

## In this issue

# Food insecurity: the skeleton in the national closet

In the mid 1970s hospital malnutrition was 'outed' as an unacceptable aspect of clinical care<sup>(1)</sup>, resulting in a surge of interest and investigation that has since changed the way nutritional assessment and support is practised in clinical contexts. The lead editorial in this issue<sup>(2)</sup> points out that food insecurity is a public health nutrition challenge affecting communities in many, if not all, parts of the world. It is arguably the public health nutrition version of hospital malnutrition, needing to be pulled out into the open, so that it gets the analysis, action and evaluation required to be effectively addressed. This is particularly so in times of economic turmoil as currently being experienced in the global financial crisis. A number of papers in this issue respond to this challenge, with each presenting data to illustrate the complexities and challenges associated with addressing food insecurity.

Communities often respond to challenges like food insecurity by tapping into the resources of the broader community to assist affected groups. Social support, defined here as help received through social interactions, is a common manifestation of this response. De Marco and Thorburn<sup>(3)</sup> present results from a study exploring the relationship between income, food insecurity and social support. They present data challenging earlier studies which indicated that social support, in its various forms, can act as a buffer from the stressors of food insecurity and reduce the effects on households.

Seeking help during periods of food insecurity can be a confronting psychosocial experience for many, which limits participation in community-based support strategies. Kim and Frongillo<sup>(4)</sup> report on a study of patterns of food insecurity and participation in food assistance programmes among the elderly in the USA. They report that food-insecurity-derived need is a good, but incomplete, predictor of participation in food assistance programmes.

Food insecurity affects sub-populations at different life stages, including the young through to the elderly. Chaparro *et al.*<sup>(5)</sup> present data from a cross-sectional study that assessed the prevalence and identified predictors of food insecurity among university students in Hawai'i.

This study identified one in five students as food-insecure, with a similar proportion at risk. Given the likely impact on student health, learning and social outcomes associated with food insecurity, this issue should not be considered as an accepted aspect of the impoverished student experience, but as a major student health priority.

### Trade liberalisation and nutrition

Few would disagree with arguments about the importance of an in-depth understanding among public health nutritionists of the potential impacts of trade liberalisation and associated policy on nutrition. The paper in this issue by Thow<sup>(6)</sup> will help this understanding by mapping pathways for the impact of trade liberalisation policies on population nutrition. This paper should be required reading for practitioners and students of public health nutrition.

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### References

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