

GUIDELINES FOR HEALTH PROFESSIONALS

HOUSEHOLD FOOD INSECURITY

Applicable to: Nurses, physicians, allied health clinicians,
inter-professional primary care teams



Household food insecurity is a serious public health issue in British Columbia. It is an income-based issue that requires income-based solutions. This resource provides an overview of the issue, and guides health professionals in supporting food insecure clients. All health care providers play an important role in supporting clients experiencing household food insecurity.

At a Glance: Recommendations to Support Food Insecure Clients

- Implement screening for household food insecurity
- Provide client centered care
- Liaise with the allied health care team to best support clients
- Assist clients in accessing resources: financial, food, and social supports
- Advocate for improving food access for northern British Columbians

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CONTENTS

Household Food Insecurity	4
Rates of Household Food Insecurity	4
Health Impacts of Household Food Insecurity	4
Coping Strategies	5
Recommendations	6
Implement Screening for Household Food Insecurity	6
Provide Client Centered Care	6
Liaise with the Allied Health Care Team	7
Provide Resources to Support Food Insecure Clients	8
Health Care Advocacy	9
Resources for Health Professionals	10
Northern Health Resources: Household Food Insecurity	10
General Resources: Household Food Insecurity	10
Indigenous Health Resources	10
Additional Resources	10
References	11

HOUSEHOLD FOOD INSECURITY

Household food insecurity is a **determinant of health** and occurs “when a household worries about or lacks the financial means to buy healthy, safe, and personally acceptable food.” The root cause of household food insecurity is not a lack of food skills, budgeting skills, or nutrition knowledge; it is the lack of sufficient income to purchase food.

Rates of Household Food Insecurity

Based on the 2011-2012 BC data, household food insecurity rates were as follows:ⁱⁱ

Households	Northern BC	BC Wide
All	17%	12%
Receiving income assistance	79%	76%
Without children	13%	11%
With children	25%	15%
With female lone parents/guardians	Data not available	34%

Health Impacts of Household Food Insecurity

Household food insecurity deeply influences health. Individuals who experience food insecurity report poorer physical, mental, and social health.^{iii,iv} A variety of chronic diseases and adverse mental health outcomes have been linked to household food insecurity:

- Higher rates of chronic diseases (e.g. diabetes, cardiovascular disease, hyperlipidemia, high blood pressure).^v
- Higher rates of food allergies.^{vi}
- Higher rates of adverse mental health outcomes (e.g. depression, anxiety, suicidal ideation, psychological distress).^{vii, viii}
- Higher morbidity and mortality rates.^{ix}

Children are particularly vulnerable to the negative health impacts of household food insecurity. Children living in food insecure homes are at a greater risk for asthma, depression, and suicidal ideation^{xxi}.

Coping Strategies

Household food insecurity impacts a person's eating behaviours and dietary patterns. There are many coping skills that an individual or family may use. Some examples include:

- Purchasing low-cost and sale food items, often of lower quality.^{xii,xiii}
- Modifying the quality and/or quantity of food for all household members.^{xiv}
- Reducing care giver's food intake to prioritize feeding children in the household.^{xv}
- Turning to informal support systems, such as family and friends.^{xvi}
- Accessing community food resources (e.g. food banks) for immediate, short-term relief.

RECOMMENDATIONS

All health professionals play an important role in supporting clients who experience food insecurity.

Implement Screening for Household Food Insecurity

- Screen for household food insecurity in a variety of settings; examples: primary care visits, well baby visits, prenatal check-ups, fluoride varnish programs, etc.
- Consider asking, “*Within the past 12 months, did you and other household members worry that food would run out before you got money to buy more?*”^{xvii}
- Document in the patient record and revisit at subsequent visits.

Poverty intervention tools can also assist in screening:

- [Poverty Intervention Tool \(Centre for Effective Practice\)](#)

Additional examples of screening questions:

- [Canadian Community Health Survey](#): Household Food Security Survey Module
- [CLEAR toolkit](#): health workers addressing social causes of poor health

Preventing fear of stigma

Discomfort and fear of stigmatization are challenges associated with screening for household food insecurity. It is important to create a safe space for clients. Consider prefacing food insecurity screening by re-assuring clients that the goal is to support clients and their families, and to provide solutions.^{xviii}

Provide Client Centred Care

If household food insecurity is suspected:

- Acknowledge that the social environment influences health (e.g. socioeconomic status, employment, social connectedness, etc.).
- Provide compassionate, non-judgemental, and [culturally safe](#) care.
- Treat all clients as the experts in their own health and lived experience.
- Consider [social prescribing](#), along with medical prescribing, to support health promotion and prevention for clients (e.g. facilitating connections to community).

