



Food Insecurity

Key Messages

- The American Academy of Family Physicians (AAFP) supports federal nutrition programs as a matter of public health.
- Access to affordable and healthy food significantly affects an individual's health, education, and development. Food access also supports medical treatment that requires patients to take medications with food.
- Nearly 41 million people in the U.S. are living in food insecure households, including 13 million children.
- Unexpected events or circumstances, such as layoffs, illness, or geographic location can cause food insecurity.

FOOD INSECURITY IN THE U.S.

Food insecurity is defined as a state in which consistent access to adequate food is limited, which leads to disrupted eating patterns and reduced food intake.¹ The extent of food insecurity in the United States is pervasive. In 2017, there were 15 million (11.8%) food-insecure households in the U.S.² Food insecurity is highest in the South (13.4%) and Midwest (11.7%). Rates vary among household types, but are higher than the national average (11.8%) for the following groups: low-income households (30.8%)*; households with children headed by a single woman (30.3%); black, non-Hispanic households (21.8 %); households with children headed by a single man (19.7%); Hispanic households (18%); households with children under age 6 (16.4%); and households with any children (15.7%).² In addition, 23.5 million Americans live in food deserts,** which worsens food insecurity by reducing access and affordability of healthy foods.³

*Low-income households are defined as incomes below 185 percent of the poverty threshold. The federal poverty line was \$24,858 for a family of four in 2017.

**Food deserts are defined as places that lack adequate supply of fresh fruit, vegetables, and other healthy whole foods.

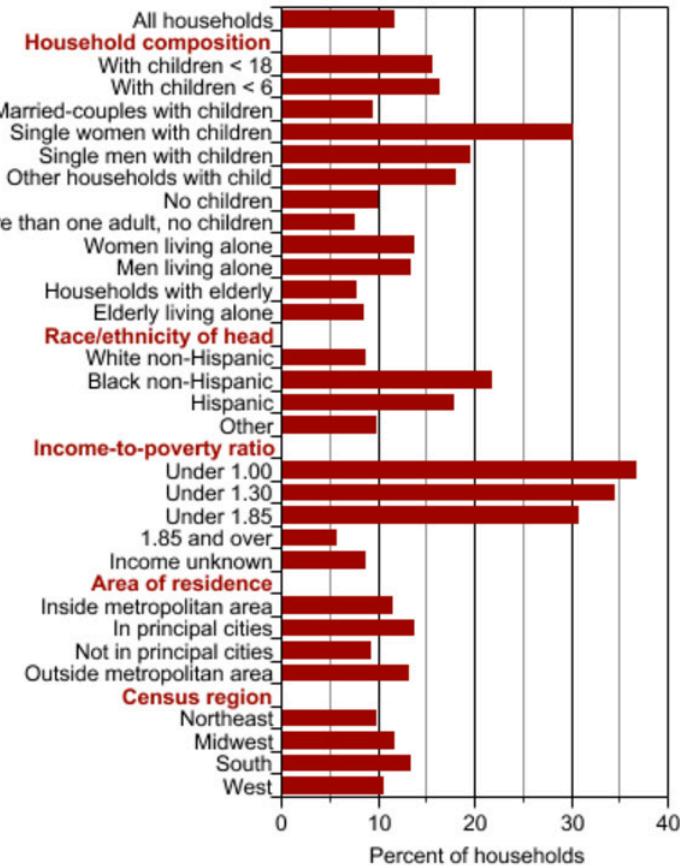
"Many of my patients struggle to put food on the table, and healthy food is typically more expensive and harder to come by than cheaper options."

– Family physician and AAFP Member

"Them [convenience stores] knowing there is no access to this type of stuff [healthy foods] so they mark the food up real high. That's not cool."

