

Nutrition Guideline

Household Food Insecurity

Applicable to: Health Professionals and Other Care Providers

Recommendations

Key Messages

- Household food insecurity (HFI) is an inadequate or insecure access to food because of financial constraints.
- HFI at any level is associated with poorer health outcomes and a higher risk of poor mental health.
- Helping clients access additional financial assistance is the best way to help clients to preserve dignity, agency, and choice to meet their food preferences and nutrition needs.

Steps to Identifying and Addressing HFI as a Healthcare Professional

Step 1: Ask or Screen

- Identify when clients are experiencing financial strain. “Do you ever have difficulty making ends meet at the end of the month?” is the validated question from [Poverty: A Clinical Tool for Primary Care Providers](#) used to detect financial strain.



Step 2: Assess Risk and Develop Care Plan

- Determine the impact of financial strain on a client’s access to food by asking questions about what basic needs they are struggling with (e.g., food, housing, and medications).
- Collaborate with the client to develop a care plan based on their situation, assets, and health priorities.



Step 3: Intervene and Connect

- Connect clients with income-related programs and services. [Poverty: A Clinical Tool for Primary Care Providers](#) provides an overview of resources and benefits that a client may be eligible for. This may involve referral to a social worker.

Benefits specific to nutrition are listed in Funding Options for Special Diets and Nutrition Products available at ahs.ca/FoodInsecurity.

- If a client expresses that they experience a lack of food and are interested in emergency food programs, refer clients to emergency food programs (i.e., food banks or hampers) which can provide temporary relief.



Nutrition Guideline

Household Food Insecurity

Introduction

The purpose of the Household Food Insecurity Nutrition Guideline is to provide healthcare professionals with an overview of the evidence-based nutrition recommendations to support clients experiencing household food insecurity (HFI) and provide answers to commonly asked questions (See Key Questions List).

The Nutrition Guideline was developed by the Nutrition Services Special Populations Target Population Working Group, and is based on current evidence and emerging best practice frameworks.¹⁻³ It was reviewed by health professionals across the province, with representation from dietetics, nursing, family medicine, and social work. If you have questions about this Nutrition Guideline, please contact publichealth.nutrition@ahs.ca.

This information is intended as a general resource only and is not meant to replace the medical counsel of a physician or individual consultation with a registered dietitian (RD). It is the responsibility of healthcare professionals to evaluate the situation of each client in their care and apply the Nutrition Guideline appropriately. Individuals who are at high risk of malnutrition or who have a medical condition that is impacted by nutrition should be referred to an RD.

Referral to a Registered Dietitian

For more information on referral to an RD and RD services available in Alberta Health Services (AHS), visit [Referring Patients for Nutrition Services](#).

Note: For purposes of this Nutrition Guideline, the single term client will be used to refer to clients, patients, and residents.

Nutrition Guideline

Household Food Insecurity

Key Questions List

Key nutrition questions related to HFI that are addressed in this Nutrition Guideline are listed below.

Background

- What is household food insecurity?
- How does household food insecurity relate to the social determinants of health?
- Who is at risk for household food insecurity?
- How does household food insecurity affect my clients' health?
- What are common misconceptions about people experiencing household food insecurity?

What can I do as a healthcare professional?

- Steps to support clients experiencing household food insecurity
 - Step 1: Ask or Screen
 - How can I ask clients if they are experiencing financial strain?
 - Step 2: Assess Risk and Develop Care Plan
 - How do I determine the impact of financial strain on a client's access to food?
 - What are the considerations when developing nutrition-related care plans?
 - Step 3: Intervene and Connect
 - How do I connect clients with income-related programs and services?
 - When would I refer a client to a social worker?
 - When would I refer clients to emergency food programs?

Resources

- Are there additional resources for providing care to clients experiencing household food insecurity?

Answers to Key Questions

Background

Return to [Key Questions List](#)

What is household food insecurity?

Household food insecurity (HFI) is “an inadequate or insecure access to food because of financial constraints”.⁴ Individuals and households who face HFI endure a wide range of challenges, such as feeling constant psychological distress about running out of food before there is money to buy more, having a limited selection of food, relying on a diet less expensive but lower in quality, restricting portions, skipping meals, or eating nothing for a day or longer.⁴

Although HFI is commonly portrayed as “hunger”,⁵ HFI is experienced at different severities; hunger is not experienced by everyone with HFI. Further, not everyone in the same household will face the same severity of HFI, as parents, adults, and older siblings may skip or reduce the size of their meals to provide more for younger members of their family.⁴

Nutrition Guideline

Household Food Insecurity

The severity of HFI can be classified as marginal, moderate, and severe, as defined below:

Table 1. Classification of Household Food Insecurity Status*

HFI status	Description
Food secure	No income-related barriers to accessing the preferred variety, quality, and quantity of food
Marginal food insecurity	Ongoing worry about running out of food and/or limited food selection due to a lack of money
Moderate food insecurity	Forced to compromise the quality and/or quantity of food due to a lack of money
Severe food insecurity	Missed meals, reduced food intake, and, at the most extreme, no food for an entire day or longer

*Adapted from Household Food Insecurity in Alberta: A Backgrounder⁶

How does household food insecurity relate to the social determinants of health?

Social determinants of health (SDoH) are circumstances in which people live and work that influence their health.⁷ The Canadian Facts highlights 17 social determinants of health: disability, early child development, education, employment and working conditions, gender, geography, globalization, HFI, health services, housing, Indigenous ancestry, immigration, race, social exclusion, social safety net, unemployment and job security, income and income distribution.⁷

Income impacts other SDoH including HFI, housing, education, and early child development.⁷ When households experience financial strain, food and medications are often the first expenses to be compromised.⁶ This is because other basic needs like rent and utilities are fixed costs.⁸

Considering HFI as an SDoH instead of purely a food problem leads to an understanding that improving an underlying SDoH - income - can improve HFI. While recognizing that SDoHs are strongly interrelated,⁹ this Nutrition Guideline will identify the current evidence-based ways to best support clients experiencing HFI.

Who is at risk for household food insecurity?

Household income is the strongest single predictor of who is at risk of experiencing HFI.⁴ Populations who face social barriers (e.g., lone parents, Indigenous and Black populations, recent immigrants, refugees, people living with a disability, etc.) are at higher risk of experiencing HFI.¹⁰⁻¹⁹

Low-income households are many times more likely to report HFI concerns compared to their middle and high-income counterparts.²⁰ However, not all people living on a low-income experience HFI and not all people who report HFI live on a low income. Individuals who earn low wages may remain food secure if they do not suffer unpredictable financial shocks such as job loss, salary reduction, death of a primary income earner, relocation expenses, increased housing costs, or health or legal fees.^{21,22} Middle or higher-income households may experience HFI due to financial pressures related to debt load, economic recessions, high housing costs, large or increased number of household members, chronic illness, or job loss.²³ Thus, HFI is seemingly the result of an imbalance between household resources (income, assets, access to credit), expenditures (housing, food, utilities, health, childcare, transportation), and debt load (loans, payments, fees).

