Food Insecurity and Health across the Lifespan1,2

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ABSTRACT

Our symposium entitled, “Food Insecurity and Health across the Lifespan” explored the latest research from the economic, medical, pediatric, geriatric, and nutrition literature concerning the measurement, prevalence, predictors, and consequences of food insecurity across the lifespan, with a focus on chronic disease, chronic disease management, and healthcare costs. Consideration of the health impacts of food insecurity is a new and timely area of research, with a considerable potential for translation of the findings into public policy surrounding alleviation of food insecurity. Although it is widely acknowledged that food insecurity and hunger are morally unacceptable, strategies to develop national policies to alleviate hunger must also approach this problem by considering the economic impact of food insecurity on health and well-being. The goals of this symposium were to: 1) learn about the prevalence and severity of food insecurity in the US across the lifespan and how this is increasing with the continued economic downturn; 2) understand the growing body of research that documents the impact of varying degrees of food insecurity on physical and mental health across the lifespan; 3) examine how food insecurity is related to chronic disease; and 4) explore research methodology to determine the impact of food insecurity on healthcare costs and utilization. Our symposium provided new and novel understandings and research initiatives directed toward alleviating food insecurity in America. Adv. Nutr. 3: 744–745, 2012.

Addressing food insecurity in the US

In 2010, almost 50 million Americans were food insecure (1). The high proportions of Americans who are food insecure combined with the numerous, demonstrated, serious health consequences associated with food insecurity make it the leading nutrition-related public health issue in the US today. This brief review of food insecurity in the US began with a discussion of how food insecurity is measured, the extent of food insecurity over time, and the distribution of food insecurity rates by income and across other groups. Then the review focused on how, without changes in the resources available to households, policymakers and program administrators can also help to reduce food insecurity by increasing the resources available to low-income households through food assistance programs while concentrating on the largest of these, the Supplemental Nutrition Assistance Program (formerly known as the Food Stamp Program) (2). Along with reviewing the program and its eligibility criteria, 2 recent proposals that have been made regarding this program were discussed, block granting and restricting food choices, and how both sets of proposals would do serious harm to the Supplemental Nutrition Assistance Program insofar as they would diminish its ability to reduce food insecurity.

Are food insecurity’s health impacts underestimated? Marginal food security also predicts adverse health outcomes in young children and mothers

US food security is measured by the 18-item US Household Food Security Scale (1). Households are considered food secure if respondents affirm < 3 scale items, food insecure if 3–7 items are affirmed, and severely food insecure if ≥8 items are affirmed. Households affirming ≤2 of the first 2 items have been termed “marginally food secure” and though considered different from households affirming no items are still categorized as food secure. The first 2 scale items are:
1) “(I/we) worried whether (my/our) food would run out before (I/we) got money to buy more;” and 2) “The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more.”

In 2010, 12.6% of respondents affirmed only one or both of these items, with ~22 million adults and 10 million children living in marginally food-secure households (1). A growing number of studies find that people in marginally food-secure households are more like those in food-insecure households than food-secure households and marginal food security associates with significantly elevated risk for many of the same adverse health outcomes as food insecurity. One recent study compared psychometric characteristics of a food security screener comprising the first 2 scale items with the 18-item scale as a gold standard and validated it by association with child and maternal health outcomes (3). The 2-item screener has high sensitivity and specificity with the 18-item scale as a gold standard and validated it by association with child and maternal health outcomes (3). Irrespective of the significant healthcare implication of food insecurity, few studies have been done to examine food insecurity and healthcare cost burden in older adults. It may be due in part to lack of appropriate data to examine these issues in the existing datasets. To conduct such studies, it is critical to develop more appropriate datasets of valid, reliable, and comprehensive measures of food insecurity, health status, and healthcare access and to better understand specific mechanism by which food insecurity is related to adverse health outcomes, poor diet-related chronic disease management, and healthcare utilization in older adults. This session discussed how to best utilize and link among available, nationally representative datasets and to develop infrastructure and procedures to establish state and local datasets. As an example, an innovative approach tested in Georgia was introduced to establish a state-level dataset to study food insecurity-related healthcare costs in a sample of low-income, older adults in need of food assistance by linking the state aging services client database for congregate and home-delivered meals with the Center for Medicare and Medicaid Services data. Such efforts are essential to direct future research, program, and policy decisions to improve food and healthcare security of low-income older adults.

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### Literature Cited


