

# Addressing Household Food Insecurity in Canada

## Position Statement and Recommendations from Dietitians of Canada

**August 2016**

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[www.dietitians.ca/foodinsecurity](http://www.dietitians.ca/foodinsecurity)

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## Position Statement

It is the position of Dietitians of Canada that household food insecurity is a serious public health issue with profound effects on physical and mental health and social well-being. All households in Canada must have sufficient income for secure access to nutritious food after paying for other basic necessities.

Given the alarming prevalence, severity and impact of household food insecurity in Canada, Dietitians of Canada calls for a pan-Canadian, government-led strategy to specifically reduce food insecurity at the household level, including policies that address the unique challenges of household food insecurity among Indigenous Peoples. Regular monitoring of the prevalence and severity of household food insecurity across all of Canada is required. Research must continue to address gaps in knowledge about household vulnerability to food insecurity and to evaluate the impact of policies developed to eliminate household food insecurity in Canada.

## Introduction

Household food insecurity is a serious public health issue in Canada. In 2012, 12.6% of Canadian households experienced food insecurity (1). Food insecurity, at the household level, refers to “inadequate or insecure access to food because of financial constraints” (1). In Canada, between 2008 and 2012, the total number of people living in food insecure households rose by 580,000, to approximately 2.8 million adults and 1.15 million children – about 4 million people in total (1). More recent data from some provinces and territories in Canada 2013 and 2014 suggests that the prevalence of household food insecurity<sup>1</sup> in Canada has remained similar to that in 2012, which was the last year there was a complete set of data from all provinces and territories (2, 3).

## Concerns about Poverty and Household Food Insecurity among Health Professionals in Canada

Dietitians of Canada (DC), and its predecessor, the Canadian Dietetic Association (CDA), have a long history of calling for actions to address the prevalence and impact of food insecurity in Canada. In 1991, the CDA released the profession’s first position paper on hunger and food security and in 2005 its second position paper on individual and household food insecurity (4-6). In addition, DC has released or contributed to the release of several provincial reports using the

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<sup>1</sup> Unless otherwise stated, “household food insecurity” in this paper refers to the total of marginal, moderate and severe food insecurity. Measured using the tool Household Food Security Survey Module (HFSSM), Reports of household food security represent data from the entire family, since questions are asked about both the adults and children in the family. These data are not separated by adults or children however – prevalence data refers to the proportion of *households* experiencing household food insecurity.

National Nutritious Food Basket protocol to estimate the cost of basic healthy eating in relationship to incomes of vulnerable households to determine food insecurity risk (7, 8). (See [www.dietitians.ca/foodinsecurity](http://www.dietitians.ca/foodinsecurity) for examples of these reports from different regions across Canada).

Other organizations and leaders have also called for action to address food insecurity and poverty in Canada. In 2012, the UN Special Rapporteur on the Right to Food, Olivier De Schutter, called on Canada to live up to its international commitments to ensure the right to food which means, at a minimum, that all Canadians should have enough money to buy the food they need (9). National non-partisan, non-government Canadian groups, such as Canada Without Poverty (CWP), have studied and recommended strategies to eliminate poverty including income security, housing and homelessness, health, food security, early childhood education and care, and jobs and employment (10). Professional associations, such as the Canadian Association of Social Workers (CASW) (11) and the Canadian Medical Association (CMA) (12) continue to call for proactive measures to reduce the impacts of poverty and other social determinants of health. The CMA's report, "What makes us sick?", concluded that poverty is the main issue that must be addressed to improve the health of Canadians and eliminate health inequities. They acknowledged a role for health professionals who provide health services to direct individuals they serve to community programs and social services when such help is needed (12). One program in an urban core hospital is now prescribing income, alongside or instead of medications or lifestyle changes, helping patients with health problems due to poverty to apply for government subsidies and benefits, through the services of social workers and legal aid working with the health team (13). Berkowitz and Fabreau (14) discussed whether routine screening for food insecurity should be done in clinical settings. While they concluded that asking patients about their experiences of household food insecurity was appropriate, where it might contribute to a change in clinical management, they also acknowledged there was not any published evidence that such practice would consistently lead to improved patient health.

Dietitians working in public health in Ontario recently published their position on responses to household food insecurity, stating "food insecurity is an urgent human rights and social justice issue for local, provincial and federal public policy agendas. Food charity is an ineffective and counterproductive response to food insecurity because it does not address the root cause, which is poverty. An income response is required to effectively address food insecurity" (15). This group also published an accompanying document providing a detailed analysis of three policy areas (basic income guarantee, adequate social assistance, and reducing precarious employment) that address the root cause of food insecurity (16).

## **Poverty and Household Food Insecurity are Costly Health Issues**

The prevalence of poverty is a serious health issue and the costs affect all Canadians. The additional cost of poverty in the Canadian health care system has been estimated to be \$7.6 billion per year, using 2007 data. This estimate was produced by calculating the difference in costs if the population in the lowest income quintile in Canada used the health care system at the rate of use by the second income quintile. The population in the lowest income quintile accounted for 30.9% of total publicly funded health care, compared to 24.2% by the second lowest income quintile; notably, the richest income quintile was responsible for only 14.6% of the total health care budget, which is half of the expense incurred by the lowest income quintile. (17). In another study, using data collected through CCHS in 2005, analysts reported that the poorest fifth (quintile) of Canada's population faces a staggering 358% higher rate of disability

compared to the richest fifth – which in turn explains the higher cost of health system use by this population group. People with incomes in the lowest quintile experienced major health inequalities including 128% more mental and behavioural disorders, 63% more chronic conditions, and 33% more circulatory conditions (18). In a study comparing rates of health conditions experienced among adults according to the food security status of their households, adults in food insecure households were much more likely to have one or more chronic physical and/or mental health conditions than adults from food secure households; the likelihood of multiple conditions rose with increasing severity of food insecurity experienced (19).

Tarasuk and colleagues examined the total health care costs of working age adults in comparison to presence and severity of food insecurity. Health care costs of adults living in food insecure households were higher than for adults in food secure households, and these costs increased with the severity of food insecurity: 23%, 49% and 121% higher costs among adults from households with marginal, moderate and severe food insecurity respectively (20). In a study by Fitzpatrick and colleagues, the odds of becoming a high-cost user of the health system within the next 5 years were calculated to be 46% greater for adults 18 years and older living in households with moderate or severe food insecurity compared to those living with marginal or no food insecurity (21). It has been estimated that an annual increase of \$1,000 to the income of the poorest 20% of Canadians would lead to nearly 10,000 fewer chronic conditions and 6,600 fewer disability days every two weeks (18).

Repeated analyses have shown that the cost of eliminating poverty is about half compared to the longer-term total cost, including direct and indirect costs, of poverty (22-24). In 2007, it was estimated that it would have cost approximately \$12.3 billion to bring the incomes of all Canadians to just over the poverty line, while the total cost to society and our economy due to poverty, using cautious estimates, was approximately \$25 billion – fully twice the cost of poverty elimination in that same year (24).

Leaders in health care have an important stewardship role across all branches of society to ensure that policies and actions across all sectors improve health equity (25). Every aspect of government and the economy has the potential to affect health and health equity – finance, education, housing, employment, transport and health. The WHO Commission on Social Determinants of Health emphasized that coherent action across government, at all levels, is essential for improvement of health equity.

## **Current Responses to Household Food Insecurity**

The prevalence of food insecurity at the household level is disturbingly high in some regions of Canada and among some population groups. It is widely acknowledged that income-based responses, at a systemic level, are needed to solve the problems of household food insecurity due to financial constraints. Nevertheless, societal approaches to address household food insecurity in Canada continue to focus primarily on providing food rather than addressing the financial constraints.

