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.\(^1\) 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 (compromising 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 2016, 11% of households in Alberta experienced food insecurity\(^3\).

Characteristics associated with an increased likelihood of experiencing food insecurity include: households with children under 18, lone parent families headed by women, unattached individuals, living in rented accommodations, and households reliant on social assistance, Employment Insurance, or workers’ compensation\(^2, 4\). Research suggests that certain populations may be at a higher risk of experiencing food insecurity, including people with disabilities, LGBT individuals, people who are homeless, and workers who experience limited employment due to racial discrimination\(^5\). Indigenous peoples in Canada are also disproportionately burdened by household food insecurity, experiencing both a higher population prevalence and significantly higher odds of moderate and severe food insecurity\(^4\). Characteristics protective against food insecurity include higher income, reliance on seniors’ income sources, and immigration\(^4\).

The experience of food insecurity is associated with multiple health problems in adults, including poor mental and physical health\(^2\). Experiencing food insecurity is associated with increased vulnerability to chronic conditions such as diabetes, heart disease, hypertension, arthritis, and back problems\(^2\). There is also a strong relationship between food insecurity and poor mental health, with the risk of depression, anxiety, mood disorders, and suicidal thoughts increasing as severity of food insecurity increases\(^2\). 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\(^5, 6\). Food insecurity also makes it difficult to manage nutritional needs associated with chronic conditions, such as diabetes or HIV\(^7\).

Historically, most strategies to address HFI have focused on individual skill building or charitable supports, such as food banks, collective kitchens, community gardens, and community meal services\(^8-10\). 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, which is the strongest predictor of HFI\(^5, 11\). Food banks usage is a poor indicator of food insecurity, underestimating both the number and nature of people experiencing food insecurity\(^12\). Research comparing data on food bank usage and HFI prevalence in Canada found that only 21.1% of food insecure households use food banks\(^12\). 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, these programs may not be relevant to, accessed by, or effectively and equitably influence the situation of food insecure individuals and families\(^9, 13, 14\).

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\(^15, 16\). In facilitating public policy change, it is important to recognize that “food insecurity policy is not the flipside of food security policy”\(^17\). 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

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\(^1\) The concept of food security, which exists “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 of the United Nations. Food security statistics. 2019 [cited 2019 March]; Available from: http://www.fao.org/economic/ess/ess-fs/en
recognizing the need for policy to address HFI, reducing HFI rates in Canada is rarely an explicit goal for governments (16). 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 (18).

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 (15). Within their statement, they called for the development of a pan-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 (15).

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

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<th>Recommendations</th>
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<tr>
<td>• Sufficient income protection for low-income households relying on precarious employment and low wages</td>
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<td>• Improved benefits for households with children under 18 years, especially households led by a lone parent</td>
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<td>• Improved benefits for low income, unattached individuals</td>
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<td>• Increased social assistance and disability pension rates to ensure individuals and their households have enough income to pay for basic needs, including food</td>
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<td>• 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</td>
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<td>• More investment in subsidized, affordable and stable housing options, including the provision of housing for individuals/households who are homeless</td>
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<td>• 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</td>
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Benefits to Taking Action:

• Public policies that lead to reductions in HFI have the potential to result in health improvements and reduced healthcare costs (16). A 2015 study found that HFI was a predictor of healthcare utilization and costs, independent of other social determinants of health (19). Specifically, 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 (19). A similar trend was observed when food insecurity was examined in relation to utilization of mental health services, with the odds of use of any mental health service increasing with the severity of food insecurity (20).

• Comprehensive public policy approaches to poverty reduction can lead to significant reductions in HFI (16). A 2015 study found that rates of HFI in Newfoundland and Labrador declined from 15.7% to 10.6% between 2007 and 2011, following the introduction of a comprehensive poverty reduction strategy (21). 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 (16).

• A basic income guarantee may be an effective strategy for reducing food insecurity rates and is a promising public policy option for poverty reduction (16). Using HFI as an indicator of poverty, a 2016 study by Canadian researchers found that when low-income seniors became eligible for Old Age Security and Guaranteed Income Supplement at 65 years of age – a form of guaranteed annual income – a significant reduction in food insecurity was observed (22). Research into the feasibility of a basic income guarantee in Alberta proposes that modest changes to current Alberta tax policy could fund a guaranteed basic income that would improve income supports for 37% of Alberta families, with the largest gains among the poorest households, and reduce overall poverty in Alberta by 25% (23).

Considerations:

Over the past several years, the Government of Alberta has implemented a number of policy actions that may contribute to a reduction in HFI through a poverty reduction approach. Examples of such policy actions include the
introduction of a provincial affordable housing strategy (24), the introduction of the Alberta Child Benefit, which provides financial assistance to lower-income families with children (25), an increase of the minimum wage to $15 per hour (26), and increases to social benefit rates (with annual increases to keep up with inflation) (27). In 2016, the federal government introduced the Canada Child Benefit, a tax-free monthly payment to assist with the cost of raising children (28). These measures may have contributed to the halving of the Alberta child poverty rate between 2015 and 2017, from 10% to 5% (29).

The federal government introduced the Poverty Reduction Strategy in 2018, with the goals of reducing poverty by 20% by 2020 and by 50% by 2030 and reducing chronic homelessness by 50%. Federal policies to support poverty reduction include increases to the Guaranteed Income Supplement for seniors, a national housing strategy, investment in public transit infrastructure, investment in early learning and child care, introduction of an Indigenous skills and employment training program, introduction of the Canada Workers Benefit, and investments in mental health initiatives (30).

In 2017, the Government of Ontario announced a three-year basic income pilot project, which provided all participating individuals with a minimum level of income aimed at meeting household costs and average health-related spending (31). The pilot aimed 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 (31). Although discontinued in late 2018 (with payments ending in March 2019), a survey conducted by the Basic Income Canada Network found that the program was having a positive impact on indicators related to food insecurity, including participants’ ability to purchase food that was previously unaffordable and their ability to make healthy food choices (32).

Consistent monitoring of self-reported prevalence and severity of HFI has been available in Canada since 2005 through the Canadian Community Health Survey, using a validated tool called the Household Food Security Survey Module (33). 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 (34). Stakeholders should no longer use other data sources, such as food bank usage statistics, as a proxy measure of HFI rates.

APCCP Priorities for Action:
- Support 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 data from the Canadian Community Health Survey to assess HFI, rather than measures of certain experiences of HFI, such as food bank usage rates
References:


