enjoy for both sites.

Hunger is everyone’s problem. Rural hunger debilitates communities, dehumanizes individuals, and deprives the country of the full expression of the gifts of our rural neighbors. It prevents us from leading lives of meaning and dignity—lives that are fully realized in strong, healthy communities.

**About MDC:** MDC equips Southern leaders, institutions, and communities with the necessary tools and strategies to advance equity—particularly racial and gender equity—and economic mobility. For over 50 years, institutions, communities, foundations, and others across the South have turned to MDC for deep knowledge and proven tools to design, demonstrate, and sustain what works to boost members of underinvested communities to higher rungs on the economic ladder.
References: