

# *Basic Needs Insecurity Affects Student Success and Physical and Emotional Health: How Can We Address It on College Campuses?*

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## **Introduction**

College students' basic needs insecurity is a prevalent, and increasingly publicized, consequence of increasing access to higher education without expanding systemic resources.<sup>1</sup> Because basic needs insecurity is a social determinant of health, it results in health inequity and is a campus and public health issue.<sup>2</sup> This is a call to action for all of us—individually and collectively—to address this systemic inadequacy.

Basic needs include access to nutritious and sufficient food, safe and secure housing, healthcare, affordable technology and transportation, personal hygiene needs, and childcare and associated needs.<sup>3</sup> Basic needs insecurity (BNI) occurs when there is no structural ecosystem (i.e., multiple systems) in place to ensure students' basic needs. It is critical to recognize that BNI is not a personal characteristic or failure but rather a structural failure that requires a creative and inventive approach, especially in higher education. The concept of an ecosystem may be familiar to public health practitioners since it is a similar framework to Bronfenbrenner's Social-Ecological Model.<sup>4</sup> Like The Hope Center for College, Community, and Justice at Temple

University's framework, Bronfenbrenner's model allows researchers to consider the relationship between and within the various ecological systems to assess needs and help guide public health recommendations.<sup>5</sup>

The Hope Center has measured food and housing insecurity and homelessness at colleges and universities across the United States for many years.<sup>6</sup> Their most recent report found that nearly three in five college students experienced basic needs insecurity in 2020.<sup>7</sup> In addition, without support, these students are less likely to enroll in college and more likely to stop out of college.<sup>7</sup> Structurally minoritized students such as students of color, parenting students, first-generation students, Pell Grant recipients, part-time students, and LGBTQ students reported an even higher rate of BNI.<sup>7</sup> These statistics should not only be a wake-up call to higher education leaders but to society, specifically those working in public health, because BNI has been linked to educational challenges and poorer physical and emotional health. Without addressing basic needs, students are not able to focus on their education. We must set them up for success.

## BNI and College Student Success

The considerations of ancillary impacts on college student success have been increasingly evaluated over time. Researchers have noted that college student success can be impacted by the transition from high school to college (i.e., college readiness).<sup>8</sup> College readiness requires academic achievement, knowledge about college (e.g., financial aid, potential majors), cognitive strategies for classes, and “noncognitive” factors (e.g., interpersonal and intrapersonal skills).<sup>8(p1)</sup> Despite this significant life transition, secondary and post-secondary institutions have done little to close this divide—the onus is on student and/or parent(s).

In addition, the influence of BNI on college student academic achievement, persistence, and attainment has only been realized in just over the last decade. In their 2008 report, Goldrick-Rab and Roksa detailed the apparent gap between ambition and reality in college degree attainment, particularly those at community colleges and from socioeconomically disadvantaged families.<sup>9</sup> In 2020, the numbers show we have made little headway for students, specifically ages 25 to 29

years in the United States attending college, with 39% of students ultimately earning bachelor's degrees or higher and 50% of students completing an associate degree or higher.<sup>10</sup> In addition, the growing cost of college requires most students to obtain student loans (i.e., 66% of students apply for federal financial aid).<sup>11</sup> Still, the poor chance of college completion perpetuates the cycle of income inequality, which researchers have linked to individual health and well-being.<sup>12</sup>

Social mobility can be improved significantly by getting a college degree.<sup>9</sup> However, income inequality, educational opportunities, and social mobility are inextricably linked, and the considerable increase in the income divide over the last several decades has had substantial impact on college access and improved social mobility.<sup>13</sup> Now, with the decreasing federal and state funding for college education and high cost of college, the increasing necessity of a college degree is becoming a barrier to social mobility.<sup>9</sup> This can be further complicated by BNI and its implications on physical and emotional health.