Strategies for counselling clients who experience Household Food Insecurity:

Many expenses are fixed, such as rent for housing. When there are shortages in income or unexpected expenses, this limits money available for food. Household food insecurity is **not the result of poor budgeting, or lack of food knowledge and skills**, but there may be times when education is appropriate. If so, discuss in ways that are sensitive to food access issues:

- Acknowledge that providing healthy foods can be very difficult (for self and family).
- Acknowledge that meeting health care needs can be challenging (e.g. diabetes self-management can be more challenging when there are financial barriers to accessing health promoting foods and medications).
- Inquire about how much money clients have left for food, after paying other bills (e.g. rent, transportation costs, hydro, etc.). Support food planning based on this amount.
- Validate positive actions that clients are already taking.
- Encourage small, realistic dietary adjustments within the parameters of the household finances. If dietary changes are recommended, focus on adding new foods rather than removing foods from the diet; **“Add on, don’t take away.”**
- If connecting clients to food programs consider potential barriers (e.g. stigma, transportation, inappropriate foods, cost, etc.). Check with client(s) to determine if food programs are appropriate. If so, seek opportunities to help reduce access barriers.

Liaise with the Allied Health Care Team

Engage interdisciplinary team members in patient care, including:

- Primary care nurses – support clients as part of inter-professional teams
- Social workers – assist with navigating social benefits programs
- Registered dietitians – provide nutrition assessment, counselling, and support
- **Aboriginal Patient Liaisons** – support Indigenous peoples and families
- Mental health clinicians – provide **screening, short-term treatment, and referrals**
- Any other team members that may be able to offer support

If a patient moves from one setting to another, liaise with staff involved in their care

Provide Resources to Support Food Insecure Clients

Assist clients in identifying and filling out forms to access potential sources of additional income.

Financial Supports

BC Financial Resources	Federal Financial Resources
BC Income Assistance	Federal Income Assistance
General Supplements & Programs	Canadian Benefits Finder
Health Supplements & Programs	Service Canada
Disability Services BC	Disability Credit Canada
Nutrition Benefits Programs	Child Disability Benefit Overview
	Canada Child Benefit
Support clients in filling out Income Tax forms	

Community Supports

Emergency food relief may be required. Consider linkages to local community programs that may facilitate access to food and/or supplements. **Do so in conjunction with identifying potential sources of additional income.** Examples of community food resources include:

Community Food Programs	Community Support Inventories	Emergency Food Relief
BC Farmers' Market Nutrition Coupon Program	BC211	Food Banks
Community Gardens	FETCH Database (Pacific NW Resource)	Soup Kitchens
Good Food Box Programs, Meals on Wheels	Terrace Food Resources and Street Survival Guide ¹	Food Hampers
Pregnancy Outreach Programs	PovNet	

Legal Aid

- Legal Services Society: [Legal Aid BC](#)
- British Columbia [Civil Liberties Association](#)

Additional supports for Indigenous families

Consider linking Indigenous clients with their bands, communities, and/or friendship houses for supports. The [First Nations Health Authority benefits program](#) also offers supports for eligible BC First Nations peoples.

¹ If creating resources, consider inviting stakeholder review to ensure they are respectful, accessible, and inclusive of a variety of lived experiences.

HEALTH CARE ADVOCACY

Much of what determines health occurs outside of the health care system, and is not a result of personal behaviour or choice. Practicing **upstream medical care** means working to improve the environments where people live, work, learn, play, and are cared for. Decreasing poverty and increasing food security is most effectively addressed at the public policy level (i.e. the societal level), but action can be taken at all levels of care:

Individual/clinician

- Challenge yours and others' assumptions about what makes people sick.
- Understand that a respectful and trusting client-provider relationship is critical for those who have been marginalized and **stigmatized**. People living with trauma, mental illness, substance use disorders, or poverty often experience **inequitable treatment within the health care system**.
- Become familiar with local resources and supports in your community (e.g. low cost/free bus fare, childcare services, food programs, parenting programs, **legal aid**, etc.).
- Adjust clinic hours to accommodate varying schedules.
- Offer translation services or visual tools at your practice.

Organizational/community level

- Learn more about person and **family centered care**, **health equity**, and **trauma informed care**.
- Learn more about how household food insecurity impacts physical and mental health.
- Engage with local government (e.g. **MLAs**, municipal council) about your concerns. around household food insecurity rates in your community/the **NH region**; politicians at all levels of government can work to address income disparities.
- Advocate for equitable access to healthy food and safe drinking water, affordable and effective public transportation, mental health support and resources, etc.
- Foster community partnerships (e.g. with **anti-poverty organizations**).

Societal level

- Advocate for improving access to the social determinants of health in your community (e.g. **Health Providers Against Poverty**).
- Lend your voice to **poverty reduction initiatives** provincially, and in community.
- Advocate for income-based solutions to poverty (e.g. **Basic Income Guarantee**; expanded social safety nets).
- Advocate for safe and secure working environments, including affordable childcare.
- Support healthy housing policy (e.g. affordable, quality housing for all).

