Household Food Insecurity in Canada

Valerie Tarasuk, PhD

Food insecurity became recognized as a problem in Canada in the early 1980s when community groups began to establish charitable food assistance programs in response to concerns that people in their midst were going hungry. Since then, the number of Canadians affected by food insecurity has grown, but food charity remains the primary response. Children’s feeding programs, prenatal nutrition programs, and a number of smaller scale, community development programs have also been instituted. However, growing recognition of the limitations of these efforts to address food problems rooted in chronically inadequate household incomes has led to a renewed emphasis on advocacy for social policy reforms. Key words: Canada, food banks, food insecurity

Household food insecurity is increasingly being recognized as a serious public health concern in Canada. The problem can be broadly defined as the limited, inadequate, or insecure access of individuals and households to sufficient, safe, nutritious, and personally acceptable foods to meet their dietary requirements for a productive and healthy life. Although related to the concept of community food security, household or individual food insecurity can be differentiated by the focus on problems of food access rather than concerns related to the organization of our food system. This article begins with an examination of what is known about the problem of food insecurity for individuals and families in Canada and what we have come to understand about the conditions that give rise to this problem. Despite extensive documentation of the inextricable link between food security and income adequacy, local responses to food insecurity have generally focused more on food provisioning and food-related behaviors than on income issues. These responses and the growing emphasis on advocacy for improvements to Canada’s social safety net as an essential strategy to address problems of food insecurity in this country are discussed.

The Scope of the Problem

Food insecurity became recognized as a problem in Canada in the early 1980s when communities began to establish ad hoc charitable food assistance programs in response to concerns that people in their midst were going hungry. These programs took the form of “food banks,” extragovernmental community organizations that collect donated foodstuffs and redistribute them to the “needy.” They rapidly proliferated through the 1980s and 1990s and today, a total of 550 exist. Since their inception, food banks have constituted the primary response to problems of household food insecurity in Canada. The steady increase in food bank usage, illustrated in Fig 1, has been widely regarded as an indication of...
the worsening problems of food insecurity. In 1989, the Canadian Association of Food Banks released its first estimate of food bank usage nationally (called a "HungerCount"), reporting that 378,000 Canadians used food banks in March of that year. Eight years later, this number has more than doubled, with 841,640 Canadians using food banks in March 2004. Expressed as a percentage of the population, food bank usage ranged from less than 2% of the population in Alberta and the Northwest Territories to 5.67% of the population in Newfoundland.

**Food insecurity:** Limited, inadequate, or insecure access of individuals and households to sufficient, safe, nutritious, and personally acceptable food to meet their dietary requirements for a productive and healthy life

**HungerCount:** Annual survey of food bank usage conducted by the Canadian Association of Food Banks

**NLSCY:** National Longitudinal Survey of Children and Youth

**NPHS:** National Population Health Survey

**CCHS:** Canadian Community Health Survey

With the inclusion of indicator questions on several recent national surveys, it is now evident that food bank utilization statistics have grossly underestimated the prevalence of household food insecurity in Canada. These surveys and the food security questions they included are summarized in Table 1. Although the use of different questions on different surveys thwarts the examination of trends in food insecurity over time, where comparisons are possible, the data support the inference from food bank statistics that household food insecurity is growing. As discussed more fully later in this article, national survey results have also served to pinpoint the conditions that give rise to food insecurity in Canada.

The first national survey to include any questions about food insecurity was the National Longitudinal Survey of Children and Youth (NLSCY), which began in 1994 with a sample of almost 23,000 randomly selected Canadian families having newborns to children aged 11 years. Survey respondents were asked if their child had "ever experienced being hungry because the family had run out of food or money to buy food," and if so, how often, and how did they cope with feeding their child when this happened. Perhaps, because child hunger typically arises in the context of relatively severe household food insecurity and the reporting of this phenomenon is highly stigmatized, the observed prevalence of this problem was low, affecting an estimated 1.2% of families in 1994. A slight increase in prevalence was documented in 1996, with 1.6% of households with children younger than 13 years reporting child hunger, although this increase was not considered statistically significant. Important though, in this same year questions about household food insecurity began to appear on a much larger survey of Canadian households, the National Population Health Survey (NPHS). From the 1996–1997 NPHS, 4% of Canadians were estimated to be food insufficient. The 1998–1999 NPHS included 3 indicator questions to assess worry about not having enough to eat, compromise in quality or variety of food eaten, and not having enough to eat (Table 1), as well as a more extensive supplement to assess households' experiences of food insecurity. The NPHS was replaced in 2000 by the Canadian Community Health Survey, but the first cycle of this survey included the same 3 indicator
Table 1. Food insecurity as measured on national population surveys in Canada

