

# Public Policy to Address Household Food Insecurity

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## Issue:

*Household food insecurity* (HFI) is defined as inadequate or insecure access to food due to financial constraints (1).<sup>1</sup> Closely tied to the social determinant of income, the experience of HFI can range from marginal (concerns about running out of food before there is money to buy more), to moderate (household compromises the quality and/or quantity of food consumed due to lack of money), to severe (a situation in which eating patterns are disrupted, such as missed meals)(2). In 2014, 11.4% of households in Alberta experienced food insecurity (2). Characteristics associated with increased likelihood of food insecurity include: households with children, lone parent families headed by women, individuals living on social assistance or below the Low Income Measure, being Aboriginal or Black, and renting versus home ownership (2).

The experience of food insecurity is associated with multiple health problems in adults, including poor self-reported, mental, physical and dental health (3). It is also associated with increased vulnerability to chronic conditions, such as diabetes, heart disease, hypertension, bowel disorders, mood/anxiety disorders and asthma, with the risk increasing along with the severity of food insecurity (3). This association between food insecurity and poor health is often termed a bidirectional relationship; food insecurity contributes to poor health, while poor health can place households at higher risk for food insecurity (4). Food insecurity also makes it difficult to manage nutritional needs associated with chronic conditions, such as diabetes or HIV (5).

Historically, most strategies to address HFI have focused on individual skill building or charitable supports, such as food banks, collective kitchens, community gardens, community meal services, and school food programs (6-8). These responses have very little impact on the rate and experiences of HFI because they do not lead to a significant positive impact on income (9). Furthermore, research comparing data on food bank usage and HFI prevalence in Canada highlights that food banks usage data is not a good indicator of food insecurity. This data seriously underestimates both the number and nature of people experiencing food insecurity and is considered a non-representative subset of the food insecure population (10). Further, community food programs, such as community kitchens, community gardens, and good food box programs, often aim to offer an alternative to charitable food assistance. However, caution against the common assumptions that these programs are relevant to, accessed by, or effectively and equitably impact the situation of food insecure individuals and families (7, 11, 12).

To address HFI, Canadian research groups, such as PROOF: Food Insecurity Policy Research, and professional organizations, including Dietitians of Canada and the Ontario Society of Nutrition Professionals in Public Health, have called for increased action at the public policy level (13, 14). In facilitating public policy change, it is important to recognize that “food insecurity policy is not the flipside of food security policy” (15). Indeed, as HFI policy expert Dr. Lynn McIntyre explains, the former should focus on policy options to reduce household financial constraints to food access, while the latter focuses on food-based policies that support the wider food system. Although civil society is increasingly recognizing the need for policy to address HFI, reducing HFI rates in Canada is rarely an explicit goal for governments (14). Moreover, given constant high rates of HFI among households on social assistance, it is clear that current support programs are not sufficient in terms of enabling households to meet basic needs (16).

To facilitate further policy action in this area, in August 2016 Dietitians of Canada released a position statement and recommendations for addressing HFI in Canada (13). Within their statement, they called for the development of a pan-

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<sup>1</sup> The concept of *Food security*, said to exist “when all people, at all times, have physical, social and economic access to sufficient, safe and nutrition foods,” is broader in scope. It extends beyond households to include the wider food system. From: Food and Agriculture Organization. Food security statistics. 2017 [cited 2017 March ]; Available from: <http://www.fao.org/economic/ess/ess-fs/en>

Canadian, government-led strategy to ensure all households in Canada have consistent and sufficient income to afford food and other basic needs. Key components of the proposed strategy are summarized in Table 1. Recognizing that Indigenous communities face unique challenges related to HFI, Dietitians of Canada has also called for the implementation of a federally-supported strategy to comprehensively address HFI among this population (13).

