

# Food Insecurity in Healthcare

## Patient and Dietitian Perspectives

### Evaluation overview

- 1 in 3 households in Alberta experience food insecurity due to financial strain.
- Many healthcare providers report feeling ill-equipped to ask and support their patients.
- Alberta Health Services (AHS) has developed clinical practice guidance and tools on food insecurity for healthcare providers.

**Goal:** Examine patient and dietitian perspectives on food insecurity in healthcare to inform future refinement and actions of AHS resources.



### Methods

- Semi-structured interviews with patients and caregivers.
- Online survey for clinical dietitians.



### Participants

- Seven patients and caregivers (30–89 years old, living in an urban city in Alberta).
- 148 dietitians from clinical, home care, and other areas.

### Key findings

- Patients feel healthcare providers should know about their financial situation.
- Building trust is instrumental for effective conversation.
- All dietitians agree they have a role in identifying financial strain.
- Dietitians and patients want stronger support in navigating social needs.
- Improvements and greater coordination at the health, community, and system levels are needed to enable patients to meet their health goals.



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## Patient perspectives

The impact of food insecurity on patients crosses individual, clinic, health system, and community levels.

### Community

- Experience of financial strain
- Increasing costs of living (e.g., shelter, food)
- Inadequate support for social needs

### Clinic and Health System

- Power differential between client and healthcare provider
- Not asked about ability to afford recommended medication and food
- Perceived judgement from healthcare provider
- Cost of healthcare (e.g., dentist, medication, healthcare visits- parking, cafeteria meals)

### Patient

- Emotional toll of financial strain—feeling of guilt, shame, and loss of identity
- Feeling of shame and secrecy about financial strain
- Feel overwhelmed, which affects their ability to navigate community support systems
- Disappointment in help provided by health system
- Feeling dismissed by healthcare professionals
- Pull away from social connections



Psychosocial stressors affecting physical and mental health

“I want to do what they tell me to do, but in the back of my mind, I’m like, OK, how do I access it? How do I pay for it?”

“Ask me what I think would be helpful and be patient with me.”

“There is a lot of worry about sharing finances... it is hard for me to talk about it openly... unless they ask me about it.”



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## Dietitian perspectives

Dietitians experience challenges across individual, clinical, health system and community levels in their clinical interactions with patients.

### Community

- Lack of supports for patients experiencing financial strain
- Existing supports for patients experiencing financial strain don't meet all needs

### Clinic and Health System

- Limited access to social workers and social navigation within healthcare
- Limited knowledge on what resources are available
- Time pressure (i.e., limited time for patient visits and finding resources)

### Dietitian

- Not confident in connecting clients to resources outside the healthcare system like food-based supports and funding
- Feel helplessness and frustration at inability to provide the necessary support to improve the client's financial situation



“If they don't qualify for the funding options listed, I feel there isn't much we can offer which makes me feel helpless.”

“Each outpatient [dietitian] should have a social worker they can refer these patients to. They are the best equipped to help income concerns.”

“We need more upstream work to actually address the root of [food insecurity]. We're investing time and resources replicated work that other areas (like community agencies/social prescribers/social workers) are doing...”

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## What helps: Patient and dietitian insights

The experience of food insecurity is deeply emotional and intertwined with other unmet social and medical needs. Patient's experience in the community and healthcare interact to affect their emotional, social, and physical health.

Patient participants felt healthcare providers should know about a patient's financial situation to inform their care plan. Due to past patient experience of judgement and stigma, building a foundation of trust is instrumental for effective conversations.

All dietitian respondents agree that they have a role in identifying food insecurity. However, they reported lower confidence in connecting clients to resources outside the healthcare system like community support and funding.

These findings underscore the need for dietitians and other healthcare providers to proactively ask about finances and other social context as part of clinical assessments. Healthcare and system level enablers are critical to clinical practice change.

## Opportunities to support patients and dietitians

- Influence systems to enhance provincial and community supports available to patients and families.
- Centralized listing of community supports, especially for rural areas.
- Clear and integrated referral pathway for social supports.
- Clinic and team-level approaches to better identify social needs and support navigation to benefits and community resources.
- Clarify roles and equip dietitians and other healthcare providers with tools and resources to strengthen knowledge and ability for practice change.
- Ongoing evaluation of patient and healthcare provider perspectives to guide process improvement.



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