



Nourishing rural America: Policy pathways for food and nutrition security

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Introduction

Healthy eating is strongly linked to reduced risk of many chronic diseases such as diabetes and obesity, as well as the three leading causes of death in the United States: heart disease, cancer, and stroke. For children and adolescents, proper nutrition supports healthy growth and development and can prevent conditions like obesity, dental caries, and iron deficiency anemia. Despite these well-documented benefits, structural barriers continue to impede access to nutritious food for many Americans, particularly those living in rural and frontier areas. Yet access alone does not guarantee improved health outcomes. The ability to make nutritious choices also depends on knowledge, skills, and consistent reinforcement of healthy habits. Nutrition education, whether through community programs, SNAP-Ed, or programs in the Older Americans Act (OAA), plays a key role in helping individuals translate food access into lasting behavior change. When paired with access to affordable and culturally relevant foods, education magnifies the health impact of federal nutrition investments.

Rural America continues to face well-documented health and socioeconomic disparities. Rural populations tend to be older and have lower income and educational attainment and fewer employment opportunities that offer health benefits. While 11.1 percent of the U.S. population lives in poverty, 15.3 percent of rural residents live in poverty. Food insecurity affects 12.2 percent of the general population but 15.4 percent of rural households.ⁱ Rural Americans experience higher rates of chronic disease, disability, and premature death compared to their urban counterparts. These challenges can be rooted in inadequate access to preventive services and healthy food. Rural residents are more likely to engage in health risk behaviors, have limited access to specialists, and face gaps in insurance coverage, particularly if they fall into coverage gaps between Medicaid eligibility and private insurance options.ⁱⁱ

This policy paper analyzes the major food and nutrition policies currently in place and those that are emerging – including labeling, assistance programs, and changes to key USDA programs – and highlights the extent to which these frameworks either alleviate or worsen rural food insecurity and nutrition-related health disparities. It also complements NRHA's Farm Bill recommendations and may serve as a reference for strengthening rural nutrition policy integration in future Farm Bill discussions.

Analysis

Geographic, socioeconomic, and market conditions in rural America compromise food access, creating challenges such as long distances to reach full-service grocery stores and transportation barriers, especially during extreme weather events. Such structural limitations contribute to inadequate consumption of fruits, vegetables, and protein, leading to increased risk of diet-related chronic diseases.

As market pressures continue to force small farmers, local grocers, and independent retailers out of business, rural communities face even greater hurdles to access affordable, fresh, and culturally relevant food options. Many rural areas are USDA-designated food deserts, defined as communities where residents live more than 10 miles from a full-service grocery store and must rely on gas stations or convenience stores that offer a limited range of higher-cost, lower-nutrition items.ⁱⁱⁱ Areas experiencing food insecurity frequently overlap with agricultural regions where food production does not equate to local availability of nutritious options. The barriers in these communities include lack of transportation, limited vendor participation in federal nutrition programs, and economic pressures that challenge the viability of small grocers.



In 2022, an estimated 16 percent of U.S. adults reported they did not have enough food and lacked the financial resources to obtain more, averaged across all congressional districts.^{iv} Among the 44.2 million Americans living in food-insecure households that year, rural families faced heightened barriers to food access due to both economic precarity and geographic isolation. According to a 2023 USDA report on household food security, 15.4 percent of rural households experienced food insecurity, an increase from 14.7 percent in 2022.^v An estimated 12.9 percent of children living in nonmetropolitan households experience food insecurity.^{vi} One in seven rural households relies on the USDA-administered Supplemental Nutrition Assistance Programs (SNAP), compared to one in eight in metropolitan areas.^{vii}

In September 2025, USDA announced that it will terminate the long-standing Household Food Security Report series citing redundancy and cost concerns.^{viii} The discontinuation of this nationally recognized dataset removes one of the most reliable federal measures for tracking food insecurity trends over time. The absence of these annual reports will hinder policymakers' ability to evaluate the impact of federal nutrition assistance programs, particularly on rural and state-level outcomes. While the Congressional District Health Dashboard provides partial insight into local food insecurity, many districts remain unrepresented due to data gaps, necessitating action to preserve and expand federal disaggregated data collection on hunger and nutrition access.

