National Rural Health Association Policy Brief

Obesity prevention and treatment in rural America through changes in diet and food availability

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Introduction

Obesity is one of the leading causes of morbidity and mortality in rural America. Obesity is a serious chronic disease that can put individuals at risk for heart disease, stroke, type 2 diabetes, chronic pain, sleep apnea, and other life-threatening health conditions. According to the Centers for Disease Control and Prevention (CDC), treatment of obesity and obesity-related conditions costs the United States health care system $173 billion per year. Although obesity rates are six times higher for rural Americans,[1] policymakers have let this important health equity issue go unaddressed. People of color living in rural communities are at an even higher risk for obesity, but due to structural barriers are less likely to utilize weight-loss surgery and anti-obesity medication. Considering the health disparities that rural Americans face national and state policies must include rural-specific programming and equitable coverage options to ensure that rural families have access to the full range of obesity prevention and treatment services.

Barriers to access

Adults in rural America are more likely to have lower incomes than their urban counterparts which affects the quality of their diet and access to physical activity. A National Institutes of Health study found that higher-income individuals are more likely to make more trips to the grocery store and have a greater variety of food options. Rural communities often lack populations large enough to sustain a grocery store that stocks a variety of healthy foods. Food insecurity rates are higher in rural areas than in urban areas, with many rural residents needing to travel long distances to access a supermarket or grocery store. Evidence suggests that rural Americans also are less likely to be physically active due to limited local options and long travel distances to fitness facilities. A lack of healthy foods and exercise options can create unhealthy behaviors and reshape peoples' perceptions of what constitutes "health" as a person's social environment plays a significant role in normalizing health behaviors.

Specific barriers to healthy eating include 1) the perception that healthy foods are too expensive; 2) a lack of time to shop and prepare food; 3) limited access to healthy food options; 4) difficulties in changing habits; and 5) eating away from home. It is important to note the lack of nutrition education and obesity prevention programs in rural areas. Rural health facilities are less likely to have nutritionists, dietitians, or weight management experts. Obesity prevention programs exist but are scarce and often fail to address the unique challenges faced by people living in rural areas.

Access to a nutritionist or weight management services requires coverage for these services and ensuring they are available at an affordable rate. Under the Affordable Care Act, nutrition services are covered without co-payments for all adults who are at risk of chronic disease. However,

[1] Rural obesity rates are 6.2 times higher for rural Americans when compared to their urban counterparts.

Medicaid coverage differs from state to state, and in some states, nutritionists are not recognized as Medicaid providers. Medicare Part B does provide coverage for medical nutrition therapy, but this is only under certain conditions and requires a referral from a primary care provider. Many rural residents rely on Medicaid and Medicare to receive health care services and are also more likely to be uninsured. Without insurance, nutritionist and dietitian consultations can put a financial strain on families with a visit costing as much as $100 to $200 per session.

Similarly, people living in rural areas, specifically older adults, may struggle to access obesity treatment because Medicare Part D does not cover pharmacological obesity treatments. Currently, six anti-obesity medications have been approved by the Food and Drug Administration. Medicaid, the Civilian Health and Medical Program of the Department of Veterans Affairs, TRICARE, and private insurance can provide coverage. Seventeen states provide coverage for anti-obesity medications and the Federal Employee Health Benefits Plan will begin to provide coverage in 2023. Without coverage, these drugs can cost up to $1,000 per month, an amount not feasible for some Medicare recipients who may be retired or unable to work.

Crucially, rural communities need access to a robust network of health care providers who can educate and treat patients for obesity, including primary care physicians, nurse practitioners, physician assistants, and other providers such as nutritionists, dietitians, and weight management experts. The ongoing health care workforce shortage has devastated access to care in rural areas, and policies are needed to fund and create more opportunities for rural health care professionals.

Throughout the pandemic, the importance of telehealth systems in connecting underserved communities to vital health care services became evident. As broadband capacities and capabilities grow, telemedicine technology can be used to connect patients with dietitians and nutritionists. Moving forward, it is important to develop informed interventions and targeted prevention programs specific to rural communities.