While food banks and other food relief programs were established to address the immediate need for food experienced by many individuals and households, these models of providing access to food were not intended to be a permanent solution; as well, there are issues of stigma, shame and lack of dignity associated with use of these services. The charity/donation model of food banks affects both the amount and nutritional quality of food available for distribution and limits the selection, amounts and frequency of food assistance for clients (26-29). It is estimated that only about

one-fifth of food insecure households go to food banks, and typically they receive no more than about 3-5 days' worth of food staples per month (26, 29-31). Loopstra and Tarasuk suggest "who goes to food banks is a reflection of food bank operations (accessibility, quality and quantity of food) and the severity of household food insecurity" (30). Food Banks Canada acknowledges that food banks are "a partial and imperfect solution to the problems caused by widespread poverty and food insecurity" (32). A Canadian assessment of assistance provided by food banks indicated that it "appears insufficient to alter households' food insecurity" (26). More recently, there have been calls for tax credits to encourage food processors to donate more to food banks; some have however expressed concern that "providing tax credits to corporations that donate edible food waste to charities will not transform food banks into a more effective system of food relief, let alone provide a solution to food insecurity" (33). In their report *HungerCount 2015* (32), Food Banks Canada called for policy recommendations to address income, housing, employment and training and food insecurity in Northern communities.

Many community-based food initiatives are designed to facilitate skill development and provide nutrition education for participating individuals, offering positive social and learning environments and providing some food for participants. Examples of these programs include community gardens, community kitchens, community food centres, good food boxes, coupon/voucher programs, and food programs for children, such as school-based meals (34-41). While these programs may or may not be accessed by individuals from food insecure households, they cannot alleviate the food insecurity experienced by households on a consistent or sufficient basis. Collins and colleagues, in their discussion of local responses to household food insecurity in Canada, called for more critical, evaluative research (35). They said that municipal-level responses had limited reach to food insecure households and limited impact on participants' experience of household food insecurity, while conceding that the use of dignified and empowering approaches nevertheless could offer some benefits to participants in food-based initiatives. Concern was expressed that "widespread support for the local-level food-based approach to household food insecurity ha[d] impeded critical judgement" of program outcomes, underscoring the need for program evaluation and objective measurement of outcomes (35).

McIntyre and colleagues (42) examined transcripts from Hansard records of debate between 1995 to 2012 from three provincial legislatures and Canadian parliament, to identify how legislators (elected politicians in federal and provincial governments) defined the problem of household food insecurity<sup>2</sup> and how policy proposals were formed in response. The researchers found that most political language in past legislative debates used terms like "hunger" and "starving" instead of "food insecurity" when referring to problems of accessing food because of financial constraint within households and expressed concern that subsequent proposals for solutions did not match with what is known about the prevalence of household food insecurity or the extent of what is needed to actually reduce this prevalence. In the

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<sup>2</sup> McIntyre and colleagues (42) excluded from their research any Hansard debates referring to "the aspirational construct of community food security" (e.g., "a sustainable food system that maximizes community self-reliance and social justice, through which all community residents can obtain adequate diets") when such debates occurred without an associated focus on *household-level* social and economic conditions. The researchers explained this was done because they specifically sought to explore social and economic policy that addressed financial constraints to food access.

transcripts, the main indicator of household food insecurity was frequently limited to “use of food banks” , and much debate focused on food (e.g., providing support for food provision by food banks, meal supplement programs for children, encouraging healthy eating among populations who are unable to afford healthy foods, offering corporate tax incentives to support food banks) instead of economic remedies that would directly benefit food insecure households by improving their ability to buy the food they needed (42). Nevertheless, legislators did acknowledge the importance of socio-economic policy responses such as job creation or employment programs, publicly funded housing and child care, price controls on rent, and changing taxation rates to reduce the cost of living for food-insecure people, and some legislators spoke to the need to increase funding for social safety net programs, indexing minimum wage levels to inflation rates, and initiating poverty reduction strategies, as needed responses to alleviate household food insecurity (42).

Previous federal governments have acknowledged the importance of planning for poverty reduction, issuing reports such as *Federal Poverty Reduction Plan: Working in Partnership Towards Reducing Poverty in Canada* (43), and earlier calls to act on poverty reduction<sup>3</sup>. In 2015, the Prime Minister of Canada mandated the Minister of Families, Children and Social Development to lead the development of a Canadian Poverty Reduction Strategy, in collaboration with the Minister of Employment, Workforce Development and Labour, aligning with and supporting existing provincial and municipal poverty reduction strategies (49). Although this is encouraging, there is not yet an integrated, federal government-led strategy to ensure comprehensive income protection for all Canadians. Currently, almost all provinces and territories have either developed or are committed to working on poverty reduction plans for their jurisdictions (50).

An effective “poverty reduction” strategy needs to include sufficient and consistent income, consideration of expenses that cause “budget shock” and provision of affordable accommodation (1, 51-56). While household food insecurity is related to low incomes and ultimately to poverty, it is a more accurate and sensitive marker of a level of material deprivation that negatively impacts health and quality of life (57, 58). As the WHO Commission on Social Determinants

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<sup>3</sup> Past federal commitments for poverty reduction include: In 2007, a publication discussing the federal role for poverty reduction acknowledged the House of Commons’ unanimous resolution in 1989 to eliminate poverty among Canadian children by the year 2000, although “no long-term action plan [was] developed to meet this goal and monitor progress” (44). Support for a national poverty reduction strategy founded on the principles of the United Nations *Convention on the Rights of the Child* (which Canada signed May 1990 and ratified December 1991) was also endorsed by the Standing Senate Committee on Human Rights in its April 2007 report, *Children: The Silenced Citizens* (45). The Senate Committee recommended the establishment of a federal interdepartmental implementation working group to coordinate and monitor federal legislation and policy affecting children’s rights, and an independent children’s commissioner to monitor government implementation of children’s rights at the federal level and liaise with provincial child advocates. The federal government response to the committee’s recommendations for low income families and health services focused on child tax benefits and delivery of health care services and programs (including Aboriginal Head Start in Urban and Northern Communities, the Canada Prenatal Nutrition Program, and the Community Action Program for Children, for at-risk children and families). A resolution was passed in the House of Commons with all-party support calling for a national poverty reduction strategy in 2009, followed by a House of Commons Standing Committee report in 2010 (46). A private member’s bill, Bill C-545, *An Act to Eliminate Poverty in Canada*, was introduced in June 2010 (47) and a new federal all-party anti-poverty caucus was formed in May 2012 (48).

of Health has recommended, policy coherence is required, across all levels of government, to “place responsibility for action on health and health equity at the highest level of government, and ensure its coherent consideration across all ministerial and departmental policy-making” (59).

## **Income-based Strategies to Address Household Food Insecurity in Canada**

Income-based responses to household food insecurity are designed to provide a solution to address the root cause of household food insecurity, which is lack of money for basic needs within a household. Typically, these solutions require government policies that promote income security through employment policies and income transfers, pensions, tax exemptions/credits and social assistance at a systemic level (42).

The risk for experiencing household food insecurity within some households also rises when there is incomplete protection from income and budget shocks, shocks that are otherwise insured against or covered through savings in other households (60). Incomes may fluctuate due to temporary layoffs, reduced hours, and periods of time when there is no income from contract work. When there is illness, when rent prices or the cost of heating go up, or there are other sudden unexpected changes that “shock” the budget, household food insecurity may be experienced temporarily (52, 60, 61). For example, when there was a sudden increase in energy costs for heating homes in Canada between 1998 and 2001, there was a significant increase in the prevalence of household food insecurity, particularly among homeowners (52). Variation in heating cost inflation at that time explained up to three-fifths of the variation in food insecurity increases in different provinces (52, 60). An important policy challenge for any income assistance program would therefore be to build in protection for households experiencing “budget shocks” that may adversely affect a household’s food security – addressing such challenges would require an ability for programs to respond quickly to prevent episodes of food insecurity within a household.

