

Household Food Insecurity and Public Policy in Ontario

Valerie Tarasuk


Department of Nutritional Sciences
and Dalla Lana School of Public Health
University of Toronto

Acknowledgement: This research was funded by operating grants from the Canadian Institutes of Health Research.

Monitoring Household Food Insecurity

18 questions, differentiating adults' and children's experiences over last 12 months, included on the Canadian Community Health Survey since 2004:

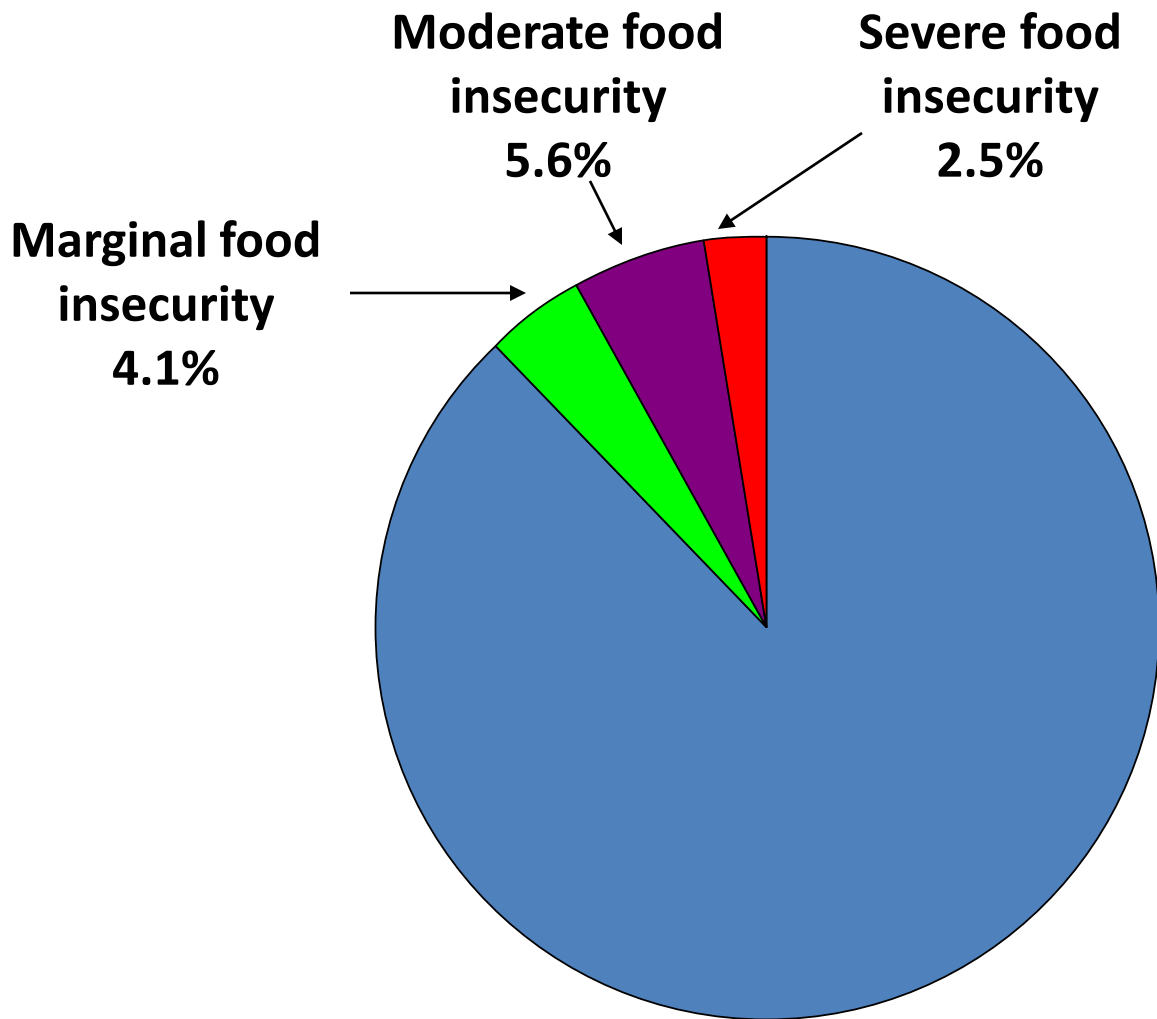
- Worry about not having enough food
- Reliance on low-cost foods
- Not being able to afford balanced meals
- Adults/children skip meals
- Adults/children cut size of meals
- Adults/children not having enough to eat
- Adults/children not eating for whole day



