

Addressing Food Insecurity in our Community – A Photovoice Essay

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### **Abstract**

Food insecurity is an often-overlooked community health crisis that affects 1 in 8 households in Toronto, Canada. This is a growing public health concern that disproportionately affects low-income individuals who account for the majority of Toronto's food bank clientele. There have been 914,470 food bank visits in 2018 – a 4.7% increase since 2017 and a 14% increase since 2008. Hunger is often invisible to those who do not experience it as many people tend to presume that friends, neighbours, and fellow community members have full access to food. Nonetheless, this is a grim reality for many fellow community members – even in developed countries like Canada. Using a qualitative photovoice method, I photographed a fresh produce aisle from a local grocery store to reflect reality and to symbolize how there is an excess of food in local supermarkets, yet there are still many members of the community who suffer from hunger. To explore the factors that contribute to food insecurity and its devastating effect on health, this paper analyzes the effects of: (1) rising food prices, stagnant wages, and loss of purchasing power; (2) inadequate social assistance benefits; (3) other basic necessities competing with food; (4) the inability to afford healthy foods and the consumption of unhealthy foods as compensation, and (5) poor health outcomes leading to high healthcare expenditure. Furthermore, the Population Health Promotion model is used to explore several potential community health nursing interventions to be taken at various levels within society to bring about necessary change. I propose that a community health nurse should implement change at the policy level by advocating for an increase in social assistance rates higher than 2%, as well as at the community level by establishing school nutrition programs and community gardens. Food insecurity among low-income individuals in Toronto is a preventable issue that a community health nurse can address through participatory approaches and advocacy in collaboration with

policymakers, stakeholders, and community members to improve food security in the community.

### **Introduction**

Imagine not being able to afford food and having to starve for extended periods of time, or not knowing when the next time you will be able to eat. Hunger is often invisible to those who do not experience it as many people presume that friends, neighbours, and fellow community members have full access to food and do not have to worry about things like starvation. One might even think that this is an issue that only affects developing countries. However, food insecurity is a harsh reality even in developed countries like Canada.

Food insecurity is the inadequate access to affordable and nutritious foods (Tarasuk, Mitchell, & Dachner, 2016). According to a survey conducted by Tarasuk et al. (2016), one in eight households in Toronto experience food insecurity. This is a community health issue that disproportionately affects low-income families. Vulnerable populations such as visible minorities, immigrants, women, children, seniors, indigenous people, disabled persons, and single-parent households are particularly susceptible to experiencing food insecurity if they also have low income (Tarasuk et al., 2016). In fact, the most vulnerable sub-population in Canada experiencing food insecurity consists of households with children under 18 years of age [15.6%] – particularly single-parent families headed by women [33.5%] (Tarasuk et al., 2016). The purpose of this paper is to analyze the impact of food insecurity on the health of low-income households.

### **Description of My Photo**

I was grocery shopping when I came across the organic produce section. I took a photo (see Appendix) of the various fruits and vegetables that adorned the aisle, as well as the prices of

the food products. I was drawn to take this photo as it illustrates how there is an abundance of food in our local grocery stores and supermarkets, yet there are still many members of our community who suffer from hunger. People in our community who are food insecure are able to grasp the food in their hands but are unable to bring it home to their table. This ought to make one wonder why so many people experience food insecurity when there is a plentiful supply of food that is seemingly accessible to everyone in the community.

I also made sure to include the food prices in my photo as it symbolizes how wages are sometimes insufficient to match rising food costs. According to O'Connor, Farag, and Baines (2016), with inflation, there is a loss of purchasing power – especially if one's salary does not rise with the rate of inflation. This means that if one's salary stays the same, their ability to afford products decreases. This negatively affects low-income individuals and families who rely on fixed paychecks that do not increase with the rate of inflation.

In addition, I took a picture of the vegetables and fruits section specifically because according to Schermel et al. (2014), healthy foods are generally more expensive. Thus, it is more inaccessible than unhealthy foods such as chips, candy, and soda. Unfortunately, many low-income families who cannot afford healthy foods have to compromise by purchasing cheap unhealthy foods to stave off hunger.