Nutrition Guideline

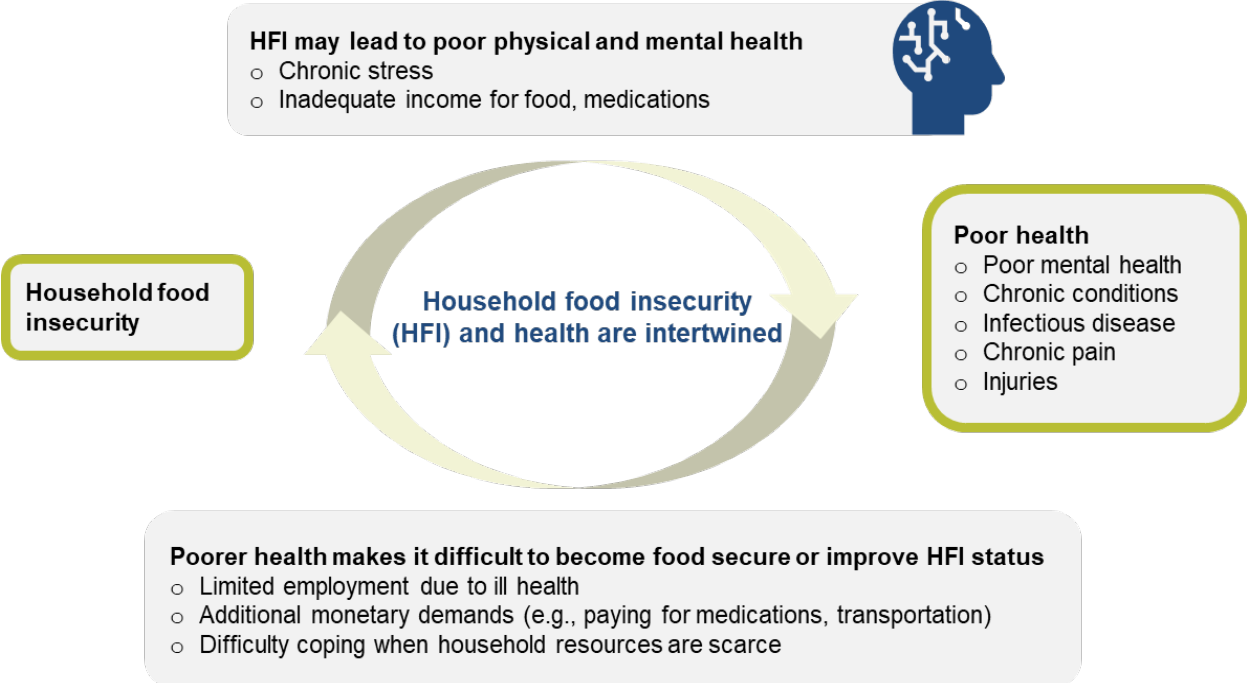
Household Food Insecurity

How does household food insecurity affect my clients' health?

Household food insecurity at any level is associated with poorer health outcomes and a higher risk of poor mental health.^{22,24} Prolonged HFI places adults at significantly higher risk for chronic conditions such as diabetes, heart disease, and depression.^{22,24} Children and youth are more likely to face poor emotional, cognitive, and physical health outcomes if they are exposed to HFI at any point.²⁵⁻²⁷

The relationship between HFI and health is hypothesized to be bidirectional.²⁸⁻³⁰ The experience of HFI may contribute to poor health, and poor health makes it difficult for an individual to improve their HFI status.

Figure 1. Proposed Relationship Between HFI and Health^{4,6,20,22,24,31}



What are common misconceptions about people experiencing HFI?

There is no indication that the root cause of HFI is a lack of food skills, budgeting skills, nutrition knowledge, community food programs, or community gardens.⁸ The research suggests the way to address HFI is through income-based solutions, not food-based solutions.^{4,8,32} The table below summarizes the common misconceptions regarding the food-related behaviours of those experiencing HFI.

Nutrition Guideline

Household Food Insecurity

Table 2. Common Misconceptions About Food-Related Behaviours of People Experiencing Household Food Insecurity

