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**FOOD INSECURITY AND HEALTH OUTCOMES IN YOUNG ADULTS**

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**Purpose:** Nearly one fifth of US children and adolescents live in food-insecure households, with limited or uncertain access to food resulting from inadequate financial resources. Little is known about the association between food insecurity and health in young adulthood, an important developmental period when educational and economic transitions may increase risk for food insecurity. The purpose of this study was to determine the association between food insecurity and physical, mental, and sexual health outcomes in a nationally representative sample of US young adults.

**Methods:** Cross-sectional nationally representative data of US young adults ages 24-32 years old from Wave IV (2008) of the National Longitudinal Study of Adolescent to Adult Health were analyzed. Multiple logistic regression analyses were conducted with food insecurity as the independent variable and self-reported poor general health; physical health (diabetes, hypertension, hyperlipidemia, obesity, obstructive airway disease, and migraine); mental health (depression, anxiety, suicidality, and sleep disturbance); and sexual health (chlamydia, gonorrhea, any sexually transmitted infections, and sex work) as the dependent variables, adjusting for age, sex, race/ethnicity, education, income, household size, smoking, and alcohol.

**Results:** Of the 14,800 young adults in the sample, 11% were food insecure. Food-insecure young adults had greater odds of self-reported poor general health (2.65, 95% CI 1.62-4.35) and poor physical health including diabetes (1.67, 95% CI 1.19-2.40), hypertension (1.50, 95% CI 1.22-1.84), “very overweight” (1.21, 95% CI 1.01 – 1.45), obstructive airway disease (1.44, 95% CI 1.18-1.74), and migraine (1.68, 95% CI 1.39-2.04) compared to young adults who were food secure. Food-insecure young adults had greater odds of mental health problems including depression (1.86, 95% CI 1.55-2.23), anxiety or panic disorder (1.60, 95% CI 1.26-2.02), suicidal ideation (2.90, 95% CI 2.27-3.71), trouble falling asleep (1.69, 95% CI 1.43-2.00), and trouble staying asleep (1.81, 95% CI 1.55-2.11). In terms of sexual risk, food-insecure young adults had greater odds of chlamydia (1.81, 95% CI 1.24-2.62), gonorrhea (1.86, 95% CI 1.12-3.08), any sexually transmitted infection (1.49, 95% CI 1.19-1.87), and engaging in sex work (1.84, 95% CI 1.16-2.93).

**Conclusions:** Food insecurity is a significant social determinant of health in young adulthood across physical, mental, and sexual health domains. Mechanisms linking food insecurity to poor health outcomes may include chronic stress, stigmatization, disempowerment, and poor nutritional quality. Health care providers should screen for food insecurity in young adults and provide referrals when appropriate. Future research should examine the association between food insecurity and health outcomes over the life course, and develop early food insecurity interventions to prevent downstream effects on health in later adulthood.

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