Federal nutrition programs administered by USDA and HHS form the backbone of the national food safety net. These include SNAP, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), National School Lunch and School Breakfast Programs (NSLP/SBP), summer EBT program, Commodity Supplemental Food Program (CSFP), Child and Adult Care Food Program (CACFP), Senior Farmers Market Nutrition Program, the Emergency Food Assistance Program (TEFAP), Older Americans Act Senior Nutrition Program, and the Summer Food Service Program (SFSP), which now includes SUN Meals and SUN Meals To-Go. These programs support access to food and nutrition services for low-income individuals across the lifespan and across every U.S. state and territory.

USDA and HHS nutrition programs are primarily distributed through state-administered funding mechanisms, including formula-based allocations, cooperative agreements, and community block grants. However, neither agency consistently reports how these funds are divided between rural and urban areas, creating gaps in transparency and accountability. For example, community food projects and local procurement programs such as the Local Food for Schools and Local Food Purchase Assistance initiatives – both discontinued in 2025 – previously helped rural producers supply fresh food to schools and food banks. Without similar targeted investments and rural allocation reporting, it remains unclear how equitably resources reach rural communities.

Rural families widely use federal nutrition support, but access and retention may be constrained in some programs. In fiscal year 2022, 94.2 percent of SNAP-eligible rural residents participated in the program, compared to 86.4 percent of their urban counterparts.^{ix} School and child nutrition programs also face rural-specific obstacles. Rural children are more likely to be cared for in informal home settings, which are often ineligible for CACFP reimbursements. Children living in nonmetropolitan households are more likely to experience food insecurity, with 12.9 percent of rural children living in households reporting insufficient access to nutritious food.^x Rural families often live too far from summer meal distribution points to utilize SUN Meals, which traditionally require children to eat on site. In response, USDA has expanded SUN Meals To-Go, a component of the SFSP that allows children in hard-to-reach rural areas to receive nutritious meals through pick up or delivery, without requiring an application. However, participation depends on state-level implementation and availability.^{xi} Innovative approaches, such as mobile meal programs, backpack lunch initiatives, and farm-to-school partnerships, have helped improve access, but many rely on short-term grants or local funding, which are difficult to sustain.^{xii}



In addition to the general rural population, several groups that make up a significant share of rural communities face disproportionately high rates of food insecurity. Rural areas are home to a larger proportion of veterans, who often experience higher rates of disability and fixed incomes that increase vulnerability to food insecurity.^{xiii} Communities of color in rural America, particularly Black, Hispanic, and American Indian or Alaska Native households, experience food insecurity rates that are roughly two to three times higher than those of white households.^{xiv} These disparities reflect longstanding structural and socioeconomic barriers that limit access to stable employment, land ownership, and nutrition assistance programs.

Seniors in rural areas face similar challenges. An estimated 7.3 percent of older adults in rural communities are food insecure, compared to 6.7 percent in metro areas.^{xv} Congregate meal sites may be sparse or inaccessible, and home-delivered meal programs are limited by long distances and workforce shortages. Programs like the Senior Farmers' Market Nutrition Program (SFMNP) and the Commodity Supplemental Food Program offer partial support, yet geographic dispersion and lack of transportation remain persistent barriers.

While healthy eating is a cornerstone of public health, current federal nutrition policies often fall short of addressing the distinct realities faced by rural populations. In addition to historic policies that have negatively impacted access to supplemental nutrition programs, in March of 2025, USDA announced it was cutting \$1 billion in government funding for programs to help food banks distribute healthy, local food, including the Local Food for Schools Cooperative Agreement and the Local Food Purchase Assistance Cooperative Agreement programs for 2025. These funds were designed to pay farmers to provide food to schools and food banks, giving a boost to local producers while giving fresh options to children and communities. After the March 2025 announcement to freeze or cut funding for food programs, rural-serving food banks were also informed that scheduled deliveries of food through the USDA's Emergency Food Assistance Program were being halted or cut back.

Further, with H.R. 1 signed into law on July 4, 2025, lawmakers reduced federal spending on SNAP by approximately \$186.7 billion, largely by shifting costs to state governments and imposing additional paperwork and administrative barriers on program participants, also known as work or community engagement requirements.^{xvi} To meet the increased costs of ensuring the availability of SNAP, state governments may reduce payment error rates to avoid or reduce the required cost share, decrease the number of eligible participants through more stringent requirements, or cap the number of people who may participate.