Policy recommendations

NRHA recommends the High Obesity Program within the CDC for examples of preventive solutions in rural areas. The High Obesity Program funds 15 land grant universities to work with community-based United States Department of Agriculture (USDA) extension services to increase access to healthier foods and safe and accessible places for physical activity in counties where more than 40 percent of adults have been diagnosed with obesity. The program uses proven public health strategies to improve physical activity and nutrition; reduce obesity; and prevent or control type 2 diabetes, heart disease, and stroke. This two-pronged approach includes both healthy eating and physical activity strategies.

NRHA supports produce prescription programs as one strategy to encourage healthy eating in rural communities. These programs address food insecurity, which is a social determinant of health (SDoH). Produce prescription programs are a medical treatment or preventive service for patients who are eligible due to diet-related health risks or conditions or face other documented challenges in accessing nutritious foods. Produce prescription coverage creates incentives for beneficiaries to purchase fresh fruits and vegetables, thus promoting a nutritious diet. Using food as medicine or as a preventive measure creates long-term health care savings for Centers for Medicare and Medicaid Services (CMS) health plans and health systems.

Addressing SDoH is critical to identifying and implementing long-term solutions to higher obesity rates in rural communities. Moreover, support for coordinating care through resources like community health workers should be covered at a reasonable rate under Medicare and Medicaid to increase access to diverse provider types. For obesity prevention and treatment, NRHA supports the creation of networks within rural communities that include clinical providers and a range of partners such as USDA extension programs, local health departments, area health education centers, local businesses, the national consumers league, older adult programs, and faith-based organizations.

Expanding Medicare coverage to include pharmacological treatments would be life changing for rural Americans living with obesity. Currently, Medicare follows an antiquated and discriminatory policy that excludes coverage for "agents of weight loss." This exclusion disproportionately impacts rural residents, as they rely more on Medicare and Medicaid coverage than their urban and suburban counterparts. Given that current statutory language fails to cover anti-obesity medications under Medicare, individuals with obesity are being denied access to the full continuum of care. NRHA will continue to advocate that rural families have access to the full continuum of care to treat and prevent obesity. Our advocacy efforts will continue pushing to remove the Medicare exclusion that prohibits access to pharmacological treatments and seeking higher payments for intensive weight loss counseling in Medicare and Medicaid to make it a sustainable service for medium-to-low volume rural providers.

Recommended actions

- To improve access to the High Obesity Program, NRHA urges support for the reintroduction of H.R. 5625, the Halt Obesity in America Act. This bill expands eligibility for the program by lowering the threshold for obesity in a county from 40 percent to 35 percent. This legislation allows more rural residents to receive preventative obesity care.
- NRHA urges CMS to cover produce prescriptions in Medicare plans and support an updated health coding infrastructure to allow providers to integrate food as medicine into clinical care.
- To address the social inequities facing rural residents. NRHA urges support for the reintroduction of S. 104/H.R. 379, the Improving Social Determinants of Health Act. This bill requires the CDC to establish a program to improve health outcomes and reduce health inequities.
- NRHA supports and recommends that Congress support legislation like S. 596/H.R. 1577, the Treat and Reduce Obesity Act. This legislation expands Medicare coverage of intensive behavioral therapy for obesity and allows coverage under Medicare's prescription drug benefit for drugs used for the treatment of obesity.

Resources

- The Rural Health Information Hub (RHI Hub) provides an Obesity Prevention Toolkit with resources for patients and providers. Resources include obesity statistics, intervention models for providers, and evaluation models. RHI Hub also provides statistics on rural obesity and weight control.

- Promoting Active Living in Rural Communities summarizes the characteristics of rural communities that may affect obesity, discusses observations from the field, and examines lessons learned from rural active living interventions.
- Project ECHO increases the capacity for more effective treatment of chronic, complex conditions in underserved communities.
- The CDC has a list of strategies to prevent and manage obesity.
- The U.S. Department of Agriculture National Institute of Food and Agriculture Regional Nutrition Education and Obesity Prevention Centers of Excellence (RNECE) works with stakeholders to develop effective education, systems, and policies that promote health and prevent and reduce obesity in disadvantaged low-income families and children.

NRHA's Rural Obesity and Chronic Disease Initiative is supported by Novo Nordisk, a leading global health care company that has been making innovative medicines to help people with diabetes lead longer, healthier lives for more than 95 years. This initiative is a combined effort between the National Rural Health Association and Novo Nordisk to combat obesity and chronic diseases among rural populations. Our two organizations will continue to work together to support policy efforts and innovative solutions to improve the health and wellness of rural Americans.