Misconceptions	Facts	Practice Implications
Food budgeting and cooking skills improve HFI status.	<ul style="list-style-type: none"> Many households know and use “thrifty” food shopping and preparation practices to reduce food expenditures.⁸ Many economizing strategies are used when a household is running short of money. Mothers report reducing their food intake to provide more food for their children.⁸ People experiencing HFI have cooking skills similar to the rest of the population.⁸ 	<ul style="list-style-type: none"> Discuss food budgeting and cooking skills if identified as a topic of interest by the client. Ask the client what type of food and cooking-related information, skills, and resources they feel would benefit them and provide them with practical information and resources.
Nutrition knowledge improves HFI status.	<ul style="list-style-type: none"> Many households want to eat healthfully and know how to do so.⁸ Food prices and financial constraint, not nutrition knowledge, is the key barrier to healthy eating.⁸ 	<ul style="list-style-type: none"> Assess the client’s nutrition knowledge and ask clients what nutrition information they want to know about before sharing information.
Community food programs (such as good food boxes and community kitchens) improve HFI status.	<ul style="list-style-type: none"> Community food programs do not improve HFI status.⁸ Those with HFI face multiple barriers to participation, including lack of program fit to their schedules, interests, and needs; inconvenient program locations; and cost challenges.⁸ The amount and types of foods provided may not be what clients need to manage their health or support special dietary needs (e.g., for diabetes, celiac disease, allergies, or cultural food restrictions).^{22,33} 	<ul style="list-style-type: none"> Discuss community food programs if identified as a topic of interest by the client. Determine their ability to access these programs and their level of comfort in utilizing food programs. This will allow for recommendations that are applicable and relevant to the client.
Community gardens improve HFI status.	<ul style="list-style-type: none"> Although community gardens may improve social relationships^{34,35} and increase vegetable and fruit intake,^{34,36} they don’t protect households from HFI.^{8,37} Clients may not be able to access community gardens due to limited transportation,⁸ time or equipment to participate. 	<ul style="list-style-type: none"> Discuss community gardens if identified as a topic of interest by the client. Discuss the benefits and limitations of these programs for addressing the client’s concerns (e.g., may improve social connections but not HFI status).

What can I do as a healthcare professional?

[Return to Key Questions List](#)

When healthcare professionals understand how financial strain impacts clients, they may be able to provide better care. Healthcare professionals may experience barriers to assessing a client's financial strain, such as:

- The perception that it is not their role³⁸
- Feeling uncomfortable asking sensitive questions³⁹
- Time constraints³⁹
- Being unsure how to respond when clients report experiencing financial strain⁴⁰

However, there is a role for all healthcare professionals in assessing a client's financial status. Research indicates that 93% of clients agree that being asked about their financial situation relates to better health and 68% would be comfortable being asked about financial strain by a healthcare professional.⁴¹

Step 1: Ask or Screen

How can I ask clients if they are experiencing financial strain?

Unless specifically asked, clients may not disclose difficulties paying for basic needs, as it can feel uncomfortable to discuss financial struggles.⁴² Always ask the client for permission before asking about their financial situation. Conversations around finances are a sensitive topic, and clients have the right to refuse to answer questions. It is also important that a client understands why they are being asked about financial strain. For instance, you could start the conversation with, "How much money you have to buy food affects your nutrition".⁴³ Let clients know what will be done with this information. For example, information about finances will guide the care plan and depending on client interests, healthcare professionals may connect clients with additional resources.

[Poverty: A Clinical Tool for Primary Care Providers](#) is a tool that suggests key questions to assess a client's financial situation.

This tool uses the question, "Do you ever have difficulty making ends meet at the end of the month?"⁴⁵ to detect poverty.

Note: Use "[How do I connect clients to income-related programs and services](#)" for current weblinks to income-related programs and services for clients.

Nutrition Guideline

Household Food Insecurity

Creating a Safe Space to Discuss Financial Strain

Additional training on addressing financial strain is valuable for healthcare professionals who wish to screen for poverty.⁴⁴ “Identifying Financial Strain and Addressing Financial Barriers to Health Care Modules” from AHS Social Work are listed in the [Resources](#) section of this guideline as a starting point for further education.

Module 2, “Talking about Financial Strain” (see [Resources](#) section), focuses on asking the screening question. It contains information about:

- How to start the conversation about financial strain
- Additional ways to ask about financial strain
- How to create a safe space for clients to share

It is also recommended that professionals use communication methods that foster a positive relationship with clients, such as the [LEARN Model](#) and [Health Change Methodology](#).