Additional changes to SNAP resulting from H.R. 1 include eliminating funding for SNAP-Ed, which is an evidence-based program that helps people stretch their SNAP dollars, shop for and cook healthy meals, and lead physically active lifestyles. The loss of SNAP-Ed funding is especially concerning because nutrition education programs are critical to translating food access to improved health outcomes. Without these educational components, many rural and older adults lose opportunities to learn how to prepare balanced meals with limited budgets or resources. Additional concerns include new limitations on the Thrifty Food Plan that restrict flexibility for program benefits to respond to changes in dietary guidance and increases in food prices beyond annual inflationary adjustments.

Other significant barriers for access to supplemental nutrition assistance include unprecedented changes to SNAP eligibility requirements and the application process, which could end food assistance for 120,000 to 250,000 people with a lawful immigration status^{xvii}, including about 50,000 children. Considering that since 2020 almost 300,000 immigrants have moved to rural counties – making up 87 percent of rural population growth in the past year alone – this indicates a stark rise in the decline of nutrition assistance and access to healthy food may be imminent.



HHS strategy: Food is Medicine

The Food is Medicine (FIM) initiative led by HHS through the Office of Disease Prevention and Health Promotion is a federal effort to systemize nutrition-based health care interventions. Codified in FY 2023, congressional directives charged HHS with developing a unified federal strategy to reduce chronic diet-related disease and food insecurity through cross agency collaboration.^{xviii} At its core, FIM encompasses a broad spectrum of models from medically tailored meals and produce prescription programs to community-based nutrition education, all designed to integrate nutritious food into health settings and social services. Many of these models already operate successfully within existing community-based organization infrastructure, particularly in rural areas where local nonprofits, hospitals, and public health agencies collaborate to deliver nutrition interventions. These interventions aim to not only improve health outcomes but reduce health care costs and address inequities by linking food access with disease prevention and treatment. As federal agencies refine FIM implementation, it will be essential to ensure that definitions and reimbursement structures remain inclusive of this geographic diversity. A narrow definition of medically tailored meals or other reimbursable interventions could unintentionally exclude rural providers and community partners, limiting access to the populations that stand to benefit the most.

Tracking investments in food and nutrition initiatives alongside measurable health outcomes will be needed to demonstrate how federal food programs directly contribute to health system transformation. Integrating FIM interventions into Medicaid, rural health clinics, and hospital community benefit frameworks can generate evidence of cost savings and improve chronic disease management outcomes. Despite their promise, FIM initiatives are facing challenges. New federal restrictions implemented in 2023 limit the use of Medicaid in-lieu-of-services authority to only six months per year for nutrition interventions, undermining program continuity. Budgetary constraints and administrative barriers are also curtailing state-level Medicaid pilots and integrated SNAP-WIC-FIM models. These limitations are particularly consequential for rural populations, who already suffer from higher rates of chronic disease, limited access to care, and fewer providers trained to implement nutrition-based interventions. Cuts to federal FIM support jeopardize promising state level innovation and disproportionately affect rural communities that would benefit most from these programs.

USDA nutrition assistance programs

Supplemental Nutrition Assistance Program

SNAP is the largest federal food assistance program, serving more than 40 million people annually. In the U.S., approximately 11.2 percent of all counties are classified as persistently poor, with a sizable portion located in rural areas. Rural poverty rates are notably higher than urban poverty rates, with rural poverty three percentage points higher. This indicates a significant concentration of poverty in rural communities across the country.^{xix} Emerging policy proposals have targeted SNAP to improve nutrition outcomes.

The *Healthy SNAP Act* (S. 561, 2025) would restrict purchases of sugar-sweetened beverages and other low-nutrition items, aligning program use with public health goals. While such reforms may enhance nutritional outcomes, implementation in rural areas risks reducing overall food access unless coupled with parallel investments in rural food systems.