RESOURCES FOR HEALTH PROFESSIONALS

Northern Health Resources: Household Food Insecurity

- Food security overview
- Household Food Insecurity Infographic
- Healthy Eating Position Paper (see Food Security section – page 8)
- Infant-Toddler Nutrition Guidelines for Health Professionals (see Food Insecurity (Household) section in Chapter 5: Issues of Concern)

General Resources: Household Food Insecurity

- Food Insecurity Policy Research (PROOF): Fact Sheets
- Prevalence, Severity, and Impact of Household Food Insecurity: Dietitians of Canada
- BC Model Core Program Paper - Food Security: BC Ministry of Health
- Food Costing in BC 2017 Report and Infographic: BC Centre for Disease Control

Indigenous Health Resources

- Social Determinants of Health: National Collaborating Centre for Aboriginal Health
- Health & Health Care Implications of Systemic Racism on Indigenous Peoples in Canada – Indigenous Health Working Group: The College of Family Physicians of Canada
- Local Cultural Resources: NH Indigenous Health

Additional Resources

- Poverty reduction and mental health: Canadian Mental Health Association
- Social Determinants of Health in Canada: Government of Canada
- Trauma as a Determinant of Health: UBC Faculty of Medicine

REFERENCES

- ⁱ Li, N., Dachner, N., Tarasuk, V., Zhang, R., Kurrein, M., Harris, T., Gustin, S., Rasali, D. (2016). Priority Health Equity Indicators for BC: Household Food Insecurity Indicator Report.
- ⁱⁱ Ibid.
- ⁱⁱⁱ Vozoris, N.T., Tarasuk, V.S. (2003). Household food insufficiency is associated with poorer health. *J. Nutr.* (1): 120-6
- ^{iv} Davison, K.M., Marshall-Fabian, GL., Tecson, A. (2015). Association of moderate and severe food insecurity with suicidal ideation in adults: national survey data from three Canadian provinces. *J. Soc Psychiatry Psychiatr Epidemiol.* (6):963-72. doi:10.1007/s00127-015-1018-1
- ^v Tarasuk, V., Mitchell, A., McLaren, L., McIntyre, L. (2013). Chronic Physical and Mental Health Conditions among Adults May Increase Vulnerability to Household Food Insecurity, *J of Nutrition*, (143)1785–1793, <https://doi.org/10.3945/jn.113.178483>
- ^{vi} Vozoris, N.T., Tarasuk, V.S. (2003). Household food insufficiency is associated with poorer health. *J. Nutr.* (1): 120-6
- ^{vii} Davison, K.M., Marshall-Fabian, GL., Tecson, A. (2015). Association of moderate and severe food insecurity with suicidal ideation in adults: national survey data from three Canadian provinces. *J. Soc Psychiatry Psychiatr Epidemiol.* (6):963-72. doi:10.1007/s00127-015-1018-1
- ^{viii} Vozoris, N.T., Tarasuk, V.S. (2003). Household food insufficiency is associated with poorer health. *J. Nutr.* (1): 120-6
- ^{ix} Gundersen C, Tarasuk V, Cheng J, de Oliveira C, Kurdyak P (2018) Food insecurity status and mortality among adults in Ontario, Canada. *PLOS ONE* 13(8): e0202642. <https://doi.org/10.1371/journal.pone.0202642>
- ^x Kirkpatrick, S.I., McIntyre, L., & Potestio, M.L. (2010). Child hunger and long-term adverse consequences for health. *Archives of Pediatrics & Adolescent Medicine*, 164(8), 754-762.
- ^{xi} McIntyre, L., Williams, J. V., Lavorato, D.H., & Pattern, S. (2013). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *Journal of Affective Disorders*, 150(1), 123-129.
- ^{xii} Burke, M. P., Martini, L. H., Blake, C. E., Younginer, N. A., Draper, C. L., Bell, B. A., Liese, A. D., Jones, S. J. (2017). Stretching food and being creative: Caregiver responses to child food insecurity. *J Nutr Educ Behav*, 49(4): 296-303. Doi: 10.1016/j.jneb.2016.11.010
- ^{xiii} Olstad, D.L., Norman R.C., Campbell M.D., Raine K.D. (2019). Diet quality in Canada: policy solutions for equity. *CMAJ* (191) E100-2. Doi: 10.1503/cmaj.180938
- ^{xiv} Ibid
- ^{xv} McIntyre L, Glanville NT, Raine KD, Dayle JB, Anderson B, Battaglia N. Do low-income lone mothers compromise their nutrition to feed their children? *Can Med Assoc J.* 2003;168(6):686-91
- ^{xvi} Burke, M. P., Martini, L. H., Blake, C. E., Younginer, N. A., Draper, C. L., Bell, B. A., Liese, A. D., Jones, S. J. (2017). Stretching food and being creative: Caregiver responses to child food insecurity. *J Nutr Educ Behav*, 49(4): 296-303. Doi: 10.1016/j.jneb.2016.11.010
- ^{xvii} Health Canada: Office of Nutrition Policy and Promotion. (2007). Canadian Community Health Survey Cycle 2.2, Nutrition (2004) - Income-related Household Food Security in Canada. Appendix A; p. 61
- ^{xviii} Torres J., De Marchis E., Fichtenberg C., Gottlieb L. (2017). Identifying Food Insecurity in Health Care Settings: A Review of the Evidence. San Francisco, CA: Social Interventions Research & Evaluation Network. Available [online](#)



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