Since household food insecurity is influenced by changes in income levels and household expenses (54, 62-64), a comprehensive multi-pronged approach in Canada should include different income-based strategies, building on current and potential social protection programs including:

- a. income protection for precarious employment and low wages
- b. improved benefits for low income households
- c. increased social assistance and disability pension rates
- d. basic income guarantee – an approach to investigate
- e. more investment in subsidized, affordable and stable housing options
- f. actions to address the high cost of food in Canada’s northern and remote regions.

### **a. Income protection for precarious employment and low wages**

Households reliant on employment income comprise the majority (62%) of food insecure households in Canada (1). These households are more likely to be younger, with children (under the age of 12 or 18 years, depending on research categories used), and led by lone mothers (1, 65). Although there is no common definition for precarious employment, it usually includes work that is contract, temporary, seasonal, casual, part-time and self-employed without employees. Typically, precarious or insecure work is also characterized by irregular work hours, lack of continuity, low wages, no paid benefits (e.g., medical, dental, vacation) and jobs that may pose greater risk for causing injury and ill health (16,



66, 67). Individuals with precarious employment who live in low-income households are twice as likely to find it difficult to make ends meet or to run out of money to buy food, compared to workers with secure employment in the same low-income category (66). Analysis of data from Canadian Metropolitan Areas (CMAs) between 2007-2012 indicated that food insecurity was significantly and positively associated with only one economic factor: the rising rates of peak unemployment. These results suggested “policy initiatives to expand employment opportunities, improve the quality and stability of employment, and increase benefits for disadvantaged workers could reduce the prevalence of household food insecurity within CMAs” (3, 58).

In a one-year follow up study of low income families in Toronto between 2005-2007, researchers reported that measured improvements in household food insecurity scores were associated with achievement of full-time employment and a gain of \$2000 in household income (68). For these households, living in market and subsidized rental housing, with a high prevalence of household food insecurity (almost 70% of households), study results highlighted the potential of a more sufficient income and the benefits of employment to impact the severity of household food insecurity. However, simply having an employed worker in the household does not necessarily ensure food security for a household (65). For the approximately one million Canadian adults who earn the minimum wage set for their region, full-time wages are not enough to raise their households above the poverty line (69). Minimum wage rates set by provinces and territories are currently lower when compared to inflation-adjusted rates in the early 1980’s; past increases in minimum wages do not appear to have reduced poverty rates, likely because these increases were not sufficient (70), especially not for households without a full-time worker, without benefits and/or with a single earner who has children (71).

In Canada, households reliant on income from Employment Insurance or Workers’ Compensation experienced a rate of food insecurity of 38.4% in 2012 (1) – triple the rate of household food insecurity in the general population. The federal budget in 2016 announced adjustments to Employment Insurance, for earlier and longer access in regions with higher unemployment – an example of strengthening wage protection through intervention that compensates for periods with lower or no income earnings (72).

### **b. Improved benefits for low income households**

Many low income households do not have access to sufficient benefits or tax credits to substantially improve their chances of being food secure as a household. The prevalence of household food insecurity among households with children under 18 years of age is two to four times greater (depending on number and sex of parents) on average, compared to prevalence among seniors in Canada (1). The lower prevalence of food insecurity among seniors in Canada is widely attributed to greater government investment in seniors benefits compared to child benefits. A 2012 UNICEF report suggested that child poverty in the industrialized world could be improved with increased child benefits and tax credits (73). Improvements in the Canada Child Benefit system announced in the 2016 federal budget included an increase in benefits for low income households and families with children (e.g., Universal Child Care Benefit for children under 6 years and 6 to 17 years, Canada Child Tax Benefit, National Child Benefit Supplement) (72). Ionescu-Iltu and colleagues used CCHS data from 2001 to 2009 to estimate the causal effect of the Universal Child Care Benefit (“a 2006 Canadian federal policy of income supplementation that provides parents with \$100 monthly in Canadian dollars for each child aged <6years”) on reducing household food insecurity overall and in vulnerable subgroups. They concluded that this relatively small monthly income did result in reduced household food insecurity in the general population (by 2.4%), with significantly stronger impacts among more vulnerable households, such as those with annual income below

the median Canadian household income (a drop of 4.3%) and those with lone parents (a drop of 5.4%) (74). Earlier concerns about income from child benefits have included comment that child benefits were not always targeted to support the most vulnerable families and might be “clawed back” through other tax requirements (75).

Many households, with or without children, have no access to extended health benefits (e.g., those with precarious employment, working in a small business, self-employed). According to a 2015 report by the Advisory Panel on Healthcare Innovation, “Canadians most affected by high out-of-pocket health costs include lower-income Canadians (particularly the working poor) without access to publicly funded prescription drug plans, and those without employer-provided private health insurance (including some self-employed) and their families” (76). About 10% of the Canadian population is not taking essential medications for cost reasons; different models of pan-Canadian pharmacare, from catastrophic coverage to universal coverage, have been studied to address affordability and improve access and adherence to needed medications (74). Canada is the only industrialized country that offers universal health care but not universal prescription drug coverage (75), although limited pharmacare is provided to seniors and households receiving income from social assistance.

Among adults experiencing household food insecurity, the odds of becoming high cost users of health care services within the next 5 years were 46% greater than compared to adults living in food secure households (who generally have both a sufficient income and access to insurance for extended health benefits) [. The annual healthcare costs of adults living in severely food insecure households were 121% higher than for food secure adults, often because they could not afford to pay for therapy and/or medications required to prevent and manage health conditions (20). Adults with multiple health conditions are more likely to experience household food insecurity, and with a greater degree of severity (19). According to a recent Canadian study conducting nutrition screening upon admission to hospital, having at least three health-related diagnoses was an independent contributor to malnutrition (77). In this hospital-based study, 45% of adult patients admitted were malnourished and these patients typically stayed in hospital for longer periods of time (about two days longer). While the hospital study did not include data about the income levels or household food insecurity status of these patients, it is apparent that the presence of multiple health conditions is a critical factor contributing to malnutrition and greater costs in health care for longer hospital stays. Where possible, health professionals should screen for household food insecurity amongst their clientele, and facilitate better access to income whenever possible, perhaps through referrals to social workers, information about local services and even assistance with completion of forms - all are important and appropriate ways to provide care that contributes to better health outcomes.

### **c. Increased social assistance and disability pension rates**

The prevalence of food insecurity amongst households living on social assistance is two to four times higher than for households whose main source of income is employment (wages and salaries) (19, 26, 51, 56, 78, 79). In 2012, for households whose main source of income was social assistance, the proportion of households with food insecurity was between 64.5% and 78.7% in Canada’s provinces and territories, except in Newfoundland & Labrador, where it was 46.2% (1, 80).

