

EVIDENCE SUMMARY**August 2025**

What works to increase food security in newcomer populations?

Two reviews found mixed results for different food security promotion interventions for refugees and adults more generally.

- Interventions across categories such as food delivery, food distribution sites, and financial subsidies/supplements have had some positive outcomes when measuring food insecurity, but some reported little to no impact.
- The lack of consistent outcomes may be a result of a gap in verified measures of food insecurity and a focus on factors assumed to be related to food insecurity, such as nutritional education and vegetable consumption.

Strong evidence indicates that free meal programs and financial subsidies can be successful in increasing food security in children.

- Free breakfast, lunch, and summer meal programs have shown positive outcomes by decreasing financial stress and disparities in meal consumption and educational outcomes. Summer meal programs have also contributed to positive social interactions and community building.
- Financial subsidies have been shown to decrease food insecurity rates and increase positive health outcomes for children.
- These studies did not specifically mention newcomers; however, several of the programs analyzed are ones that many newcomers participate in or are eligible for.

Strong evidence suggests that urban agriculture programs can be successful, as outcomes were generally positive or neutral.

- Various urban agriculture programs have contributed positively toward increasing the fruit and vegetable consumption of participants. Participants have also reported spending less money on food during the growing season and having increased access to culturally relevant or familiar produce. Community gardens and community supported agriculture (CSA) programs have consistently high satisfaction rates.
- Most of the programs have reported outcomes on fruit and vegetable intake and confidence in cooking with them rather than on food insecurity more broadly. This appears to be related to difficulties in measuring discrete health outcomes and overall food security due to cost and other resource constraints. Some studies have found that urban agriculture programs are not successful at targeting those most in need of food assistance.

Purpose of this summary

This document summarizes the state of available evidence regarding the impacts of various intervention types on the level of food insecurity faced by newcomers.

What is meant by “food security”?

Food security refers to “access by all people at all times to enough food for an active, healthy life.”¹ The U.S. Department of Agriculture (USDA) defines four levels of food security: high food security, marginal food security, low food security, and very low food security. High food security is the state of having no reported limitations or concerns with accessing food. Marginal food security indicates potential anxiety over food sufficiency or a shortage of food in the house, but there are no reported changes in diet or intake. Low food security signifies reduced diversity, quality, or desirability of food available but little to no reduction in amount of food eaten. Very low food security designates individuals or households reporting multiple indicators of reduced food intake and disrupted eating habits.²

What is meant by “community supported agriculture”?

Community supported agriculture (CSA) is a system in which individuals in a community directly support a local farm by signing up for a seasonal share of the produce grown on the farm. Participants can pay up front for the season or through installments. CSA shares are generally collected once a week from the farm or a designated community location. CSAs either have a set collection of produce that is given to each shareholder or operate as a market stand where participants can take up to a set number of each type of produce offered.

What is meant by “community gardens”?

A community garden is a plot of land within a community that has been designated as a produce-growing location. Community gardens can be located at local organizations or in abandoned lots within cities. Participants usually sign up for a designated allotment or plot within the larger garden to grow whatever plants they would like. Some community gardens have regulations on whether participants are allowed to sell what they grow or if produce should be strictly for personal use or donation.

What is meant by “urban agriculture”?

The American Planning Association defines urban agriculture as the “production, marketing, and distribution of food and other products in metropolitan areas and at their edges, beyond what is strictly for home consumption or educational purposes.”³ It can encompass vertical farming, rooftop farming, urban foraging, community and residential gardens, and commercial urban farms.

What is meant by “food desert”?