<table>
<thead>
<tr>
<th>Survey</th>
<th>Questions</th>
<th>Estimated prevalence, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994 National Longitudinal Survey of Children and Youth</td>
<td>Has your child ever experienced being hungry because the family had run out of food or money to buy food?</td>
<td>1.2&lt;sup&gt;12&lt;/sup&gt;</td>
</tr>
<tr>
<td>1996 National Longitudinal Survey of Children and Youth</td>
<td>Has your child ever experienced being hungry because the family had run out of food or money to buy food?</td>
<td>1.6&lt;sup&gt;13&lt;/sup&gt;</td>
</tr>
<tr>
<td>1996-1997 National Population Health Survey</td>
<td>Over the past 12 months, did your household ever run out of money to buy food?</td>
<td>4.0&lt;sup&gt;11&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>If yes, which of the following best describes the food situation in your household?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Always enough food to eat</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sometimes not enough food to eat</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Often not enough food to eat</td>
<td></td>
</tr>
<tr>
<td>1998-1999 National Population Health Survey</td>
<td>In the past 12 months, did you or anyone else in your household not eat the quality or variety of foods you wanted to eat because of a lack of money?</td>
<td>10.4&lt;sup&gt;9&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>worry that there would not be enough to eat because of a lack of money?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>not have enough food to eat because of a lack of money?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Response options: yes, no</td>
<td></td>
</tr>
<tr>
<td>2000-2001 Canadian Community Health Survey</td>
<td>In the past 12 months, did you or anyone else in your household not eat the quality or variety of foods you wanted to eat because of a lack of money?</td>
<td>14.7&lt;sup&gt;14&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>worry that there would not be enough to eat because of a lack of money?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>not have enough food to eat because of a lack of money?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Response options: often, sometimes, never</td>
<td></td>
</tr>
</tbody>
</table>

It should be noted that the population surveys described here have omitted some particularly vulnerable population subgroups: Aboriginals* on reserves, persons living in the Yukon and Northwest Territories and remote areas of Quebec and Ontario, and homeless people. Recent studies in 3 northern, Aboriginal communities have documented questions (with a slight modification to the response categories).<sup>14</sup> The proportion of households responding affirmatively to at least 1 of the 3 items rose from 10.4% in 1998-1999<sup>9</sup> to 14.7% in 2000-2001.<sup>14</sup> The proportion that indicated compromises in dietary quality (defined as not having enough to eat or not having the desired quality and variety of foods because of a lack of money) rose from 8.4% in 1998-1999<sup>9</sup> to 12.9% in 2000-2001 (S Kirkpatrick, March 25, 2004). More investigation is required to understand what underlies the apparent increase.

*The term "Aboriginal" refers to the original inhabitants of Canada, encompassing Indian, Metis, and Inuit peoples.<sup>16</sup>
prevalences of food insecurity in excess of 60% findings that reflect the extraordinarily high rates of poverty and high food costs in these communities. Reports of food scarcity and deprivation among homeless groups also abound. Although homeless groups and Aboriginal persons living in remote communities likely comprise a small proportion of the Canadian population, given their extreme vulnerability, the population prevalence estimates cited here must be regarded as understatements of the true extent of food insecurity in Canada.

