

Resolution No. 210 New

Report: N/A Date Submitted: [Date Submitted]

Submitted By: Dr. Spencer Bloom, delegate, Illinois

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

**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](#)).

Dr. Abe Abdulwaheed, President of the Massachusetts Dental Society, led a groundbreaking initiative to fund food support programs at all three Boston dental schools, resulting in the launch or expansion of on-campus food pantries to meet student needs. His leadership brought national attention to food insecurity in dental education and demonstrated how state societies can take direct action. ([https://www.linkedin.com/posts/abe-abdul-dmd-mba-96676913\\_foodinsecurity-massdental-activity-7307992694545334274-P5\\_I/](https://www.linkedin.com/posts/abe-abdul-dmd-mba-96676913_foodinsecurity-massdental-activity-7307992694545334274-P5_I/))

A 2025 national study published in the *Journal of Dental Education* found that the prevalence of food insecurity among dental students was higher than the national average and linked it to financial constraints, lack of time due to academic demands, and limited access to transportation or food storage resources. Students in the study identified practical solutions such as hands-on nutrition sessions, budget-friendly meal planning, and interprofessional collaboration with nutrition and social work programs to address the issue. The authors concluded that food insecurity is a significant student well-being concern and called for broader institutional responses (<https://onlinelibrary.wiley.com/doi/full/10.1002/jdd.13839>)

Food insecurity is a growing concern among students in higher education, including those in rigorous professional programs such as medicine. A 2020 study published in *Academic Medicine* found that 29% of medical students at a Northeastern U.S. institution experienced food insecurity, with those affected more likely to report stress, depression, and financial strain (<https://pubmed.ncbi.nlm.nih.gov/32640474/>). Similarly, a 2022 study at a Midwestern university reported that 26.8% of medical students experienced food insecurity in the previous 30 days, and over 80% of those students indicated that breaks in student loan disbursement contributed to their lack of access to food (<https://scholars.okstate.edu/en/publications/food-security-among-medical-students-at-a-midwest-university-3>). National data from the Hope Center’s analysis of the 2020 National Postsecondary Student Aid Study revealed that 22.6% of undergraduates and 12.2% of graduate students were food insecure—translating to more than 4 million students across the country who are at risk of skipping meals or going hungry due to financial hardship (<https://hope.temple.edu/npsas>). This growing body of evidence aligns with actions taken by other major health organizations. The American Medical Association has acknowledged food insecurity as a public health issue and supports expanded access to federal nutrition

1 programs. The Association of American Medical Colleges has documented school-based food access  
2 initiatives, including student-run food pantries and emergency meal support at institutions such as the  
3 University of Toledo and SUNY Downstate ([https://www.aamc.org/news/feeding-future-doctors-](https://www.aamc.org/news/feeding-future-doctors-universities-work-alleviate-food-insecurity-among-medical-students)  
4 [universities-work-alleviate-food-insecurity-among-medical-students](https://www.aamc.org/news/feeding-future-doctors-universities-work-alleviate-food-insecurity-among-medical-students)). The American Public Health  
5 Association has long recognized food insecurity in higher education as a public health concern and urges  
6 institutions to integrate food access into student health and wellness programming. However, no national  
7 organization has yet established a dedicated program to address food insecurity among dental  
8 students—despite similar risk factors and impacts on student health, clinical readiness, and academic  
9 performance.

10 Although the American Dental Association has not adopted a policy specifically addressing food  
11 insecurity among dental students, its official *Policies and Recommendations on Diet and Nutrition*  
12 (Trans.2016:320; 2023:XXX; 2024:XXX) acknowledges the role of nutrition in oral health and supports  
13 public food assistance efforts such as WIC, SNAP, and reducing food deserts. However, these efforts  
14 focus on population-level public health and do not constitute a national initiative to directly support the  
15 nutritional needs of dental students, who face unique risks due to financial strain, long clinic hours, and  
16 academic demands.

17 In response to these documented challenges, Dr. Abe Abdulwaheed and the Massachusetts Dental  
18 Society launched a direct-support model that provides targeted funding to address student food insecurity  
19 at all three dental schools in the state. Their program includes on-campus food pantries, emergency food  
20 support, and collaboration with private partners to extend impact. The model has already demonstrated  
21 effectiveness and can be implemented without additional study or delay. While some schools may have  
22 their own initiatives, many do not, and a national ADA program modeled on this approach would allow  
23 immediate support where it is needed most.

24  
25 **Resolved**, that the American Dental Association formally recognize food insecurity among dental  
26 students as an urgent threat to the wellbeing of the next generation of oral health professionals; and be it  
27 further

28 **Resolved**, that the American Dental Association immediately establish a national support  
29 program for accredited U.S. dental schools to address food insecurity among students, modeled  
30 after the direct-action initiative launched by Dr. Abe Abdulwaheed and the Massachusetts Dental  
31 Society, with initial startup funding to be allocated by the Board of Trustees from existing  
32 Association resources, without requiring approval of the annual operating budget; and be it  
33 further

34 **Resolved**, that the program allow flexibility for implementation at the local level, supporting  
35 dental schools that do not already have food insecurity initiatives in place, and that its  
36 components may include, but are not limited to:

- 37 (1) startup or operational grants for on-campus food pantries,  
38 (2) emergency meal voucher initiatives,  
39 (3) support for food assistance awareness campaigns, and  
40 (4) publication of best practices to guide dental schools and societies nationwide; and be it  
41 further

42 **Resolved**, that the ADA coordinate with the ADA Foundation to jointly implement and sustain  
43 the national student food insecurity program, with the Foundation serving as a key partner in  
44 fundraising, grant distribution, and philanthropic outreach to expand the program's reach and  
45 reduce cost burdens on the Association.