

Article 34: Human Development and Nutrition Issues and Nutrition Support and Assistance Programs

Nutrition issues and food insecurity act as profound barriers to human development, limiting physical growth and cognitive potential across the lifespan (Levy & Perez-Velazco, 2026; Matthews & Kurnat-Thoma, 2024; Volpp et al., 2023). Therefore, **nutrition support and assistance programs** serve as critical interventions, bridging the gap between systemic poverty and essential dietary requirements. These initiatives help improve health outcomes and foster economic productivity by ensuring that vulnerable populations have the daily caloric intake and micronutrients necessary to attend school, hold jobs, and avoid preventable illness in different stages of life (Byker Shanks et al., 2025; Keith-Jennings et al., 2019; Spill et al., 2024).

Causes and Scope of Nutrition Issues in the United States

Nutrition issues in the United States have been driven by the high cost of healthy food and a lack of access to food in many communities. The scope of this problem is vast, as many people are forced to rely on cheap, processed options that increase the risk of chronic illnesses. Economic barriers and lack of supporting alternatives (such as food banks) create a cycle where a person's location and socioeconomic status often determine their dietary quality and overall health. This situation highlights a growing national challenge where food insecurity and poor nutrition impact millions of individuals across diverse backgrounds (Levy & Perez-Velazco, 2026; Matthews & Kurnat-Thoma, 2024; Volpp et al., 2023).

On that note, a study examined the state of diet and nutrition in the United States, focusing on the impact of poor diet on overall health. Thus, researchers drew on national epidemiological data, federal nutrition surveys, and a broad body of existing research to address this issue. The data showed that most Americans do not meet recommended dietary guidelines, and unhealthy diets were a major driver of chronic disease nationwide. Furthermore, the researchers identified food and nutrition insecurity, aggressive marketing of unhealthy foods, and the high cost of nutrient-dense options as major barriers to healthy eating. The findings highlighted persistent structural inequities, with suboptimal nutrition disproportionately affecting lower-income populations, rural and Tribal communities, and marginalized racial and ethnic groups. The study emphasized how local food environments shape dietary behavior, particularly through food deserts with limited grocery access and food swamps dominated by fast food and ultra-processed products. Moreover, poor nutrition was linked to high levels of morbidity and mortality across the population, with diet-related conditions contributing to more than 600,000 deaths annually. The economic burden of poor nutrition was estimated to exceed one trillion dollars per year in healthcare costs and lost productivity. Overall, the researchers concluded that addressing diet-related disease requires coordinated, system-level changes across healthcare, public policy, and food systems to improve access to healthy foods and reduce long-standing nutrition-related disparities (Volpp et al., 2023).

Another study examined how food insecurity, economic pressures, and nutrition policy shape diet quality and health outcomes in the United States. For this purpose, the researchers assessed federal data, including recent analyses from the National Health and Nutrition Examination Survey (NHANES), alongside peer-reviewed literature on food prices, dietary intake, and nutrition assistance programs. Following that lead, the analysis showed that rising food costs and broader economic

pressures have reduced many households' ability to afford fresh produce and lean proteins, pushing families toward cheaper, calorie-dense options. Food insecurity was consistently associated with poor diet quality and higher cardiometabolic risk, including metabolic syndrome, even after accounting for income differences. The findings showed that agricultural subsidies disproportionately support commodity crops used in ultra-processed foods, reinforcing a pricing structure that favors low-nutrient products over healthier alternatives. As a result, unhealthy foods remain more accessible than nutrient-dense options for many Americans. Recent national estimates cited in the research indicated that roughly one in seven U.S. households lacked consistent access to affordable, healthy food. These conditions were shown to disproportionately affect low-income populations and other structurally vulnerable groups. Collectively, the evidence demonstrated that current food systems and policies contribute to persistent nutrition inequities. Therefore, the researchers concluded that meaningful improvements in diet quality will require policy changes that address food affordability, rebalance agricultural incentives, and strengthen nutrition assistance (Levy & Perez-Velazco, 2026).