The USDA defines a food desert as an area with a poverty rate of at least 20% and where at least 33% of the population lives “more than one mile (urban) or more than 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store.”⁴

¹ Rabbitt, M. P., Hales, L. J., & Reed-Jones, M. (2025, January). *Food security in the U.S.* U.S. Department of Agriculture. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us>

² Rabbitt, M. P., Hales, L. J., & Reed-Jones, M. (2025, January). *Food security in the U.S. – Definitions of food security.* U.S. Department of Agriculture. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security>

³ (Siegnier, 2018, p. 2)

⁴ Rhone, A. (2025, January). *Food Access Research Atlas – Documentation.* U.S. Department of Agriculture. <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation>

What does the evidence show?

Two reviews found mixed results for different food insecurity reduction interventions for refugees and adults more generally.

- Oronce et al. (2021) conducted a systematic review and meta-analysis of food security programs for adults in the U.S. and Canada. Although the programs were not specific to newcomers, many of the included interventions were programs that newcomers could be eligible for. The researchers identified 39 studies for inclusion, most of which were either randomized controlled trials or pre/post-test studies (with or without controls). Six of the studies focused on food delivered to a participant's home, 10 focused on food being provided at a secondary site, 11 covered monetary assistance programs, two addressed food deserts, and the remaining were classified as miscellaneous (community gardens, community kitchens, nutritional education, financial literacy). **Of the six food delivery programs, four identified reductions in food insecurity**, including one randomized controlled trial that saw a reduction from 71% of the intervention group being food insecure at baseline to 42% at follow-up (Berkowitz, 2019). For the programs providing food at secondary sites, almost all were tailored programs for health conditions such as diabetes or obesity and often had other services for health management. The pooled outcomes of these studies **indicated a 15% reduction in food insecurity from baseline averages**. Most of the monetary assistance programs were not specifically designed for alleviating food insecurity; however, nine of the interventions saw noticeable increases in food security. One large randomized controlled trial found **a 10% increase in food security at 37 months post-intervention initiation for families receiving rent subsidies** (Gubits, 2018). A food desert program saw a 12% decrease in food insecurity compared to their control after one year (Richardson, 2017). **Three of the five pre/post analyses included in the miscellaneous category noted improvements in food security**.
- Nisbet et al. (2022) conducted a scoping review of food insecurity interventions with refugees across the globe. While many of these studies focused on interventions happening in camps, 12 of the 57 articles took place in destination countries: eight in the U.S., two in Australia, one in Germany, and one in Canada. Over half of these focused on nutrition education. The remaining covered urban agriculture; infants, young children, and pregnancy; or cash programs. Of the programs in destination countries, only two directly measured food security status, and less than half of the entire sample did the same. The authors note that **there are relatively few studies focusing on refugee food security in destination countries**, despite research showing that levels of food insecurity do not differ much between destination countries and countries of first flight. **Results for urban agriculture interventions in destination countries were mixed**, with some indicating increases in vegetable consumption, program satisfaction, and reduction in spending at grocery stores during the growing season. Some studies indicated that the startup costs and time investment of growing food outweighed any cost savings. Supplemental cash programs generally allow purchases in multiple categories, with food and clothing frequently having the highest costs. **Results showed that participants felt the supplemental cash at least partially met their needs and allowed them to purchase more of their preferred foods**. Results from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) indicated high recovery rates for infants and young children with low weight-for-age diagnoses between their first and final visits. Food education programs generally increased knowledge of healthy foods, food safety, and cooking skills. One study found that mothers had decreased feelings of self-efficacy when their children asked for more Western-style foods. **The authors identified a need for a widely validated food security measure** to allow for more targeted interventions and comparable outcomes.

Strong evidence indicates that free meal programs and financial subsidies can be successful in reducing food insecurity in children.

