

Food Insecurity

Food insecurity is a “household-level economic and social condition of limited or uncertain access to adequate food” (US Department of Agriculture [USDA]). Food insecurity may be long-term or temporary. Food insecurity does not always cause hunger; it can also affect the quality and variety of nutritious foods consumed. Anyone can become food insecure. **According to the USDA, 13.8 million U.S. households were food insecure at some time during the year 2020.**

Food insecurities complicate patients’ abilities to manage their illness and properly care for themselves, and is associated with an increased risk of poor health. It also contributes to higher health costs for both individuals and the entire health system. Patients with food insecurities are often faced with difficult decisions when it comes to where their finances should be allocated, and many times they must choose between food and necessary medical care.

Healthcare providers play an important role in identifying patients with food insecurities and addressing the needs of these patients. Interventions to address food insecurity vary based on individual, family and community needs. It is important for clinicians to identify patients at risk for food insecurity and to refer them to providers as well as other organizations that can support the specific needs of the patient and family.

Causes of Food Insecurity

Income/Employment

Income, employment status or type of employment affects access to food. Money may be allocated to other expenses such as medical care, housing or utilities before being used to purchase food. Working long or unconventional hours can also make it difficult for people to find time to buy and prepare food.

Race/Ethnicity

Racial and ethnic disparities have been found to have a relationship to food insecurity.

In 2016, 22.5% of Black (non-Hispanic) households and 18.5% of Hispanic households were food insecure compared to the national average of 12.3%.

Predominantly Black and Hispanic neighborhoods often have fewer supermarkets than predominantly white and non-Hispanic neighborhoods.

Disability

People with disabilities may be at a higher risk for food insecurity due to financial challenges such as limited employment opportunities or additional medical expenses. Physical and mental limitations can

make shopping and preparing food more difficult. For example, people with mobility issues or chronic fatigue may have difficulty navigating a supermarket or carrying heavy food items such as milk or canned foods.

Neighborhood/Transportation

Where a person lives and their transportation options can also affect their access to food.

Rural areas, urban areas, and low-income neighborhoods may have fewer supermarkets or grocery stores. Convenience stores that are available often have higher food prices, lower quality foods, less variety of foods, or less food to sell. **Communities where people do not have access to a full range of affordable, healthy foods are commonly called “food deserts.”**

Limited public transportation and/or lack of a personal vehicle also makes it more difficult for people to access food. According to the USDA’s Economic Research Service, “8.6% of all housing units in the United States do not have a vehicle, and 4% of all housing units are at least one-half mile from a store and without a vehicle.”

Food Insecurity and Health

Increased risk of negative health outcomes and health disparities have been identified in persons who are food insecure. Food insecurity and food insufficiency (closely

related conditions) have been shown to be associated with

- o Poor diet quality
- o Lower intake of several nutrients
- o Risk of diabetes in adults
- o Poor self-rated general health status and lower scores on physical and mental health scales for adults
- o Poorer cognitive, academic, and psychosocial development of children
- o Adverse health outcomes for infants and toddlers
- o Meeting diagnostic screening criteria for major depression in females
- o Obesity and weight gain

Some of these risks may be especially high for elderly persons, particularly if they have existing health problems, such as cancer, that may make it difficult to purchase, prepare, and eat nutritious foods.

Food Insecurity and Cancer

Studies have suggested that cancer risk is higher among individuals living in food-insecure households (compared with food-secure households).

For people with cancer, food insecurity often forces patients to make trade-offs between food and other resources; for example, having to choose between paying for food or

medicine or medical care. Individuals who are uninsured or who have public insurance are more likely to be food insecure than those who are insured. While going through treatment, patients' income may also decrease due to time away from work.

Food insecurity can also exacerbate the risk of malnutrition for patients. Cancer patients who are malnourished are at greater risk for health complications, hospitalization, infections, loss of muscle strength and poor quality of life.