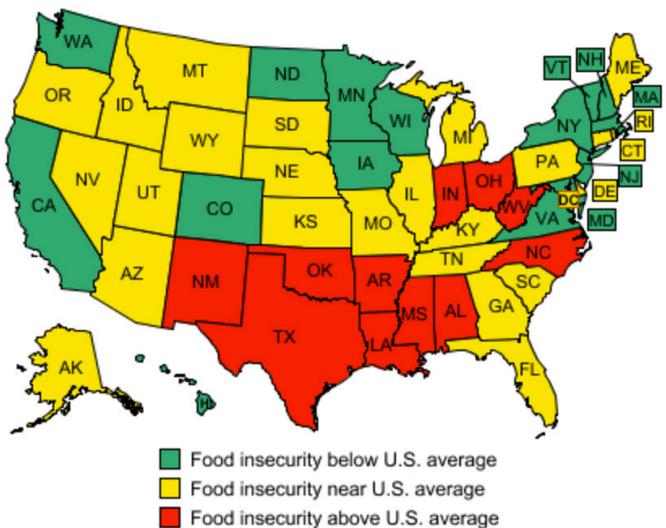
– Resident of a low-income community⁴

Prevalence of food insecurity, 2017



Source: USDA, Economic Research Service, using data from the December 2017 Current Population Survey Food Security Supplement.

Prevalence of food insecurity, average 2015-17



Source: USDA, Economic Research Service, using data from the December 2015, 2016, and 2017 Current Population Survey Food Security Supplement.

HEALTH IMPACTS OF HUNGER

Food insecurity negatively affects dietary behaviors and leads to several poor health outcomes. Children suffering from food insecurity have a higher prevalence of hospitalization, asthma, mental health and behavioral problems, and developmental delays.⁵ Adults suffering from food insecurity have a higher prevalence of obesity, chronic diseases like hypertension, hyperlipidemia, and diabetes, and a variety of mental health problems.⁵

The health of expecting mothers experiencing food insecurity can negatively affect the health of their children, with those children potentially experiencing a higher rate of some birth defects compared to children born to mothers who were not food insecure.⁶ Food insecurity creates a vicious cycle, perpetuating poverty and furthering food insecurity. Hungry children are not able to perform their best in school. Hungry and sick adults are less likely to be able to maintain employment and increased health expenditures reduces their income to purchase sufficient healthy food.

"For me, it was a wake-up call to ask not only what people are eating, but also how often they are eating."

– Family physician and AAFP Member

FACTORS THAT PERPETUATE FOOD INSECURITY

Low wages, unemployment, underemployment, and limited access to healthy food choices are factors that lead to food insecurity. While anyone can experience food insecurity, individuals with income below the poverty line are at the greatest risk.² These individuals and families face difficult choices, often having to choose between food and other necessities, such as utilities, transportation, medical care, and housing.⁷ Without sufficient food, these individuals and families tend to cope by purchasing inexpensive unhealthy foods, skipping paying other bills, getting help from friends and family, and selling or pawning personal property.⁷ Many people experiencing food insecurity are not eligible or do not participate in federal nutrition programs.⁸ In addition, federal programs are not able to fully meet the needs of participants. One study suggested that an increase of \$42 in weekly benefits for households receiving assistance from the Supplemental Nutrition Assistance Program (SNAP) would lead to a 62% decline in food insecurity.⁹

AAFP RECOMMENDATIONS

- Family physicians often provide health care in communities with a high prevalence of food insecurity. As such, the AAFP supports:
 - Robust federal support for anti-hunger and nutrition programs to all those in need. These programs include SNAP; school breakfast and lunch programs; and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Federal SNAP integrity efforts ensure that eligible retailers provide access to more healthy food options.
 - Sustainable and healthy food supply chains, such as farmer's markets and community agriculture programs, to broaden the availability of and increase access to healthy food to populations vulnerable to food insecurity.
 - Sustained funding for federal nutrition education programs, which help program recipients make healthy choices and prepare meals in accordance with the Dietary Guidelines for Americans.
 - Limited taxes for healthy foods.
 - Optimized public and private partnerships to eliminate food deserts.

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