Food insecurity is a topic that resonates with me on a personal level as I grew up and still live in a low-income, single-parent family household with my immigrant mother and grandmother. One of the earliest revelations I had that indicated my family as food insecure was when I had my first look at the Canada's Food Guide in elementary school. I remember thinking that the amount and type of food I was eating did not meet the recommended number of food guide servings per day (Government of Canada, 2007). There were days where I had to skip

meals because my mother could not afford to buy food after paying rent and the utility bill. The struggle of not being able to afford healthier food options and having to sacrifice food for other basic necessities such as rent is a hardship that I am well-accustomed with. According to Tarasuk et al. (2016), more than one in six children under the age of 18 in Canada lived in households that experience food insecurity. I may have been a part of that statistic, but my first-hand experience empowers me to be a better nurse advocate for those who are food insecure.

### **Analysis of the Issue**

The loss of purchasing power and rising food inflation contributes to food insecurity among low-income families. Purchasing power is the value of products and services an unit of money can buy, whereas inflation is a general rise in prices over a period of time. According to O'Connor et al. (2016), increasing rates of food inflation coupled with shrinking disposable income places a financial strain on the budgets of low-income households. Simply being employed is insufficient as low-waged jobs often do not provide enough income for individuals to afford food. Low-income families' wages often remain stagnant while the rate of inflation rises. This loss of purchasing power forces consumers to spend more money on food, yet receiving less product and value for every dollar spent. This significantly reduces their ability to afford a healthy, nutritious diet. As a result, many low-income consumers reduce spending on food purchases and skip meals (O'Connor et al., 2016).

The root cause of food insecurity is poverty and low income (Tarasuk, Dachner, & Loopstra, 2014). Not being able to afford the prices of food is a huge accessibility barrier for low-income individuals. The government attempts to alleviate the severity of poverty by funding social assistance programs. According to Tarasuk et al. (2014), 70% of Canadian households who are dependent on social assistance experience food insecurity. Despite the additional help of

social assistance, many Canadians still struggle to have access to affordable and healthy foods. Thus, many low-income individuals resort to using food banks when they need food. In 2018, there were 914,470 food bank visits from clients in Toronto – a 4.7% increase since 2017 and a 14% increase since 2008 (Daily Bread Food Bank, 2018). Social assistance recipients make up most of the food bank clientele as the relief is not enough to cover basic needs such as food (Tarasuk et al., 2014). Unfortunately, the high rate of food insecurity among social assistance recipients suggests that the aid provided by food banks is insufficient to compensate for inadequate social assistance benefits. Food banks are a downstream solution to food insecurity and the needs for their services arise from policy reforms that retracted funding from social security programs. The charitable efforts of food banks are not enough to solve food insecurity and are insufficient to match the increasing demand for their services (Tarasuk et al., 2014). Food banks also should not have to fill in for the gaps created by social assistance funding cuts. As long as the misconception that food banks are an immediate solution for food insecurity persists, there is little incentive for the government to evaluate the efficacy of their social assistance programs (Tarasuk et al., 2014). Although food banks improve access to food and are undoubtedly needed in the community, they do not address the root cause of food insecurity, which is poverty (Tarasuk et al., 2014). An improved income supplement program will be more effective to address the issue of food insecurity (Tarasuk et al., 2014).

Toronto's high cost of living is rising steadily, leaving many who live on the margins of society behind. Not only are food prices rising, but also rent, electricity, gas, child care, and many other basic commodities. According to McIntyre, Patterson, Anderson, and Mah (2016), many other basic necessities compete with food for the money available within the household. Low-income households who live paycheck to paycheck are often faced with tough decisions to

make, whether it is to buy groceries and feed their children, or to pay their rent so they have a roof over their heads. Low-income families often have to sacrifice food for other basic needs such as housing and utilities when making budgeting trade-offs (Mcintyre et al., 2016). A possible solution to address competing financial necessities at the policy level is to provide subsidized housing and a rent supplement program so families do not have to sacrifice one basic need for another (Mcintyre et al., 2016). Another possible policy solution is to increase the minimum wage to match rising inflation rates and to provide a living wage that is sufficient to afford basic necessities (Mcintyre et al., 2016).