Similarly, a study looked at the relationship between poor diet, mortality, chronic disease, and health inequities in the United States, focusing on structural drivers of nutrition-related harm. To address this question, the researchers synthesized national mortality statistics, large U.S. health and nutrition datasets, and prior epidemiological and economic research on diet-related disease. The evidence showed that poor diet is a leading contributor to death nationwide, primarily through its role in cardiovascular disease, type 2 diabetes, and other chronic conditions. Nutrition-related harms were shown to disproportionately affect underserved communities, where limited access to affordable, nutrient-dense foods tends to worsen social and health disparities. The analysis particularly linked widespread consumption of ultra-processed foods to current food pricing and agricultural policies that favor low-cost, low-nutrient products over fruits and vegetables. As a result, healthier dietary patterns remain financially and logistically out of reach for many households. The findings also correlated poor diet quality, substantial healthcare spending, and lost economic productivity, with annual costs exceeding one trillion dollars. These economic burdens were traced to preventable diet-related illness rather than individual behavior alone. Consequently, the evidence demonstrated that current food systems and healthcare structures reinforce nutrition inequities. On this basis, the researchers concluded that integrating nutrition into healthcare delivery through evidence-based approaches, including Food Is Medicine strategies, is essential. Furthermore, addressing diet-related disease was framed as a necessary step for improving population health and reducing long-term economic and health disparities in the United States (Matthews & Kurnat-Thoma, 2024).

Effectiveness and Impact of Nutrition Support and Assistance Programs

Nutrition support and assistance programs provide essential stability for millions of Americans, significantly reducing food insecurity and alleviating the burdens of poverty. These efforts are linked to improved birth outcomes and the steady physical and cognitive development of children. Moreover, participation in programs like SNAP (Supplemental Nutrition Assistance Program) or WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) often leads to lower long-term healthcare costs by decreasing the prevalence of chronic diseases like diabetes. Ultimately, these programs act as a foundation for human development, helping to bridge the gap between economic hardship and the resources needed for educational and professional success (Byker Shanks et al., 2025; Keith-Jennings et al., 2019; Spill et al., 2024).

Compass Affordable Housing, Inc.

Following that lead, a study conducted a systematic review of research on universal free school meal (UFSM) programs in the United States, primarily within the National School Lunch Program, to assess their effects on nutrition, health, and student outcomes. On that account, the researchers examined peer-reviewed studies that used school-level administrative records, student health measurements, and observational data to evaluate program impact. Data across the reviewed studies were drawn from school districts that implemented universal free meal policies and compared outcomes before and after adoption or against non-participating schools. The findings showed that universal access to free school meals was associated with reductions in student obesity rates and improvements in body mass index. Program implementation also led to higher meal participation, ensuring that children from food-insecure households received consistent, nutrient-dense meals during the school day. Moreover, increased nutritional security was linked to improved dietary intake and reduced exposure to hunger among students. The review also identified positive behavioral and academic outcomes, including better attendance and fewer disciplinary incidents. These patterns suggested that stable access to nutritious meals supports children's behavioral regulation and readiness to learn. Likewise, universal provision removed income-based eligibility barriers and reduced stigma associated with receiving school meals. This led to a higher program participation among vulnerable students. The researchers concluded that universal free school meal programs represent an effective nutrition support strategy that promotes child health, equity, and long-term human development (Spill et al., 2024).

Another study assessed the Supplemental Nutrition Assistance Program (SNAP) to evaluate how nutrition support and assistance programs help reduce food insecurity and support long-term health. SNAP provides monthly benefits to eligible low-income households to help increase access to food. Thus, researchers tracked participation and program outcomes using national records, population-based surveys, and synthesized findings from published research. National evidence indicated that SNAP reduced poverty for millions of Americans and improved food security. Particularly, program participants were better able to afford adequate and consistent food over time. Participation in SNAP was also associated with improved health outcomes, including better self-reported health and lower risk of diet-related chronic conditions. The research showed that nutrition assistance helps households allocate limited resources toward food, supporting more stable dietary intake. Therefore, SNAP participation was linked to better physical and cognitive development across the life course by reducing exposure to hunger and nutritional stress. Although challenges related to benefit adequacy and access persist, the evidence consistently supported the effectiveness of the program. Hence, researchers concluded that strengthening and maintaining SNAP is a key strategy for mitigating nutrition-related disparities. Overall, nutrition assistance and support was framed as an essential investment in human development and long-term population health in the United States (Keith-Jennings et al., 2019).