SNAP outreach and administrative funding are primarily population based, which inadvertently disadvantages low-density rural areas. Fewer outreach staff and enrollment offices per capita mean eligible rural residents may be undercounted or face long wait times for application support. Although rural participation rates in SNAP are relatively high, the capacity to assist new or transient households remains limited. Seniors who qualify for SNAP benefits are especially under-enrolled due to stigma, lack



of awareness, and difficulty navigating online applications or recertification. Targeted education and flexible outreach such as partnerships with rural clinics, senior centers, and cooperative extension offices are necessary to close these enrollment gaps.

Special Supplemental Nutrition Program for Women, Infants, and Children

WIC plays a role in supporting the health of low-income mothers and young children by providing nutrient-rich foods, nutrition education, and access to preventive health services. According to USDA data, nearly 7 million people participated in WIC nationwide as of May of 2025, with rural rates often higher than metropolitan regions due to greater need. Program access is hindered by logistical challenges including long travel distances to clinics, transportation barriers, and limited store participation in remote areas. The 2024 USDA regulatory WIC food package revisions, which increased cash value benefits and aligned food offerings with dietary guidelines, represent a meaningful policy improvement. However, uptake in rural areas remains constrained by persistent structural barriers, including stigma and lack of awareness about eligibility among working families and parents of older children.

School meals and farmers' markets programs

The FMNP and Senior Farmers' Market Nutrition Program support local food systems and provide vouchers to WIC recipients and low-income seniors. Yet stagnant funding and limited rural infrastructure inhibit scale and reach. Many rural areas lack sufficient authorized vendors or farmers' markets to accept FMNP vouchers, and those that do exist often face seasonal constraints and operating challenges.^{xx} Small market operators may be deterred from participating due to administrative burdens, limiting the program's ability to effectively serve rural populations. NSLP/SBP program proposals such as H.R. 2680, the *Expanding Access to School Meals Act*, seek to broaden eligibility and reduce stigma by providing universal access to free school meals, though such efforts remain pending.^{xxi}

Summer nutrition programs (Summer EBT/SFSP)

In June 2025, USDA finalized a rule streamlining the administrative requirements for summer nutrition programs serving children.^{xxii} The rule eliminates the Coordinate Services Plan (CSP) requirement for states participating in the Summer Electronic Benefit Transfer (Summer EBT) program and the rural non-congregate option of the Summer Food Service Program, effective August 5, 2025. These regulatory changes were built on a December 2023 interim final rule that granted rural areas greater flexibility to deliver meals outside of traditional congregate settings including parent pick-up, home delivery, and multi-day meal issuance.

While the removal of CSP reduces paperwork and lowers barriers for participation, it may also risk weakening coordination between service providers and schools. Without a formal CSP framework, there is no statewide plan delineating how agencies, schools, and community partners divide responsibilities, coordinate outreach, or share data. That increases the risk that some areas may receive duplicative services while others are overlooked, and schools may not be engaged in identifying eligible families or centralized communication about meal availability. It will be necessary to ensure deregulation does not result in service fragmentation while maintaining and expanding summer food access for rural children.

Impacts of USDA reorganization on access to essential programs

In July 2025, the administration announced a plan to restructure USDA, including significant changes for its Food Nutrition Services (FNS) division, which oversees WIC and other nutrition programs that are essential to America's rural populations. The plan includes closing FNS headquarters in Alexandria, Virginia, relocating staff outside the D.C. metro area, and reducing the number of USDA regions from seven to five. The reorganization would also establish USDA hubs in Raleigh, Kansas City, Indianapolis,



Fort Collins, and Salt Lake City.

Combined with recent staffing cuts and funding freezes at USDA, industry experts project the shift may have a long-lasting negative impact on the agency's ability to administer federal nutrition programs in an effective and timely manner, resulting in negative consequences for the families who depend on these supports for food security. Dismantling regional offices may delay critical services and create unnecessary barriers for state agencies and families.^{xxiii}

The decision to terminate the Household Food Security Report, USDA's primary national measure of hunger, further compounds these challenges. The loss of this annual dataset will diminish the agency's capacity to monitor food insecurity trends and evaluate program performance across rural and urban areas. Together, the reorganization and data termination signal a concerning reduction in USDA's infrastructure for both administering and assessing nutrition programs, leaving policymakers with fewer tools to understand and address food insecurity in rural communities.

