



Why Food Insecurity Matters

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In a study being early released this week/month in *Pediatrics*, Maldonado et al empirically demonstrate in their article, “Food Insecurity and Cardiometabolic Markers,” what many of us have suspected for some time—that food insecurity negatively affects children’s health ([10.1542/peds.2021-053781](https://doi.org/10.1542/peds.2021-053781)). More specifically, the authors use multivariable regression analyses in this cross-sectional study to find that (from among over 1,400 participants ages 8-16) enrolled Hispanic/Latino youth participants from New York, Chicago, Miami, and San Diego with the lowest food security had lower high-density lipoprotein (HDL), higher fasting serum glucose, and higher expected metabolic syndrome log counts as compared to children with higher food security.

These findings are particularly important given that at least two previously reported nationally-representative studies^{1,2} found no associations between food security and cardiometabolic markers. One of the major differences between this and the prior study was that this study focused exclusively on Hispanic/Latino youth—a demographic group that is disproportionately represented among households experiencing food insecurity^{3,4,5} and a group that accounts for [over half \(52%\)](#) of population growth in the US.

The primary outcome measured using the USDA’s 18-item Household Food Security Survey Module was the association between food insecurity and metabolic syndrome and the associated cardiometabolic markers: abdominal adiposity, blood pressure, fasting serum glucose, triglycerides, and HDL cholesterol.

Paradoxically the effects of food insecurity on metabolic score were greater for those families that did not receive food assistance in the previous year. While the authors assume that this observed association is a result of undocumented status (thus ineligibility for certain forms of assistance, e.g. the supplemental

nutrition assistance program or SNAP) of one or more family members, it should be definitively tested in a subsequent study.

The authors also demonstrate that lower food security was associated with lower income. Taken together, this article reminds us that we need to actively screen our patients for food insecurity and connect those in need with appropriate resources. We also need to advocate strongly for those policies, e.g. the recently-expired federal Child Tax Credit that [temporarily lifted 40%](#) of children out of poverty prior to its termination, that will ameliorate the burden of food insecurity.

References:

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