

Nutrition Guideline

Household Food Insecurity

For Professional Reference Only

Applicable to: Nurses, Physicians and Health Professionals

Recommendations

This Nutrition Guideline focuses on food insecurity related to inadequate income and its effect on access to sufficient healthy food for households and individuals. Healthcare providers working with food insecure clients or groups have the opportunity to provide counselling and education that is sensitive to food access issues. Healthcare providers also have the opportunity to link clients with resources that may temporarily assist them by providing financial support, emergency or lower cost foods, and other social supports.

When counselling individuals who may be food insecure, healthcare providers can:

- Acknowledge that providing a healthy diet for oneself and one's family is often a difficult task;
- Acknowledge the challenges of paying for medication costs, cost of living expenses and the cost of healthy eating on the family budget;
- Be aware that a healthier diet may not be the top priority of any client. For clients in a food insecure household, cheaper and energy-dense foods may be more accessible than nutrient-dense foods;
- Document at-risk individuals' barriers to food security by health providers to promote opportunities to make appropriate nutrition recommendations and to link clients with existing resources that provide financial support, emergency food and social services in the community;
- Ask questions that can assist you in understanding a client's food insecurity risks. See section 'How can individuals at risk of food insecurity be identified?'
- Help the client focus on which aspects of the diet can be accommodated with current household finances. Accept small changes such as a client eating one healthier food choice a day;
- Share information about food assistance and income assistance programs available and assist clients to access these services. Refer to the resource "Access to Food in Alberta" (on the Access to Food page of the Alberta Health Services web site at <http://www.albertahealthservices.ca/5286.asp>) for a list of emergency food and lower cost food programs in Alberta.

When working with groups that may be food insecure, healthcare providers can:

- Explore opportunities to reduce barriers to participation such as cost, transportation assistance and onsite childcare;
- Provide examples of food which models the nutrition education concepts being presented. Where possible, use examples of healthy foods that are commonly available through community based food assistance programs, so that group participants can see modeling of recommendations through food access channels available to them.

Health Risks

Individuals who are food insecure are at higher risk for:

- reporting poor or fair health including poorer physical, mental, and social health.^{1,2,3,4,5,6,7,8,9,10,11,12}
- poor diet quality, lower nutrient intakes and a higher risk of nutrient inadequacies^{1,2,3,7,13,14,15,16}
- obesity and metabolic syndrome^{13,17,18,19}
- diet-related chronic diseases including hypertension and hyperlipidemia^{20,21,22}
- type 2 diabetes, and poorer glycemic control of diabetes^{8,21,23,24,25,26}
- impaired ability to work and learn^{2,12,27}
- health problems for young infants and children, including low birth weight and anemia^{16,28,29,30,31}

Key Questions

What is household and individual food security?

Food security exists “when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life”.³² This is a broad definition, and includes the concepts of both system level access to food and economic access to food.

This Nutrition Guideline focuses on food insecurity as it relates to income-related access to food for households and individuals. This refers to; “the inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so based on not having enough money”.³³ Often misunderstood, food insecurity is not synonymous with “hunger”.

Food insecurity often impacts a household on four different areas. These are:³⁴

- *Quantitative*: shortage of food, insufficient amounts of food
- *Qualitative*: compromises in the quality of food choices
- *Social*: obtaining of foods by socially unacceptable means such as food banks
- *Psychological*: worry and anxiety about whether food will last and where it will come from

The consequences of experiencing these issues may lead to:^{33,34}

- Negative effect on physical, mental and social wellbeing
- Profound lack of food choice
- Monotony of diet
- Lack of control over food situation
- Feelings of powerlessness and shame
- Inequity and frustration
- Alienation
- Reliance on energy dense foods over nutrient dense foods

What are some of the causes of food insecurity?

Lack of sufficient income is the most important determinant of food insecurity in Canada.^{35,36,37,38} Canadian and US food security surveys found that as income dropped food insecurity increased.^{1,35,39,40}

Food security also may be affected by additional obstacles such as:^{41,42,43} the inability to obtain the right foods for chronic health conditions

- access to culturally appropriate food
- access to a store to purchase food (i.e. no transportation)
- lack of skills to cook and prepare food

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Who experiences higher rates of food insecurity in Canada?

Those experiencing higher rates of food insecurity are:

- Households in the lowest income brackets^{39,40}
- Households whose main income source is government transfers (including welfare, worker's compensation, and employment insurance). In Alberta in 2009, the rate of food insecurity among those receiving social assistance as their main income source was 56%.^{39,40}
- Lone-parent households (especially those headed by women);^{39,40,44}
- Aboriginal households;^{7,39,40,44,45,46}
- Individuals who are HIV-positive/have AIDS^{47,48,49}
- Individuals with chronic disease conditions or households with an individual with a chronic disease, such as diabetes, cancer, and renal disease^{8,26,50,51,52,53,54} Individuals with chronic disease experience additional challenges related to the cost of medications⁵⁵

How can individuals at risk for food insecurity be identified?

Alberta Health Services, in collaboration with researchers across Alberta, are investigating appropriate and effective tools to screen for food insecurity in a health care setting. Program areas wanting more information about screening for household food insecurity can contact your local public health dietitian or phone Nutrition Services at 403-943-6753

Asking questions about clients' experiences of food deprivation (e.g., going hungry, missing meals, not eating for entire days, worrying about getting enough food) and whether there are any financial difficulties that may prevent them from fulfilling their dietary needs⁵⁶ are typically used as "red flags" to indicate that the individual or household may be food insecure.^{57,58,59,60,61,62,63}

How do households cope with food insecurity?