THE EXPERIENCE OF FOOD INSECURITY

Qualitative and quantitative compromises in food intake are clearly integral to individuals' experiences of this phenomenon, but the nutritional implications of food insecurity in a Canadian context remain poorly understood because we lack population data on household food security and dietary intake. To date, dietary assessments have been limited to small samples of individuals in particularly vulnerable circumstances (ie, low-income, lone-parent women and children; food bank users; homeless youth). In some cases, very high prevalences of nutrient inadequacies have been documented. For example, more than half of the 261 homeless youth interviewed by Tarasuk et al consumed inadequate amounts of folate, vitamins A and C, zinc, and magnesium, and more than half of the young women in this sample also had inadequate intakes of iron and vitamin B12. In their study of 141 lone-parent, low-income women in the Atlantic provinces, McIntyre et al found that most women had inadequate intakes of folate and vitamin C and more than one third had inadequate intakes of iron and vitamins A and B6. In contrast, the children in these households exhibited adequate intakes of most nutrients, with estimated prevalences of inadequacy in excess of 3%, only for folate, zinc, and vitamin A. The findings suggest that women compromised their own nutritional intake to preserve the adequacy of their children's diets as has been reported in several earlier examinations of food management practices in the context of household food insecurity. In the absence of population data, however, it is impossible to know the extent to which the dietary intakes of Canadian adults and children are compromised in the context of food insecurity.

The relationship between household food insecurity and the risk of overweight or obesity in Canada remains controversial, with contradictory findings emerging from 2 recent analyses of cross-sectional survey data. Working with data from the 1998-1999 NPHS, Che and Chen reported that adults in food-insecure households were 1.5 times more likely to be obese (defined as body mass index > 30). Vozoris and Tarasuk subsequently examined this question using data from the 1997-1998 NPHS. Because this cycle of NPHS included a much larger sample than the 1998-1999 cycle, they were able to stratify the analysis by gender and examine food insufficiency in relation to a broader range of body mass index categories, while adjusting for a number of potentially confounding variables. In contrast to Che and Chen, Vozoris and Tarasuk found no relation between household food insufficiency and body weight for women, and significantly decreased odds of overweight among men in food-insufficient households. More research is clearly needed to understand how household food insecurity affects body weight in the Canadian context. Given the limitations of cross-sectional survey data, it is important to obtain longitudinal data on adults' weights and food security status to address this question.

While the specific effects of household food insecurity on individuals' dietary intakes and risks of underweight and overweight remain to be characterized, inadequate income clearly poses a major barrier to healthy eating. Given that many of the healthful dietary choices being currently advocated (eg, specially formulated high-fibre or low-fat foods; margarines low in saturated or trans fatty acids; low-fat dairy products) represent increased food costs, economic constraints on food selection can affect diet quality. Insofar as food insecurity is associated with dietary compromises, it can impede the
management of chronic diseases in which nutrition is implicated. This is of particular concern given the evidence that individuals in food-insufficient households are more likely to report heart disease, diabetes, high blood pressure, and food allergies than those in food-sufficient households. Food insecurity must also pose a risk in pregnancy, although again there has been little systematic examination of this problem or its impact in Canada.

Individuals in households characterized by food insecurity appear to be more likely to suffer from poorer physical, mental, and social health than do those in more food-secure situations. Several Canadian studies have documented significant relationships between indicators of household food insecurity and the likelihood of individuals reporting poor or fair self-rated health and multiple chronic health conditions. In the 1994 NLSCY, for example, caregivers in families reporting child hunger were more likely to rate their health poorly and to report having at least one chronic health condition when compared to caregivers in families not reporting child hunger. The health of children who experienced hunger was also reported to be worse than the health of children who did not experience hunger. Examination of a more comprehensive array of health measures in the 1996–1997 NPHS revealed that individuals in households characterized by food insecurity had significantly higher odds of poor or fair self-rated health, poor functional health, restricted activity, multiple chronic conditions, major depression, distress, and poor social support. The findings persisted even after controlling for the potentially confounding effects of age, sex, education level, and the adequacy of household income. Given the broad spectrum of health indicators for which associations were observed, it seems unlikely that the effect of household food insecurity on individuals' health is condition-specific. Rather, it would appear that food insecurity is one dimension of a more pervasive vulnerability to a range of physical, mental, and social health problems among individuals in households struggling with economic constraints.

Irrespective of the nutritional or physical health consequences of a chronically compromised diet, the social exclusion that underscores food insecurity makes it relevant to broader discussions of population health. Social exclusion is integral to the experience of food insecurity because those affected are forced to adopt food consumption patterns and employ a variety of strategies to acquire food or money for food that fall outside social norms. The sizable but largely invisible work of feeding one's family is made even more difficult when this work must occur in the context of financial resource constraints. In a study of Quebec families, documented alienation in relation to household food insecurity, describing the profound feelings of powerlessness, guilt, and shame associated with this condition. Consistent with these findings, many who seek assistance from food banks speak of the shame and humiliation associated with this action. Street youth also speak about the loss of dignity associated with having to panhandle or beg for money for food.

