ISSUE 6: HEALTH IMPLICATIONS FOR LATINO CHILDREN LIVING WITH FOOD INSECURITY*

Food insecurity—the condition when families do not have enough resources for everyone in the household to eat full and nutritious meals—is a serious problem that can have lasting effects on a child’s physical and mental health. The challenge of food insecurity disproportionately affects the Latino community: nearly 30% of all Latino children live in food-insecure households.

While research on the effect of food insecurity on Latino children is scarce, a growing body of literature demonstrates the negative effects of food insecurity on children's development. Given the disproportionate share of Latino children who are food-insecure and the rapidly growing population of young Latinos in the U.S, the number of Latino children living with food insecurity and in poorer health is also likely to rise.

Food-insecure children are more likely to have worse health than food-secure children.

- Food-insecure children are more likely to suffer from iron deficiency, asthma, fatigue, stomachaches, headaches, colds, and poor dental health compared to food-secure children.1, 2
- A large-scale study in six cities revealed that young children participating in the study from food-insecure households (21%) are more likely than young children from food-secure households (11%) to have fair or poor health and to have been hospitalized at any point since birth (25% vs. 22%).3
- A national study of the effects of food insecurity on children’s health over a nine year period (1998 to 2007) showed that persistent food insecurity starting in kindergarten led to poorer health status among eighth-grade students. Each year of food insecurity led to a lower likelihood of very good or excellent health in 8th grade (see Figure 1).4

Parents in food-insecure households are more likely to report concerns with their young child’s development.

- After controlling for a number of factors (such as children’s health insurance status and parents’ educational achievement), one study showed that parents from food-insecure households were two-thirds more likely than parents in food-secure households to report that their young children (under age three) experienced some developmental risk.5
- Among low-income Latino families, parents from food-insecure households were more than twice as likely as parents from food-secure homes to express significant concerns about their infants’ and toddlers’ developmental progress.6

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† The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Unless otherwise noted, estimates in this document do not include the 3.7 million residents of Puerto Rico. Comparison data for non-Hispanic Whites and non-Hispanic Blacks are identified respectively as “Whites” and “Blacks.”
Hungry children may have more difficulty learning and are more likely to suffer problems with mental or behavioral health.

- A survey of over 1,000 elementary school teachers revealed that the main consequences for children who experienced hunger were an inability to concentrate, poor academic performance, and physical ailments such as headaches and stomachaches.⁸
- Among young children, food insecurity has been linked to poorer academic performance when compared to children from food-secure households.⁹ For example, one study showed that children from food-insecure households had lower math scores and were more likely to repeat a grade than their food-secure peers.¹⁰
- Research also suggests that food insecurity is associated with an increased risk for mood, anxiety, behavior, or substance use disorders among adolescents.¹¹

Research suggests that hunger and food insecurity can have negative and long-lasting effects on a child’s health. They underscore the urgency of addressing these issues, which threaten to compromise the health and well-being of a large and growing number of Hispanic children.

Endnotes