“because there wasn’t enough money to buy food?”

Household Food Insecurity

Canadian Community Health Survey, 2011



12.3% of Canadian households experienced some food insecurity in 2011 = 3.9 million people, 450,000 more than were food insecure in 2008.

Relationship between national prevalence estimates and food bank statistics?

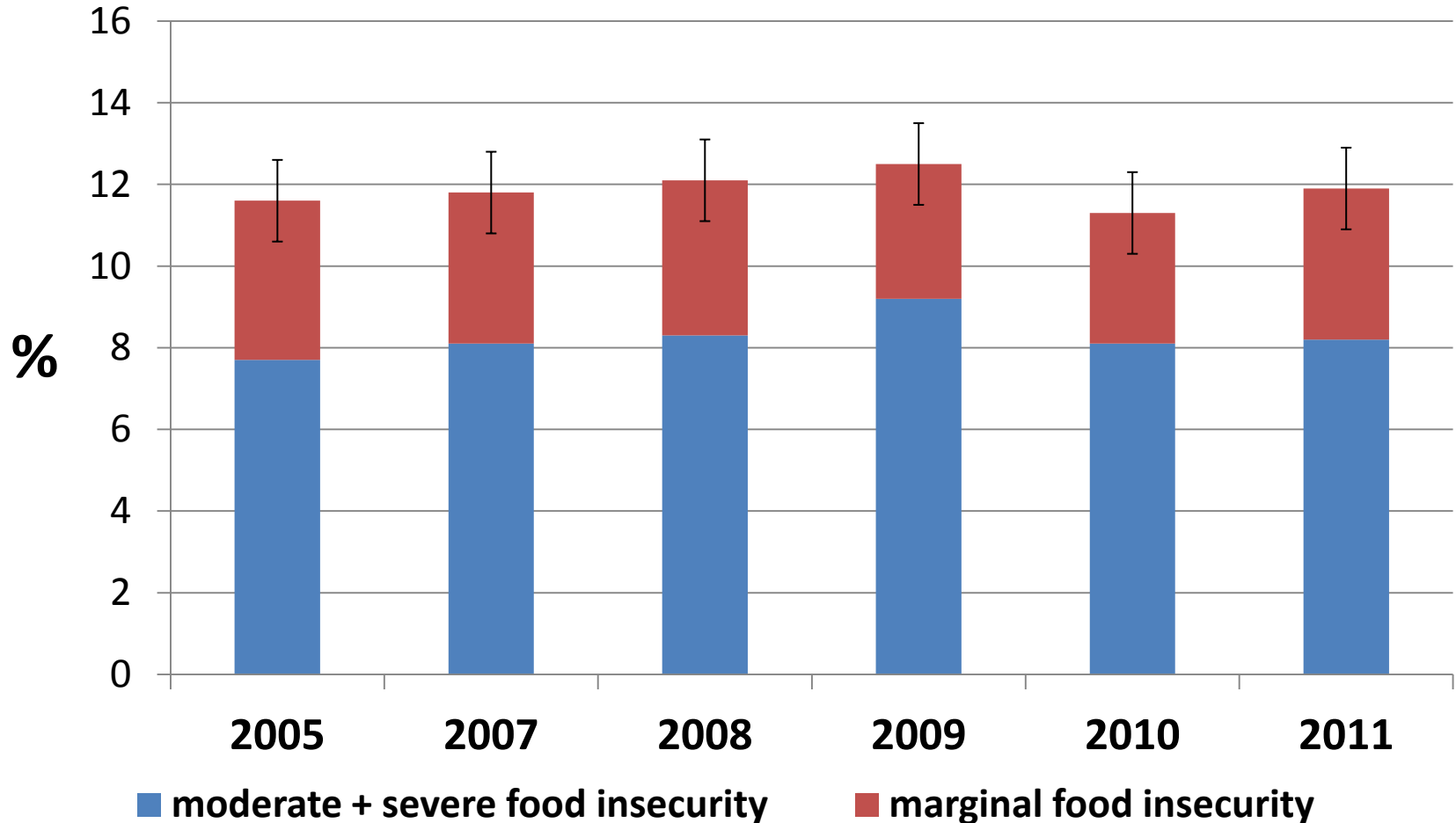
- **3.9 million people** lived in food-insecure households in 2011 according to the Canadian Community Health Survey.
- **851,014 individuals** received assistance from food banks in March 2011, according to Food Banks Canada's HungerCount.