The inability to afford healthy foods such as vegetables and fruits is a barrier to food accessibility for low-income households. Unhealthy foods that have low nutritional value are generally cheaper and are more likely to be selected by families with lower income to satisfy hunger. According to Schermel et al. (2014), unhealthy foods that are high in fat, sodium, and sugar contents are easy to consume in excess due to its convenience, tastiness, accessibility, and availability. Schermel et al. (2014) surveyed Canadians from all 10 provinces about food, diet, and health. According to the survey conducted by Schermel et al. (2014), 84% of Canadians believe that nutritious foods are important for maintaining and improving health. Although the majority of Canadians value healthy and nutritious foods, the high costs of healthy foods is perceived as a barrier to healthy eating (Schermel et al., 2014). Many people understand that fresh produce such as vegetables and fruits are healthy and would like to consume them more if they had the money to do so. According to Schermel et al. (2014), 38.2% of the Canadian respondents strongly agree that it is difficult for them to afford healthy foods. Financial constraints on food spending can have a negative effect on diet quality since food budgets of low-income households are insufficient to buy healthy foods. Since healthy foods are more

expensive, improving food consumption behaviours among low-income families require economic and policy interventions. A possible solution would be to subsidize fresh healthy foods like vegetables and fruits in order to make it more affordable for low-income families (Schermerl et al., 2014).

Food insecurity among low-income families can lead to poor health and can exacerbate existing health issues, thus increasing the cost of health care expenditure. According to Tarasuk et al. (2015), food insecurity is a strong predictor of poor physical and mental health, as well as health care utilization and expenditure. Low-income individuals who are food insecure often have low-quality diets and high levels of stress, which reduces their capacity to maintain health and potentially increase health care demands (Tarasuk et al., 2015). Food insecurity among adults is associated with numerous indicators of chronic diseases such as heart disease, diabetes, arthritis, and hypertension (Tarasuk et al., 2015). Food insecurity also poses a barrier to self-management for adults with chronic illnesses, as well as increasing the likelihood of them becoming high-cost health care consumers (Tarasuk et al., 2015). Food insecurity among children is also associated with poor health and the development of chronic health problems such as depression and asthma (Tarasuk et al., 2015). The high risk of developing and exacerbating health problems among low-income individuals raises public health care costs. According to Tarasuk et al. (2015), the total health care costs for services such as emergency department visits, inpatient hospital care, home care, surgeries, physician services, and prescription drugs rose proportionally to the increasing severity of household food insecurity. Compared to the total annual health care costs in households that are food-secure, annual health care costs are 23% higher in households with marginal food insecurity, 49% higher in households with moderate food insecurity, and 121% higher in households with severe food insecurity (Tarasuk et al.,

2015). This suggests that there is a direct correlation between food insecurity and health care usage. A downstream approach to address this issue would be to have health care providers screen patients for food insecurity and to connect them with additional supports. However, according to Tarasuk et al. (2015), a more upstream approach would be government interventions with the goal of diminishing food insecurity. Policy solutions at the federal or provincial level intended to reduce food insecurity can substantially lower the costs of universal health care. Therefore, income supplements for low-income households can help reduce food insecurity (Tarasuk et al., 2015).