It appears that most provincially implemented poverty reduction strategies have not had sufficient impact to reduce the prevalence of household food insecurity. In Quebec, where a poverty reduction strategy was implemented in 2002, the

prevalence of household food insecurity *increased* to its highest level in 2011, compared to the previous six-year period (81). In contrast, however, the poverty reduction actions in Newfoundland and Labrador appeared to improve incomes *and* impact rates of household food insecurity. The proportions of households in the lowest income quintile dropped from 24.6% in 2007 to 16.3% by 2012. The overall rates of household food insecurity in Newfoundland and Labrador fell from 15.7% in 2007 to 10.6% in 2011, with substantial decreases observed in the prevalence of food insecurity among households receiving social assistance (from 59.9% in 2007 to 33.5% in 2012). “Households receiving income from social assistance made up the largest proportion of food insecure households in the province in 2007 but one of the smallest proportions in 2012. The decline among these households made up the single greatest proportion of the drop in the prevalence of food insecurity for the province between 2007 and 2011, accounting for 44 percent of the observed difference in the provincial prevalence” (80). During this time period, the government of Newfoundland and Labrador improved coordination of services for low income households and initiated provincial policy changes including:

- increased income support (social assistance) payments, indexed to inflation, and increased allowances for the shelter and liquid assets
- supports for transitioning from income support to employment, including higher earning exemptions, assistance for child care and extension of prescription drug coverage
- increased rates of support for health benefits and the special diet allowance
- increased minimum wage and reduced/eliminated provincial income tax for lower income households, and
- decreased/subsidized rents and more affordable housing (30, 80, 81).

The changes implemented in Newfoundland and Labrador addressed some of the concerns about social assistance programs documented in other Canadian publications, including policies such as those that claw back earnings above a set limit, cut off welfare if students apply for loans, suspend dental or drug benefits for households receiving social assistance when minimum wage employment is found, and clawing back child support payments for single parents on social assistance (82). The reductions in measured household food insecurity following improvements to income support policies in Newfoundland and Labrador are positive examples of how policy changes can foster positive, health-promoting outcomes.

Improvements in disability benefits have also been recommended. The Mental Health Commission of Canada (83) has recommended that disability benefit programs need to be more adaptable and financial disincentives that hinder return to work or school should be removed. The economic impact of mental health conditions is enormous, estimated to cost the Canadian economy \$48.5 billion every year (83). Lack of sufficient primary health care and community mental health services, shortages of affordable housing, and inadequate income support further alienate them from life in the community. Exclusion from these social and economic supports results in social isolation, significantly increasing their risk of chronic poverty and food insecurity. Among adults with the most severe and complex mental health problems and illnesses, unemployment rates have been estimated to be between 70 to 90%; mental health problems and illnesses typically accounted for approximately 30 per cent of short- and long-term disability claims (83). The Working Income Tax Benefit (WITB), which includes access to a disability supplement (84), can also assist eligible individuals entering the labour market as well as households with low incomes from their participation in the workforce (75).

#### **d. Basic income guarantee – an approach to investigate**

“A guaranteed annual income (GAI) or basic income guarantee (BIG) is an income support program that provides a basic minimum income for every citizen” (16). “It is a vision for income security for everyone, made possible by governments ensuring every individual has unconditional access to at least a modest but adequate income to meet basic material needs” (85). It protects low-income households against volatility in income until stability returns. A guaranteed income provides some “budget shock insurance” that protects people from going without necessities such as food or housing (16).

Provision of a guaranteed annual income, together with other targeted government benefits and programs, would help to eliminate the negative impacts of poverty on food insecurity and health. Repeated analyses have shown that the cost of eliminating poverty is about half of the longer-term total cost of poverty to society and the economy (17, 22, 24, 86). In 2007, it was estimated that bringing the incomes of all Canadians to just above the poverty line would potentially save about \$12 billion dollars by reducing the direct and indirect costs incurred from poverty (24). A successful Canadian example of the benefits of a guaranteed annual income for all was demonstrated through analysis of results/effects following the Manitoba Basic Annual Income Experiment called “Mincome”. Between 1974 and 1979 in Dauphin, Manitoba, all households with low incomes were eligible to receive benefits to provide a basic annual income (87, 88). Subsequent analysis of health and education data was published in 2011, revealing benefits particularly for women with young children (e.g., providing financial support that enabled some mothers to stay at home longer with newborns before re-entering the workforce) and teenagers (whose rates of high school completion rose substantially during this period of time). The availability of Basic Income was not a disincentive for participation in the workforce – the average number of hours in paid work among males in Dauphin did not substantially change (there was a decline by only one per cent overall, which included reflection of high school completion and delay in age of entry to the workforce). As well, retrospective examination of control-matched health data indicated significantly reduced demands for health care, with a decrease in overall hospitalization rate (specifically hospitalizations for injuries, accidents and mental health conditions) (87-91). There appears to be increased interest among some decision-makers related to potential positive outcomes associated with the provision of adequate basic income to better address the needs of all households.

Canada’s guaranteed annual income program for seniors, provided through Canada’s public pension system, could be considered a policy success story (86,92-94). The prevalence of household food insecurity among seniors in Canada was shown to decrease by almost half when low-income, older adults turned 65 and were eligible to receive a guaranteed annual income (86, 94). Seniors benefits contribute substantially to the income of low income individuals (living alone or “unattached”), compared to those between 55-64 years, receiving income from employment, Employment Insurance, Workers’ Compensation, social assistance or other incomes. Emery et al (86) commented that the cost of a minimum guaranteed income, similar to Old Age Security, would protect all Canadians from poverty and could be partially offset by savings on administrative costs for various income-support programs and health-care utilization currently administered through all levels of government. The researchers demonstrated how rates of household food insecurity dropped among low income adults after age 65, when seniors benefits were their main source of income (86). They also maintained that receiving public pension benefits (including pharmacare) had a positive effect, improving the physical and mental health of low-income Canadians (86). Even among the group of older seniors ages 65-69 years who experienced some degree of food insecurity in spite of receiving government benefits, a lower proportion reported fair or poor physical or mental health compared to food insecure adults ages 60-64 years and not

yet eligible for all seniors' benefits (86). Nevertheless, certain benefits are not equitable for all low income seniors: seniors who have not been married do not have access to the additional funds a widowed senior receives through the survivor's pension (95) and they do not receive the maximum pensionable earnings if they did not earn enough during their years of employment to reach this level (96).

A basic income guarantee/ guaranteed annual income is an approach to public policy that should be further investigated. It is also possible that governments could achieve some savings through more efficient eligibility criteria and reduced administration.

#### **e. More investment in subsidized, affordable and stable housing options**

The risk and experiences of household food insecurity related to homelessness, precarious housing and renting underscore the need to include housing issues within the context of resolving household food insecurity (and household food insecurity issues within the context of resolving housing issues). The relationships between housing circumstances and household food insecurity are driven by various factors, including housing access, adequacy, affordability and tenure. Most researchers studying food insecurity agree that the high cost of accessing and maintaining housing creates a significant barrier to being able to afford to pay for other basic living expenses, including food (97-99).

Inadequate housing for some Indigenous Peoples is a problem often cited – particularly on First Nation reserves and in remote communities. For example, an analysis of data from Inuit people collected through the 2012 Aboriginal Peoples Survey (16) showed similar associations between household food insecurity, compromised housing and health. In Nunavut and Nunavik, the geographic areas with the highest prevalence rates of household food insecurity, the prevalence of inadequate housing conditions among Inuit people was also high: in Nunavut – 34% were living in homes with more than one person per room, 35% in homes needing major repairs; in Nunavik – these rates were 43% and 39%, respectively. The high prevalence of household food insecurity and compromised housing was also reflected in a lower prevalence of excellent or very good self-reported health (16).

While the causes of homelessness are multi-factorial, housing problems are at the core of the issue (97). For homeless individuals, an evidence-based approach to addressing homelessness called “Housing First” (97, 100, 101) maintains that individuals must receive housing before addressing other issues, such as addictions or mental health. This involves moving homeless individuals into independent and permanent housing and then providing other needed supports and services (97, 100, 101). Homeless individuals are unlikely to achieve food security without adequate housing and stable financial resources (98, 99, 102). According to the National At Home Final Report in 2014, many participants within the Housing First intervention found that having stable housing (and, more often, associated financial stability) was paramount to improving their eating patterns, since they could finally purchase and store food and supplies for themselves (103).