- Holley and Mason (2019) conducted a systematic review of interventions aimed at increasing food security among children. While this review is not specific to newcomer populations, several of the programs mentioned are ones that newcomers participate in. There were 42 articles that met inclusion criteria, and 34 of these were conducted in the U.S. Most of the included studies were quantitative and non-randomized, and there was a distinct lack of longitudinal data on the lasting impacts of childhood interventions. There was a high level of variation in intervention design, with some focused on food scarcity and some on assumed consequences of food insecurity or scarcity. The lack of consistency and strength in design and evaluation plans of the various interventions made comparisons difficult. Just over half of the studies (24) focused on attended interventions, meaning there was some level of in-person services, and the rest were classified as subsidy programs. Of the attended intervention papers, 13 covered school food assistance, three covered holiday clubs, seven included nutrition education, and one covered a gardening club. **School food assistance (i.e., free breakfast/lunch) programs found a reduction in educational difficulties, reduced disparity in breakfast consumption, and better concentration.** Results of holiday clubs indicated improved nutritional (more substantial/varied breakfasts), social (new interactions), and financial outcomes. Two of the nutritional education papers found no noticeable outcomes. The remaining studies had **outcomes including increased fruit and vegetable intake and increased physical activity.** The community gardening program had substantial increases in the number of children consuming vegetables throughout the day, but the number of missed meals did not have a noticeable decrease. Of the subsidy programs, four evaluated Women, Infants and Children (WIC), 14 evaluated the Supplemental Nutrition Assistance Program (SNAP), and six evaluated other subsidy programs. **WIC outcomes include lower probability of being underweight, overweight, short, or rated as poor health. SNAP outcomes included reduced levels of poor health among food-insecure children and increased math and reading scores, particularly for girls.** Additional subsidy programs covered included Keeping Infants Nourished and Developing (KIND), Summer Electronic Benefit Transfer for Children (SEBTC), Child and Adult Care Food Program (CACFP), Individual Development Account (IDA), and a CSA. **Participants in KIND, a collaboration between doctors and a food bank, were more likely to complete well-infant visits,** and weight outcomes indicate possible regulation of nutrition deficits. **SEBTC provided an additional \$60 per eligible child during summer months, and results found noticeably increased levels of food security** through a randomized control trial. CACFP reimburses child care providers for meals and snacks given to children in their care and found moderate increases in vegetable and milk consumption. IDA programs provide a two-to-one match of every dollar a participant saves. No noticeable increases were found in child food security between newly enrolled participants and graduates. The CSA program found higher rates of fruit and vegetable intake among participants, but there was no difference in participant consumption when comparing summer and winter, indicating participants were already consuming higher amounts than average.
- Bruce et al. (2019) evaluated a **mobile meal program** that aimed to combat food insecurity for children in the Silicon Valley area when school was out over the summer. Locations for the meal sites were identified through observations and discussions with families in the community. The program selected two standalone parks and one park site adjacent to a library. Each site was available five days a week and classified as “open” (no eligibility requirements or enrollment process). Children received free meals, and adults were able to purchase a meal for \$2. Outreach and marketing included flyers handed out by schools and community agencies, banners and newspaper announcements, and resource hotlines. Adult participants who attended with a child voluntarily responded to a self-administered survey in either English or Spanish. A subsample of participants were asked to participate in 20–30 minute, on-site, one-on-one, anonymous interviews in either English or Spanish. **Over three-quarters of respondents participated in the meal program 1–2 days per week, with 5% reporting attending every weekday.** Most

participants (83%) did not report any barriers to attendance, but small numbers indicated timing, transportation, or food preference barriers. A quarter of participants screened as being food insecure at some point in the past 12 months, and 64% of those identified as Hispanic/Latino. In the interviews, **participants noted the location was particularly appealing because it was public and provided an open and welcoming atmosphere**, and families were able to do other activities (playing on playgrounds, visiting the library, etc.) during their visits. Participants with school-aged children reported how summer was more difficult with added costs of feeding them and that **the program was a positive community benefit to help alleviate that stress**. Additional barriers mentioned were that some students stay home alone over the summer with no way to access the meal sites and fears surrounding immigration status.

Strong evidence suggests that urban agriculture programs can be successful, as outcomes were either positive or neutral.

