

Dietitians of Canada Position Statement on Household Food Insecurity in Canada

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Position of Dietitians of Canada

It is the position of Dietitians of Canada that household food insecurity:

1. Results from not having enough money to buy food
2. Is a significant, serious and avoidable public health issue that has profound impacts on the mental and physical health of individuals and strains the health care system
3. Disproportionately affects racialized households, including Indigenous households, due to systemic and structural inequities and settler colonialism
4. Can be addressed through progressive economic policies that increase household income
5. Cannot be solved through food charity, food waste diversion or community food programs

Dietitians have a vital role to play in addressing the causes and the consequences of household food insecurity through evidence-based advocacy and the provision of dignified, person-centred care to those experiencing food insecurity.

Overview of household food insecurity in Canada

What is household food insecurity?

In Canada, household food insecurity is defined as the inadequate or insecure access to food due to financial constraints (1). It is a measure of material deprivation that exists on a spectrum (1):



Food insecurity is not the same as hunger, although these two terms are often conflated. Hunger is the physical sensation of discomfort or pain experienced by an individual when they have not eaten enough, whereas food insecurity is the lack of access to enough safe, nutritious, culturally acceptable food to support normal growth and development and a healthy life (2,3). Food insecurity is the

result of the economic and social conditions that influence a household's ability to access or buy food (3). Although hunger can result from severe food insecurity, an important distinction is that hunger can be temporarily addressed through food interventions whereas only economic interventions that increase household income can address household food insecurity.

Is household food insecurity the same as food insecurity?

No, but they are related. Food insecurity is a broader term that refers to the lack of consistent access to a sufficient amount of safe, nutritious, culturally appropriate food within a geographic region (2). This lack of access may be due to a variety of factors, including weather-related events, shipping interruptions, war or economic uncertainty (4). Household food insecurity refers specifically to the inability of a household to access food due to financial constraints (1).

How is household food insecurity measured in Canada?

Household food insecurity in Canada is measured using the Household Food Security Survey Module, which is a validated tool that has been included in the Canadian Community Health Survey since 2005 and the Canadian Income Survey since 2019 (5). The Canadian Income Survey likely underestimates the prevalence of household food insecurity because it excludes First Nations individuals living on reserve and unhoused individuals, who are especially at risk of food insecurity (1). Importantly, measures of household food insecurity in Canada were not developed in collaboration with Indigenous leaders, Elders or Knowledge Keepers and therefore may not reflect the priorities of First Nations, Inuit and Métis communities (5).

How big of a problem is household food insecurity in Canada?

Household food insecurity is a significant problem in Canada. In 2022, almost one in five households (17.8%) across all ten provinces reported that they experienced some level of food insecurity in the previous year (1). There were 312,000 more food insecure households in 2022 compared to 2021 and half of these were households consisting of a couple with children under 18 years of age (1). This increase follows a three-year period of relatively stable rates and represents the highest rate of household food insecurity in the 17 years Canada has been monitoring the issue (1).

Among the provinces, the Atlantic provinces, Alberta and Saskatchewan have the highest rates of household food insecurity (between 20% and 23%), while Ontario has the largest number of individuals living in food insecure households at over 2.8 million (1).

Measuring household food insecurity in the territories is challenging, although evidence suggests that it is most prevalent among Inuit living in the Inuit Nunangat region,

which includes the northwestern part of the Northwest Territories, parts of Labrador, northern Quebec and Nunavut (6,7). For example, the prevalence of household food insecurity in Nunavut was estimated to be 46% in 2021 (8).

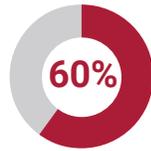


In 2022, nearly one in four children under 18 years old in Canada experienced food insecurity, including more than 1.2 million children who lived in moderately or severely food insecure households (1).

What is the root cause of household food insecurity?