Access to affordable housing is crucial for low-income households and can prevent homelessness (100, 101, 104, 105). The supply of affordable housing could be increased through direct government investments, tax incentives for property owners, and providing housing benefits directly to vulnerable households (100, 101, 104). However, evidence suggests that the current level of subsidies is not sufficient to ensure household-level food security. The substantial disparity in federal housing subsidies given to homeowners versus renters highlights the need for policies that reach the entire housing continuum, and reflects the higher financial vulnerability of renters (106, 107). Over the past 25 years, federal

spending on affordable housing has declined drastically and currently there is minimal government involvement in the Canadian housing market (97, 100, 101, 107). The high prevalence of household food insecurity among a cross-sectional sample of low-income Toronto families living in market and subsidized rental housing indicated the current methods for determining housing affordability as well as eligibility for and availability of subsidized housing were inadequate (108). Researchers reported that the prevalence of household food insecurity did not significantly differ between market and subsidized renters overall. However, households living in market rental housing who spent more than 30% of their income on housing and households on the waiting list for subsidized housing did have greater odds of being food insecure (108). There is a need in Canada to re-evaluate the threshold of affordable housing to ensure that housing programs help households to have sufficient after-shelter income for food and other necessities (108-111). Other examples of interventions that could reduce a household's vulnerability to food insecurity through their impact on housing costs include controlling rent inflation and decreasing the risk of expenditure or budget shocks through regulations of rental and utility prices (52, 106).

In 2015, the federal government's Minister of Families, Children and Social Development was mandated to work with the Minister of Infrastructure and Communities "to develop a strategy to re-establish the federal government's role in supporting affordable housing", including supports for rent-geared-to-income subsidies, funds for Housing First initiatives and construction of more affordable rental housing (112).

#### **f. Actions to address the high cost of food in Canada's northern and remote regions**

While there are still many households in southern, more populous regions of Canada who do not have enough money to pay for food after paying for basic needs<sup>4</sup>, the situation is even more challenging for households in remote communities (e.g., many First Nation reserves), the northern regions of many provinces and in most of the Territories, where food prices are at least double that of prices in the south and in cities (115). Some households in the North are supported by very adequate incomes and eligible for other federal/territorial benefits (e.g., Federal Northern Residents Deduction (116), employer travel allowances, lower income tax rates, and (for federal employees) additional allowances through the Isolated Posts and Government Housing Directive (116), but many other households have much lower incomes and do not have access to additional benefits. Average and median incomes have tended to be higher in the Territories than at the national level (117). However, the gap between the incomes of Indigenous and non-Indigenous people has been reported to be pronounced in the North, with median incomes of non-Indigenous people in the Yukon and Northwest Territories about double, and in Nunavut, about four times, the median income of Indigenous Peoples (117).

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<sup>4</sup> The impact of rising food prices is most likely to be felt by households who have limited or no financial resources to pay for food. Recent trends indicate that food prices are rising at a rate significantly above inflation – trends that could drive some increase in the proportion of income spent on food (113). However, while food prices have increased in Canada, the *proportion* of household income spent on food has, on average, fallen. In 2009, the average Canadian household spent 10.2% of income on food, compared to 18.7% in 1969 (114), indicating that food, for many households in Canada, is very affordable – shopping for food does not require a large proportion of their income.

The high costs of transportation, warehousing, and distribution of food in northern Canada are important factors affecting food security at various levels, particularly the access to, and availability of, imported market food. Long distances, lack of roads, small populations, and very cold weather conditions all make northern Canada and remote communities difficult places in which to conduct trade (115, 118, 119). At a community level, there is greater risk for food insecurity when infrastructure for food production and processing and/or safe drinking water, as well as federal wharfs (especially when there are no year-round roads) (118).

In Canada's northern Territories, comprehensive food security strategies have been designed to address some of the unique aspects of food insecurity in the North. The Nunavut Food Security Strategy and Action Plan (120) is an example of a comprehensive policy that addresses elements of income-related household food insecurity and respect for Aboriginal Title for access to land, as well as community-level food security, because of unique challenges for food access in this Territory. One of the six key themes in the Plan is "policy and legislation" to improve the financial capacities of households in Nunavut. The Plan also proposes strategies to support all members of communities, regardless of income, to improve their access to country food *and* store-bought food, as well as other supports such as local food production, community- and school-based programs for life skills and support of food security at the community level. In the Yukon and Northwest Territories, federal funding to promote healthier weights has been used in making improvements to food access and availability (120-123).

In northern and remote regions of Canada, the federal government has initiated programs to address problems of access to food and high food prices. Effectively, these programs are a form of indirect income support at the broader community level, subsidizing the price of food for all residents. Since 2011, the retail-based subsidy program, Nutrition North Canada (NNC), has operated "to help improve access to a broad range of perishable healthy foods, including country foods, in isolated northern communities in Nunavut, the Northwest Territories, Yukon, Labrador, Quebec, Ontario, Manitoba and Saskatchewan" (124). The UN Special Rapporteur on the Right to Food described and called for improvements in NNC in 2012 (9) and a performance audit of NNC by the Auditor General of Canada in 2014 noted several serious problems with the program, including "inconsistent eligibility of communities and degree of subsidy as well as insufficient information to verify that the full subsidy was being passed on to consumers" (125). In April 2016, the Auditor General indicated to the Standing Committee on Indigenous and Northern Affairs there had not been subsequent auditing of NNC through his office (126).

The lack of availability of NNC subsidy in many communities has raised concerns that the NNC program is not meeting its goals to improve access to and affordability of healthy food in the North (115, 127, 128). Furthermore, and perhaps even more importantly, the NNC subsidy provides no additional benefit to vulnerable households experiencing food insecurity within the eligible communities – the subsidy dollars are applied to food prices in retail stores, not directly available as income subsidy for low income households or households within the community who are experiencing food insecurity. The 2016 Federal budget included more funding for the NNC program (\$64.5 million over five years, starting in 2016–2017, and \$13.8 million per year ongoing to expand the program to all northern isolated communities), as well as some other actions designed to further benefit households in Canada's North, such as an increase to the Northern Residents Tax Deduction, extended EI benefits, and more money for affordable housing (72).

**RECOMMENDATION #1: Development and implementation of a pan-Canadian government-led strategy that includes coordinated policies and programs, to ensure all households have consistent and sufficient income to be able to pay for basic needs, including food. The strategy should consider:**

- sufficient income protection for low income households relying on precarious employment and low wages
- improved benefits for households with children under 18 years, especially households led by a lone parent
- improved benefits for low income, unattached individuals
- increased social assistance and disability pension rates to ensure individuals and their households have enough income to pay for basic needs, including food
- investigation of the feasibility of a guaranteed annual income that ensures all vulnerable households can have access to sufficient income assistance to meet basic needs
- more investment in subsidized, affordable and stable housing options, including the provision of housing for individuals/households who are homeless
- financial assistance that equitably addresses the higher cost of food in remote and northern regions of Canada, whether through Nutrition North Canada or other programs.