Asking about financial strain is not about solving a client’s financial problems; it is about understanding how a client’s financial situation could affect their care plan.⁴⁵ By understanding a client’s financial status, healthcare professionals can respond to a client’s needs and provide client-centred recommendations that are within their means.⁴⁶ Healthcare professionals can also offer and advocate for other services, which may help reduce the client’s distress concerning finances; this, in turn, may improve the clinical management of their disease. Alternatively, healthcare professionals with limited time or capacity can refer to a social worker to help navigate these services.

Poverty and other SDoH may be documented by healthcare professionals in Connect Care’s SDoH wheel. Previous SDoH documentation may be reviewed before conducting additional screening. Healthcare professionals in AHS are encouraged to review the Document, Review and Track Social Determinants of Health (SDoH) Quick Start Guide on Insite for more information on using SDoH tools in Connect Care.

Step 2: Assess Risk and Develop Care Plan

Clients experiencing financial strain are at risk of HFI.⁸ When a client screens positive for financial strain, healthcare professionals are encouraged to further assess how the client’s financial situation is impacting their ability to afford basic needs.

How do I determine the impact of financial strain on a client’s access to food?

Ask the client about the basic needs with which they are struggling. Through this general question, clients may identify having inadequate income for food, housing, or medications. The discussion may help healthcare professionals identify other SDoH-related barriers to accessing food such as living in geographically-isolated communities,⁴⁷ limited access to cultural foods⁴⁸ or traditional Indigenous foods,⁴⁹ and physical limitations such as mobility issues.^{18,50} Healthcare professionals may be able to reduce the impact of some of these barriers, for example, by connecting a client with physical limitations with a low-cost food delivery service.⁵¹

More specific food and nutrition-related questions asked as part of the clinical assessment will help with understanding the client’s unique needs and circumstances (e.g., How many times do they eat in a day? What foods do they usually have? Where do they get their food?).

Nutrition Guideline

Household Food Insecurity

A client's lived experience gives healthcare professionals insight to provide meaningful recommendations. The quotes below add context to what this means:

"... take this antibiotic three times ... on a full stomach," and I always laugh ... "Yeah, three meals, like what's he talking about, three meals? A full stomach!"⁴⁰

"I have a family of six, with me and my husband and four children ... We do not have a blender or a toaster and only have a few pots and pans at home."⁶³

To develop a care plan that is specific to a client, it is important to understand how life circumstances impact their eating habits and health.

What are the considerations when developing nutrition-related care plans?

Table 3 below provides examples of how HFI may impact food behaviours. **This is not an exhaustive list, however, it provides some examples of possible considerations when working with clients who experience HFI. Individual topic-based nutrition guidelines will have more disease or life-stage-related content on HFI as they are updated.** It is important to always collaborate with a client and develop a plan based on their situation, assets, and health priorities.

Table 3. Examples of considerations for talking about food with clients experiencing household food insecurity

Condition/situation	Possible role of HFI in influencing behaviours and disease outcomes	Practical applications – examples
Diabetes	<ul style="list-style-type: none"> Clients may experience challenges coordinating insulin or medication regimens due to inadequate or inconsistent food intake.^{52,53} Fluctuations in food availability can be linked with hypoglycemic events.^{52,53} 	<ul style="list-style-type: none"> Advise the client to talk to the prescribing doctor to ensure good blood glucose control and provide education on how to prevent and treat hypoglycemia. It might be appropriate for some clients to receive education on how to adjust their medication when dietary intake is low.
	<ul style="list-style-type: none"> Due to strained finances, clients may have to choose between purchasing enough medication or purchasing enough food.^{52,53} 	<ul style="list-style-type: none"> Explore options for reducing or covering the cost of medications (e.g., switching to a generic medication, accessing additional coverage or benefits) or diabetic supplies (e.g., exploring funding through Alberta Blue Cross). Be aware that some high-fibre foods may be a higher cost. Explore what foods clients have access to and propose cost-neutral substitutions where possible (e.g., whole grain instead of white bread, or adding legumes to meals). Special diet funding may be available through Assured Income for the Severely Handicapped or income support.