Why the disconnect?

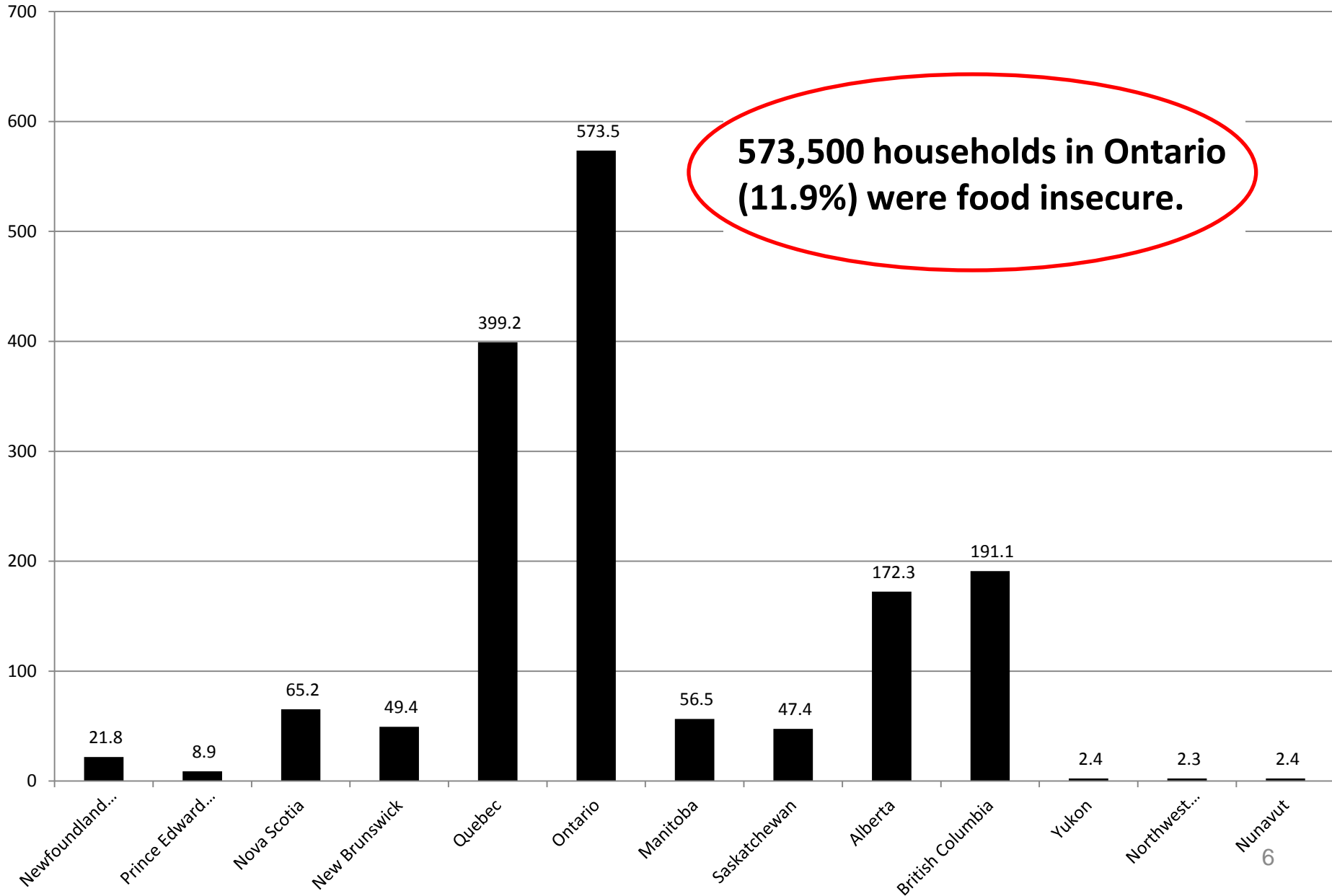
- Surveys suggest less than $\frac{1}{4}$ of food insecure Canadians use food banks. (Loopstra-Masters & Tarasuk, Canadian Public Policy, 2012; McIntyre et al, Canadian Journal of Public Health, 2012)