Not having enough money to buy food is the root cause of household food insecurity. The rates of food insecurity are significantly higher in households with lower income and the rates generally decrease as income increases (1). In 2022, about 20% of households earning less than \$20,000 annually experienced severe food insecurity (1). The rates of severe food insecurity dropped to approximately 10% in households with an annual income between \$40,000 and \$50,000 and 4% in households with an annual income between \$70,000 and \$80,000 (1).

Furthermore, households whose main source of income comes from social assistance programs are 3.2 times more likely to experience food insecurity than those whose income comes from salaries and wages (9). The high rates of food insecurity among households receiving social assistance indicates that these programs are inadequate and do not enable households to meet basic needs, including buying food.



Employment does not guarantee food security. In 2022, 60% of households that experienced food insecurity listed salaries and wages as their main source of income (1).

Without adequate income, households experiencing food insecurity are often forced to employ coping strategies to meet basic needs, including delaying bill payments, canceling services or altering food budgeting and procurement activities (e.g. using food banks or other charitable food programs) (5,10). Parents (especially mothers) in food insecure households will try very hard to ensure their children have enough to eat, often not eating enough themselves for the sake of their children (5).

Who is at the risk of household food insecurity?

Low income is not the only risk factor for household food insecurity. Due to systemic and structural inequities, various sociodemographic factors are associated with an increased risk of household food insecurity including race, education, household structure and homeownership status. For example, rates of household food insecurity are higher in Black, Filipino and Arab households compared to white households (1,11). Similarly, Indigenous households are 1.5 times more likely to experience food insecurity than non-Indigenous households (9). Other factors associated with an increased risk of food insecurity are (9,12,13):

- Receiving social assistance
- Having less than an undergraduate degree
- Being in a female lone-parent household
- Renting
- Having a disability
- Being an older adult living in the North.

Food insecurity among Indigenous households

Indigenous peoples (i.e. First Nations, Inuit and Métis) have been the stewards of the land that is now Canada since time immemorial and have cultivated sustainable, resilient food systems for thousands of years. Settler colonialism and cultural genocide have disrupted these food systems and led to disproportionately higher rates of food insecurity in Indigenous households (14). In 2022, one third of Indigenous individuals across the ten provinces lived in food insecure households, although this likely underestimates the rate of household food insecurity since it does not include data from the territories or First Nations living on reserves (1).

Like non-Indigenous households, Indigenous households are more likely to experience food insecurity if they have low income (6,14). Additionally, there are several unique factors that negatively affect the availability, accessibility and utilization of food by Indigenous households, which are responsible for the disproportionate burden of food insecurity including (14):

- Government policies that restrict or ban the harvesting and/or hunting of traditional/country foods

- Reduced availability of traditional/country foods (e.g. wildlife, fish) coupled with a decline in species health as a result of climate change
- Lack of an active hunter in the household, in part because of increased hunting costs
- Loss of traditional knowledge and skills related to growing, acquiring and preparing traditional/country foods
- Weakened food sharing networks, in part because of changing social structures
- Low availability, poor quality and high cost of foods at grocery stores
- Lack of access to grocery stores and/or transportation to access stores.

These factors are driven by the lasting impacts of colonialism, forced assimilation, weakened self-determination, the intergenerational impacts of residential schools, the disruption in the transfer of knowledge between generations, policies that restrict access to land, environmental pollution and climate change (6,14).

What impact does food insecurity have on mental and physical health and health care system usage?

Household food insecurity has serious consequences for individual mental and physical health. For example, youth (aged 12 to 24 years) living in food insecure households were more likely to report having fair or poor mental health, a mood or anxiety disorder or emotional distress compared to their peers living in food secure households (15). Individuals experiencing severe food insecurity are 1.4 times more likely to die prematurely than individuals who are food secure, and rates of chronic health conditions (e.g. diabetes, high blood pressure) generally increase as food security status worsens (1,16,17). Additionally, adults from food insecure households are more likely to delay or not fill a prescription, reduce medication dose from the one prescribed or skip doses altogether as a way to cope financially, which can lead to worse health outcomes and increased use of the health care system (18).