Screening for Food Insecurity

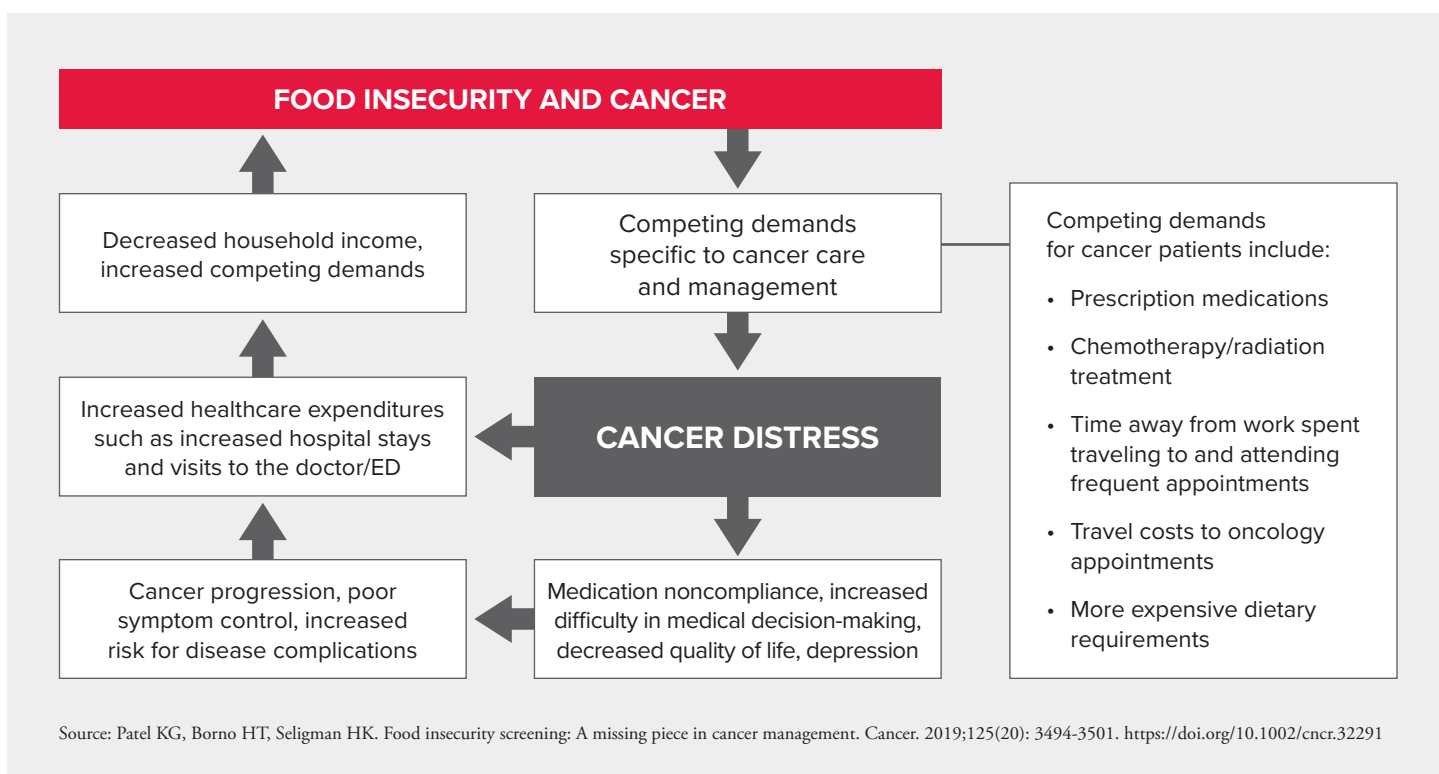
Hunger Vital Sign™ is a validated food insecurity screening tool to identify households at risk of food insecurity.

For each statement, please answer whether the statement was **often true**, **sometimes true**, or **never true** for your household in the last 12 months.

1. “We worried whether our food would run out before we got money to buy more.”
2. “The food we bought just didn’t last, and we didn’t have money to get more.”

A response of “often true” or “sometimes true” to either question = positive screen for FI.

Source: Hager ER, Quigg AM, Black MM, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*, 2010;126:26-32. doi:10.1542/peds.2009-3146. https://childrenshealthwatch.org/wp-content/uploads/EH_Pediatrics_2010.pdf Accessed April 18, 2022.



Food Insecurity Resources

Supplemental Nutrition Assistance Program (SNAP) allows for people to shop for food in grocery stores using a special Electronic Benefits Transfer (EBT) card, much like a bank card. To learn more about SNAP, visit www.fns.usda.gov/snap or call (800) 221-5689 to be connected to your state or local health department or social services department.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutrition support for low-income pregnant women and children up to age 5 years. Visit www.fns.usda.gov/wic for more.

Meals on Wheels is designed more for people who are disabled, homebound, or elderly. Volunteers deliver ready-to-eat meals to your home. Costs or fees vary depending on your age and where you live. Visit Meals on Wheels at www.mealsonwheelsamerica.org or call (888) 998-6325.

The **Commodity Supplemental Food Program (CSFP)** works to improve the health of low-income persons at least 60 years of age by supplementing their diets with nutritious USDA foods. Visit www.fns.usda.gov/csfp for more.

Food Pantries provide food to eligible individuals at a community level. Visit www.foodpantries.org to search for food pantries, soup kitchens, and food banks by location.

For more information about these programs, call the National Hunger Hotline at 1-866-348-6479 (1-866-3-HUNGRY).

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