

Household Food Insecurity in Canada

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Acknowledgement: This research was funded by operating grants from the Canadian Institutes of Health Research. This presentation draws on the work of Andy Mitchell, Rachel Loopstra, Sharon Kirkpatrick, and Urshila Sriram.



household food insecurity:

insecure or inadequate access to food due to financial constraints

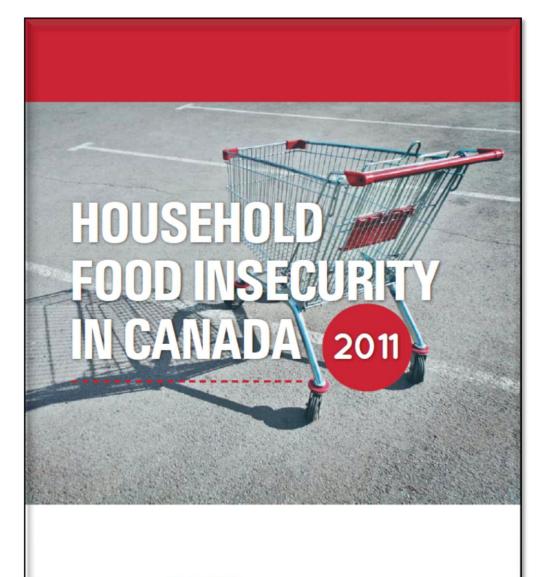
Household Food Security Survey Module

(administered on the Canadian Community Health Survey since 2004)

18 questions, differentiating adults' and children's experiences over last 12 months:

- Worry about not having enough food
- Reliance on low-cost foods
- Not being able to afford balanced meals
- Adults/children skip meals
- Adults/children cut size of meals
- Adults/children not having enough to eat
- Adults/children not eating for whole day

"because there wasn't enough money to buy food?"







Valerie Tarasuk Andy Mitchell Naomi Dachner

1.6 million Canadian households experienced food insecurity

This amounts to nearly one in eight households individuals, including 1.1 million children

Since 2008, the number of Canadians living in food insecure households has increased by 450,000.

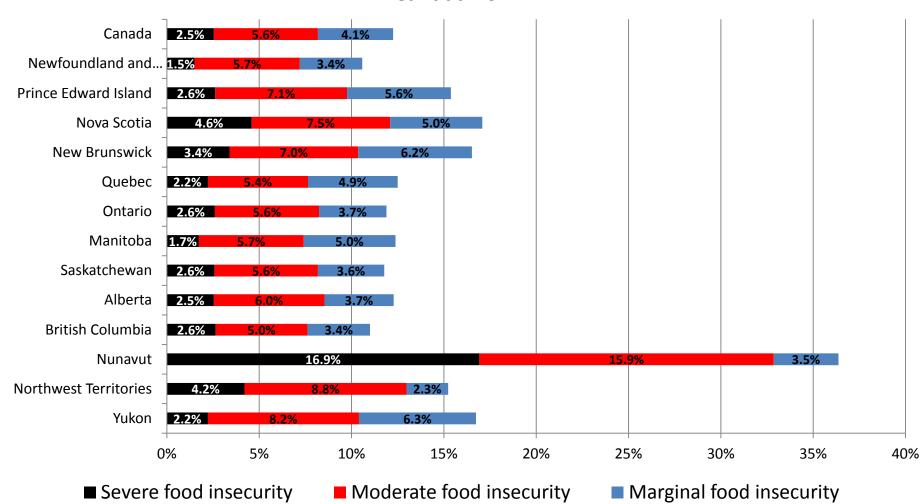
Relationship between national prevalence estimates and food bank statistics?

- 3.9 million people lived in food-insecure households in 2011 according to the Canadian Community Health Survey.
- 851,014 individuals received assistance from food banks in March 2011, according to Food Banks Canada's HungerCount.