- Siegner et al. (2018) conducted a systematic review of urban agriculture programs and their impact on food security. Overall, **there were mixed results for the urban agriculture plans included in the study**, which addressed various barriers and successes. One noticeable issue is the lack of reach that many urban agriculture programs have. For instance, an analysis of 68 urban gardens in Pheonix found that they only served 8% of food desert residents, where spatial analysis indicated that 53 strategically placed gardens could cover 96% of food desert residents. One study indicated that **participants saved between \$240 and \$720 per household per year with access to a home garden or 10ft x 20ft plot** (Santo, 2016). Distribution of produce was challenging in some areas, with some studies finding partnerships with corner store retailers to be successful and others struggling to establish those partnerships, as retailers believed produce would not sell and would become a waste disposal issue. Farmers market distribution also struggled, with limited options in hours of operation and cost-effective produce; however, **“market match” programs that match EBT funds for use at market vendors** are becoming more widespread and can **double an individual’s spending power when purchasing from a farmers market**. Economic viability of urban agriculture sites was an often-repeated concern, with many programs relying on grants, donations, and volunteers to operate. The authors note that although urban agriculture systems can have positive effects on food security, there are multiple barriers that may prevent programs from being sustainable and reaching those most in need.
- Onyango et al. (2025) conducted a scoping review of gardening programming that aimed to help immigrants and refugees increase food security and access culturally specific food. The scoping review included peer-reviewed studies and gray literature⁵ for a total of 52 studies. Most of the studies took place in the U.S., with additional studies in Canada, Australia, New Zealand, the U.K., the Netherlands, and Germany. Several types of gardening initiatives were covered, including home gardens, community gardens, and community-supported agriculture (CSA). **Participants with home gardens generally reported less anxiety about running out of food**. Community gardens or allotment gardens were associated with positive outcomes in addition to food security, such as increased senses of community, cultural exchange, and physical activity. Some studies found that community gardens were more likely to be in highly educated and high-income areas, raising concerns about access. Urban revitalization gardens were able to improve on the urban fabric by transforming vacant lots into useful areas that provide food for nearby residents. These spaces became areas for gathering and conversation in addition to receiving healthy food. **Some refugees and immigrants were also able to grow enough produce through either their home garden or community plot to sell extra produce to others and create a small source of income**. CSAs are also able to create some sense of community, especially if they allow participants to talk with their farmers and other participants. **CSAs have been effective in increasing fruit and vegetable intake and improving overall diet quality**.

⁵ Gray literature refers to research and other materials produced outside of traditional academic or commercial publishing formats. This could include government briefs or reports from organizations.

- Chat et al. (2025) evaluated a **community supported agriculture (CSA) program** in Brooklyn, NY, that aimed to grow and provide Chinese-specific produce. The crop plan was developed through a survey that asked participants in a partner food pantry what vegetables were of most interest, which they disliked, and which they didn't know how to prepare. Enrollment in the CSA was open to any adult residents of Brooklyn who spoke English, Mandarin, and/or Cantonese. Pick-ups occurred once a week at the rooftop farm for 20 weeks over the summer. Participants paid \$5/week (box valued at \$20/week), and payment could be collected upfront in full or weekly using SNAP/EBT. The pick-up was organized in a market style that allowed participants to choose produce based on preference and encouraged interaction with farmers and other participants. The program also provided in-language health, cooking, and nutrition education through culturally specific recipe cards and through a nutrition booth that allowed participants to ask questions to a registered dietitian. Evaluation data was collected through participant surveys (online or in-person) and through skin carotenoid scans with Veggie Meter®⁶. The CSA had 38 participants (50% Asian), and 90% of participants attended pickups weekly. The survey indicated **participants had an increase in their vegetable consumption based on reported volume and number of different vegetables consumed** over the previous month and skin carotenoid scores. There was also a noticeable **decrease in the number of vegetables participants reported not knowing how to prepare**. Additionally, participants reported high satisfaction with the program, with **100% of respondents indicating they would recommend the CSA to others**.
- Hartwig and Mason (2016) evaluated a church-based **community garden initiative** that recruited refugees as gardeners in the Minneapolis/St. Paul, MN, area. The evaluation was conducted during the 2014 growing season, with early and post-season gardening surveys distributed to all gardeners at eight of the 19 participating church gardens. The research team also conducted focus groups with participants at the end of the season and interviews with church volunteers. Locations of gardens appear to be convenient for participants, with many living within four miles of their plot and 85% of gardeners able to get to their plot in less than 30 minutes. About half of the gardeners visited their plot at least three days per week, though it varied based on the point in the growing season. Many of the participants (86%) reported participating in one or more food subsidy programs. Survey results showed an **increase in the number of participants reporting they ate fruit or vegetables throughout the day** (from 64% to 78%), and participants reporting eating more than one different vegetable type every day increased from 59% to 67%. **Almost all the participants reported spending less money on food during the gardening season**, with 61% reporting they saved at least \$25 over the course of the season. Additional non-food-related benefits included positive mental health outcomes (joy in gardening, self-esteem, etc.) and social support (intergenerational learning, interactions with others, etc.). Satisfaction was overwhelmingly positive, with **99% of respondents saying they would recommend the program to others** and 83% indicating they wanted to return to their same plot in the coming years.

