<u>Social Determinants of Health Literature Summaries (/healthypeople/priority-areas/social-determinants-health/literature-summaries)</u>

Food Insecurity



About This Literature Summary

This summary of the literature on Food Insecurity as a social determinant of health is a narrowly defined examination that is not intended to be exhaustive and may not address all dimensions of the issue. Please note: The terminology used in each summary is consistent with the respective references. For additional information on cross-cutting topics, please see the <u>Access to Foods that Support Healthy Dietary Patterns (/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-foods-support-healthy-eating-patterns)</u> literature summary.

Related Objectives (4)

Here's a snapshot of the objectives related to topics covered in this literature summary. Browse all objectives (/healthypeople/objectives-and-data/browse-objectives).

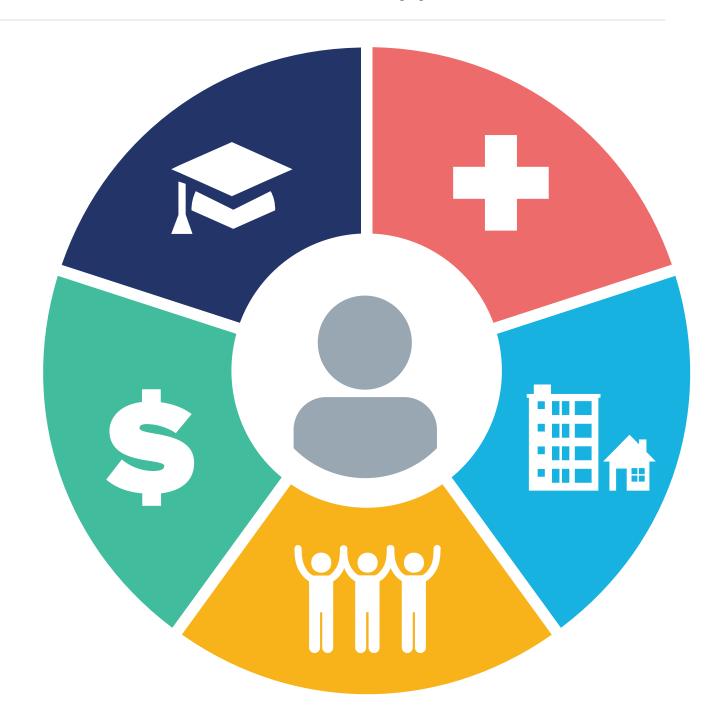
Reduce household food insecurity and hunger — NWS-01 (/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating/reduce-household-food-insecurity-and-hunger-nws-01)

<u>Eliminate very low food security in children — NWS-02 (/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating/eliminate-very-low-food-security-children-nws-02)</u>

Increase fruit consumption by people aged 2 years and over — NWS-06 (/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating/increase-fruit-consumption-people-aged-2-years-and-over-nws-06)

Increase vegetable consumption by people aged 2 years and older — NWS-07 (/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating/increase-vegetable-consumption-people-aged-2-years-and-older-nws-07)

Related Evidence-Based Resources (1)



Healthy People 2030 organizes the social determinants of health into 5 domains:

- 1. Economic Stability (/healthypeople/topic/economic-stability)
- 2. Education Access and Quality (/healthypeople/topic/education-access-and-quality)
- 3. Health Care Access and Quality (/healthypeople/topic/health-care-access-and-quality)
- 4. Neighborhood and Built Environment (/healthypeople/topic/neighborhood-and-built-

environment)

5. Social and Community Context (/healthypeople/topic/social-and-community-context)

Literature Summary

Food insecurity is defined as a household-level economic and social condition of limited or uncertain access to adequate food. In 2020, 13.8 million households were food insecure at some time during the year. Food insecurity does not necessarily cause hunger, but hunger is a possible outcome of food insecurity.

The United States Department of Agriculture (USDA) divides food insecurity into the following 2 categories:¹

Low food security: "Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake."

Very low food security: "Reports of multiple indications of disrupted eating patterns and reduced food intake."

Food insecurity may be long term or temporary. 45.6 It may be influenced by a number of factors, including income, employment, race/ethnicity, and disability. The risk for food insecurity increases when money to buy food is limited or not available. 7.8.9.10.11 In 2020, 28.6 percent of low-income households were food insecure, compared to the national average of 10.5 percent. Unemployment can also negatively affect a household's food security status. High unemployment rates among low-income populations make it more difficult to meet basic household food needs. In addition, children with unemployed parents have higher rates of food insecurity than children with employed parents. Disabled adults may be at a higher risk for food insecurity due to limited employment opportunities and health care-related expenses that reduce the income available to buy food. Accident and ethnic disparities exist related to food insecurity. In 2020, Black non-Hispanic households were over 2 times more likely to be food insecure than the national average (21.7 percent versus 10.5 percent, respectively). Among Hispanic households, the prevalence of food insecurity was 17.2 percent compared to the national average of 10.5 percent. Potential factors influencing these disparities may include neighborhood conditions, physical access to food, and lack of transportation.

Neighborhood conditions may affect physical access to food. 15 For example, people living in some urban areas, rural areas, and low-income neighborhoods may have limited access to full-service supermarkets or grocery stores. 16 Predominantly Black and Hispanic neighborhoods may have fewer full-service supermarkets than predominantly White and non-Hispanic neighborhoods. 17 Convenience stores may have higher food prices, lower-quality foods, and less

variety of foods than supermarkets or grocery stores. $\frac{16.18}{1}$ Access to healthy foods is also affected by lack of transportation and long distances between residences and supermarkets or grocery stores. $\frac{16}{1}$

Residents are at risk for food insecurity in neighborhoods where transportation options are limited, the travel distance to stores is greater, and there are fewer supermarkets. 16 Lack of access to public transportation or a personal vehicle limits access to food. 16 Groups who may lack transportation to healthy food sources include those with chronic diseases or disabilities, residents of rural areas, and some racial/ethnicity groups. 15,16,19 A study in Detroit found that people living in low-income, predominantly Black neighborhoods travel an average of 1.1 miles farther to the closest supermarket than people living in low-income predominantly White neighborhoods. 20

Adults who are food insecure may be at an increased risk for a variety of negative health outcomes and health disparities. For example, a study found that food-insecure adults may be at an increased risk for obesity. $\frac{21}{2}$ Another study found higher rates of chronic disease in low-income, food-insecure adults between the ages of 18 years and 65 years. $\frac{22}{2}$ Food-insecure children may also be at an increased risk for a variety of negative health outcomes, including obesity. $\frac{23.24,25}{2}$ They also face a higher risk of developmental problems compared with food-secure children. $\frac{12,25,26}{2}$ In addition, reduced frequency, quality, variety, and quantity of consumed foods may have a negative effect on children's mental health. $\frac{27}{2}$

Food assistance programs, such as the National School Lunch Program (NSLP); the Women, Infants, and Children (WIC) program; and the Supplemental Nutrition Assistance Program (SNAP), address barriers to accessing healthy food. 28,29,30,31 Studies show these programs may reduce food insecurity. 29,30,31 More research is needed to understand food insecurity and its influence on health outcomes and disparities. Future studies should consider characteristics of communities and households that influence food insecurity. 32 This additional evidence will facilitate public health efforts to address food insecurity as a social determinant of health.

Endnotes

ⁱThe term hunger refers to a potential consequence of food insecurity. Hunger is discomfort, illness, weakness, or pain caused by prolonged, involuntary lack of food.

Citations

Back to top

This microsite is coordinated by the Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services.