



LETTER TO THE EDITOR FOOD INSECURITY

Hunger in America: Examining the Far–Reaching Effects of Food Insecurity in the United States of America

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ABSTRACT

Food insecurity is a problem in the United States that cuts across all ethnic divides. The statistics related to Black people and children are astounding, as they represent highly vulnerable populations to the risk factors exacerbated by the inability to afford healthy meals. Since food insecurity impinges on people's health, financial resources, and education, it should be curbed. Universal free meal programs at schools, promoting well-being policies with low healthcare costs, and educating people on nutrition labels, grocery lists, and budgeting must be practiced to fight against food insecurity effectively.

Keywords: United States, Child, Access to Healthy Foods, Meals, Schools

TO THE EDITOR

Dear Editor,

Food insecurity is an issue coming under scrutiny in the United States of America (USA). It is defined as the unavailability of reliable and sufficient quantities of calorie and nutritious food at the household level.^[1] Recently, in the United States, this challenge of food insecurity has increased, with food insecurity rates rising from 10.4% in 2021 to 12.8% in 2022 and up to 13.5% in 2023.^[1] ^{2]} Even more interesting is the fact that food insecurity across Blacks was seen to stand at 29% in 2023, 24.5% for Hispanics, and 18.1% for Whites, meaning there is a difference in the level of access to food across groups of different racial backgrounds.^[2] For households with children under the age of 18 years, this situation gets worse as close to 28.4% compared to 18.1% of households without children, making children living in food-insecure families have a higher probability of not being able to secure sufficient meals.^[2] Many critical factors make addressing food insecurity in the United States necessary.

One of the utmost concerns is how a deep-seated problem—household food insecurity—adversely affects children's health. In households with food insecurity, children's health is inevitably poor, coming with higher rates of both acute and chronic health conditions.^[3] There are higher chances for these children than their food-secure peers to be diagnosed with asthma at some time during their developmental years (16.3%), show depressive symptoms (27.9%), delay medical care because of cost (146.5%), be unable to afford medical care (179.8%), and predict more emergency department visits (25.9%).^[3] To address this complex, multi-dimensional issue in

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earnest, plans must advance toward establishing universal free meal programs for schools to ensure that all students have access to healthy meals, regardless of the circumstances accompanying the family experiencing food insecurity. Furthermore, school meals must be aligned with nutritional standards so that students are served with the correct amount of variety regarding fruits, vegetables, whole grains, and protein. Establishing supportive and inviting spaces to diminish the stigma associated with receiving free and reduced-price meals is also critical. Indeed, according to a study of Vermont schools, 83% of school staff said universal school meals help students come to school ready to learn, and 64.4% said improvement in academic performance is addressed.^[4] Finally, coordinating with community stakeholders, such as local food banks and government agencies, ensures ongoing access to resources and food security.

Moreover, individuals and families are further impoverished by the high, acute, and persistent burden of food insecurity and its financial strains. One study showed that food-insecure populations had low private health insurance coverage rates (-3.9 [95% CI: $-6.1, -1.7$]) and a greater rate of being uninsured (3.5 percentage points [95% CI: $1.6-5.5$]).^[5] They also have relative difficulties in obtaining medical care (2.9 [95% CI: $1.0-4.8$]) and are more likely to postpone treatment and prescription medications (4.1 [95% CI: $2.1-6.2$]). Insecurity about food also involves the inability to pay for healthcare (9.6 [95% CI: $6.7-12.6$]).^[5] The government should be able to demand access to affordable health care through the expansion of Medicaid, regulation of drug costs, and reduction in out-of-pocket expenses. A better approach would involve education and awareness related to nutrition, budgeting, meal planning, food labels, and grocery lists. This can be achieved by providing websites, blogs, and guides that contain valuable practical advice and recipes, meal planning, and shopping lists specifically recommended for people on a budget. A study in a low-income, low-food-access community in Northeast Connecticut showed participants who read nutrition labels and usually use grocery lists had improved their diet quality and health behaviors ($p < 0.001$).^[6] In short, the health outcomes and well-being of the food-insecure population could be positively reflected by raising awareness of healthy eating behavior.

Beyond that, lack of access to nutrition could affect educational outcomes. One study conducted at a college in the state of Georgia, USA, reported that 29% of college students were experiencing food insecurity; food security was reported to strongly relate to decreased psychosocial health and to predict lower grade point average (GPA).^[7] The indirect effect of food insecurity on GPA mediated by psychosocial health was strong ($-0.05, 0.01, p < 0.0001$) and explained 73% of the total effect, accounting for much of the

overall impact. A sensible approach to mitigate the problem is a Comprehensive Food Security Program for Students. One program element is on-campus food pantries. Studies have proven that access to food pantries enhances the health of students. One showed that before seeking food pantries, students recorded 2.8 ± 2.47 depressive symptoms, 28% very good/excellent perceived health, and 27% very often/always had adequate sleep. On average, students reported that after accessing the food pantry, they had 1.9 ± 2.15 depressive symptoms, with 39% reporting very good/excellent perceived health and 39% reporting very often/always having sufficient sleep.^[8] The other program component is to create partnerships with food banks, grocery stores, and local community agencies on ways to sustain nutritious foods in the pantries. In conclusion, such programs are in a position to build or even improve campus food security while supporting students in pursuit of a healthy lifestyle and academic experience.

CONCLUSION

In short, food insecurity and overall health, financial stability, and educational outcomes for individuals across all sectors in the USA are vital demographics. These are just some of the disparities in healthy food access for Black people and children that we must act upon immediately. Food insecurity could be mitigated through advocacy efforts around free school meals, educational resources for reading nutrition labels, creating grocery lists, budgeting, and on-campus food pantries. Government agencies, non-profits, and academic institutions should work together to ensure sustainable access to healthy food. By prioritizing food insecurity, we can create a more equitable and resilient society where everyone can thrive.

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COMPLIANCE WITH ETHICAL STANDARDS

Conflicts of Interest

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Use of Artificial Intelligence (AI)-Assisted Technology for Manuscript Preparation

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Disclaimer

None.

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