**Table 1: Dietitians of Canada: Recommendations for a Pan-Canadian Strategy to Address HFI**

- 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

*Reproduced from: Dietitians of Canada. Addressing household food insecurity in Canada: position statement and recommendations from Dietitians of Canada 2016 [cited 2017 March ]; Available from:*

*<https://www.dietitians.ca/Dietitians-Views/Food-Security/Household-Food-Insecurity.aspx>.*

### Benefits to Taking Action:

- Public policies that lead to reductions in HFI have the potential to result in health improvements and reduced healthcare costs (14). A 2015 study found that HFI was a predictor of healthcare utilization and costs independent of other social determinants of health (17). Specifically, the study found that annual healthcare costs were 16% higher in households with marginal food insecurity, 32% higher in households with moderate food insecurity, and 76% higher in households with severe food insecurity, when compared with food secure households (17).
- Comprehensive approaches to poverty reduction that involve public policy can lead to significant reductions in HFI (14). A 2015 study by Loopstra, Dachner and Tarasuk found that rates of HFI in Newfoundland declined from 15.7 to 10.6 percent between 2007 and 2011, following the introduction of a comprehensive policy reduction strategy (18). Key aspects of the strategy include increased: income support rates, earning exemptions, health benefits, low-income tax threshold, affordable housing options and liquid asset limits (14).
- A basic income guarantee may be an effective strategy for reducing food insecurity rates and is a promising public policy option for poverty reduction (19). Using HFI as an indicator of poverty, a 2016 study by Canadian researchers found that when low-income seniors became eligible for OAS and GIS at 65 years of age – a form of guaranteed annual income – a significant reduction in food insecurity was observed (20).

### Considerations:

Over the past several years, the Government of Alberta has committed to a number of policy actions that may contribute to a reduction in HFI through a poverty reduction approach. As outlined in Canada Without Poverty's 2016 Alberta Progress Profile, examples of such actions include introducing a progressive tax system, implementing payday loan regulations, enhancing the Alberta Child Benefit, and announcing more affordable childcare programs (21). The Alberta government has also made a commitment to developing a provincial affordable housing strategy by spring 2017, and increasing minimum wage to \$15 by 2018 (21-23).

Many municipalities in Alberta have established poverty reduction coalitions/alliances with the goal of working collaboratively to influence government action and policy change (24, 25). In addition, seven communities across Alberta are involved with the Vibrant Communities Canada efforts to advocate for a Living Wage. These communities include:

Wood Buffalo, Grande Prairie, Edmonton, Red Deer and Central Alberta, Calgary, Lethbridge, and Medicine Hat. A key component of the living wage concept is that households should be able to earn an income that ensures they can pay for basic necessities with dignity and participate as active citizens in society (26).

It is also important to note that, in 2017, the Government of Ontario announced a basic income pilot project. This pilot will provide all participating individuals with a minimum level of income aimed at meeting household costs and average health-related spending (27). The pilot aims to explore how a basic income can support vulnerable workers, improve health and education outcomes for people on low-income, and ensure everyone can share in the province's economic growth (27). The pilot will take place across three locations in Ontario; Hamilton and Brant County, Thunder Bay and surrounding areas, and Lindsay. Over the course of its implementation, a number of outcomes will be assessed, including food insecurity (27).

Consistent monitoring of self-reported prevalence and severity of HFI has been available in Canada since 2005 through the Canadian Community Health Survey (CCHS), using a validated tool called the Household Food Security Survey Module (HFSSM) (28). The government of Alberta is one of a few provinces/territories that has requested the collection of this data during each cycle of the CCHS since 2005. Continued action is required to ensure that organizations, leaders, and decision makers in Alberta only use CCHS data to report on HFI prevalence. Leaders could also request that Statistics Canada adopt a framework for reporting HFI prevalence that includes marginal food insecurity. Stakeholders should no longer use other data sources, such as food bank usage statistics and the percentage of households whose income is below specific poverty cut-offs, as a proxy measure of HFI rates.

### APCCP Priorities for Action:

- Policy research and analysis to understand current gaps in social policy relevant to HFI
- Increase community and decision-maker awareness of the need to address HFI through public policy strategies in Alberta and support local capacity for policy change
- Support the adoption and implementation of public policies to reduce poverty and rates of HFI in Alberta
- Promote the use of CCHS Alberta HFI monitoring data rather than measures of certain experiences of HFI, such as food bank usage rates.

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