Household Food Insecurity in Ontario

Canadian Community Health Surveys, 2005-2011

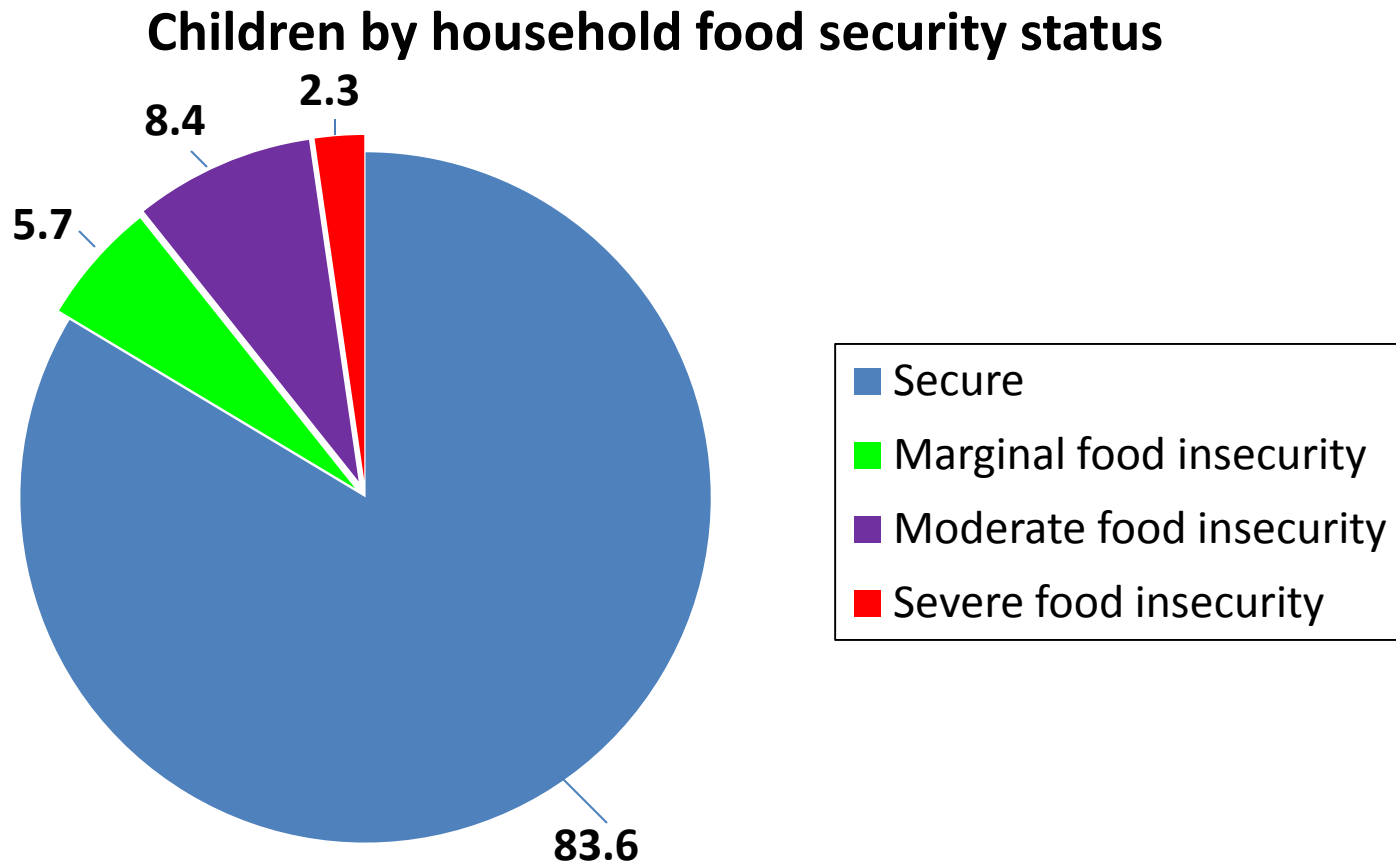


Food Insecure Households, by Province or Territory (000s) Canada 2011



**573,500 households in Ontario
(11.9%) were food insecure.**

1 in 6 children in Ontario lived in families affected by food insecurity in 2011



Food insecurity in childhood takes a lasting toll on health.

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

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

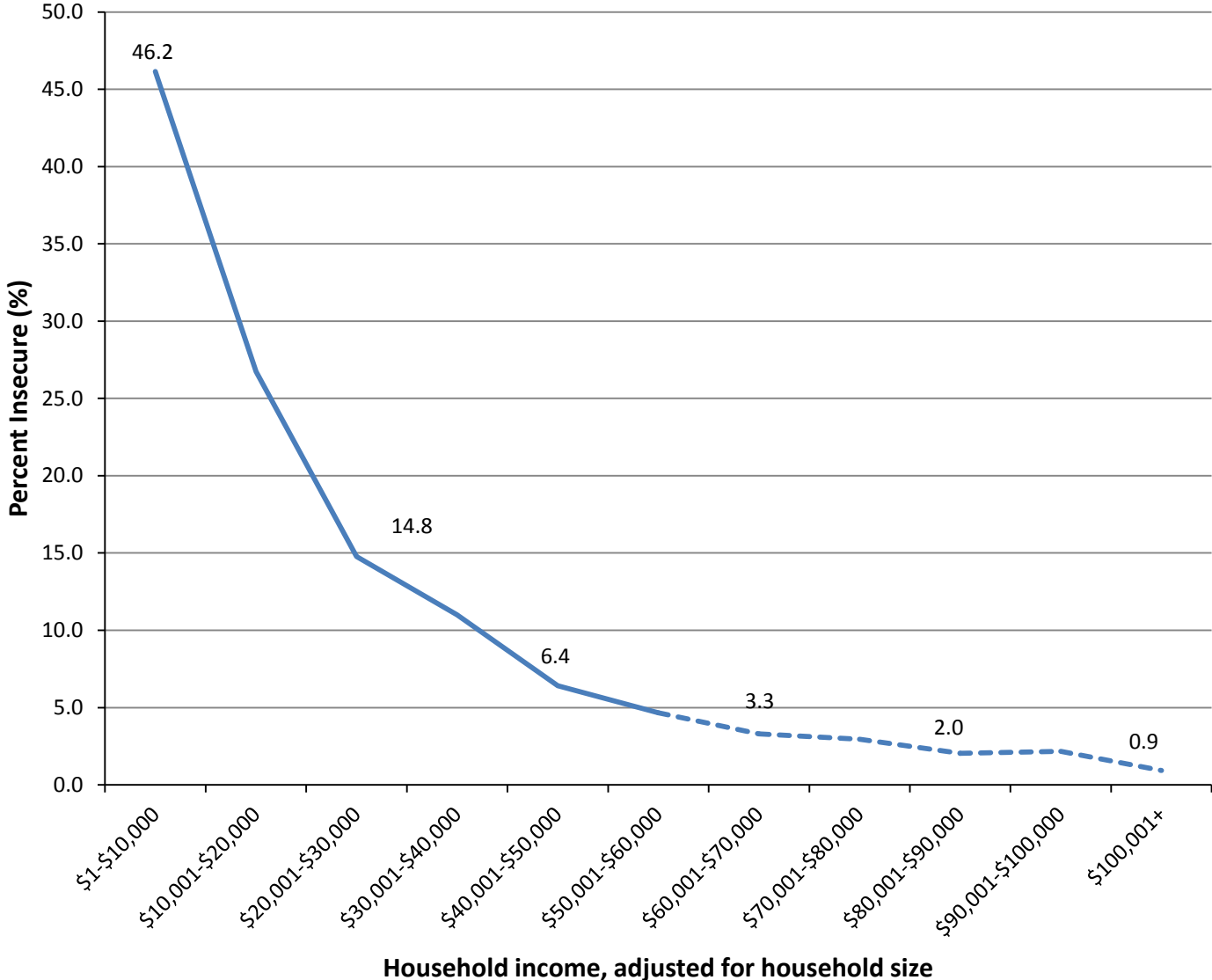
Adults' health is also inextricably linked to their household food security status.

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

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

Food insecurity interferes with the management of chronic conditions.

Prevalence of household food insecurity by income (2011)



In addition to income, 4 other predictors of food insecurity have been consistently identified in multivariate analyses of population surveys:

- Lack of home ownership
- Aboriginal status
- Lone-motherhood
- Reliance on social assistance

(McIntyre et al, Canadian Medical Association Journal 2000; Che & Chen, Health Reports, 2001; Vozoris & Tarasuk, Journal of Nutrition 2003; Ledrou & Gervais, Health Reports 2005; Health Canada, 2007; Tarasuk & Vogt, Canadian Journal of Public Health 2009; Willows et al, Public Health Nutrition 2008.)

65% of households reliant on social assistance are food insecure, and they comprise 16% of all food-insecure households.

- Incomes fall below basic living costs in most jurisdictions.
 - Income inadequacy is most acute for those on Ontario Works, especially singles.
- Limits on assets mean no capacity to buffer income shocks.

60% of food insecure households are reliant on employment incomes.

- a problem of low wages; short-term, part-time employment; single vs dual earner households; and
- Inadequacy of income transfers provided to supplement low employment incomes.

Only 7% of households reliant on seniors' incomes are food insecure, and they comprise 11% of all food insecure households.

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

Public policy?

- Federal and provincial/territorial programs that comprise our social safety net (e.g., EI, welfare, disability supports, old-age pensions, subsidized housing) have not been designed to prevent food insecurity.
- Ontario's poverty reduction strategy has strengthened our safety net, but food insecurity persists at almost 12%.
- **Food insecurity needs to be a policy priority.**

The Nutritious Food Basket – a critical tool for monitoring, evaluation, and advocacy

