Healthcare without Harm: Supporting Clients with Food Insecurity

Food insecurity, a serious public health problem in Ontario, is inadequate or insecure access to food due to financial constraints.

This can look like...

- Skipping or infrequent meals
- Worrying about running out of food
- Inadequate diet quality and/or quantity of food
- Hungry but didn't eat

- Eating less to feed their children
- Accessing community food programs (food banks)
- Unintentional weight loss
- Skipping or infrequent medication use

Despite the term **food** insecurity, it is more than a lack of food – it's an indicator that <u>other basic needs are unmet</u> due to financial circumstances. Poor nutrition knowledge, food skills, or financial management skills are **not** the cause of food insecurity.

The problem...

Food insecurity is one of the strongest predictors of poor health in Canada. It is both a determinant of health and outcome of poor health.

Certain populations are significantly impacted by the consequences of historical and ongoing colonization, systemic racism and discrimination, childhood trauma, immigration, and loss of culture thus making them <u>more vulnerable</u>:

- 70% of households relying on social assistance
- 41% of female single-parent households
- Black (39.2%), on-reserve (47.1%) and off-reserve (33.4%) Indigenous experience much higher rates of food insecurity than white (15.3%) households
- 1 in 4 children (24.3%) under 18 years old

Food insecurity is associated with higher comorbidities, more frequent & complicated hospitalizations, higher healthcare costs, poorer quality of life, and a shorter lifespan than someone who is food secure.

Food insecurity has been on the rise, hitting record-high levels as incomes continue to fall behind the cost of living. Across Northern Ontario, about **<u>1 in 5 households</u>** are food insecure.

Asking about financial strain is about understanding how a client's financial situation could affect their health, wellbeing, and care plan as it impacts their ability to afford and access basic needs such as clean drinking water, food, and warm shelter. This allows us to position ourselves as allies who are committed to preserving client's dignity, agency, and choice.

WHAT CAN YOU DO?

Screening: Use the <u>Center of Effective Practice Poverty Tool</u> to screen all clients. "Do you have difficultly making ends meet at the end of the month?"

Hours of Operation: Offer flexible hours to help clients that can't attend during business hours such as lunch hour, evenings and/or weekends.

Appointment Modalities: Offer virtual or phone appointments (as appropriate) to decrease missed work or travel expenses to attend appointments.

Coordinating Care: When possible, "buddy up" appointments with multiple clinicians to minimize travel burden to & from the clinic/ facility.

Transportation: Explore whether your clinic/facility can purchase taxi or bus vouchers to support clients in attending appointments.

Application Support: Be aware of local services that may improve a client's access to services and/or free up existing income. This includes:

- Social assistance or disability (OW, ODSP, WSIB)
- Special Diet Allowance (OW/ODSP)
- NIHB, Jordan's Principle
- Grocer or pharmacy delivery services
- Subsidized transportation services
- Organizations that host documentation clinics (e.g. birth certificates, free income tax filing, status card)
- Local food access programs (e.g. food banks, community meals, food box programs) - connect with your local Public Health Unit or <u>Ontario 211</u>

Referral Pathways: Connect clients with interdisciplinary professionals such as:

- Social Workers, case workers, patient/ Indigenous navigators/liaisons, Indigenous healers
- Registered Dietitians
- Mental health professionals
- "Social prescribing"

Counselling Strategies: Be trauma-informed - See *Safer Spaces* on this page

- Acknowledge that the social environment (socioeconomic status, employment, social connectedness, etc.) and systemic issues (poverty, trauma, racism, and material deprivation) influences health
- · Validate positive actions that clients are already taking



It is important to create a safer space for clients. Reassure them that the goal is to provide support. This includes:

- Providing compassionate, nonjudgmental, culturally safe & trauma informed care.
- Treating clients as the experts in their own health and lived experience.



While short-term solutions can have immediate benefits for clients, we encourage you to learn more about the **long-term solutions** needed to resolve food insecurity and poverty in Canada. This includes improving incomes and social assistance rates, increasing affordable and accessible housing infrastructure, and narrowing the gap



between incomes and the cost of living.

<u>Household Food Insecurity in Canada (PROOF)</u> Ontario Dietitians in Public Health: <u>What can you do?</u> and <u>Position Statement on</u> <u>Food Insecurity</u>

References: Li T, Fafard St-Germain AA, Tarasuk V. (2023) Household food insecurity in Canada, 2022. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from https://proof.utoronto.ca

Government of Canada, S. C. (2023, November 14). The Daily - Study: Food insecurity among Canadian families, 2022. Retrieved from https://www150.statcan.gc.ca/