Lastly, a study evaluated the Gus Schumacher Nutrition Incentive Program (GusNIP) in the United States. Particularly, researchers wished to assess how nutrition incentive programs that promote fruit and vegetable purchases help improve diet quality, food security, and health. Hence, they analyzed participant survey data collected through program enrollment records and follow-up questionnaires, comparing short-term and long-term participation outcomes. Dietary intake was assessed using self-reported consumption measures, while food security and health perceptions were captured through standardized survey instruments. The findings showed that individuals who participated in GusNIP for more than six months consumed significantly more fruits and vegetables than first-time participants. Program participation was also associated with a meaningful reduction in food insecurity, indicating

Compass Affordable Housing, Inc.

improved stability in household food access. Participants reported better perceived physical health, and longer engagement in the program was associated with greater improvements in overall well-being. These benefits were observed across diverse racial and ethnic groups, suggesting that nutrition incentives help reduce disparities in diet quality. The analysis showed that sustained participation in nutrition support and assistance programs can have positive effects on eating behaviors and food security over time. Furthermore, the GusNIP program supported healthier dietary patterns critical for long-term development by improving access to nutritious foods. The researchers emphasized that nutrition incentives operate as an effective public health strategy rather than a short-term intervention. Therefore, the study concluded that expanding and sustaining the GusNIP program can play a meaningful role in promoting nutrition security, equity, and human development in the United States (Byker Shanks et al., 2025).

References

- Byker Shanks, C., Uy, W. F., Zhang, N., Parks, C. A., Fricke, H. E., Resnicow, K., Nugent, N. B., & Yaroch, A. L. (2025). Nutrition incentives associated with improved outcomes: 2020-2023 results from the U.S Gus Schumacher nutrition incentive program. *AJPM Focus*, 4(4), 100348. <https://doi.org/10.1016/j.focus.2025.100348>
- Keith-Jennings, B., Llobrera, J., & Dean, S. (2019). Links of the supplemental nutrition assistance program with food insecurity, poverty, and health: Evidence and potential. *American Journal of Public Health*, 109(12), 1636–1640. <https://doi.org/10.2105/AJPH.2019.305325>
- Levy, L. C., & Perez-Velazco, X. (2026). Impacts of nutrition policy on food insecurity and individual health in the united states: A narrative review. *The Journal of Nutrition*, 156(1). <https://doi.org/10.1016/j.tjnut.2025.10.043>
- Matthews, E. D., & Kurnat-Thoma, E. L. (2024). U.S. food policy to address diet-related chronic disease. *Frontiers in Public Health*, 12. <https://doi.org/10.3389/fpubh.2024.1339859>
- Spill, M. K., Trivedi, R., Thoerig, R. C., Balalian, A. A., Schwartz, M. B., Gundersen, C., Odoms-Young, A., Racine, E. F., Foster, M. J., Davis, J. S., & MacFarlane, A. J. (2024). Universal free school meals and school and student outcomes. *JAMA Network Open*, 7(8), e2424082–e2424082. <https://doi.org/10.1001/jamanetworkopen.2024.24082>
- Volpp, K. G., Berkowitz, S. A., Sharma, S. V., Anderson, C. A. M., Brewer, L. C., Elkind, M. S. V., Gardner, C. D., Gervis, J. E., Harrington, R. A., Herrero, M., Lichtenstein, A. H., McClellan, M., Muse, J. S., Roberto, C. A., & Zachariah, J. P. (2023). Food is medicine: A presidential advisory from the American Heart Association. *Circulation*, 148(18), 1417–1439. <https://doi.org/10.1161/cir.0000000000001182>