Nutrition Guideline

Household Food Insecurity

Condition/situation	Possible role of HFI in influencing behaviours and disease outcomes	Practical applications – examples
Diabetes (continued)	<ul style="list-style-type: none"> Clients may believe they need to purchase specialty ‘diabetic foods’ to best manage their health.⁵⁴ 	<ul style="list-style-type: none"> Clients don’t need to purchase specialty ‘diabetic foods’. Support clients to manage their blood sugars using foods they have at home (e.g., spread carbohydrate foods throughout the day, pair protein with carbohydrate, and choose higher fibre foods where possible). Food Banks often have “diabetic” hampers that can be requested.
Hypertension	<ul style="list-style-type: none"> Clients may experience high anxiety and stress,⁸ affecting blood pressure. 	<ul style="list-style-type: none"> Avoid assuming that increased blood pressure readings are due to a lack of adherence to nutritional and other medical recommendations.
	<ul style="list-style-type: none"> Shelf-stable foods distributed by emergency food programs may be high in sodium.⁵⁴ For those experiencing financial strain, refrigeration and cooking appliances may be limited, necessitating the purchase of packaged and canned foods that may be high in sodium.⁵⁴ 	<ul style="list-style-type: none"> Encourage clients to rinse canned vegetables and legumes or choose low-sodium options if available and cost neutral. When cooking, add low-cost spices (e.g., garlic, cumin, or black pepper) in place of salt. Special diet funding may be available through Assured Income for the Severely Handicapped or Income Support
Caregiver of infant (0-12 months)	<ul style="list-style-type: none"> Infant formula can become expensive, which can impact family finances.⁵⁵ 	<ul style="list-style-type: none"> For families who are formula feeding, ensure they are accessing funding for formula if eligible (e.g., special diet funding – see Appendix A, Example Funding Sources for Special Diets and Nutrition Products).

Step 3: Intervene and Connect

How do I connect clients with income-related programs and services?

Healthcare professionals may work with their team to help connect clients to income-related programs and services. If a referral to another health professional or community navigator is needed, ensure the client knows the purpose of the hand-off and try to facilitate a seamless transition.⁴²

Nutrition Guideline

Household Food Insecurity

Income-related programs and services include:

- [Poverty: A Clinical Tool for Primary Care Providers](#) provides an overview of resources and benefits that a client may be eligible for.
- Filing income tax is required to access income benefits and supports. Find a free local tax clinic at: [Free tax clinics | Canada.ca](#).
- 211 Alberta is a provincial site for information on financial benefits and programs. Options to contact 211 are by phone, text, or chat: dial 211, text INFO to 211, or visit [www.ab.211.ca](#) and click “live chat”. If clients wish to explore 211 themselves, chat or phone options may be the most accessible and navigable options.
- Family and Community Support Services programs may know about income-related services in the community. Find your local program at: [Find Your FCSS Program | FCSSAA](#).
- Health and diet-related benefits, such as special diet funding, may be available to your client if they are currently accessing income support programs. To access most of these food benefits, a letter or form filled by a physician, registered nurse, or registered dietitian is required, but other healthcare professionals may help coordinate this. See [Appendix A, Funding Sources for Special Diets and Supplemental Nutrition in Alberta](#) for more information.
- For clients who are experiencing a financial emergency, emergency needs allowance may be available at: [Emergency financial assistance | Alberta.ca](#)

When would I refer a client to a social worker?