## BNI and Physical and Emotional Health

Educators have become more aware of the impact of trauma on education recently.<sup>14</sup> In 1998, Felitti et al. published *The Adverse Childhood Experiences (ACE) Study*, which described ACEs and their effect on health risks later in life.<sup>15</sup> The researchers' purpose was to analyze the longitudinal relationship between participants' ACEs and medical and public health issues. They interpreted ACEs as abuse (i.e., psychological, physical, sexual) and household dysfunction (i.e., substance abuse, medical illness, violence against mother, family imprisonment). Fifty-two percent of participants reported one or more ACEs, and over 6% reported four or more ACEs. They also found that "Both the prevalence and risk (adjusted odds ratio) increased for smoking, severe obesity, physical inactivity, depressed

mood, and suicide attempts as the number of childhood exposures increased."<sup>14(p249)</sup> Later, the frequency and probability of alcoholism, illicit drug use, increased number of sexual partners, and sexually transmitted disease increased with increased ACEs.<sup>14</sup> Finally, Felitti et al. (1998) found a strong, positive relationship between increased ACEs exposure and multiple risk factors for the leading causes of death in adults (e.g., ischemic heart disease, cancer, chronic lung disease, skeletal fractures, liver disease, self-rated health), which established a "strong and cumulative" effect of ACEs on health status as an adult.<sup>14(p251)</sup>

While early research focused on the physical long-term health outcomes of ACEs, current research has focused on both mental and physical long-term health outcomes. Davidson

(2018) discussed how childhood trauma (i.e., ACEs) can affect brain development leading to delays in physical, emotional, and social development which may impede learning.<sup>16</sup> The statistics are staggering; adults with childhood trauma are:

- 15 times more likely to attempt suicide,
- 4 times more likely to abuse alcohol,
- 4 times more likely to inject drugs,
- 3 times more likely to use antidepressants,
- 3 times more likely to be absent from work, and
- 3 times more likely to experience depression.<sup>14,15(p6)</sup>

Although, prior research on ACEs has generally dismissed the intersectionality of economic status, race/ethnicity, and gender.<sup>16</sup> Mersky et al. (2021) found that if each of these demographic factors was analyzed independently, then the results obtained will be misleading but consistent with previous literature. Taking an intersectional approach to examining ACEs diminishes the effect of gender and demonstrates that economic status affects racial/ethnic differences.<sup>16</sup> As a result, it is critical that researchers examine these factors together “substantiating a basic premise of intersectionality theory that inequities are more fully expressed when social categories are treated in an interlocking configuration.”<sup>16(p7)</sup>

Recent research has also found that families reporting ACEs were much more likely to experience household food insecurity.<sup>17</sup> For example, the rate of exposure to three or more ACEs in a food insecure home was one in four children compared to one in twenty-five children in a food secure home.<sup>17</sup> In addition, food insecurity gets worse as ACEs increase, although Jackson et al. (2019) found this may be affected by the parents’ physical and mental well-being. As a result, they recommended policies and supports go beyond food assistance and should “integrate programming that addresses intersecting adversities, such as family and community violence, incarceration, and discrimination.”<sup>17(p73)</sup>

As children grow older and enter college, research shows racial disparities in basic needs

insecurities.<sup>7</sup> Indigenous (75%), Black (70%), and American Indian or Alaska Native (70%) students experience food insecurity, housing insecurity, and/or homelessness at a much higher rate than white students (54%).<sup>7</sup> There are mechanisms that have shown promise in addressing the trauma of ACEs, including social and emotional learning and trauma-informed practices.<sup>13</sup>

Researchers in social epidemiology have illustrated that the most significant causes of mental health concerns in populations are systemic (e.g., poverty, social exclusion).<sup>13</sup> Unfortunately, they can not easily evaluate these variables during experiments, and when included, mental health variables are often missing.<sup>18</sup> To address this, college administrators should promote a systemic mental health program that approaches all mental health concerns (i.e., diagnosed and undiagnosed at varying degrees) in a manner that promotes social justice causes based on current evidence. Recently, scholars have addressed mental health social justice issues including, but not limited to, access, basic needs insecurity, and the emotional impact of marginalization, including psychiatric imperialism and combating stigma.<sup>19,20</sup>

