

# Nutrition Services, Population and Public Health Evidence Review: Executive Summary

## Household Food Insecurity: Lived Experiences and Strategy Effectiveness

### Purpose

This report summarizes the findings of the research on:

- What are the nutrition beliefs, knowledge and practices of households at risk of food insecurity?
- What is the effectiveness of nutrition-related strategies used with households at risk of food insecurity?

See *Household Food Insecurity in Alberta: A Background* for a current state summary of household food insecurity for Albertans, including prevalence, health impacts and at-risk populations.

### Methods

- A multi-step process was used for article search, retrieval, selection, critical appraisal and synthesis.
- 1575 potential articles were found from the database search and 18 additional articles from the hand search. A total of 175 full-text articles were considered for final review and critical appraisal; 65 articles met the inclusion criteria.

### Lived Experience Findings

#### Barriers to healthy eating

Inadequate finances is the primary reason for difficulty eating healthy foods.

#### Nutrition knowledge and food purchasing decisions

Households want to eat healthfully and know how to do so, but food prices and financial constraints, which are the most significant influencers of food purchasing decisions, often prevent this from occurring.

#### Food shopping and food skills

Households know and use “thrifty” food shopping and preparation practices to reduce food expenditures.

#### Spending reduction strategies

Many economizing strategies are used when a household is running short of money. Mothers report reducing their food intake to provide more food for children.

#### Views of program providers vs participants

A disconnect exists. Providers thought participants needed/ wanted better nutrition skills, knowledge and attitudes. Participants reported wanting regular access to quality food and finances.

### Key Findings

#### Community Food Programs

Programs studied included: collective kitchens, gardening, farmers’ market incentive programs, food box programs, free medical and home-delivered meals and grocery store gift cards.

- **No change in household food insecurity status** related to program participation. The exception was participants in free medically tailored meal programs that provided all meals.
- **Consuming an increased variety of vegetables or fruit** was the most commonly reported nutrition improvement during participation in free and cost-subsidized programs. Grocery store vouchers increased overall spending power and provided control in food choices at conventional grocery stores.
- **Low participation** rates were found in community food programs from households experiencing or vulnerable to food insecurity. Many households reported multiple barriers to participation (lack of program fit and time, location and cost challenges).

#### Nutrition Education Products

Programs largely targeted individuals/households at risk of food insecurity and intended to increase healthy eating knowledge or behaviour and food-related financial management skills.

- No change in **household food insecurity** was found; most programs did not measure food insecurity.
- **Nutrition education or counselling** using tailored messages and personalized approaches had small, positive changes in nutrition-related behaviours. Interactive group nutrition education with planned, hands-on food components reported small improvements in nutrition knowledge and behaviour.

### Income Policy

Policy measures studied included federal and provincial income transfers and poverty reduction strategies that included income policy.

- Household food insecurity prevalence rate decreases were associated with using Canadian universal income-based policy approaches (e.g. Old Age Security, Guaranteed Income Supplement, Child Care Benefit) and provincial income-policy approaches.

## Implications for Program Planning and Practice in Nutrition Services PPH

### **Financial constraints are the biggest influencers of food choices for households at risk of food insecurity, not a lack of knowledge, food skills, or the desire to eat healthfully**

Avoid assumptions about the food skills, knowledge, and attitudes towards healthy eating for those at risk of household food insecurity in program development. Nutrition Services products and tools need to reflect and acknowledge financial constraints as the key barrier to healthy eating.

### **Tailored and personalized approaches to education may lead to small, positive changes in nutrition**

Interactive group nutrition education approaches and interventions using tailored messages and personalized approaches to education reported small positive changes in nutrition-related behaviours, most often improvements in attitudes and knowledge. Ensure approaches are combined with actions to address financial inadequacies and financial constraints in the development of interventions.

### **A policy approach that addresses income inadequacy is associated with reduced food insecurity**

Canadian income-supplement-based policy approaches (i.e. OAS, GIS, child benefits) are associated with reductions in the prevalence of household food insecurity. Researchers indicate the need to design policies that ensure predictability, stability and continuity of these income supplements. Ensure Nutrition Services approaches to poverty reduction, health equity and household food insecurity align with this evidence.

### **Evidence of effectiveness is lacking for many commonly used approaches**

Educational programs on financial management, budgeting or grocery shopping are not found to improve household food insecurity or nutrition status. Community food programs do not provide households with protection from food insecurity or result in a significant change in nutrition-related behaviours beyond the temporary, sporadic and unpredictable consumption of healthy foods offered during the program. Increase knowledge that household food insecurity cannot be addressed by food-based programming.

## Summary and Recommendations

### **Reducing household food insecurity requires an income approach**

When working with households at risk of food insecurity or when educating community stakeholders:

- Incorporate the following understandings into product development:
  - financial constraint is the key barrier to healthy eating.
  - poor nutrition knowledge, food skills or food-related financial management skills are not the cause of food insecurity. One cannot assume knowledge and skills are lacking in households experiencing food insecurity.
- Incorporate tailored messages and personalized approaches into nutrition education that ensure:
  - use of targeted messages with the flexibility to respond to the specific needs of participants.
  - development in partnership with individuals with lived experience of food insecurity.
- Support approaches that improve income (including a proxy for income).
- Develop resources that assist in redirecting discussions about food insecurity away from hunger and food-based solutions to income and health equity solutions.

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