The lack of financial resources to purchase and access food can lead to compromised quality of food initially and reduced quantity of food available to household members.^{40,64} In Canada, individuals with limited incomes who are food insecure often cannot afford to purchase many of the foods regularly promoted as being part of a nutritious diet (e.g., milk, fruit, and vegetables).^{14,65} They may choose cheaper, unhealthy foods because of their higher caloric density.^{66,67} Some households who face food shortages turn to the emergency food system such as food banks or soup kitchens.⁶⁸ Mothers in families who are food insecure tend to compromise their own food intake to preserve the dietary adequacy of their children's meals.^{11,16,69} They do this by eating what is left after their children have eaten and by skipping meals when food is scarce which occurs prior to the receipt of regular income.⁷⁰

Coping strategies used in food insecure families include:^{11,69,71}

- At first, the quality of the diet decreases.
- As scarcity increases, the quantity of food is decreased first for the mother; only in dire circumstances is the quantity of food decreased for the children.
- Parents purchase a limited variety of foods and extend recipes with low cost ingredients.
- Purchase only foods that their families like.
- Eat less preferred foods or consume socially unacceptable foods.

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- Eat foods that may not be safe.
- Eat fewer meals and snacks to conserve food.
- Borrow food or send children to eat at others' homes.
- Obtain food from food banks or churches
- Pawn goods to obtain money for food.

Is a healthy diet affordable for those who may be food insecure?

A significant amount of published literature in Canada^{72,73,74} demonstrate a deficit in household income for lower income households to meet a minimum list of basic living expenses of shelter(housing), power, childcare and transportation. Since living expenses such as shelter are usually fixed and food is the most flexible part of a household budget, it is food that is most often sacrificed to cover other essential costs. Research suggests that the lower the household income of families living in rental housing, the higher the chance that the household is food insecure.⁷⁴

There is a common assumption that healthy food is less expensive than unhealthy food; this is not supported by current literature. The types of foods and nutrients recommended to reduce the risk of chronic disease are often more expensive⁷⁵ and high-fat, energy-dense diets are more affordable than are diets based on lean meats, fish, fresh vegetables, and fruit.⁷⁶

When counselling clients who may be food insecure, the following are recommended:

- focus on aspects of the diet which can be accommodated with current household finances⁷⁷
- accept small changes such as a client eating one healthier food choice a day⁷⁷
- explore opportunities to reduce barriers to participation in programs such as eliminating or lowering program costs, transportation assistance and onsite childcare^{43,78}

What community resources are available for those who may be food insecure?

Additional Food Sources

Emergency or community based programs may assist some individuals who are at risk of food insecurity.^{79,80,81,82} While not a solution to household food insecurity, they may provide temporary or short term relief for some households.⁸³ It is appropriate for health providers to link clients with existing resources that provide financial support, emergency food and social services in the community^{77,84}

Some community programs also assist individuals with cooking and food preparation skill building and social interactions;^{42,43,85,86,87} although lack of food skills should not be assumed to be a contributing factor for households experiencing food insecurity.⁸⁸ Community based programs such as group cooking and community gardens have been shown to utilize an approach that is effective for skill building with a variety of population groups, including those experiencing food insecurity.^{82,89,90,91}

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The resource "Access to Food in Alberta" (on the Access to Food page of the Alberta Health Services web site at <http://www.albertahealthservices.ca/5286.asp>) lists emergency food sources in Alberta. Emergency or community programs may include:

- Food banks
- Soup kitchens
- School snack or meal programs
- Group Cooking Programs (e.g. Community kitchens, Collective kitchens, cooking circles)
- Community gardens
- Food co-ops
- Food Boxes
- The Canada Prenatal Nutrition Program (CPNP)

Additional Income Sources

Individuals or families receiving income support through Alberta Works or Assured Income for the Severely Handicapped (AISH) who have a Health Benefits Card and require a medical nutritional supplement to increase energy and protein nutrition, or are on a special diet, may be eligible to receive special diet supplementary funding when they are prescribed by their medical practitioner. A letter from the medical practitioner or a Registered Dietitian stating the medical reason for the special diet, the name of the special diet, and the duration for which the diet is required should be faxed to the individuals' assigned income support worker.

The table below lists special diet supplementary funding that can be accessed. The Alberta Employment and Immigration web site has information on programs for low income individuals (<http://www.employment.alberta.ca/AWonline/IS/4874.html>).

Special Diet Supplementary Funding (January 2013)

Diet	Supplementary funding per month
Low sodium, Low cholesterol, Low fat, Low or High potassium, Lactose free, High calcium, High fibre, High protein	\$20.00
High calorie (over 2500 calories)	\$36.00
AIDS/HIV, Hepatitis C	\$36.00
Diabetic, Heart Healthy	\$40.00
Milk Free	\$50.00
Gluten Free / Celiac Disease	\$80.00
Renal Failure/ Insufficiency	\$110.00
Pregnant	\$25.00
Breastfeeding	\$30.00 (For up to 12 months)

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Diet	Supplementary funding per month
Infant Formula	Up to \$200 a month or by Health Benefits Exception Committee approval Neosure – Covered by Health Benefits Card Alimentum, Nutramigen, Neocate – Covered by Health Benefits Card with special authorization

Are there any handouts on household food insecurity I can use with my clients?

Refer to approved provincial Alberta Health Services nutrition handouts to support patient education. For more information, contact Nutrition.Resources@albertahealthservices.ca

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