The coronavirus (COVID-19) pandemic has clarified the already existing and persistent link between a public health emergency, food insecurity, and mental health concerns.<sup>21</sup> Even as social mobility has stagnated, the issues of health disparities, BNI, and social justice have intensified in the wake of the pandemic. Colleges and universities and the government have worked to address these concerns by implementing emergency aid, the child tax credit, economic impact payments, pausing student loan payments, improving access to the Supplemental Nutrition Assistance Program (SNAP), free COVID testing and vaccinations, shifting many services online (e.g., mental health support, parenting support, telehealth, classes, conferences), and establishing a White House initiative to advance educational equity, excellence, and economic opportunity through Historically Black Colleges and Universities (HBCUs).<sup>22,23</sup> Although not all supports may remain post-pandemic, there have been calls

from student and policy advocates for many, if not all, of them to be available or improved long-term.<sup>24</sup> Further mechanisms may be proactive in addressing emotional health in higher education, such as social support, addressing barriers, educating incoming

students, training faculty, creating a culture of self-care, advocating for policy change, and incorporating social and emotional learning and trauma-informed practices.<sup>13</sup> But what about addressing BNI?

## How to Address BNI on College Campuses

### *Preparing for Success*

Addressing BNI on college campuses can begin before students step foot on campus. Nagaoka and Holsapple (2017) advocated for aligning 12th grade of high school to the first year of college to boost student success, especially for students from low-income backgrounds or structurally minoritized communities.<sup>25</sup> This process can occur by high school and college personnel collaborating to co-design, co-deliver, and co-validate instruction.<sup>25</sup> In addition, developing noncognitive factors is necessary for college success, and the models with most favorable

outcome in doing this are dual enrollment and early college.<sup>25</sup>

Some have argued that the responsibility of college student success should sit with colleges.<sup>25</sup> To this end, many colleges have instituted bridge programs, learning communities, orientation programs, and college success courses and counselors to assist with student success. Although, characteristics of the college can impact student success in almost every way, which is why an emerging sense of belonging will look different for a student at a 4-year university and a 2-year community college.<sup>25</sup>

### *Developing an Ecosystem to Support Basic Needs*

Due to the significant distress of basic needs insecure college students and the lack of systemic initiatives to assist students with this need, The Hope Center has developed the #RealCollege conceptual framework (see figure 1).<sup>3</sup> This framework helps us understand how to improve student access, persistence, and degree attainment in higher education. The foundation of this framework is that students must have their basic needs met before they can learn (see the works of Abraham Maslow and Benjamin Bloom), essentially that they must “Maslow before they can Bloom.”<sup>26</sup> The Hope Center takes this one step further by encouraging an ecosystem that provides multiple layers of support to students. This allows individuals throughout the campus and nearby community to break down systemic silos, develop partnerships, and collaborate on solutions. The resulting ecosystem provides students with the

sustenance to thrive academically, economically, physically, and mentally.