**Additional strategies to address the unique food security challenges of Indigenous Peoples in Canada<sup>5</sup>**

Depending on geographic region and living circumstances, Indigenous households experience about two to six times greater total prevalence and severity of household food insecurity, compared to other households in Canada. Most Indigenous households (almost two-thirds) live off reserve, many in urban communities. On average, the prevalence of household food insecurity among these households, in 2012, was 28.2% (8.3% with severe food insecurity), compared to 12.6% (2.6% with severe food insecurity) in Canada overall, as measured in the regular cycles of the Canadian Community Health Survey (CCHS) (1). Data on the prevalence of household food insecurity in First Nations households living on reserves is now available through the First Nations Food, Nutrition and Environment Study (FNFNES): 41% food

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<sup>5</sup> This discussion focuses on unique challenges and factors contributing to food insecurity experienced by many Indigenous People living in Canada. Dietitians of Canada recognizes the diversity and complexity of differing life situations among Indigenous Peoples in Canada (129, 130). As well, we recognize the factors discussed below do not apply equally to circumstances in all households of Aboriginal identity.



insecurity (moderate+severe<sup>6</sup>) among First Nations households on reserve in British Columbia (data collected in 2008-2009) (131), 38% in Manitoba (in 2010) (132), 29% in Ontario (in 2011-2012) (133), and 47% in Alberta (2013) (133a). Using CCHS data from 2007–2010, food insecurity (moderate + severe food insecurity) among individuals who identified as Métis, aged 12 years and older, was reported to be approximately double that of the non-Aboriginal population – 15% versus 7% (134). Household food insecurity among Canada’s Inuit population was assessed in the 2012 Aboriginal Peoples Survey (135), with the highest rates of food insecurity (based on the shorter six-item version of the HFSSM and answering the question “were you (personally) ever hungry but didn’t eat because you couldn’t afford food?”) reported in Nunavut (56%) and Nunavik (55%) (135). The 2007/2008 Inuit Health Survey also indicated the highest rate of household food insecurity among Inuit was in Nunavut – 69% (35% moderate, 34% severe food insecurity).

Key factors impacting household food security amongst Indigenous Peoples in Canada<sup>7</sup>, contributing to alarmingly high rates, include:

- poverty/low income and unemployment
- lack of access to the land (including, but not limited to, Treaty or titled land) and financial costs for acquiring traditional/country foods; environmental changes affecting traditional/country food harvesting and consumption
- geographic isolation and the unreliable supply, quality, and high prices of market food in remote and isolated communities (115, 120).

Household food insecurity is a serious public health issue, contributing to increased risk for poor physical and mental health. The Truth and Reconciliation Commission called upon governments at all levels to acknowledge “that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people” (137). The Commission concurred with the view of S. James Anaya, UN Special Rapporteur on the Rights of Indigenous Peoples, who called on Canadian governments to fully adopt and implement the United Nations Declaration on the Rights of Indigenous Peoples (138) as the framework to achieve goals of the Declaration, which included the Right to Food. In 2016, the Standing Senate

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<sup>6</sup> Typically, reports of food insecurity amongst Indigenous Peoples, including FNFNES, Aboriginal Peoples Survey and Inuit Health Survey, follow the Statistics Canada reporting framework – wherein “food secure” = food secure + marginally food insecure; “food insecure” = only moderately + severely food insecure. At present, only the PROOF reports on Household Food Insecurity in Canada, analyzing national CCHS data, report marginal food insecurity as part of total food insecurity among households. (PROOF is an interdisciplinary, internationally-based group of researchers, who conduct research to identify policy options to reduce food insecurity, currently funded by Canadian Health Institutes of Research. See website <http://nutritionalsciences.lamp.utoronto.ca/>.)

<sup>7</sup> The complexity of these factors and interactions among them and their impacts on food insecurity and health are represented in a conceptual model developed in 2008, by the Food Security Reference Group, in which the Assembly of First Nations (AFN) and Inuit Tapiriit Kanatami (ITK) were equal members and full participants along with the First Nations and Inuit Health Branch of Health Canada (136); as well, the CCA Panel developed a conceptual framework “as a tool for analyzing and understanding food security and food sovereignty in northern Canada” (115).

Committee on Aboriginal Peoples announced commencement of two studies: one on best practices and on-going challenges relating to housing in First Nation and Inuit communities in Nunavut, Nunavik, Nunatsiavut and the Northwest Territories, and the other on the federal government’s constitutional, treaty, political and legal responsibilities to First Nations, Inuit and Metis peoples (139).

#### **a. Policies to improve economic and social conditions for Aboriginal people**

As described above, on average, Indigenous households experience a greater prevalence of food insecurity (depending on geographic region and living circumstances), and more severe food insecurity than compared to non-Aboriginal households. In their report on *Aboriginal food security in northern Canada*, the expert panel acknowledged “[o]ne of the outcomes of colonialism is material poverty in many Aboriginal communities across Canada, which negatively and seriously affects peoples’ ability to obtain adequate nutrition. Addressing poverty and unemployment in northern Aboriginal communities so that individuals and communities can achieve sustainable livelihoods is a key step in mitigating food insecurity” (115). As pointed out in the Alberta First Nations Food Security Strategy, “income is only one part of the puzzle. Education and economic development policies also impact food security, affecting high school completion rates, access to job markets and access to job training” (140). Other variables associated with low income and household food insecurity include living in crowded household or in public housing or having a home in need of major repairs (141). Power (120) pointed out that the authority to ameliorate poverty among First Nations and Inuit people was the primary responsibility of the federal government. In 2011, the Auditor General of Canada identified structural impediments that explained the lack of progress on living conditions in First Nation reserves, including problems related to closing the education gap, action on drinking water quality, housing initiatives, child and family services and land claim agreements (142).

Income support programs contribute to financial resources that can in turn reduce individual and household-level food insecurity. The expert panel studying *Aboriginal food security in northern Canada* acknowledged examples such as Employment Insurance, Old Age Security and the Guaranteed Income Supplement, the Canada child tax benefit, northern tax benefits, the Income Support Program (for Indigenous People living on-reserve), and money to support housing programs (115), programs similar to the primary ways through which the federal government delivers financial assistance to all households in Canada. In the general population, the proportion of the population relying on income assistance is about 5%; in contrast, the rate of reliance was 34% among First Nations people living on reserve in Canada in 2010–2011 (143).

## **b. Policies to support food security and food sovereignty, including access to traditional/country food**

For Aboriginal peoples, any discussion of food insecurity, whether at the household or community levels, must also address the unique challenges of accessing food through two parallel food ‘systems’: traditional/country foods<sup>8</sup> and the market (store-bought) food system. Traditional/country foods are vitally important to diets for many Indigenous households, providing high quality, nutrient-dense foods, as well as being an integral part of Indigenous culture. Culturally acceptable, traditional/country foods may provide about one-quarter to over half of energy intakes in some Indigenous households (120, 141, 144). Reports from the FNFNES indicated most First Nations adults living on reserve wanted more traditional food in their diets than they were able to access (131-133). While lack of financial resources reduces access to or the ability to purchase market foods for all Canadians, limited income also affects the ability of Indigenous People to access traditional/country foods, due to the expense of purchasing and maintaining equipment and supplies (115,120,145). The expert panel on Aboriginal food security in northern Canada acknowledged that the high cost of gas and hunting and fishing supplies (which necessitates wage-earning employment) is a barrier to food security and food sovereignty (115). In the Inuit Health Survey, country food consumption and a lower risk of food insecurity was directly influenced by whether there was a hunter in the household as well as having the time and resources to afford to hunt and harvest traditional foods (141). First Nations adults have identified multiple barriers that influence and restrict the amount of traditional food available to households such as time, transportation and financial constraints, absence of a hunter, government regulations and restrictions, commercial harvesting, development/industrial activities and local contaminant concerns (131-133).