Overlapping threats to food security that impact health outcomes

Rural resource constraints

The Centers for Medicare and Medicaid Services understand that rural-serving health organizations can be important navigators to nutrition assistance for their patients.^{xxiv} They provide referrals, recommend benefit programs, and coordinate services with human services providers to ensure that patients have access to necessary resources. By connecting health care providers to human services, rural providers can leverage the close-knit nature of rural communities to make limited resources go further and address unmet needs. This collaboration can lead to improved health outcomes and a more efficient health care system. However, financial threats to rural-serving health organizations, rural hospital closures, workforce shortages, and other challenges risk patients losing access to nutrition assistance navigators. Additionally, in many rural areas there is a lack of community-based organizations or social supports where providers can refer their patients. Even where these resources exist, the infrastructure to support coordination between health care providers and social services may be weak.

2025 reconciliation: Major legislative changes

In 2025, Congress enacted H.R. 1 which introduced major structural changes to how SNAP is financed and changes to work requirements for adults. The Congressional Budget Office estimates that these statutory changes would remove more than 3 million Americans from the program in an average month, reducing spending by more than \$92 billion over 10 years.^{xxv}

President Trump's fiscal year 2026 budget proposes to cut WIC funding, leaving it insufficient to provide all anticipated participants with full benefits. These cuts are estimated to eliminate more than \$1.3 billion in fruit and vegetable benefits from 5.2 million participants, including new and expecting parents and young children. Additionally, the proposal severely reduces the cash value benefit, with participants facing cuts of 62 to 75 percent compared to current levels, depending on the participant category. The proposal would reduce:

- \$16 monthly from toddlers and preschoolers, leaving them with only \$10 monthly for fruits and vegetables.
- \$34 monthly from pregnant and postpartum participants, leaving them with only \$13 monthly.
- \$39 monthly from breastfeeding participants, leaving them with only \$13 monthly.^{xxvi}

Further, administrative burden and fiscal responsibility previously held by the federal government are now partially transferred to states, posing additional strain on budgets already operating with lean infrastructure.



Cuts in SNAP and the impact on health care access and outcomes

SNAP has been shown to reduce health care expenditures, particularly for conditions like heart disease or hypertension. As revealed in one study,^{xxvii} SNAP participants spend \$1,400 less on medical care per year compared to low-income non-participants. Investments in SNAP have proven to reduce food insecurity, reduce health care expenditures, and generate economic activity.

Cuts to SNAP, in conjunction with unprecedented cuts to Medicaid, are likely to lead to poorer health and nutritional outcomes for rural and aging adults, particularly for those with chronic diseases. For example, the cuts could lead to decreased access to preventive care and services not covered by Medicare including dental, vision, and long-term care beyond 100 days, which can worsen often costly chronic health conditions and may lead to increased emergency room visits and hospitalization.^{xxviii}

SNAP cuts will have a significant impact on the health and well-being of rural children, as the program reduces hunger and poverty. Demonstrated by the expiration of pandemic-induced emergency SNAP allotments in 2023 that caused increases in childhood hunger, deep cuts to SNAP – whether temporary or permanent – will significantly increase the risk of child food insecurity, putting children at risk of malnutrition, obesity, and chronic disease. Additionally, research shows that children are more likely to experience developmental delays and poorer health outcomes when SNAP benefits end abruptly.^{xxix}

The landscape of federal food and nutrition policy is increasingly dynamic, with efforts like FIM, WIC modernization, and school meal expansions reflecting a shift toward integrating nutrition and health. In 2022, Feeding America, a nationwide network that includes food banks, food pantries, and local meal programs, launched a bipartisan effort to develop solutions to end hunger in America by 2030, recognizing that 9 out of 10 counties with the highest food insecurity rates are rural. However, current initiatives remain fragmented and unevenly implemented, particularly in rural America where chronic program underfunding and structural barriers limit reach and effectiveness. Legislative actions like H.R. 1 pose added risks by increasing administrative burdens on rural states and restricting access to core safety-net programs. With nutrition programs typically reauthorized in a Farm Bill, the latest of which was due to be passed in 2023, it is unclear how or if food assistance programs, including those that intersect with health care organizations, will be represented in the next Farm Bill should one advance through Congress.