Social workers are uniquely trained and positioned to support clients in matching services to needs and navigating social support systems and programs. For example, social workers can help with getting government identification or accessing a tax filing clinic. Consider a referral to a social worker if a client is experiencing financial strain and one or more of the below factors:

- Alberta Health Care is not currently active
- Lack of personal identification documents
- A recent move to Alberta
- Resided in Canada less than 10 years
- Decision-making impairment or limitation (e.g., mental health or addictions)
- Complex physical or medical care plan
- Difficulty navigating complex social systems
- Minimal or overburdened support system
- Mental health and/or substance misuse
- Complex social dynamics or relationships

Every site or clinic has a different referral process. Healthcare professionals can discuss with their team how they can refer to a social worker. If the team does not have a social worker, consider:

- If there is a social worker at another site or in the community who could be consulted. You may be able to find a social worker in your community through the [Alberta Referral Directory](#).
- If the AHS zone has a Social Work Professional Practice Lead who may be accessible.
- Other types of professionals who can help may include outreach workers, continuing care counsellors, and community navigators

Nutrition Guideline

Household Food Insecurity

For Indigenous clients, there may be Indigenous client specialists at AHS sites, such as an Indigenous hospital liaison, who can help. See [Indigenous Health Services](#) to explore services by Zone. Clients who live on reserve may be connected to the Nation's Social department or their community health centre.

When would I refer clients to emergency food programs?

Some clients may benefit from emergency food programs in conjunction with financial supports. While emergency food programs (i.e. food banks or hampers) are unable to address the root causes of HFI, they can provide clients with temporary relief.^{56,57} Please note that not all clients will benefit from or feel comfortable using these programs.^{8,32} If clients are interested in accessing these programs, healthcare professionals can assist them with the referral and navigation process for both immediate community supports and potential sources of income. Healthcare professionals can find emergency food programs through the [Free Food in Alberta](#) directory or your local Family and Community Support Services program. Find your local program at: [Find Your FCSS Program | FCSSAA](#).

Healthcare professionals can familiarize themselves with the realities of accessing emergency food programs:

- Clients may not access these programs due to barriers such as transportation, hours of operation, cultural appropriateness, or perceived stigma from using the services.⁵⁸ To improve accessibility, some programs may have delivery or transportation services that healthcare professionals can link clients with.
- Be aware that the amount and types of foods provided may not be what clients need to manage their health or support special dietary needs (e.g., for diabetes, celiac disease, allergies, or cultural food restrictions).^{32,33} Healthcare professionals may be able to link clients to emergency food services that have specialized food hampers for people with diabetes, renal disease, or other conditions.
- Emergency food programs may not supply the food that clients need the most. For instance, these programs often provide insufficient vegetables and fruit or milk products.⁵⁹ Emergency food programs that offer grocery store gift cards may be most successful in helping clients. This allows the client to then buy what they need when they need it.⁶⁰
- Many emergency food programs have restrictions on eligibility and how often they can be accessed.⁶¹

Nutrition Guideline

Household Food Insecurity

Resources

Return to [Key Questions List](#)

Are there additional resources for providing care to clients experiencing household food insecurity?

Resources to improve client-centred care:

Understanding the impact of financial strain and using principles of person-centred care can help healthcare professionals support clients at risk for HFI.

- Learn about financial strain, the link between poverty and poorer health, and how to screen clients for poverty through the **Identifying Financial Strain and Addressing Financial Barriers to Health Care Modules** hosted on MyLearningLink for AHS staff. These modules are also available on the Continuing Care Connection (CCC) platform and available to those who do not have access to MLL or CCC using these links:
 - [Module 1 – Social Determinants of Health](#)
 - [Module 2 – Talking about Financial Strain](#)
 - [Module 3 – Exploring Income Replacement and Benefit Programs](#)
 - [Module 4 – Assessing Financial Strain and Intervening](#)
 - [Module 5 – Supporting Client Transitions Financial Considerations](#)
 - [Module 6 – When There are Concerns About Financial Abuse](#)
- Learn about trauma-informed care at: ahs.ca/TraumaInformedCare
- Learn about supportive conversation styles such as [the LEARN Model](#) and [Health Change Methodology](#)
- AHS employees can learn about SDoH tools within Connect Care through the Document, Review and Track Social Determinants of Health Quick Start Guide on Insite.

