Barriers to Nutrition Security

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Americans report a variety of factors that make healthy eating a challenge[1]

Food security vs. Nutrition insecurity

Food insecurity is a frequently reported household-level economic and social condition of limited or uncertain access to adequate food.

This is separate and distinct from **nutrition security**, defined as the lack of consistent, equitable access to healthy, safe, and affordable foods that promote optimal health and well-being.

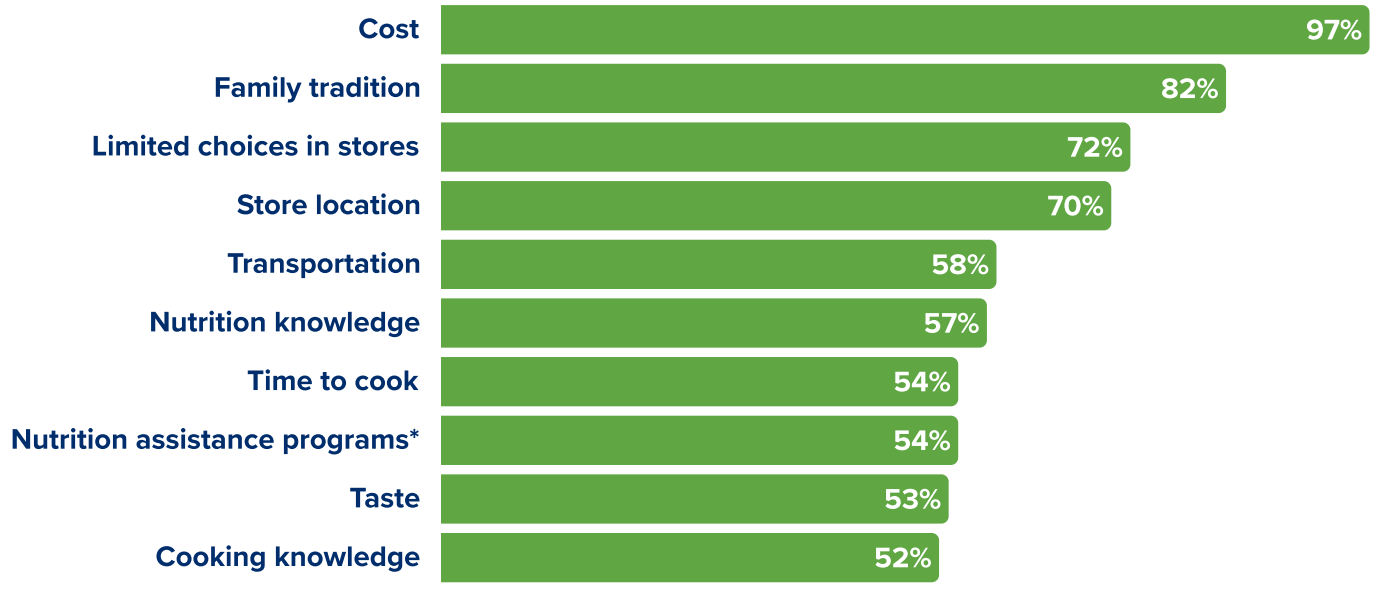
A national survey of 3,000 U.S. adults highlighted the **barriers to healthy eating that Americans face**, how these barriers **differ across populations**, and their **relationship with chronic health conditions**. Thirteen barriers were assessed by the Nutrition Security Screener (NSS).[2]

44%
of respondents screened **positive for nutrition insecurity**

7.8 barriers
to healthy eating faced on average by American adults experiencing **nutrition insecurity**

4.4 barriers
to healthy eating faced on average by **nutrition secure** adults

The top 10 most frequently reported barriers to healthy eating:



Among U.S. adults experiencing nutrition insecurity

* Affirmative responses to "I'm not sure I qualify for nutrition assistance programs (like food stamps, SNAP, or WIC) that would help me buy healthy foods."

Barriers Frequently Cluster

- Transportation
- Store location
- Limited choices in stores
- Physical function

- Cooking knowledge
- Nutrition knowledge
- Time to cook
- Taste

The study found that respondents often experienced the barriers listed within each box as a group

Barriers Differ Across Demographic Groups

Women had

35%

higher likelihood of experiencing cost as a barrier than men.

Black adults had

56%

higher likelihood of experiencing lack of transportation as a barrier than White adults.

Hispanic/Latinx adults had

65%

higher likelihood of nutrition assistance eligibility barriers (like confusion around SNAP enrollment) than those who identified as Non-Hispanic/Latinx.

People who faced

more barriers

to healthy eating were more likely to have **diet-related health conditions,** like type 2 diabetes, heart disease, and obesity.

Key Takeaways

Barriers to nutrition security reflect tangible, disease-relevant aspects of a patient's life. Naming these barriers helps clinicians make better referrals and design more targeted supports. The NSS appears to be a practical tool for pinpointing specific obstacles to healthy eating. Such information can support tailoring of interventions across clinical and community settings, as well as inform potential policy solutions.

1 JAMA. Network Open, June 30, 2026 doi:10.1001/jamanetworkopen.2026.20264
2 Am J Clin Nutr, October 20, 2025 doi: 10.1016/j.ajcnut.2025.08.017