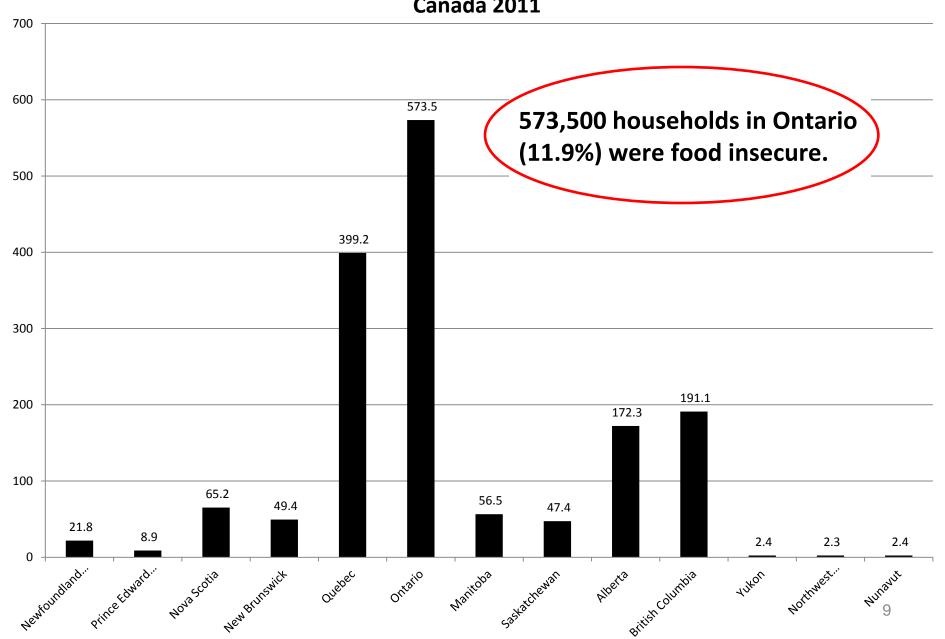
Why the disconnect?

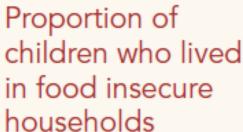
 Surveys suggest less than ¼ of food insecure Canadians use food banks. (Loopstra-Masters & Tarasuk, Canadian Public Policy, 2012; McIntyre et al, Canadian Journal of Public Health, 2012)