THE CONDITIONS THAT GIVE RISE TO PROBLEMS OF FOOD INSECURITY AMONG CANADIAN HOUSEHOLDS

Despite the limited measures of food insecurity included on national surveys, analyses of survey data have greatly expanded our understanding of the conditions that give rise to household food insecurity in Canada. As the adequacy of household income deteriorates, the likelihood that a household will report some experience of food insecurity increases dramatically. Furthermore, households with the lowest incomes report more severe food insecurity than do those in less deprived circumstances, and among low-income households, changes in financial circumstances appear to predict changes in food security status. Within low-income households, food security appears to be extraordinarily sensitive to the ebb and flow of household resources and the financial pressures on these resources. An analysis of
the dynamics of child hunger among households in the NLSCY cohort over 1994-1996 revealed 3 factors that appeared to plummet families into a state of food insecurity where child hunger was reported: the addition of “one more mouth to feed” (ie, one or more siblings added to the family, change in the number of parents in the household); job loss; and health problems. Only one change predicted which of the families moved out of severe food insecurity (as indicated by reporting child hunger on the first cycle of NLSCY but not on the second): the mother got a full-time job and the family’s income rose accordingly. These results are consistent with other research suggesting that problems of household food insecurity are primarily problems of financial insecurity.

While the adequacy of household income is by far the strongest predictor of household food insecurity, some other household characteristics have been repeatedly linked to this problem. Households who depend on social assistance for their incomes appear particularly vulnerable. In the 1998-1999 NPHS, 58% of those whose major source of income was social assistance reported some experience of food insecurity. Consistent with this observation, social assistance recipients consistently comprise more than half of those who seek charitable food assistance from food banks. The extraordinary vulnerability of social assistance recipients to food insecurity can be explained by the low benefit levels, lack of in-kind supports, and loss of assets among households on these programs. Income-expense comparisons indicate that, for many, welfare incomes are insufficient to cover the costs of basic needs for food, shelter, and other essentials. Lone-parent families, those who rent rather than own their dwellings, and Aboriginal families living off-reserve also appear to be overrepresented among the food insecure in Canada.

RESPONSES TO FOOD INSECURITY

While problems of household food insecurity appear clearly lodged in problems of financial insecurity, responses to date have not focused on income issues. Rather, food charity has been the dominant response. In addition to food banks, children’s feeding programs have been established, at least in part, in response to perceived problems of child hunger. Furthermore, since the early 1990s, a number of smaller scale, community-based programs have been initiated. These include alternative food distribution networks to increase families’ access to lower cost foods and targeted education programs to enhance low-income households’ skills in the acquisition and preparation of nutritious, low-cost foods. In general, these responses have been focused on food or food-related behaviors, and many have arisen as ad hoc, local-level initiatives. What follows is a brief examination of these directions in response.

FOOD BANKS, THE PRIMARY RESPONSE

Although the food banks started in the early 1980s were initially construed as temporary food relief operations necessitated by an economic recession, demands for charitable food assistance did not abate as the economy improved. Instead, more and more food banks were established, and food bank utilization steadily climbed over the next 2 decades. Today, there can be little debate that food banks have become institutionalized. It is also apparent that the need for their services is not contingent upon fluctuations in the Canadian economy. Rather, the proliferation and rapid entrenchment of these extragovernmental, community-based food charities appear to stem from a fundamental shift in Canadian social policy. Over the past 2 decades, persistently high rates of poverty, unemployment, and underemployment in Canada have been accompanied by the termination or erosion of a number of publicly funded supports designed to lessen financial hardships for particularly vulnerable groups. This has included major changes to the way in which social assistance (“welfare”) and unemployment insurance programs are delivered and the levels of support they provide, as well as retractions in investments in social housing.
While these changes could be seen simply as consequences of the changing economic climate and increased emphasis on free trade and competitiveness in the global market, it is important to recognize that the shift in Canadian social policy reflects a shift in dominant political values. Similar changes in social policy have been documented in conjunction with the growing problem of food insecurity in several other Western nations.