The high price of market/store-bought foods in Canada’s north is particularly challenging for households with limited financial resources, as is the case for many Indigenous households in the Territories and northern/remote areas of the provinces. A report by Burnett et al describes household food insecurity in some remote communities in the northern region of provinces to be “equally alarming” compared to arctic regions. For example, in northern Ontario, only eight of 32 fly-in communities had been deemed eligible for the full NNC subsidy (128). The expert panel on *Aboriginal food security in northern Canada* (115) acknowledged gaps in the NNC program, including a map of “Nutrition North-Funded Communities (2011–2012)” which shows locations of remote/northern communities and the degree of funding they receive from NNC. The panel also emphasized the need to recognize rights contained in land claims agreements (e.g., harvesting rights) that should be considered in the development of any new subsidy program (115). To address the unique challenges of food insecurity amongst Aboriginal peoples, sustainable policies and actions are needed, developed and initiated cooperatively between government and Indigenous Peoples, respecting traditional knowledge and culture.

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<sup>8</sup> Traditional food is the preferred term for First Nations and Métis, and country food is the preferred term for Inuit. Use of the term “traditional/country food” is considered to be inclusive of all Aboriginal cultures in Canada (115).

**RECOMMENDATION #2: Implementation of a federally-supported strategy to comprehensively address the additional and unique challenges related to household food insecurity among Indigenous Peoples, including:**

- commitment to reconciliation (as recommended by the Truth and Reconciliation Commission and the United Nations Declaration on the Rights of Indigenous Peoples), including assurance of household food security and food sovereignty
- fair resolution of disputes over access to lands and resources recognized by Indigenous and Treaty rights, to ensure food sovereignty and access to traditional/country foods by Indigenous Peoples
- sufficient supports to remove barriers for Indigenous Peoples who are hunting, fishing or gathering/cultivating traditional/country foods
- improved access to and ability to afford healthy store-bought or market foods in all First Nation reserves and northern and remote communities where food prices are substantially higher than elsewhere in Canada, with equitable community eligibility for Nutrition North Canada subsidies and/or other programs to address household food insecurity among Indigenous Peoples
- sufficient supports to improve opportunities in education and employment, for equitable income adequacy and security among Indigenous Peoples compared to other groups within Canada.

**Monitoring and reporting household food insecurity**

Measures of household food insecurity, including the severity of food insecurity, may provide a more sensitive predictor and current indicator of negative outcomes related to health and wellbeing compared to poverty measures. Poverty is usually defined by total annual income whereas food insecurity is measured as a recall of experience at any time in the past twelve months (1, 68, 86102102, 146). The degree of household food insecurity has been used as a “consumption-based indicator of both poverty and lack of insurance against income shocks” (86102102). Household food insecurity is a unique indicator of household stress, based on reports of any episodes of insecurity experience in the past year – it captures a dimension of material deprivation not captured by low income, generally a reflection of the average financial stress over a year (57).

It is crucial to monitor the prevalence of household food insecurity in all parts of Canada on a regular basis including impacts on health and health system costs. Lack of detailed information on the economic circumstances of households and inconsistent or voluntary measuring of household food insecurity, especially within the CCHS, prevents clear analysis and understanding of household-level food insecurity in Canada. To better inform the development and evaluation of policies to address food insecurity among Canadian households, more effective monitoring is needed - consistently administering a validated measure of food security to measure the impacts of poverty reduction strategies on households. Provincial and municipal level data, including remote and Northern communities, should be collected, since situations vary and policies need to be tailored to address inadequate income. Ideally, the data should include sampling of a longitudinal nature, to more accurately understand impacts of policy change on household food insecurity over a longer period of time.

The expert panel report on *Aboriginal food insecurity in northern Canada* acknowledged the need to “adapt data collection tools and standards to the varied realities of Aboriginal peoples in [northern] Canada” and emphasized that a “consistent and relevant understanding of the situation across different communities of Aboriginal peoples...is important in the delivery of evidence-based public policy” (115). Some elements of the food system may also contribute to food insecurity experienced by households and individuals and may be more difficult to quantify. Qualitative methodologies have been developed including an interview methodology for community-based research on Indigenous food sovereignty (147).

The recent series of annual reports on Household Food Insecurity in Canada (1-3) have been extremely valuable for their regular, comprehensive reporting of the prevalence and severity of food insecurity at the national, provincial/territorial and even census metropolitan areas. Government funding and resources must be committed to support this degree of reporting, since the PROOF project was funded by the Canadian Institutes of Health Research for only five years. Indeed, other countries have already mandated such reporting – in the United States, for example, detailed household food insecurity reports are published annually (148). The separate identification of marginal food insecurity, employed consistently throughout Canada, including by Statistics Canada, would allow for better and more accurate comparison of household food insecurity rates within and among population groups.

Monitoring and reporting national prevalence and severity of household food insecurity is essential to:

- understand the prevalence and distribution of household food insecurity
- make policy recommendations for interventions that aim to prevent or reduce household food insecurity
- guide effective public health policy and community initiatives
- assess the impact of policies and programs designed to prevent or reduce household food insecurity (9, 149, 150).

Finally, since health professionals recognize the links among social determinants of health, they understand that individual clients living with poverty and/or physical and mental health conditions are at greater risk of household food insecurity. In addition to advocacy for public policies to address household food insecurity, individual practitioners and their workplaces (e.g., hospitals, primary care clinics, homecare programs) must continue to consider practical ways in which they can help individuals and households, beginning with screening for the presence of food insecurity, financial instability and possible malnutrition, and providing direction/assistance for clients to access services they need and for which they qualify (10-13,16) . Institutions can add protocols for screening, checking for factors related to food insecurity and malnutrition. Health professionals need to help clients become aware of the services and programs available and assist them in navigating the system to receive any additional income to which they may be entitled. As discussed earlier, households experiencing food insecurity often experience many barriers and social determinants contributing to a demise in health. For these individuals and households, the facilitation of access to income, perhaps through referrals to social workers, information about local services and even assistance with completion of forms, are very important and appropriate ways to provide care that contributes to better health outcomes.

**RECOMMENDATION #3: Commitment to mandatory, annual monitoring and reporting of the prevalence and severity of household food insecurity in each province and territory across Canada, including among vulnerable populations. Measurement of household food insecurity must be included in impact/outcome evaluation of strategies to reduce poverty and household food insecurity. Features of data collection and reporting should include:**

- mandatory annual data collection using a standardized tool such as the HFSSM, with sufficient sampling to measure the prevalence and severity of household food insecurity in vulnerable populations across all regions of Canada; some longitudinal studies would provide valuable information, in addition to cross-sectional surveillance
- regular analysis and public reporting of household food insecurity in Canada, with comprehensive detail by geographic regions and vulnerable populations, using a framework for household food insecurity categories that includes marginal food insecurity as part of the total of food insecurity and identifies severity of household food insecurity at the levels of marginal, moderate and severe food insecurity. Data analysis and reporting should be coordinated to maximize capacity to compare data from all studies.
- regular evaluation of the impact of poverty reduction and other strategies to reduce household food insecurity (measured by the HFSSM) and improve selected population health indicators, with adjustments in policy to maximize reach and impact. For example, the effectiveness of government subsidy of food prices in Nutrition North Canada communities should be monitored and adjusted to ensure reduction of the alarmingly high rates of household food insecurity in these regions.
- protocols for screening within in the health care system to identify household food insecurity and poverty (as well as malnutrition) among individual health system users

## **Research Gaps**

Although Canadian researchers are studying household food insecurity - its prevalence, distribution, severity, impacts and related issues - to provide evidence to inform policy decisions, there are still major gaps in knowledge. Some specific examples of data gaps, include the need for information about:

