

Official House Resolution and Board Comments Attached

Resolution 210 – Addressing Food Insecurity Among U.S. Dental Students

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports creating an ADA-led national program to address food insecurity among dental students. The resolution asks the ADA to establish a support program modeled on the Massachusetts Dental Society's direct-action initiative led by Dr. Abe Abdulwaheed, which funds on-campus food pantries and emergency meal programs. It also calls on the ADA Foundation to help sustain this effort through fundraising and grant distribution.

A YES vote means the ADA takes leadership in solving this national problem, rather than leaving it to local societies with limited resources.

IF YOU VOTE NO

A NO vote accepts the Board's weaker substitute version, which only "encourages" others to take action instead of establishing an ADA program. It leaves responsibility to state and local groups without the ADA's national coordination or resources. A NO vote allows the ADA to acknowledge the crisis while doing nothing meaningful to address it.

SUMMARY

This resolution declares food insecurity among dental students an urgent threat to the wellbeing of future oral health professionals. It directs the ADA to establish a national support program for U.S. dental schools, modeled on the proven Massachusetts Dental Society initiative created by Dr. Abe Abdulwaheed, which has already launched food pantries and emergency meal support at all three Boston dental schools. The program would provide startup and operational grants, emergency meal vouchers, and awareness campaigns, in collaboration with the ADA Foundation for sustained funding and nationwide implementation.

Why the Board Is Wrong

The Board of Trustees introduced a substitute (210B) that strips out the ADA's leadership role and replaces it with vague encouragement for local action. This undermines the purpose of the original resolution, which is to have the ADA itself lead a coordinated national effort.

The Board's edits also attempted to remove references to Dr. Abe Abdulwaheed, despite his documented leadership in Massachusetts and his model's proven success. There is no ADA policy or procedure prohibiting recognition of a dentist's name in a resolution, and erasing it diminishes the transparency and integrity of the record.

The Board's approach shifts responsibility downward to state societies and schools, many of which lack the funding, staffing, or infrastructure to act on their own. A national program backed by the ADA Foundation can leverage national donors, sponsorships, and institutional partnerships to reduce local burdens and ensure consistent access to food support for students everywhere.

TALKING POINTS

- Food insecurity affects nearly one in four dental students, impacting clinical readiness, academic performance, and mental health.
- The Massachusetts Dental Society's program—created by Dr. Abe Abdulwaheed—has already proven that this model works.
- The ADA must take the lead, not defer to local societies with limited capacity.
- There is no rule preventing recognition of Dr. Abdulwaheed's leadership; attempts to strike his name are arbitrary.
- A national ADA program ensures equal support for students in all accredited dental schools.
- The ADA Foundation can sustain and expand this effort through grants and philanthropy.
- Voting YES means the ADA leads. Voting NO means letting others handle it alone.



Prepared by Dentistry in General Advocacy Coalition

<https://dentistryingeneral.com/digac>

Resolution No. 210 NewReport: N/A Date Submitted: May 20, 2025Submitted By: Dr. Spencer Bloom, delegate, IllinoisReference Committee: A (Business, Membership and Administrative Matters)Total Net Financial Implication: \$50,000 Net Dues Impact: \$1

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 following resolution was submitted on Wednesday, May 20, 2025, by Dr. Spencer Bloom, delegate, Illinois.

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/)

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 programs. The Association of American Medical Colleges has documented school-based food access initiatives, including student-run food pantries and emergency meal support at institutions such as the University of Toledo and SUNY Downstate (<https://www.aamc.org/news/feeding-future-doctors-universities-work-alleviate-food-insecurity-among-medical-students>). 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. However, no national organization has yet established a dedicated program to address food insecurity among dental students—despite similar risk factors and impacts on student health, clinical readiness, and academic performance.

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

In response to these documented challenges, Dr. Abe Abdulwaheed and the Massachusetts Dental Society launched a direct-support model that provides targeted funding to address student food insecurity at all three dental schools in the state. Their program includes on-campus food pantries, emergency food support, and collaboration with private partners to extend impact. The model has already demonstrated effectiveness and can be implemented without additional study or delay. While some schools may have their own initiatives, many do not, and a national ADA program modeled on this approach would allow immediate support where it is needed most. The initial startup funding is requested at \$50,000.

Resolution

210. Resolved, that the American Dental Association recognizes food insecurity among dental students as an urgent threat to the wellbeing of the next generation of oral health professionals, and be it further

Resolved, that the American Dental Association establish a national support program for accredited U.S. dental schools to address food insecurity among students, modeled after the direct-action initiative launched by Dr. Abe Abdulwaheed and the Massachusetts Dental Society, and be it further

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

- The program allows flexibility for implementation at the local level, supporting dental schools that do not already have food insecurity initiatives in place, and that its components may include, but are not limited to:

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

BOARD COMMENT: The ADA recognizes food insecurity among dental students as an important issue that impacts wellbeing, academic performance, and clinical readiness. While we believe addressing this challenge is critical, we also note that several other organizations and institutions are actively engaged in similar efforts, and we encourage the continuation and expansion of work in this area.

210B. Resolved, that the American Dental Association recognizes food insecurity among dental students as an urgent threat to the wellbeing of the next generation of oral health professionals and encourages constituents and other stakeholders to institute programs to address this issue., ~~and be it further~~

~~**Resolved**, that the American Dental Association establish a national support program for accredited U.S. dental schools to address food insecurity among students, modeled after the direct action initiative launched by Dr. Abe Abdulwaheed and the Massachusetts Dental Society, and be it further~~

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

- ~~• The program allows flexibility for implementation at the local level, supporting dental schools that do not already have food insecurity initiatives in place, and that its components may include, but are not limited to:~~

- ~~(1) startup or operational grants for on-campus food pantries,~~
- ~~(2) emergency meal voucher initiatives~~
- ~~(3) support for food assistance awareness campaigns, and~~
- ~~(4) publication of best practices to guide dental schools and societies nationwide~~

BOARD RECOMMENDATION: Vote Yes on the Substitute.

Vote: Resolution 210B

ERG	Yes	DOWD	Yes	KNAPP	Abstain	STUEFEN	Yes
BOYLE	Yes	GRAHAM	Yes	MANN	Yes	TULAK-GORECKI	Yes
BROWN	Yes	HISEL	Yes	MARKARIAN	Yes	WANAMAKER	Yes
CAMMARATA	Yes	HOWARD	Yes	MERCER	Yes		
CHOPRA	Yes	IRANI	Yes	REAVIS	Yes		
DEL VALLE-SEPÚLVEDA	Yes	KAHL	Yes	ROSATO	Yes		