In the context of such fundamental changes to social policy in Canada, food banks have been referred to as one element of the "privatization of social services." (The entrenchment of food banks has also been cited as evidence of the erosion of one of the most fundamental human rights—the right to food.) Given the interrelationship between the rise in the number of food banks and the unravelling of the "social safety net," it is significant that food banks typically operate without government funding. Indeed, most do not even receive funding from major charities like the United Way. Instead, they rely heavily on volunteer labor, donated equipment and facilities, and food donations. "Food drives," the active solicitation of food donations from the public, have become a routine part of life in communities across the country. However, in many regions, the bulk of food distributed is donated by food processors, retailers; much of this is "surplus food," donated because it cannot be retailed. Although corporations in Canada receive no special tax benefits for these donations, they save disposal costs and garner corporate goodwill through their participation.

Many food banks endeavor to improve the nutritional quality of foods available for distribution by soliciting particular kinds of donations from the public and by soliciting cash donations to fund the purchase of foods of high nutritional value, but these strategies are limited by their reliance on the charity of donors. Some food banks have also developed partnerships with producers to obtain particular foods (eg, fluid milk from the dairy producers), but this strategy is also limited because it requires corporations to forego profits by donating saleable items.

Despite their continued efforts to raise donations, food bank operators have long reported that demands for food assistance exceed available supplies. Evaluations of the assistance provided by food banks confirm the limited quantity and nutritional quality of food available for distribution. The supply limitations that come from a reliance on donations necessitate restrictions on both the frequency with which any one household can receive assistance and the amount and selection of foods it receives. Currently, most food banks aim to provide a 4-day supply of food to clients, but fewer than 25% have policies permitting clients to receive this assistance more than once a month. In their struggle to balance supply and demand, many food banks have had to implement further restrictions on the amount of food they give and the frequency of use permitted. A few food banks have reported having to turn people away because of a lack of food.

Despite structural limitation that make it impossible for food banks to effectively respond to the food needs of those who are food insecure, they remain the primary response to food insecurity in Canada. Population surveys indicate that 20% to 35% of food-insecure households make use of charitable food assistance programs, and there is some evidence to suggest that those who seek food assistance may be in more dire straits than those who do not. Client surveys confirm the food insecurity that underpins food bank use, but these surveys also indicate that many clients receive insufficient food assistance to meet their needs. One study of families using food banks in Toronto found that 57% reported some level of absolute food deprivation (ranging from skipping or cutting the size of meals to going whole days without eating) over the previous 30 days, despite at least one visit to a food bank during this period and a myriad of other efforts to augment scarce household resources. Problems of unmet needs are often invisible because of the ways in which charitable food distributions are typically managed. Even if the full extent of clients' food needs was recognized, food banks would be very unlikely to
have sufficient resources to meet these needs, given their reliance on donations.

OTHER RESPONSES TO FOOD INSECURITY

Growing concerns about the adequacy and appropriateness of food banks as a response to household food insecurity, coupled with the recognition of household food insecurity as a widespread and persistent problem, have spurred public health departments and community service organizations across the country to search for alternative responses. Many have initiated small-scale programs to address perceived needs at the local level, often drawing on principles of health promotion or community development. These programs have arisen in the context of persistent questions about how health professionals' responsibilities to address this problem should be circumscribed, and where the capacity lies for health and nutrition-oriented interventions to contribute.2,3,60-77

Some programs, framed as “alternatives to food banks,” have been designed to provide more lasting solutions to problems of food insecurity through the application of more participatory, community development strategies.74 The programs typically endeavor to improve food security through the promotion of enhanced food skills and alternative food production and acquisition strategies that are often designed to also foster a more locally sustainable food system. Examples include community kitchens, targeted nutrition education programs, community gardens, food-buying clubs, farmers' markets, and alternative food distribution networks.57,58 Some programs target low-income groups, but others appeal to the community as a whole. Individual programs may compete for and receive small amounts of project funding from governments, but funding is typically time-limited and project-based. Although they may be part of a local food policy,57,78 these community development initiatives have typically not been part of some coherent national or provincial food security strategy.