⁶ Carotenoids are a type of phytochemical compound found in various fruits and vegetables. Levels measured through the skin can be used as a biomarker (measurable indicator) for fruit and vegetable intake.

What are the implications for practice and research?

“Interventions are evaluated using very narrow criteria (e.g., vegetable consumption, number of healthcare visits) rather than examining the broader impact on the family in the long term.”

(Holley & Mason, 2019)

Financial subsidies, meal programs, community gardens, and CSAs have all shown at least some positive outcomes.

- Financial subsidies and meal programs have the strongest evidence for reducing rates of very low food security, especially in children.
- Community gardens and CSAs may help reduce rates of low food security while also providing other non-food-related benefits such as improved mental health and increased social interaction. They can also be a good way for newcomers to access produce that is more culturally relevant but hard to find in their area through traditional grocers.

Research should focus more on programs targeting very low food security.

- Most programs focused on increasing fruit and vegetable intake or nutritional knowledge (low food security) rather than on decreasing the number of skipped meals or meals of reduced size.
- There is a lack of consistent measurement of food security, particularly widely validated measures, that would allow more consistent outcomes and comparisons of interventions.
- There is a lack of longitudinal data on intervention outcomes, and research should focus on identifying which types of interventions have the most impact over time.
- While newcomers were specifically mentioned in some of the studies, there appears to be a lack of strong research on this population and the specific food access barriers they may face.

How did we identify evidence for this summary?

Included Studies

The Switchboard evidence database includes the following types of studies, categorized by the strength of their evidence:

Strong Evidence

Meta-analyses: systematic analyses of sets of existing evaluations of similar programs

Systematic reviews: syntheses of the best available evidence on specific research questions that use narrative synthesis focused on evaluations of the impacts of at least one specific policy, program, or intervention

Moderate Evidence

Published individual **impact evaluations** using randomized controlled trials (RCTs/C-RCTs), natural experiments, quasi-experimental techniques such as difference-in-difference (DID), instrumental variables (IV), regression discontinuity design (RDD), and propensity score matching (PSM) or other forms of synthetic matching, as well as fixed effects techniques with interaction terms

Suggestive Evidence

Published studies using methods including non-systematic literature review, uncontrolled before and after tests, post-test only, interrupted time series (ITS), cross-sectional regressions, longitudinal panels, cohort and case-controls, and purely qualitative techniques

Excluded Studies

The Switchboard evidence database excludes case studies, unpublished suggestive research, opinion papers, descriptive studies, and unpublished literature reviews.