Food insecurity, by province/territory Canada 2011

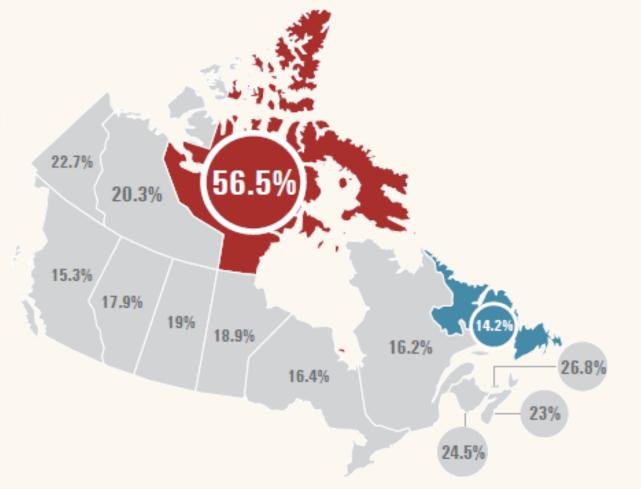


Food Insecure Households, by Province or Territory (000s) Canada 2011





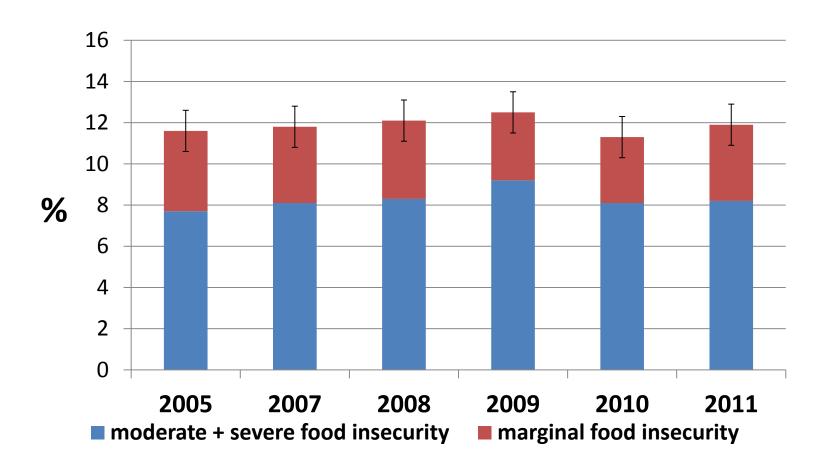
Data Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2011.



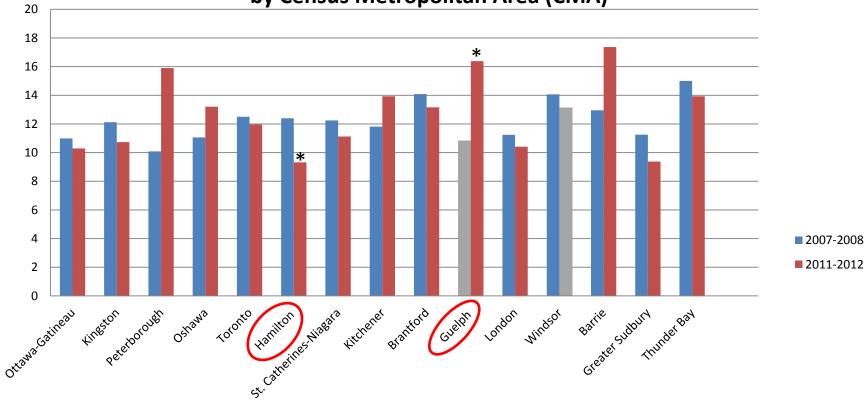
1 in 6 children under 18 in Ontario lived in a family affected by food insecurity in 2011.

Household Food Insecurity in Ontario

Canadian Community Health Surveys, 2005-2011



Prevalence of Household Food Insecurity in Ontario by Census Metropolitan Area (CMA)



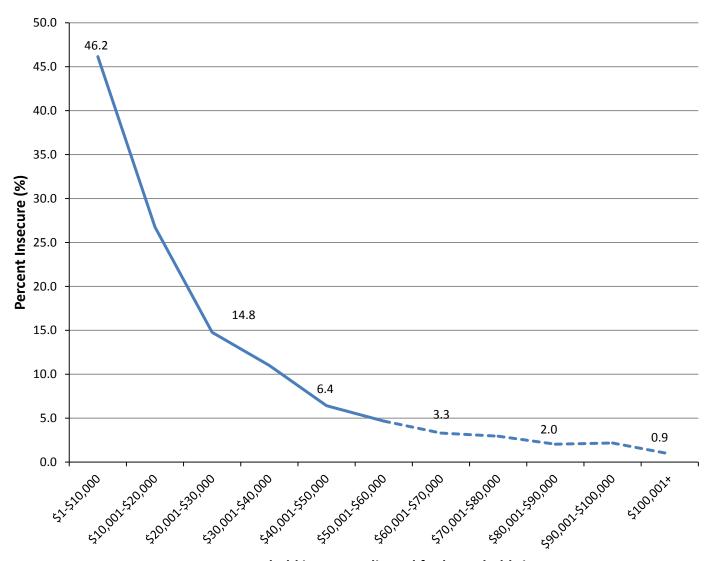
Although the rate of food insecurity has fluctuated over time in most CMAs, there are only two places where the changes shown in this graph are statistically significant. The prevalence of household food insecurity decreased significantly in Hamilton, and it increased in Guelph between 2007-08 and 2011-12.