In contrast, in recent years government support to prenatal programs and child nutrition programs that target (or at least include) individuals from families vulnerable to food insecurity has increased. Although there have long been prenatal nutrition programs, since 1994 the federal government has been providing funding for community groups to offer or enhance prenatal nutrition support programs for low-income, high-risk pregnant women through the Canada Prenatal Nutrition Program.79 A community development approach is used in program delivery, with programs tailored to clients' needs, but most programs provide participants with food and vitamin supplements, breast-feeding support, and one-on-one nutrition counselling.80 An estimated 44,650 women participated in the Canada Prenatal Nutrition Program in 2001-2002,80 but it is unclear how this relates to the total number of eligible women. In addition to the increased availability of federal funding for prenatal nutrition programs, several provincial governments are now providing funding for school meal programs that, to some extent, appear to stem from concerns about hunger among children in low-income communities.81 It is important to emphasize that the prenatal and child nutrition programs described here have multiple goals. However, insofar as both provide free or low-cost food to their low-income participants, they can be seen, at least in part, as public policy responses to food security-related concerns.81

To date, there have been few evaluations of community-based food and nutrition programs from the perspective of their impact on problems of household food insecurity. The sole exception is children's feeding programs; these have been the subject of considerable controversy, with some research suggesting that the programs may actually exacerbate rather than reduce nutrition inequities.82-85 While it is beyond the scope of this review to present an in-depth analysis of any single program, a critical examination of 2 key features that characterize several of these initiatives is
presented: (1) the role of nutrition education and enhanced food skills in improving household food security and (2) the contribution of small-scale food subsidies and nutrition supplement programs to food security.

Although public health nutrition interventions for low-income groups have traditionally taken the form of educational programs designed to enhance nutrition knowledge and improve food shopping and preparation skills, the relevance of nutrition education initiatives to current problems of food insecurity is highly questionable. Examinations of the food management practices of low-income families have typically revealed high levels of skill and resourcefulness among those who are continually challenged to "make ends meet." One empirical examination of at-home food preparation activity among a sample of 153 women in low-income, food-insecure households reported that 97% of the women had consumed food prepared at home, from scratch, at least once over 3 days of observation and 57% had done so on each day. Women in households characterized by more severe food insecurity engaged in less complex food preparation, but they were no less likely than other women to prepare food from scratch. The findings lend support to other research foregrounding the very limited extent to which skilled food selection and preparation can compensate for the chronically inadequate incomes of families who are vulnerable to food insecurity.

A second feature of many of the programs described here is their provision of free or low-cost food to low-income households or individuals. This may occur through the provision of meals or snacks to children in school nutrition programs, the provision of free meals and food vouchers to women participating in prenatal nutrition programs, the subsidization of food prepared in community kitchens, or the subsidization of costs associated with community gardening, for example. Insofar as any of the initiatives enable low-income households to allocate a lesser proportion of their income to food purchases, they may relieve some of the financial pressures on the household and thus lessen the likelihood of severe food insecurity. However, this effect is limited by the size of the subsidies. One examination of the income-transfer potential of individuals' participation in a prenatal or child nutrition program found that program participation made only a small contribution to a household's overall financial situation, suggesting that the programs would be very unlikely to alleviate—let alone eradicate—household food insecurity that was rooted in income inadequacy.

This analysis can be extended to consider the case of interventions designed to improve low-income households' access to affordable, locally grown, fresh fruits and vegetables. Two such initiatives are the creation of farmers' markets in low-income neighborhoods and the development of alternative food distribution schemes, such as the "Good Food Box," a program whereby each month participants prepay and then pick up a box of fruits and vegetables from a central depot in their neighborhood. Insofar as these programs make it more convenient for low-income households to purchase fresh fruits and vegetables, assuming they can afford to purchase such foods at all, the quality of their diets may improve. Some financial savings may be realized if the produce is sold at prices below those that a household would normally pay, or if the initiatives spare families from spending money on transportation to reach food retail outlets elsewhere. However, the sum total of these savings is likely to be small, raising questions about the likelihood that such initiatives will have much impact on the problem of household food insecurity.