Of the estimated \$155 billion spent on acute health care between 2011 and 2017, \$6.2 billion is estimated to have been excess costs due to food insecurity (19).

Health care system usage and costs increase as food insecurity worsens. Evidence suggests that individuals experiencing food insecurity are more likely to visit the emergency department, be hospitalized in acute care, and stay in the hospital longer than individuals from food secure households (even after considering confounding factors such as age, education and alcohol consumption) (19–21).

What do we know about food-based interventions and household food insecurity?

Emergency food assistance provided by the charitable food sector (e.g. food banks) is the predominant approach to addressing household food insecurity in Canada, but food banks only serve about 20% of households experiencing food insecurity and do not have sufficient resources to meet client demand (10). Even if food banks did have sufficient resources, food banks would be an inadequate solution to household food insecurity because they do not address its root cause, which is lack of income.

There has been a growing interest in diverting edible food waste to the charitable food sector to address household food insecurity and to reduce the environmental impacts of food waste (22). This approach is inadequate as it addresses hunger and not food insecurity, and it is stigmatizing and undignified as it suggests that food waste is acceptable for individuals living in food insecure households (22).

Community-based programs, such as food or financial literacy programs, school food programs, community gardens and community kitchens are frequently promoted as solutions to household food insecurity (1). Although these programs offer important social and health benefits (e.g. social connectedness, increased vegetable and fruit intake) and can alleviate hunger in the short-term, research has shown that they do not reduce the rates of household food insecurity because food insecurity is the result of inadequate income and not the result of a deficit of knowledge or skills (23–26).

Recommendations

Economic policies that ensure adequate household income are essential to reduce food insecurity. Evidence and modelling clearly indicate that a livable minimum wage and increasing the amount of money provided by social assistance programs, such as the Canada Child Benefit, Employment Insurance, the Canada Pension Plan, Old Age Security and rental assistance programs, reduce the risk of household food insecurity (27–33). As such, Dietitians of Canada recommends that federal, provincial and territorial governments:

- Develop and implement a basic income so that all people in Canada can meet their basic needs, including purchasing enough safe, nutritious and culturally acceptable food
- Strengthen existing tax credits, transfer payments to individuals and other economic policies that reduce poverty, including indexing these programs to inflation
- Apply a health equity approach when developing economic policies to address the unfair and unjust burden of household food insecurity based on sociodemographic factors including race, education, household structure and home ownership status.

Indigenous households have disproportionately higher rates of household food insecurity not only due to inadequate income, but also because of the unique factors affecting the availability, accessibility and utilization of food. As such,

Dietitians of Canada recommends using an approach that respects and promotes the autonomy of First Nations, Inuit and Métis to:

- Support Indigenous food systems and the right of communities to define and have decision-making control over their food systems
- Remove policy barriers that restrict or ban land-based food activities
- Implement policies and strategies that improve the availability, affordability and quality of foods at grocery stores.

Regular monitoring and reporting on the prevalence of household food insecurity in Canada is a vital part of evaluating the impact of economic policies. As such, Dietitians of Canada recommends:

- Continued annual collection of data about household food insecurity across all regions
- Annual analysis of and public reporting on the state of food insecurity in Canada
- Regular evaluation of the impact of economic policies on household food insecurity in conjunction with strengthening policies to maximize effectiveness.

Actions dietitians can take

All dietitians can play a vital role in addressing the causes of household food insecurity by:

- Advocating at all levels of government for income-based solutions
- Learning about colonialism in Canada and its impacts on Indigenous food systems
- Supporting local Indigenous food systems
- Being reflexive on the role of dietetics in upholding systems that perpetuate inequities
- Educating others about the causes and consequences of household food insecurity.