- Comparing food and shelter cost estimates with welfare benefits, disability support programs, pensions, etc provides an objective measure of the affordability of a nutritious diet for program recipients.
- With standardized measures, progress (or its opposite) can be tracked over time and across jurisdictions.
- Such comparisons facilitate identification of vulnerable subgroups within income assistance programs.
 - e.g., families on welfare with teenagers vs young children.
- NFB costs can be used to estimate the income transfer potential of food-based interventions.

e.g., Vozoris & Tarasuk, Canadian Review of Social Policy, 2003

‘Doing something in the meantime:’

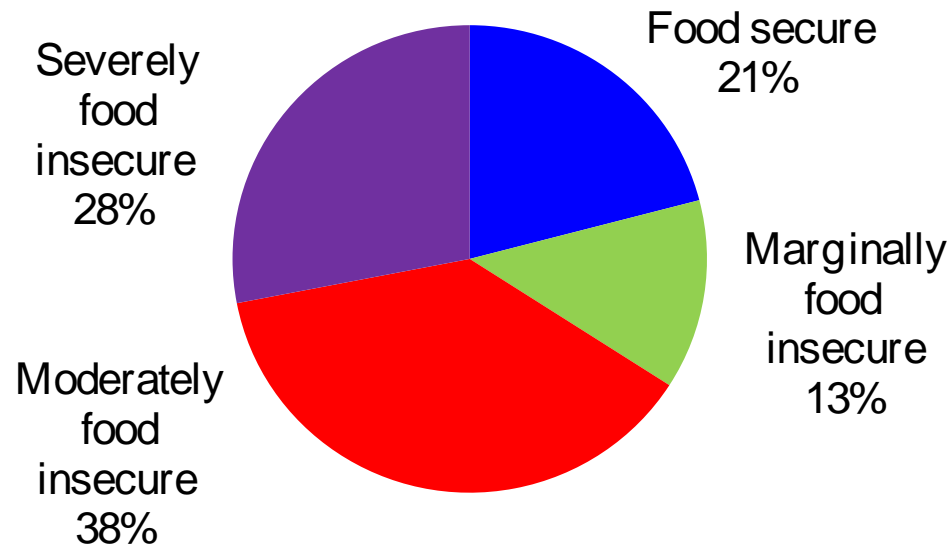
- Charitable food assistance programs
 - Food banks, meal and snack programs.
- Local programs intended, among other goals, to increase access to nutritious foods among low-income groups
 - Community kitchens, community gardens, farmers’ markets, ‘Good Food Boxes’.