Household food insecurity in Hamilton (CMA)

	2007-2008	2011-2012	P (difference)
Food insecurity (marginal + moderate + severe)	12.40 %	9.32%	0.0213
Moderate + severe food insecurity	8.49 %	6.20 %	0.0704

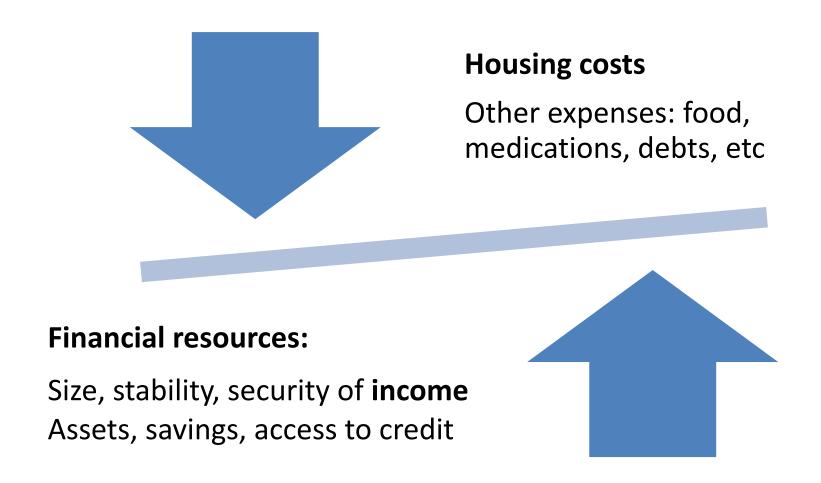
WHAT DOES IT MEAN TO BE FOOD INSECURE?

Prevalence of household food insecurity by income (2011)



Household income, adjusted for household size

Food insecurity is reflects the imbalance of available financial resources and necessary expenses.



Food insecurity compromises food intakes.

- Adults and adolescents in food insecure households have
 - lower intakes of milk products, fruits and vegetables
 - higher risk of inadequate nutrient intakes
- Little evidence of dietary inadequacies among young children in Canada, and few differences in relation to household food security status.

Food is not the only problem facing foodinsecure households.

Food insecure households face multiple financial challenges:

- Inadequate and insecure housing
- Compromises in spending on other necessities such as prescription medications, telephone, transportation, clothing, etc.
- Debt
- > stress, marginalization, and social isolation

FOOD INSECURITY AND HEALTH?

Food insecurity in childhood takes a lasting toll on health.

Analyses of National Longitudinal Survey of Children and Youth (10+ years of follow-up):

- Children and youth who experienced hunger (ever) were more likely to have poorer health.
- Multiple episodes of hunger were associated with higher odds of chronic conditions, including asthma.
- Child hunger predicted depression and suicidal ideation in late adolescence and early adulthood.

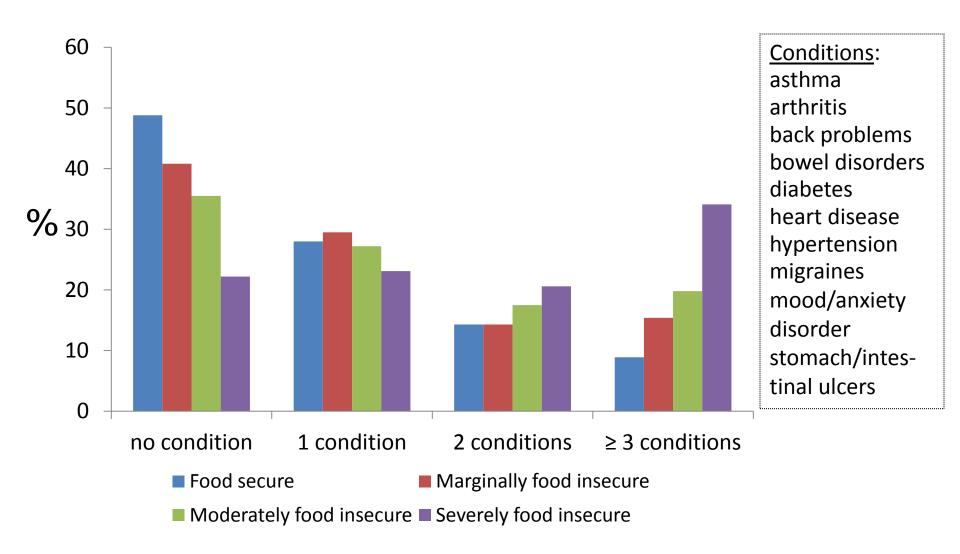
Adults' health is inextricably linked to their household food security status.

Independent of other social determinants of health, adults with some indication of household food insecurity are more likely to have

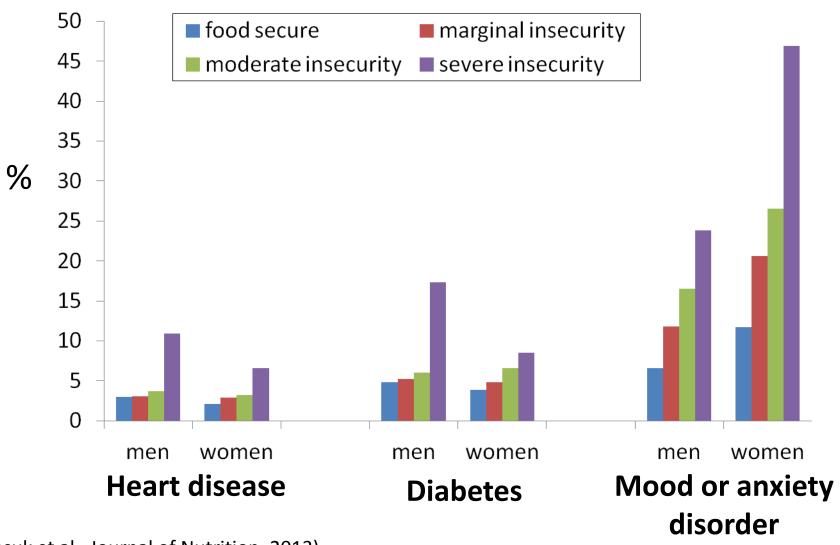
- poorer physical, mental, and social health
- multiple chronic conditions, including depression, diabetes, heart disease, and hypertension.

Food insecurity interferes with the management of chronic conditions.

Prevalence of chronic conditions among adults, 18-64 years, by household food security status, CCHS 2007-08

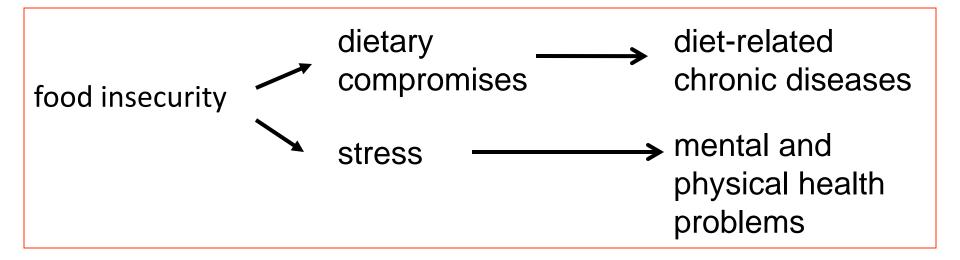


Proportion of Canadian adults (18 - 64 years) reporting selected chronic conditions, by food security status



(Tarasuk et al., Journal of Nutrition, 2013)

Relationship between food insecurity and health?



Relationship between food insecurity and health?

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poor health
+
resource
constraints

+
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Chronic illness → ↓ earning power

↑ costs

↓ ability to manage with limited income

RESPONSES TO HOUSEHOLD FOOD INSECURITY?

Our social safety net:

 A myriad of federal and provincial programs designed to support people facing financial hardships.

e.g., Employment Insurance, welfare, disability supports, old-age pensions, subsidized housing, tax credits, etc.

 None of these programs are specifically designed to achieve household food security, and they appear to yield very different results.

Case #1:

Benefits to seniors protect most from food insecurity.