The competing nature of expenditures in households with scarce resources also needs to be considered in gauging the potential impact of interventions on household food security. When resources are so limited that household food security has been compromised, the existing research would suggest that expenditures on other desired goods and services have also been compromised. Under these circumstances, small increments in disposable income will not necessarily result
Table 2. Web-based resources on household food insecurity in Canada

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
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<tbody>
<tr>
<td><a href="http://www.dietitians.ca/news/highlights-positions">http://www.dietitians.ca/news/highlights-positions</a></td>
<td>Dietitians of Canada has a position paper on individual and household food insecurity in Canada</td>
</tr>
<tr>
<td><a href="http://www.cafb-acba.ca">http://www.cafb-acba.ca</a></td>
<td>Canadian Association of Food Banks conducts an annual survey of food bank use in Canada and occasionally releases position papers on policy issues of particular relevance to problems of food insecurity and hunger</td>
</tr>
<tr>
<td><a href="http://www.ncwcnbes.net/">http://www.ncwcnbes.net/</a></td>
<td>National Council of Welfare monitors poverty rates and welfare programs in Canada, producing regular reports on welfare incomes in relation to poverty lines and average incomes as well as policy analyses and public statements on policy developments of particular relevance to poverty and welfare in Canada</td>
</tr>
</tbody>
</table>

in increased expenditures on food. A household may decide it is more important to allocate the additional funds to meet other financial demands (eg, accumulated debts for rent or utilities). Household food security is embedded in the overall financial security of the household; this needs to be recognized in the design and evaluation of programs intended to alleviate food insecurity.

CONCLUSIONS

Strategies initiated to address household food insecurity in Canadian communities, whether focusing on the provision of charitable food assistance or community development programs to enhance food skills and facilitate greater access to locally grown produce, have typically embraced an understanding of food insecurity as a food problem in need of a food solution. Yet, analyses of the conditions that give rise to food insecurity consistently highlight the inextricable link between food security and income adequacy (Table 2). As the measurement and monitoring of food insecurity in Canada improves, we seem destined to amass more and more evidence of this link. It also seems apparent that ad hoc, community-based programs that focus on food and food-related behaviors cannot solve problems of food insecurity that are rooted in income inadequacy, even though these programs may have other merits.

Given this backdrop, it is not surprising that advocacy for improvements to the social safety net is a major component of the work of the Canadian Association of Food Banks. Its annual "HungerCounts" is now routinely accompanied by thoughtful analyses of public policy issues that affect household food security and clear, well-articulated positions on the changes required to redress problems identified.

"The position of Dietitians of Canada (DC) is that all Canadians must have food security. Recognizing that food security is a social determinant of health, DC recommends a population health approach to food security: that is, an approach that seeks to reduce health inequities through the pursuit of social justice. A population health approach addresses the root cause of individual and household food insecurity—poverty—through improvements to the social safety net. DC strongly encourages dietitians to educate themselves about the issues and processes to achieve food security through social change, to use empowering strategies in community-based food programming, to conduct and apply research, and to participate in coalitions that advocate to create the conditions in which all Canadians can achieve food security."
Advocacy for public policy changes is also central to the Dietitians of Canada's current position on food security.\textsuperscript{3,89} This position paper includes a number of very concrete recommendations for advocacy activities, suggesting among other things that dietitians "work in coalitions with others, including community-based organizations and anti-poverty advocates, to advocate for policies to reduce poverty" and "conduct and publicize research supporting policies to strengthen the social safety net."\textsuperscript{89} Importantly, such recommendations are grounded in a careful examination of key policy issues underpinning problems of poverty in Canada, and the call for a much greater emphasis on advocacy in response to food insecurity is buttressed by examples of some recent, successful advocacy campaigns for policy reforms. Since a 1995 survey of Canadian dietitians' perspectives on food security highlighted their need for greater skill and training to undertake effective advocacy,\textsuperscript{71,72} there have been a number of initiatives to help fill this void. One excellent example is the workbook recently developed by the Nova Scotia Nutrition Council\textsuperscript{90} to help groups take a more effective, participatory approach to advocacy for policy changes. The Dietitians of Canada's position paper also highlights the importance of reflexive practice and continuing education for dietitians, suggesting that professional development is a core component of the organization's position on food security.

In conclusion, the strong focus on advocacy emerging within leading organizations like the Canadian Association of Food Banks and the Dietitians of Canada speaks to an increasing clarity about the root causes of household food insecurity in Canada and the urgent need for more effective responses to this problem. While the origins of current concerns about household food insecurity in Canada have long been understood to reside in the fundamental shifts in social policy that occurred during the 1980s and early 1990s, there now appears to be a growing consensus that the solutions to this problem must also reside in social policy reform.

\textbf{REFERENCES}

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