Resources on income-related programs and services for clients:

Assisting clients to navigate supports they're eligible for may make healthcare professionals more effective:⁶²

- Learn about [Funding Options for Special Diets and Nutrition Products](#)
- For clients who are experiencing a financial emergency, emergency needs allowance may be available at: alberta.ca/EmergencyFinancialAssistance
- Resources that can be navigated by either the healthcare professional or client:
 - 211 Alberta (ab.211.ca) is a provincial directory that can be used to identify financial benefits, programs, and services. Chat and phone options may be the most user-friendly for clients.
 - Local Family and Community Support Services (FCSS) offices will have information about community programs: [Find Your FCSS Program | FCSSAA](#).

Additional Information:

- Learn more about HFI at: ahs.ca/FoodInsecurity
- Learn more about the impact of financial strain on wellness at: [Reducing the Impact of Financial Strain \(RIFS\) | Healthiertogether.ca](#)

Nutrition Guideline

Household Food Insecurity

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Nutrition Guideline

Household Food Insecurity

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Nutrition Guideline

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Household Food Insecurity

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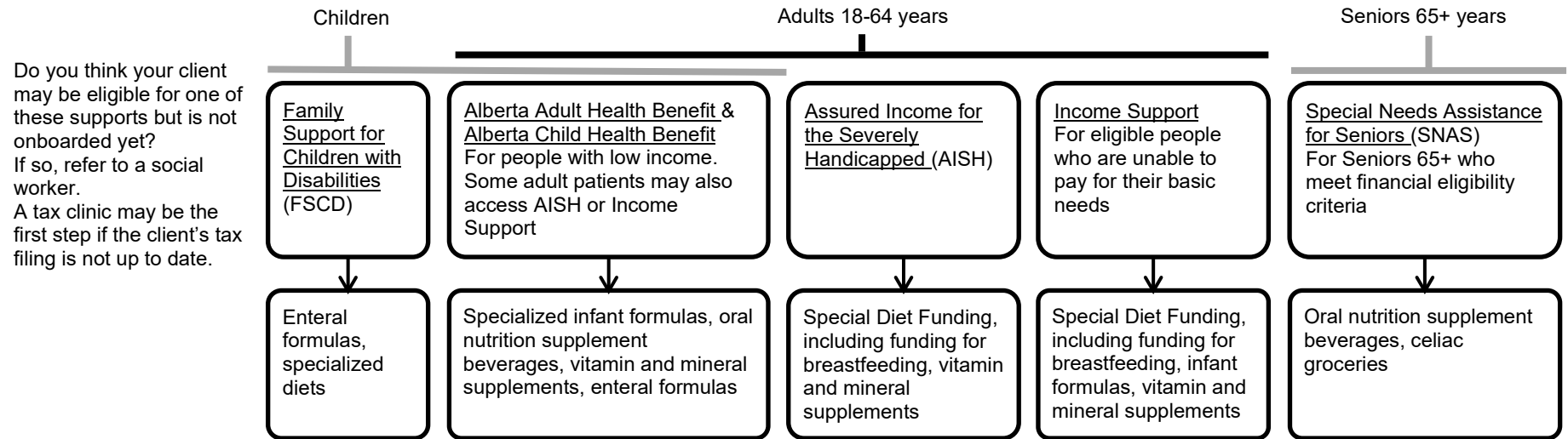
Nutrition Guideline

Household Food Insecurity

Applicable to: Health Professionals and Other Care Providers

Appendix A, Example Funding Sources for Special Diets and Nutrition Products

This is an at-a-glance diagram. Go to [Funding Options for Special Diets and Nutrition Products | Alberta Health Services](#) for a comprehensive listing and information about access.



Specialized Population Supports