7% of households reliant on seniors' incomes are food insecure.

- Seniors have guaranteed annual incomes, indexed to inflation, <u>and</u>
- drug coverage, transit subsidies, 'seniors days' discounts,

Case #2:

Being on social assistance almost guarantees food insecurity.

65% of households reliant on social assistance are food insecure.

 Incomes fall below basic living costs in most jurisdictions.

• Limits on assets mean no capacity to buffer sudden increases in expenses or interruptions in income.

Case #3:

Employment does not protect Canadians from food insecurity.

61% of food insecure households are reliant on employment incomes.

 low wages; short-term, part-time employment; single vs dual earner households

inadequate income transfers to offset low earnings.

Federal and provincial poverty reduction strategies:

 Most strategies have not been designed to impact food insecurity specifically.

- Persistently high, and in many provinces, growing rates of food insecurity suggest that most strategies are not impacting this problem.
 - For example, we can see no indications that Ontario's poverty reduction strategy is reducing food insecurity rates in this province.

The Exception: Newfoundland and Labrador

• Food insecurity fell from 15.7% in 2007 to 10.6% in 2011.

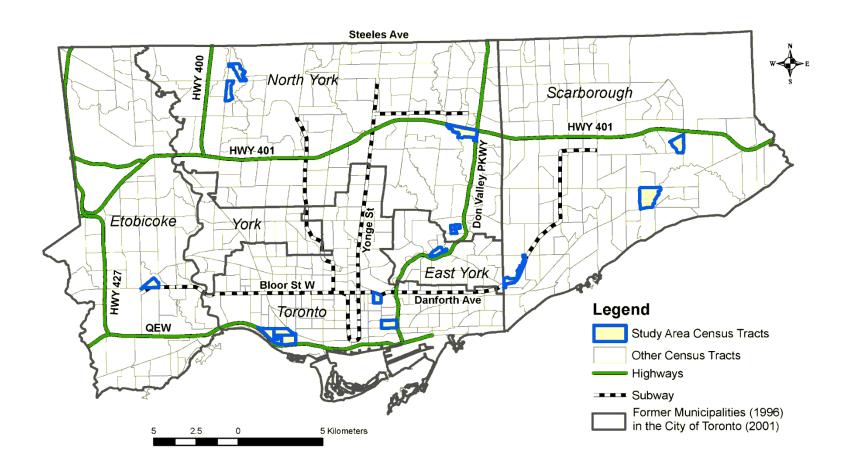
- Newfoundland and Labrador launched an aggressive, multi-pronged poverty reduction strategy in 2006.
 - Tackling <u>breadth and depth</u> of poverty.
 - Social assistance rates were raised and indexed to inflation → reduced risk of food insecurity.

Other responses? 'Doing something in the meantime'

- Charitable food assistance programs
 - Food banks, meal and snack programs.

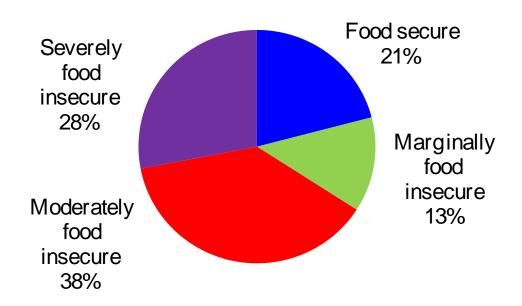
- Local programs intended, among other goals, to increase access to nutritious foods among lowincome groups
 - Community kitchens, community gardens, farmers' markets, 'Good Food Boxes'.

Insights from 2005-08 study of 501 low-income, tenant families in 12 high-poverty Toronto neighbourhoods



<u>Acknowledgement:</u> Funded by the Canadian Institutes for Health Research (IGP-74207, MOP-77766, MOP-81173) and Neighbourhood Change & Building Inclusive Communities from Within Community University Research Alliance (CURA) program of the Social Sciences and Humanities Research Council of Canada. Conducted in collaboration with the City of Toronto Shelter, Housing & Support Division and Toronto Public Health.