Dietitians who work directly with clients have a role to play in addressing the consequences of household food insecurity by:

- Discussing financial barriers with clients
- Learning about what financial assistance programs are available in their jurisdiction and how to connect clients to these resources
- Providing realistic, achievable and person-centred nutrition and health advice to clients experiencing household food insecurity.

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References

1. Li T, Fafard St-Germain A, Tarasuk V. Household food insecurity in Canada, 2022. Toronto (ON): Research to identify policy options to reduce food insecurity (PROOF); 2023 Nov 19 [cited 2023 Dec 12]. Available from: <https://proof.utoronto.ca/resource/household-food-insecurity-in-canada-2022/>
2. Food and Agriculture Organization of the United Nations. Hunger and food insecurity [Internet]. Available from: <http://www.fao.org/hunger/en/>
3. US Department of Agriculture Economic Research Service. Definitions of Food Security [Internet]. 2023 Oct 25 [cited 2023 Nov 16]. Available from: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/definitions-of-food-security/>
4. Food and Agriculture Organization of the United Nations, World Trade Organization, World Bank Group. Rising global food insecurity: Assessing policy responses. Rome, Italy: Food and Agriculture Organization of the United Nations; 2023 Apr 6.
5. Dietitians of Canada. Household food insecurity background. In: Practice-based Evidence in Nutrition® [PEN]. 2022 Nov 09 [cited 2023 Dec 1]. Available from: <https://www.pennutrition.com/KnowledgePathway.aspx?kpid=15294&trid=19092&trcatid=38>. Access only by subscription. Click Sign Up on PEN login page.
6. Inuit Tapiriit Kanatami. Inuit Nunangat Food Security Strategy. Ottawa (ON): Inuit Tapiriit Kanatami; 2021 Jul [cited 2024 Jan 8]. Available from: <https://www.itk.ca/projects/inuit-nunangat-food-security-strategy-2/>
7. Inuit Tapiriit Kanatami. About Canadian Inuit [Internet]. Available from: <https://www.itk.ca/about-canadian-inuit/>
8. Statistics Canada. The Daily – Canadian Income Survey: Territorial estimates, 2021 [Internet]. Ottawa (ON): Government of Canada; 2023 Jun 21 [cited 2023 Nov 29]. Available from: <https://www150.statcan.gc.ca/n1/daily-quotidien/230621/dq230621c-eng.htm>
9. Tarasuk V, Fafard St-Germain AA, Mitchell A. Geographic and socio-demographic predictors of household food insecurity in Canada, 2011-12. BMC Public Health. 2019 Jan 3;19(1):12.
10. Tarasuk V, Fafard St-Germain AA, Loopstra R. The Relationship Between Food Banks and Food Insecurity: Insights from Canada. Voluntas. 2020 Oct 1;31(5):841–52.
11. Dhunna S, Tarasuk V. Black-white racial disparities in household food insecurity from 2005 to 2014, Canada. Can J Public Health. 2021 Oct;112(5):888–902.
12. Schwartz N, Buliung R, Wilson K. Disability and food access and insecurity: A scoping review of the literature. Health Place. 2019 May;57:107-121.
13. Leroux J, Morrison K, Rosenberg M. Prevalence and Predictors of Food Insecurity among Older People in Canada. Int J Environ Res Public Health. 2018 Nov 9;15(11):2511.
14. Shafiee M, Keshavarz P, Lane G, Pahwa P, Szafron M, Jennings D, et al. Food Security Status of Indigenous Peoples in Canada According to the 4 Pillars of Food Security: A Scoping Review. Adv Nutr. 2022 Jul 25;13(6):2537–58.
15. Men F, Elgar FJ, Tarasuk V. Food insecurity is associated with mental health problems among Canadian youth. J Epidemiol Community Health. 2021 Aug;75(8):741–8.