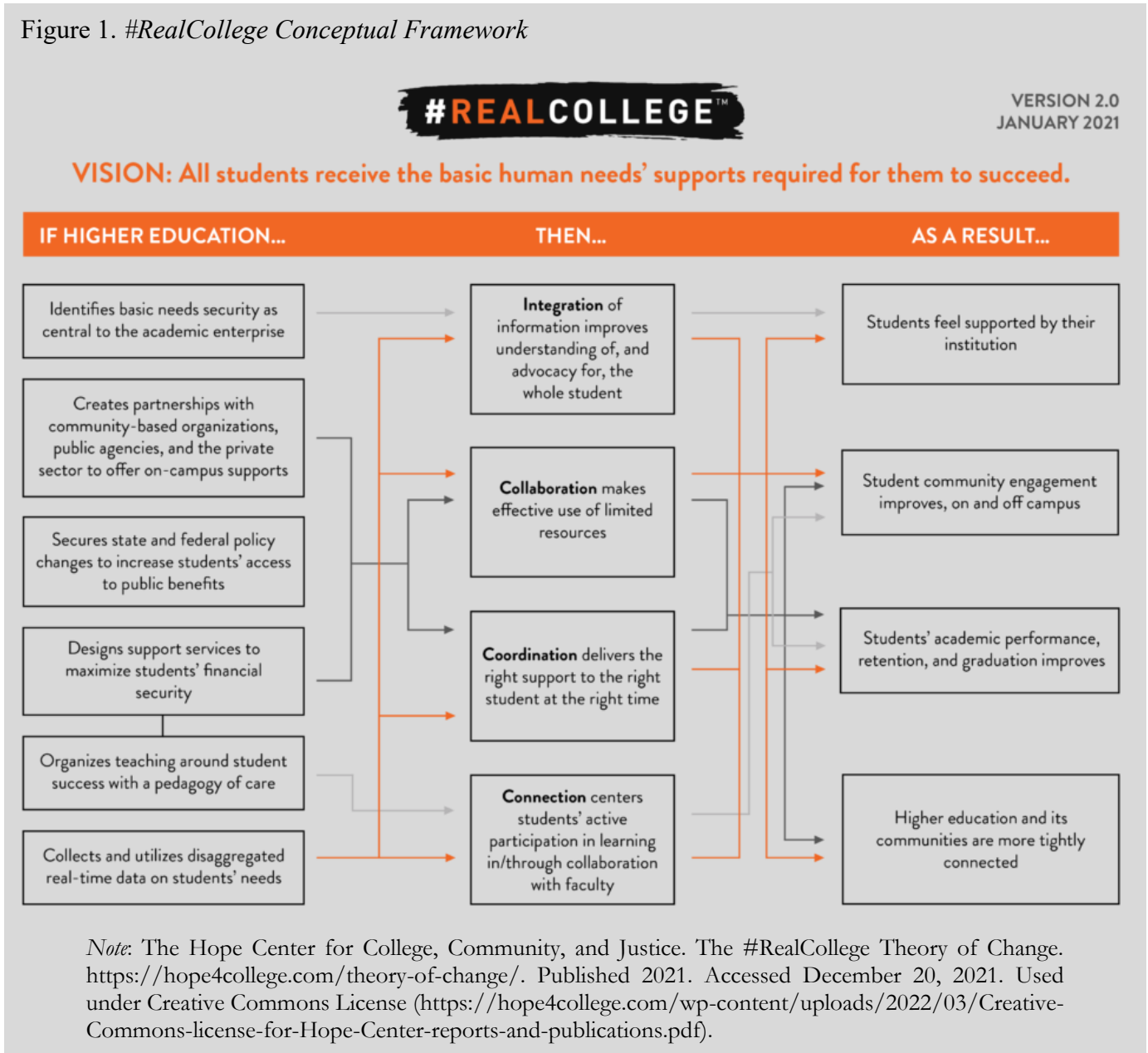
The Hope Center made several federal and state policy recommendations to improve college student BNI in their most recent #RealCollege 2021 annual survey report.<sup>7</sup> In addition, they recommended that colleges create new or expand existing emergency aid programs, discuss basic needs with students at enrollment, increase student awareness of BNI supports, destigmatize the use of public benefits, gather data on basic needs on their campus, and streamline student supports via a one-stop center.

When the whole student is not valued and embraced, their academic success, which strongly correlates with economic stability and other life outcomes, is put at risk.<sup>3</sup> As public health scholars, you chose a profession of caring and support. We must come together to prepare students for success and advocate, research,

communicate, and assist each other with building ecosystems for basic needs security on college campuses. By doing that, we can

improve multiple measures of long-term health, which in turn creates a healthier community—the very heart of public health.

Figure 1. #RealCollege Conceptual Framework



**Conflicts of Interest**

Nicole L. Hacker is employed by The Hope Center for College, Community, and Justice.

**Statement of Contributions**

Nicole L. Hacker was the sole contributor to this op-ed.

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