Policy recommendations

Prior to H.R. 1 benefit levels were modest yet provided critical support for rural families and children living at or below the U.S. poverty level. As rural counties across the United States are bracing for the impact of cuts and complex reporting and regulatory provisions added to federal nutrition assistance programs, NRHA offers the following policy recommendations to protect SNAP access to be considered in the 2026 Farm Bill and other legislative measures.

- **Restore and protect SNAP funding.** SNAP funding was cut by \$187 billion dollars in H.R. 1. Additional cuts will deny children and families vital nutrition assistance. NRHA strongly recommends no further or future cuts to SNAP benefits and related nutrition programs and that the 2026 Farm Bill authorizes additional funding through grants and technical assistance eliminated in H.R. 1. These cuts were enacted through multiple provisions that collectively weaken the safety net for rural families. The Agriculture Committee title of H.R. 1 specifies the following reductions recommended for restoration:



- \$128 billion from establishing a SNAP matching funds requirement for states, shifting costs to state governments and threatening program continuity in states unable to absorb new fiscal obligations
 - \$92 billion from tightening work requirements and restricting eligibility for undocumented and lawfully present noncitizens
 - \$27 billion from reducing the federal share of administrative costs
 - \$11 billion from excluding internet expenses from SNAP benefit calculations, reducing benefit adequacy for rural and remote households that rely on broadband for online grocery and EBT access
 - \$7 billion from cross-agency data restrictions that use SNAP databases to prevent recipients from accessing other federal supports, creating additional administrative barriers for low-income families
 - \$4 billion from further restricting SNAP eligibility for noncitizen populations beyond existing statutory limits
- **Reauthorize, extend, and increase funding for the following:**
 - SNAP and related grant programs (e.g., SNAP employment and training)
 - Programs in lieu of SNAP: Food Distribution Program on Indian Reservations (FDPIR), Nutrition Assistance Program grants for several territories
 - The Emergency Food Assistance Program (TEFAP)
 - Commodity Supplemental Food Program (CSFP)
 - Community food projects
 - Senior Farmers' Market Nutrition Program (SFMNP)
 - Gus Schumacher Nutrition Incentive Program (GusNIP) grants
 - **Increase funding levels for WIC.** The president's FY 2026 budget request proposes sharp cuts to the fruit and vegetable component of WIC's food benefits for new and expecting parents and young children. WIC provides nutritious foods, counseling on healthy eating, breastfeeding support, and health care referrals to millions of rural low-income pregnant, postpartum, and breastfeeding individuals, infants, and children at nutritional risk. This would directly undermine the administration's stated goal of improving children's health and reducing childhood chronic disease. NRHA supports an increase in WIC funding.
 - **Reverse state cost shifts.** H.R. 1 shifts a portion of SNAP benefit costs to states for the first time ever, which will force states to cut benefits and eligibility. While eight states¹ would pay none of the cost of SNAP benefits current projections indicate that their error rates could increase above the 6 percent threshold and thereby trigger a cost-share by FY 2028. All other states can expect to pay millions of dollars for nutritional assistance programs with no additional resources to cover costs. Adding to the financial strain at the state level, the federal government will be providing less assistance with administrative expenses, adding millions of dollars in expenses for states to shoulder.
 - **Enhance SNAP security.** To address SNAP identity theft, rural grocery stores and others authorized to receive Electronic Benefits Transfer (EBT) are unable to upgrade their systems to protect access to

¹ The eight states include Idaho, Nebraska, Nevada, South Dakota, Utah, Vermont, Wisconsin, and Wyoming.



critical nutrition benefits for children and families without funding. Congress should support efforts to transition to EBT cards that utilize enhanced security measures such as chip and tap technology and ensure adequate funding to cover the costs of innovative technology installation, training, and maintenance of equipment and associated technologies.