- trends in the prevalence of household food insecurity, especially in some regions and among some populations for which data is not collected or readily available.
- food access conditions in the Canadian North and among Indigenous populations living off reserve, on reserve and in remote communities
- the experience of food insecurity among some groups or populations not well studied, such as people who are unattached (single), living alone; new immigrants and refugee households, and other populations for whom information about the risk of experiencing household food insecurity is not available or conclusive

- factors contributing to vulnerability – for example, why do racialized populations experience more frequent and more severe food insecurity? are there other factors besides income or material deprivation that contribute to greater risk for food insecurity? how could such factors be addressed systemically through policy changes?
- impacts of local-level, food-based community programs on the experiences of income-related household food insecurity and on food security at a community level
- economic impacts/outcomes related to household food insecurity, including the additional costs to the health care system and other systems such as income support programs, child and family services, criminal justice, workforce participation
- costing the feasibility of implementing a guaranteed annual income or basic income guarantee, and potential savings in administration of a central program for income support; monitoring usage and trends – perhaps beginning with pilot projects
- better understanding of how individuals and households with precarious incomes and episodic experiences of food insecurity prioritize spending when more money is available
- better understanding of the health effects contributing to and/or resulting from household food insecurity, using a health equity lens, considering social determinants of health, when assessing the need for, and response to, interventions and supports offered to individuals with physical and/or mental health conditions who experience household food insecurity

**RECOMMENDATION #4: Support for continued research to address gaps in knowledge about populations experiencing greater prevalence and severity of household food insecurity and to inform the implementation and evaluation of strategies and policies that will eliminate household food insecurity in Canada. Research is needed on topics such as:**

- factors contributing to increased vulnerability amongst populations experiencing disproportionately more food insecurity within their households
- the costs and benefits of different policy responses such as basic income guarantee and other income-based strategies, including social, political and healthcare costs.
- outcome evaluation following implementation of public policy and poverty reduction strategies in Canada, especially the measured impacts on household food insecurity and health of individuals within the population

## Conclusion

Individual and household food insecurity due to financial constraints is a significant public health problem with profound negative effects on nutrition, health and overall well-being. While the presence of food insecurity within a household increases the risk that household members will experience declines in physical and/or mental health and more chronic diseases, the presence of chronic disease and/or multiple health conditions within a household also increases the risk of household food insecurity – a bidirectional relationship. Specific groups at higher risk for household food insecurity, most often due to low incomes, include lone parent families, unattached (single) people, individuals with more than one chronic disease, households who identify as Indigenous or part of other racialized populations, people who are homeless, households for whom adequate accommodation is unaffordable, and households relying on government support for income (e.g., social assistance, disability pension and employment insurance).

Low household income is the strongest predictor of household food insecurity, highlighting the need for enough income to maintain adequate and secure access to food. There is evidence that increased income, access to stable employment and an adequate basic income guarantee can reduce rates of food insecurity. Canadian households require consistent, sufficient income to purchase nutritious food after paying for rent and other basic necessities. Canada has signed international agreements recognizing the right to food as a legal entitlement for all Canadians.

Development and implementation of a comprehensive pan-Canadian strategy that includes a social policy approach to address and eliminate household food insecurity, with clear targets and accountability mechanisms, is needed. Strategy and policy measures focusing on long term solutions must be multipronged, considering the issue within the context of addressing poverty, healthy equity, social outcomes (i.e., affordable housing, education), precarious employment and ensuring adequate household income (for basic living costs and protection against budget-shocks). Any intervention that attempts to address a single issue, without taking into account the complexity of the broader context, is unlikely to be successful in the long term.

To help inform and provide evidence for these policy interventions it continues to be vital that Canadian researchers monitor, analyze and report on the impacts of policies and economic changes on the prevalence and severity of household food insecurity and changes in health outcomes and health care system use. Elimination of household food insecurity in Canada would provide multiple health, economic, social and political benefits.



## Summary of Recommendations

Dietitians of Canada recommends:

### **1. Development and implementation of a pan-Canadian government-led strategy that includes coordinated policies and programs, to ensure all households have consistent and sufficient income to be able to pay for basic needs, including food. The strategy should consider:**

- sufficient income protection for low income households relying on precarious employment and low wages
- improved benefits for households with children under 18 years, especially households led by a lone parent
- improved benefits for low income, unattached individuals
- increased social assistance and disability pension rates to ensure individuals and their households have enough income to pay for basic needs, including food
- investigation of the feasibility of a guaranteed annual income that ensures all vulnerable households can have access to sufficient income assistance to meet basic needs
- more investment in subsidized, affordable and stable housing options, including the provision of housing for individuals/households who are homeless
- financial assistance that equitably addresses the higher cost of food in remote and northern regions of Canada, whether through Nutrition North Canada or other programs.

### **2. Implementation of a federally-supported strategy to comprehensively address the additional and unique challenges related to household food insecurity among Indigenous Peoples, including:**

- commitment to reconciliation (as recommended by the Truth and Reconciliation Commission and the United Nations Declaration on the Rights of Indigenous Peoples), including assurance of household food security and food sovereignty
- fair resolution of disputes over access to lands and resources recognized by Indigenous and Treaty rights, to ensure food sovereignty and access to traditional/country foods by Indigenous Peoples
- sufficient supports to remove barriers for Indigenous Peoples who are hunting, fishing or gathering/cultivating traditional/country foods
- improved access to and ability to afford healthy store-bought or market foods in all First Nation reserves and northern and remote communities where food prices are substantially higher than elsewhere in Canada, with equitable community eligibility for Nutrition North Canada subsidies and/or other programs to address household food insecurity among Indigenous Peoples
- sufficient supports to improve opportunities in education and employment, for equitable income adequacy and security among Indigenous Peoples compared to other groups within Canada

**3. Commitment to mandatory, annual monitoring and reporting of the prevalence and severity of household food insecurity in each province and territory across Canada, including among vulnerable populations.**

**Measurement of household food insecurity must be included in impact/outcome evaluation of strategies to reduce poverty and household food insecurity. Features of data collection and reporting should include:**

- mandatory annual data collection using a standardized tool such as the HFSSM, with sufficient sampling to measure the prevalence and severity of household food insecurity in vulnerable populations across all regions of Canada; some longitudinal studies would provide valuable information, in addition to cross-sectional surveillance
- regular analysis and public reporting of household food insecurity in Canada, with comprehensive detail by geographic regions and vulnerable populations, using a framework for household food insecurity categories that includes marginal food insecurity as part of the total of food insecurity and identifies severity of household food insecurity at the levels of marginal, moderate and severe food insecurity. Data analysis and reporting should be coordinated to maximize capacity to compare data from all studies.
- regular evaluation of the impact of poverty reduction and other strategies to reduce household food insecurity (measured by the HFSSM) and improve selected population health indicators, with adjustments in policy to maximize reach and impact. For example, the effectiveness of government subsidy of food prices in Nutrition North Canada communities should be monitored and adjusted to ensure reduction of the alarmingly high rates of household food insecurity in these regions.
- protocols for screening within in the health care system to identify household food insecurity and poverty (as well as malnutrition) among individual health system users

**4. Support for continued research to address gaps in knowledge about populations experiencing greater prevalence and severity of household food insecurity and to inform the implementation and evaluation of strategies and policies that will eliminate household food insecurity in Canada. Research is needed on topics such as:**

- factors contributing to increased vulnerability amongst populations experiencing disproportionately more food insecurity within their households
- the costs and benefits of different policy responses such as basic income guarantee and other income-based strategies, including social, political and healthcare costs
- outcome evaluation following implementation of public policy and poverty reduction strategies in Canada, especially the measured impacts on household food insecurity and health of individuals within the population.

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