Household food security over past 12 months:



One year later,

- 81% of food-insecure families were still food insecure.
- 77% of severely food-insecure families were still severely food insecure.

Use of food banks:

- 21% of families had used a food bank at least once in the past 12 months. Only 4% used food banks on a monthly or near monthly basis.
- Families who were severely food insecure were more likely to go to a food bank than others, but even among this group, fewer than half reported going to a food bank.
- Food bank use was not a function of participants' geographic proximity to food banks.

Food insecure families' expressed reasons for not using food banks:

- Food banks misaligned to needs (65%)
 - "I don't want to feed my children what they offer."
 - "I am a proud person, I don't like handouts. They are beneath me."
 - "I don't need it badly, it's for people who are out of food."
 - "We are not that desperate, we try to manage somehow."
- Barriers to food bank use (33%)
 - Lack of information
 - Logistical barriers: location, eligibility criteria, limited hours, too busy, invasive intake practices.

Use of Other Community Food Programs

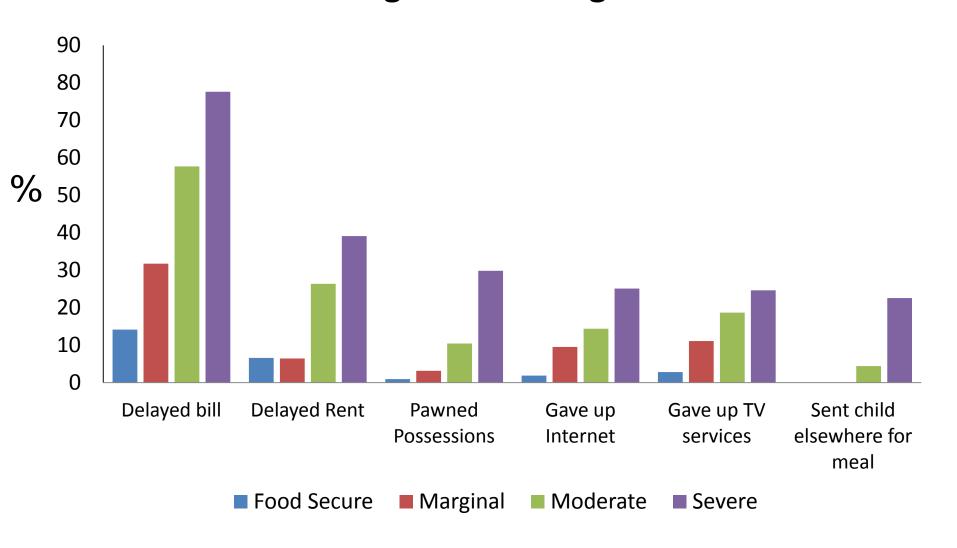
- 3% had participated in a community garden
- 4% had participated in a community kitchen.
- 1% had used a subsidized fruit and vegetable box program (Good Food Box).

No indication that users of program were at lower risk of food insecurity, but rates too low to analyze.

Expressed reasons for not using community garden and kitchen programs:

- Barriers to use (50%)
 - Lack of information, location, not accessible
- Programs did not work for them (38%)
 - Incompatible with busyness of families lives
 - Do not resonate with interests or priorities
 - Identified as not what is needed
- Did not know what programs were (12%)

Strategies families used in the past 12 months, when facing food shortages:



Food retail access was unrelated to household food security.

- 83% lived within 2 km and 41% lived within 1 km of a discount supermarket.
- No association between proximity to discount supermarket and food insecurity.
- No association between whether families incurred transportation costs for grocery shopping and whether they were food insecure (or severely food insecure).

Conclusions:

 Household food insecurity is a serious problem in Canada, and it is not under control.

 Policy interventions designed to reduce the prevalence and severity of household food insecurity are urgently needed.

e.g.,

Adequate wages and effective transfer payments to offset the vulnerability of working people.

Social assistance rates reflective of actual living costs, indexed to inflation.



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