

Resolution No. [Resolution Number] [Type]

Report: [Report] Date Submitted: [Date Submitted]

Submitted By: Dr. Spencer Bloom, Delegate

Reference Committee: [Reference Committee for Worksheet]

Total Net Financial Implication: [Total Net Financial Impl.]

Net Dues Impact:

Amount One-time:

Amount On-going:

ADA Strategic Forecast Outcome: Direct to Dentist: Increase interpersonal and digital connections with members, dental students, and future members over the next five years.

[ADDRESSING FOOD INSECURITY AMONG U.S. DENTAL STUDENTS - The Abdulwaheed Resolution]

Background:

Food insecurity among dental students is a growing national crisis. A 2020 study published in the *Journal of Dental Education* found that nearly one in four U.S. dental students experience food insecurity. Dental students often face long clinic hours, high tuition, limited work eligibility, and unaffordable urban housing—leaving little to no resources for basic nutrition. Food insecurity has been linked to impaired academic performance, weakened clinical readiness, and declining mental health (Journal of Dental Education, “*Food Insecurity Among U.S. Dental Students*,” 2020).

In Massachusetts, Dr. Abe Abdulwaheed, President of the Massachusetts Dental Society, led a first-of-its-kind initiative to directly fund food support programs at the three dental schools in the state. This model helped expand on-campus food pantries, meal assistance, and emergency nutrition efforts. In his article *When Care Providers Go Hungry*, Dr. Abdulwaheed issued a nationwide call to action urging dental societies and national leaders to care for the basic needs of future dentists (Dr. Abe Abdulwaheed, “*When Care Providers Go Hungry: Confronting Food Insecurity on Dental School Campuses*,” 2024).

This effort aligns with actions taken by other major health organizations. In 2021, the American Medical Association House of Delegates adopted Resolution 959, titled “*Addressing Housing and Food Insecurity Among Medical Students*,” which formally recognized food insecurity as a threat to student well-being and called for national support structures, emergency funding, and data collection (American Medical Association House of Delegates, Resolution 959, 2021 Annual Meeting). Similarly, the Association of American Medical Colleges has promoted school-based food access initiatives and published guidance on addressing basic needs insecurity for medical students (Association of American Medical Colleges, 2020–2022 Wellness Reports and Program Guidance). The American Public Health Association has long recognized food insecurity in higher education as a public health concern and urges institutions to integrate food access into student health and wellness programming (American Public Health Association

1 Policy Statement 200715, “*Food Insecurity and Hunger in the United States*,” adopted 2007).
2 However, no national organization has yet established a dedicated program to address food
3 insecurity among dental students—despite similar risk factors and impacts on student health,
4 clinical readiness, and academic performance.

5 Although the American Dental Association currently supports reducing food insecurity through
6 public health channels, including programs like WIC, SNAP, and the elimination of food deserts
7 (American Dental Association Current Policies, 2024, policy on “Food Insecurity and Oral
8 Health”), it has not yet enacted a national effort to support the basic nutritional needs of dental
9 students—the future of the profession.

11 **Resolved**, that the American Dental Association formally recognize food insecurity among
12 dental students as an urgent threat to the wellbeing of the next generation of oral health
13 professionals; and be it further

14 **Resolved**, that the American Dental Association establish a national Food Insecurity Task Force
15 to develop and immediately implement a direct-support program for accredited U.S. dental
16 schools to address food insecurity among students, based on the model created by Dr. Abe
17 Abdulwaheed and the Massachusetts Dental Society, with a minimum initial ADA budget
18 allocation to be determined by the Board of Trustees and a status report to be delivered to the
19 House of Delegates within twelve (12) months; and be it further

20 **Resolved**, that the Food Insecurity Task Force be empowered to engage in fundraising and
21 partnership efforts with mission-aligned dental companies to expand and sustain the program
22 while reducing long-term costs to the ADA, and that the program may include, but is not limited
23 to: (1) startup or operational grants for on-campus food pantries, (2) emergency meal voucher
24 initiatives, (3) support for food assistance awareness campaigns, and (4) publication of best
25 practices to guide dental schools and societies nationwide.