16. Men F, Gundersen C, Urquia ML, Tarasuk V. Association between household food insecurity and mortality in Canada: a population-based retrospective cohort study. *CMAJ*. 2020 Jan 20;192(3):E53–60.
17. PROOF Food Insecurity Policy Research. The impact of food insecurity on health [Internet]. Toronto (ON): Research to identify policy options to reduce food insecurity (PROOF); 2016 Jun 27 [cited 2023 Dec 1]. Available from: <https://proof.utoronto.ca/resource/the-impact-of-food-insecurity-on-health/>
18. Men F, Gundersen C, Urquia ML, Tarasuk V. Prescription medication nonadherence associated with food insecurity: a population-based cross-sectional study. *CMAJ Open*. 2019;7(3):E590–7.
19. Men F, Gundersen C, Urquia ML, Tarasuk V. Food Insecurity Is Associated With Higher Health Care Use And Costs Among Canadian Adults. *Health Aff (Millwood)*. 2020 Aug;39(8):1377–85.
20. Tarasuk V, Cheng J, Gundersen C, de Oliveira C, Kurdyak P. The Relation between Food Insecurity and Mental Health Care Service Utilization in Ontario. *Can J Psychiatry*. 2018 Aug;63(8):557–69.
21. Men F, Urquia ML, Tarasuk V. Pain-driven emergency department visits and food insecurity: a cross-sectional study linking Canadian survey and health administrative data. *CMAJ Open*. 2022;10(1):E8–18.
22. Pollard CM, Booth S. Food Insecurity and Hunger in Rich Countries-It Is Time for Action against Inequality. *Int J Environ Res Public Health*. 2019 May 21;16(10):1804.
23. Huisken A, Orr SK, Tarasuk V. Adults' food skills and use of gardens are not associated with household food insecurity in Canada. *Can J Public Health*. 2017 Mar 1;107(6):e526–32.
24. Buck-McFadyen EV. Rural food insecurity: When cooking skills, homegrown food, and perseverance aren't enough to feed a family. *Can J Public Health*. 2015 Mar 12;106(3):e140-146.
25. Kirkpatrick SI, Tarasuk V. Food insecurity and participation in community food programs among low-income Toronto families. *Can J Public Health*. 2009;100(2):135–9.
26. Graham R, Stolte O, Hodgetts D, Chamberlain K. Nutritionism and the construction of “poor choices” in families facing food insecurity. *J Health Psychol*. 2018 Dec;23(14):1863–71.
27. Men F, Fafard St-Germain AA, Ross K, Remtulla R, Tarasuk V. Effect of Canada Child Benefit on Food Insecurity: A Propensity Score-Matched Analysis. *Am J Prev Med*. 2023 Jun;64(6):844–52.
28. Brown EM, Tarasuk V. Money speaks: Reductions in severe food insecurity follow the Canada Child Benefit. *Prev Med*. 2019 Dec;129:105876.
29. Men F, Tarasuk V. Employment Insurance may mitigate impact of unemployment on food security: Analysis on a propensity-score matched sample from the Canadian Income Survey. *Prev Med*. 2023 Apr;169:107475.
30. Men F, Urquia ML, Tarasuk V. The role of provincial social policies and economic environments in shaping food insecurity among Canadian families with children. *Prev Med*. 2021 Jul;148:106558.
31. Li N, Dachner N, Tarasuk V. The impact of changes in social policies on household food insecurity in British Columbia, 2005-2012. *Prev Med*. 2016 Dec;93:151–8.
32. McIntyre L, Dutton DJ, Kwok C, Emery JCH. Reduction of Food Insecurity among Low-Income Canadian Seniors as a Likely Impact of a Guaranteed Annual Income. *Canadian Public Policy*. 2016 Sep;42(3):274–86.
33. Loopstra R, Dachner N, Tarasuk V. An Exploration of the Unprecedented Decline in the Prevalence of Household Food Insecurity in Newfoundland and Labrador, 2007–2012. *Canadian Public Policy*. 2015 Sep;41(3):191–206.