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



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

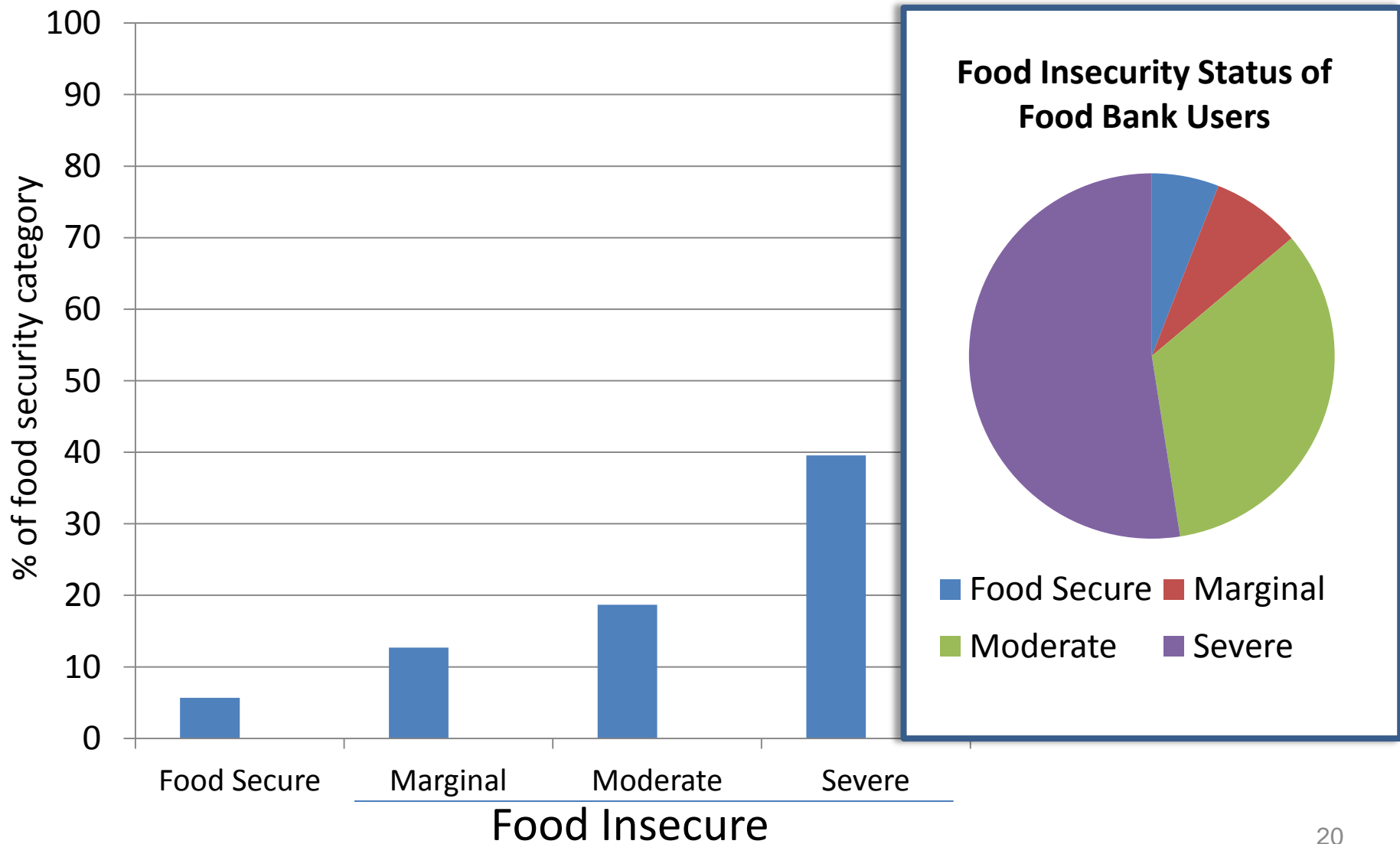
Household food security over past 12 months:



One year later,

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

Proportion of families who used a food bank in the past 12 months, by household food security status:



Expressed reasons for not using food banks:

- Food banks misaligned to needs (65%)
 - Quality and quantity of food unacceptable
 - “I don’t want to feed my children what they offer.”
 - Resistance to receiving charity
 - “I am a proud person, I don't like handouts. They are beneath me.”
 - Didn’t feel food banks were for them
 - “I don't need it badly, it's for people who are out of food.”
 - “We are not that desperate, we try to manage somehow.”

Expressed reasons for not using food banks:

- Barriers to food bank use (33%)
 - Lack of information
 - Logistical barriers: location, eligibility criteria, limited hours, too busy, invasive intake

Use of Other Community Food Programs

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

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

Expressed reasons for not using community garden and kitchen programs:

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

Food retail access was unrelated to household food security.

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

Conclusions:

- Household food insecurity is a serious public health problem, in need of a serious response:
 - targeted policy interventions.
- Any local programs working ‘in the meantime’ need to be designed to reach food-insecure people and provide supports that they find helpful.
- Advocacy needs to be integrated into ‘meantime’ activities.

Please subscribe and receive notification
of publications and our annual report:

<http://nutritionalsciences.lamp.utoronto.ca>

PROOF

Research to identify policy options
to reduce food insecurity



[Home](#) [Food Insecurity](#) [About PROOF](#) [PROOF Projects](#) [News & Updates](#) [Resources](#) [The Team](#) [Contact Us](#)