



**Priority
health equity indicators
for British Columbia:**

**Household food
insecurity indicator
executive summary**

August 2016

Prepared for the Population and Public Health Program, BC Centre for Disease Control (BCCDC), Provincial Health Services Authority (PHSA)

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This report is collaboration between PHSA and PROOF. PROOF is an interdisciplinary research team working to identify effective policy interventions to reduce household food insecurity in Canada. It is supported by a Programmatic Grant in Health and Health Equity, Canadian Institutes of Health Research (CIHR) (FRN 115208).

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Executive Summary

Introduction

Food insecurity is recognized as a key public health issue in British Columbia (BC). Simply put, household food insecurity is when a household worries about or lacks the financial means to buy healthy, safe, personally acceptable food. Evidence shows that food insecure families struggle to afford a healthy diet and that food insecurity impacts physical, social and mental health and well-being.

Adults who are food insecure are at an increased risk of chronic conditions and have greater difficulty managing their diseases. They also face an increased likelihood of depression, distress, and social isolation. Children and youth also suffer the impacts of food insecurity, which is associated with micronutrient deficiencies, as well as increased risk of chronic conditions such as asthma and depression. A recent Ontario study shows that people who are food insecure place a greater burden on the health care system, with severely food insecure adults using 121% more healthcare dollars compared to those who are food secure.

Context for this report

Decreasing food insecurity is part of the overall goals and objectives included in the BC Ministry of Health's *Model Core Program Paper: Food Security* (2014). Some ways that the Population and Public Health (PPH) program at Provincial Health Services Authority (PHSA) works towards the Core Program Paper goals and objectives are to increase knowledge and awareness about food insecurity (for example, with this report), as well as to monitor the affordability of a nutritionally adequate, balanced diet across BC (see the *Food Costing in BC 2015* report).

In addition, food insecurity prevalence is one of the 52 health equity indicators included in the suite of indicators developed by PHSA (see the *Development of priority health equity indicators for British Columbia* report). This report's analysis contributes toward the PHSA priority health equity indicators initiative, by taking an in-depth look into the household food insecurity indicator.

This report supports the PHSA health equity indicators work and it responds to the health authorities' request for more detailed BC food insecurity data. The information presented here provides data that can help inform planning and policy development.

Methods

The PPH program collaborated with the PROOF team at the University of Toronto to assess the prevalence of household food insecurity in BC. The findings presented in this report are based on data collected through the Canadian Community Health Survey (CCHS) in the four survey cycles between 2005 and 2011-12.

Key findings based on 2011-12 data

- **Over one in 10 BC households (11.8%), representing 485,500 British Columbians, experienced some level of food insecurity. About 3% of households, representing 91,100 British Columbians, experienced severe food insecurity.**

- **About one in six BC children under the age of 18 lived in households experiencing some level of food insecurity (15.6%).**

- **The rate of household food insecurity varied within the province:**

- In general, the lower mainland and the south coast of BC had lower rates of household food insecurity and northern BC had higher rates.
- Northern Health had the highest overall food insecurity rate (16.4%); however, the highest rate of severe food insecurity was in Island Health, affecting almost one in 25 households (3.8%).

- **Household food insecurity rates in BC differ depending on different household characteristics:**

- Female lone parent-led BC households, with children less than 18 years of age, had the highest rate of food insecurity (34.2%).
- In all of the health authorities, households with children had higher rates of food insecurity compared to those without. In Fraser and Vancouver Coastal Health, over one in 10 households with children were food insecure (12.3% and 11.0%, respectively), whereas in Northern, Island, and Interior Health one in about four to five households with children was food insecure (24.8%, 20.6%, and 20.8%, respectively).
- Among food-insecure households in BC, about two thirds (65.0%) reported their main sources of income were wages, salaries, or self-employment.
- Food insecurity affected over three quarters (76.0%) of BC households reliant on social assistance as their main source of income and about a third (32.7%) of those reliant on Employment Insurance or Workers' Compensation.
- Renter households in BC experience disproportionately high rates of food insecurity compared to owner households.

Definitions

Food secure – report no problems with income-related food access

Marginally food-insecure – indicate being worried about having enough food, or experiencing an income-related barrier to adequate, secure food access.

Moderately food insecure – experience compromises in the quality and/or quantity of food consumed due to a lack of money for food.

Severely food insecure – report more extensive compromises, including disrupted eating patterns and reduced food intake.

■ Food insecurity is associated with less favourable health outcomes in British Columbians:

- Compared to individuals living in food secure households, those living in food insecure households reported significantly lower rates of positive general health (43.4% vs 62.2%) and positive mental health (55.1% vs 68.9%).
- Those living in food insecure households also reported significantly higher rates of adult obesity and mood/anxiety disorder compared to those living in food secure households (19.5% vs 14.1% and 24.1% vs 9.4%).

Conclusion

Over one in 10 BC households are food insecure. Food insecurity is a public health concern as it affects a household's ability to afford nutritious food and influences both physical and mental health across the lifespan of the affected individuals.

The prevalence of household food insecurity varies across the province and affects some households more than others:

- Households with children, especially those led by single mothers are at highest risk for food insecurity.
- About three quarters (76.0%) of households whose main source of income is social assistance are food insecure; however, working households comprise the majority of the food insecure households in BC (65.0%).
- Fewer households whose main source of income is from government support to seniors (public pensions) are food insecure compared to households reliant on social assistance (12.6% vs 76.0%).

People in BC living in food insecure households have poorer health than their food secure counterparts for all five health indicators analyzed. Individuals in food insecure households had lower rates of positive self-perceived general health and mental health, reported lower rates of healthy eating, and experienced higher rates of obesity and mood/anxiety disorders.

The findings presented in this report describe household food insecurity in BC over time, and will support the health authorities in food insecurity planning. It is important that BC monitors household food insecurity on a regular and consistent basis through surveillance opportunities from the Canadian Community Health Survey (CCHS).

The purpose of this report is not to recommend specific policies or programs, but it is broadly recognized that reducing household food insecurity at a population level will require policy changes that improve a household's financial circumstances. Recent Canadian studies have found that food insecurity is sensitive to policy changes that improve a household's financial resources. There is also some evidence that the risk of food insecurity among very low-income adults drops in half when they turn 65 and become eligible for public pensions (i.e., Old Age Security and Guaranteed Income Supplement), highlighting the importance of adequate, secure incomes to protect individuals and families from food insecurity.