- **Restore flexibility to temporarily increase SNAP benefits during federally declared emergencies.** As demonstrated during the COVID-19 pandemic, granting the federal government flexibility to adjust SNAP benefits during national emergencies enables a swift response to food insecurity during crises. Restoring this authority would reinforce the resilience and adaptability of the nation's safety net.
- **Enhance SNAP enrollment and education for rural seniors.** Allocate dedicated funding to expand SNAP education, enrollment support, and benefit navigation targeted toward older adults in rural communities. Many eligible seniors remain unenrolled due to lack of awareness or challenges with the application process. Federal support should prioritize partnerships with trusted local organizations such as health departments, rural hospitals, and aging services agencies to increase participation among qualifying seniors.
- **Preserve and expand nutrition programs.** Safeguarding and expanding SNAP is vital to address food insecurity, particularly among low-income rural populations. Additionally, programs such as the Senior Farmers' Market Nutrition Program and GusNIP-PPR have shown promise and have potential for further expansion. Preserving and expanding nutrition programs would increase access to nutritious meals and strengthen America's health outcomes while simultaneously supporting agricultural communities.
- **Improve program efficiency.** Recognizing that technology has and will continue to play a significant role in administering programs including SNAP, sizeable investments are needed to update technology in rural areas to help states integrate eligibility systems to prevent enrollees from losing benefits, fund important program navigators (including rural health providers), and help recipients move toward nutrition self-sufficiency.
- **Reinstate annual USDA food security reporting and rural data transparency.** Congress should restore funding of USDA's National Household Food Security Report to ensure continued nationwide and rural-specific tracking of hunger trends. Annual standardized data are critical for evaluating program effectiveness and guiding future investments. In addition, USDA and HHS should be required to disaggregate and publicly report how nutrition assistance funds, including community block grants and cooperative agreements, are distributed to rural areas.
- **Protect school and summer meals programs.** Congress must protect school and summer meals funding and support policies that help provide nutritious meals for K-12 students, such as the Community Eligibility Program.
- **Reverse or modify policies that prohibit lawfully present immigrants from receiving nutrition assistance.** H.R.1. Section 10108 says that in addition to U.S. citizens, this provision limits SNAP eligibility to the following noncitizens: (1) lawful permanent residents (green card holders); (2)



Cuban/Haitian entrants; and (3) individuals lawfully residing in the United States pursuant to the Compacts of Free Association between the United States and Micronesia, the Marshall Islands, and Palau. This provision ends SNAP eligibility for refugees, asylees, people granted withholding of removal, victims of trafficking, and other noncitizens in the United States who were previously eligible. Green card holders remain subject to a five-year bar before becoming eligible.

- **Increase funding and strengthen the Older Americans Act (OAA) Nutrition Program.** The OAA Nutrition Program, administered through the Administration for Community Living, provides congregate and home-delivered meals, nutrition education, and counseling to more than 5,000 community-based organizations nationwide. NRHA asks Congress to reauthorize the OAA with explicit provisions to improve rural service delivery and increase funding for the Title III-C Nutrition Services.

Recommended actions

Pass H.R. 1538 – Delivering for Rural Senior Act of 2025. This legislation would direct the Food and Nutrition Service to award competitive grants to state agencies for a home delivery pilot program for participants in the Commodity Supplemental Food Program, prioritizing participants in rural communities.

Pass H.R. 4121 – Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2026. This legislation provides \$27.1 billion in total funding including:

- Critical resources to fully fund WIC and ensure all eligible women, infants, and children can get the nutrition they need.
- Protecting vital nutrition assistance programs for families across the country.
- Fully funding the Special Supplemental Nutrition Program for Women, Infants, and Children serving millions of women and infants nationwide, including full funding for additional fruit and vegetable benefits.
- Providing \$425 million to fund the Commodity Supplemental Food Program, which provides more than 700,000 low-income seniors nutritious foods through monthly food boxes.
- Fully funding all mandatory nutrition programs for fiscal year 2026 including SNAP, School Lunch Program, School Breakfast Program, and Summer EBT.

Conclusion

Rural America cannot be healthy without access to vital nutrition assistance programs. SNAP, WIC, and other programs administered by USDA, as well as those administered through HHS and funded by Congress, are a lifeline for rural America. Not only do they contribute to better health outcomes by reducing hunger, improving public health, and providing access to nutritious food and education, they also work to stimulate local economies by engaging local farmers and grocery stores. Unprecedented cuts and structural changes in H.R. 1 turn this proven support into a liability — one that rural families and local and state governments are ill-equipped to bear. Preserving rural food and nutrition access essential to support thriving rural communities.



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