### **Community Health Nurse's Role & Strategies**

As a community health nurse [CHN], I could address the issue of food insecurity by working at the policy level using the Population Health Promotion model (Government of Canada, 2001). The WHO are government sectors such as the Ministry of Community and Social Services that provide social assistance programs for low-income individuals, the Ministry of Labour which enforces minimum wage standards, and the Ministry of Housing whose Minister is also the Minister responsible for the Poverty Reduction Strategy (City of Toronto, 2017). The WHAT is income and social status, and the HOW is healthy public policy. The community health nurse can work together with the Ontario ministries in conjunction with community leaders & members to support healthy public policies that reduce food insecurity among low-income individuals. The CHN can engage with community members to help advocate for a minimum wage raise to \$15 an hour, better social assistance benefits, subsidized childcare, subsidized healthy foods, and subsidized housing. In the 2017 Provincial Budget, a 2% increase in social assistance rates was proposed (City of Toronto, 2017). However, this increase is insufficient to support household food security (City of Toronto, 2017). A community health

nurse can advocate for a social assistance rate higher than 2% for low-income households by working with policymakers and community members. The CHN can also ensure that the voices of the community members are heard by the government sectors by collaborating with the ministries and their ministers, as well as lobbying for healthy government policies that are in the community's interests.

As a community health nurse, I could also address this issue by working at the community level using the Population Health Promotion model (Government of Canada, 2001). The WHO is the community. The WHAT is identified as social support networks such as food banks and community gardens that can help increase access to affordable healthy foods for low-income community members. The HOW is identified as creating supportive environments and strengthening community action. The CHN can work with the local community to create supportive environments that enhance the availability and accessibility of healthy foods. The community health nurse can also help strengthen community action by building the community's capacity to address food insecurity. The nurse can support community food initiatives by helping to establish community gardens that would help increase the access to healthy foods, while simultaneously empowering community members through their involvement in growing crops for each other. The nurse can also support local food banks by collaborating with local grocery stores and supermarkets to form partnerships where supermarkets donate surplus foods to food banks. Supermarkets often discard safe and edible organic foods as waste because of superficial issues like appearance. By donating leftover stock to food banks, there will be less food wastage and food banks will have more food to give to those in need. The community health nurse could also implement a social marketing strategy that encourage members of the community to donate to and volunteer for food banks, thus promoting an environment of care. This strategy will help

strengthen community action through community empowerment, which will foster a greater sense of community.

In addition, the community health nurse can also address food insecurity on the community level by statistically targeting the most vulnerable sub-population, which would be single-mother families with children under the age of 18 (Tarasuk et al., 2016). Applying the principles of health equity and social justice, the issue of food insecurity among children under the age of 18 can be addressed by advocating for and implementing school nutrition programs in collaboration with public health, the school board, and parents. Helping single-parent families will require a policy approach in which the community health nurse can advocate for social assistance benefits and/or food subsidies for this sub-population in collaboration with political leaders and community members.

### **Conclusion**

Food insecurity is a community health issue that disproportionately affects low-income individuals – particularly single-mother households with children under the age of 18 (Tarasuk et al., 2016). My photo symbolizes how there is more than enough food to feed everyone, and yet there are many members of our community that suffer from hunger. The root cause of this problem is poverty and low-income, which leads to the unequal distribution of food. The loss of purchasing power and rising food inflation also contributes to food insecurity among low-income families. In addition, low-income households often have to sacrifice food for other basic needs such as housing and utilities when making budgeting trade-offs due to the rising costs of living in Toronto. Furthermore, unhealthy foods that have low nutritional value are generally cheaper than healthy foods and are likely to be selected by families with lower income to satisfy hunger. This can lead to poor health and can exacerbate existing health issues, thus increasing the cost of

public health care expenditure. This paper examined the complex interplay of numerous factors that contribute to food insecurity among low-income individuals in Toronto. The importance of this growing public health issue to community health nurses has been highlighted. A community health nurse could address food insecurity on a policy level by working together with Ontario ministries in conjunction with community members to support healthy public and social policies that reduce barriers to food access among low-income individuals. The CHN could also address this issue on a community level by working with the local community to create supportive environments that enhance the availability and accessibility of healthy foods and help strengthen community action by building the community's capacity to address food insecurity. As community health nurses, we have the power to connect low-income families with resources, to advocate for accessible healthy foods, and to improve the quality of life for people who experience food insecurity.

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Appendix