Search Protocol

Studies included in the database focused on high-income or upper middle-income countries, including but not limited to the United States. Studies included must have been published since 2012. To identify evidence, we searched the following websites and databases using the following population, methodology, and target outcome terms:

Websites and Databases	Population Terms	Methodology Terms	Target Outcome Terms
Cochrane Collaboration Migration Policy Institute PsycInfo EBSCOHost Google Scholar Elicit	refugee OR immigrant OR “unaccompanied minor” OR asylee OR “temporary protected status” OR “victims of traffick*” OR “traffick* victims” OR T-Visa OR U-Visa OR Cuban OR	evaluation OR impact OR program OR intervention OR policy OR project OR train* OR therapy OR treatment OR counseling OR workshop OR	“food insecurity” OR “food security” OR hunger OR “food insufficiency” OR “food poverty” OR “food access”

	Haitian OR Amerasian	review OR meta-analysis OR synthesis	
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For databases or websites that permitted only basic searches, free-text terms and limited term combinations were selected out of the lists above, and all resultant studies were reviewed for relevance. Conversely, for databases or websites with advanced search capability, we made use of relevant available filters. All terms were searched in the title and abstract fields only to exclude studies that made only passing mention of the topic under consideration.

After initial screening, Switchboard evidence mapping is prioritized as follows: Priority is given to meta-analyses and systematic reviews, followed by individual impact evaluations when no meta-analyses or systematic reviews are available. Evaluations that are rated as impact evidence are considered before those rated as suggestive, with the latter only being included for outcomes where no evidence is available from the former.

Studies Included

Database and website searching identified 156 studies. After removing duplicates, 141 studies were then screened. Of these, 131 were determined to be irrelevant to this search. Ten full-text articles were assessed for eligibility. Two full-text articles were excluded due to not meeting one or more of the inclusion criteria pertaining to resettlement country, year of publication, population, methodology, or target problem. Eight studies were eligible for inclusion. They are listed below, with hyperlinks to the abstracts or full text (when available).

Meta-Analyses and Systematic Reviews

Holley, C. E., & Mason, C. (2019). A systematic review of the evaluation of interventions to tackle children's food insecurity. *Current Nutrition Reports*, 8, 11–27. [Full Text](#).

Nisbet, C., Lestrat, K. E., & Vatanparast, H. (2022). Food security interventions among refugees around the globe: A scoping review. *Nutrients*, 14(3), 1–44. [Full Text](#).

Onyango, E., Otoadese, D., Mori, K., Chinedu-Asogwa, N., Kiplagat, J., & Jirel, B. (2025). Exploring neighborhood transformations and community gardens to meet the cultural food needs of immigrants and refugees: A scoping review. *Health and Place*, 92, 1–37. [Full Text](#).

Oronce, C. I. A., Miake-Lye, I. M., Begashaw, M. M., Booth, M., Shrank, W. H., & Shekelle, P. G. (2021). Interventions to address food insecurity among adults in Canada and the US: A systematic review and meta-analysis. *JAMA Health Forum*, 2(8), 1–17. [Full Text](#).

Siegner, A., Sowerwine, J., & Acey, C. (2018). Does urban agriculture improve food security? Examining the nexus of food access and distribution of urban produced foods in the United States: A systematic review. *Sustainability*, 10(9), 1–27. [Full Text](#).

Impact Evaluations

None.

Suggestive Studies

Bruce, J. S., De La Cruz, M. M., Lundberg, K., Vesom, N., Aguayo, J., & Berekenyei Merrell, S. (2019). Combating child summer food insecurity: Examination of a community-based mobile meal program. *Journal of Community Health*, 44(5), 1009–1018. [Abstract](#).

Chan, S. W., Chin, M., Suss, R., Kui, K., Lam, S. Z., Dowd, E., Bosen, C., Mei, S., Barth, K., Hughes, M., & Yi, S. S. (2025). A culturally specific community supported agriculture (CSA) program to improve diet in immigrant communities in Brooklyn, New York. *Health Promotion Practice*, 26(6), 243–248. [Full Text](#).

Hartwig, K. A., & Mason, M. (2016). Community gardens for refugee and immigrant communities as a means of health promotion. *Journal of Community Health*, 41(6), 1153–1159. [Abstract](#).

Supplemental Resources

The following studies did not meet the criteria to be included in the evidence summary but may provide additional context, guidance, or understanding of the topic.

Al-Bazz, S. A., Béland, D., Lane, G. L., Engler-Stringer, R. R., White, J., & Vatanparast, H. (2022). Food security of temporary foreign farm workers under the Seasonal Agricultural Worker Program in Canada and the United States: A scoping review. *Advances in Nutrition*, 13(5), 1603–1627. [Full Text](#).

Baer, R. D., Holbrook, E., Obure, R., & Mahoney, D. (2021). Experiences and effects of food insecurity among recently resettled refugees from the Congo wars. *Annals of Anthropological Practice*, 45(2), 142–161. [Abstract](#).

Compton, M. T. (2014). Food insecurity as a social determinant of mental health. *Psychiatric Annals*, 11(1), 46–51. [Abstract](#).

Gingell, T., Murray, K., Correa-Velez, I., & Gallegos, D. (2022). Determinants of food security among people from refugee backgrounds resettled in high-income countries: A systematic review and thematic synthesis. *PLOS ONE*, 17(6), 1–29. [Full Text](#).

Greenwald, H. P., & Zajfen, V. (2017). Food insecurity and food resource utilization in an urban immigrant community. *Journal of Immigrant and Minority Health*, 19(1), 179–186. [Abstract](#).

Hammelman, C., & Hayes-Conroy, A. (2015). Understanding cultural acceptability for urban food policy. *Journal of Planning Literature*, 30(1), 37–48. [Abstract](#).

Huang, X., & King, C. (2018). Food insecurity transitions and housing hardships: Are immigrant families more vulnerable? *Journal of Urban Affairs*, 40(8), 1146–1160. [Abstract](#).

Joassart-Marcelli, P., Rossiter, J. S., & Bosco, F. J. (2017). Ethnic markets and community food security in an urban “food desert.” *Environment and Planning A: Economy and Space*, 49(7), 1642–1663. [Abstract](#).

Keith-Jennings, B., Llobrera, J., & Dean, S. (2019). Links of the Supplemental Nutrition Assistance Program with food insecurity, poverty, and health: Evidence and potential. *American Journal of Public Health*, 109(12), 1636–1640. [Full Text](#).

Khuri, J., Wang, Y., Holden, K., Fly, A. D., Mbogori, T., Mueller, S., Kandiah, J., & Zhang, M. (2022). Dietary intake and nutritional status among refugees in host countries: A systematic review. *Advances in Nutrition*, 13(5), 1846–1865. [Full Text](#).

Lawlis, T., Islam, W., & Upton, P. (2018). Achieving the four dimensions of food security for resettled refugees in Australia: A systematic review. *Nutrition & Dietetics*, 75(2), 182–192. [Abstract](#).

Mansour, R., Liangputtong, P., & Arora, A. (2020). Prevalence, determinants, and effects of food insecurity among Middle Eastern and North African migrants and refugees in high-income countries: A systematic review. *International Journal of Environmental Research and Public Health*, 17(19), 1–19. [Full Text](#).

McElrone, M., Colby, S. E., Moret, L., Kavanagh, K., Spence, M., Fouts, H. N., Ellington, A., & Payne, M. (2019). Barriers and facilitators to food security among adult Burundian and Congolese refugee females resettled in the US. *Ecology of Food and Nutrition*, 58(3), 247–267. [Abstract](#).

Myers, A. M., & Painter, M. A. (2017). Food insecurity in the United States of America: An examination of race/ethnicity and nativity. *Food Security*, 9(6), 1419–1432. [Abstract](#).