



Commentary Article

Raised Food Prices Exacerbate Food Insecurity in Canada: A Call to Action

Rudra Dahal^{1*}, Kamala Adhikari^{2,3}, Karen L Tang^{1,2}

¹Department of Medicine, Cumming School of Medicine, University of Calgary, Calgary, Alberta, Canada

²Department of Community Health Sciences, University of Calgary, Calgary, Alberta, Canada

³Provincial Population and Public Health, Alberta Health Services, Calgary, Alberta, Canada

***Corresponding author:** Rudra Dahal, Department of Medicine, Cumming School of Medicine, University of Calgary, 3330 Hospital Drive NW, T2N 4N1, Calgary, Alberta, Canada

Citation: Dahal R, Adhikari K, Tang KL (2023) Raised Food Prices Exacerbate Food Insecurity in Canada: A Call to Action. J Community Med Public Health 7: 397. DOI: <https://doi.org/10.29011/2577-2228.100397>

Received Date: 23 December, 2023; **Accepted Date:** 27 December, 2023; **Published Date:** 29 December, 2023

Abstract

Millions of Canadians are struggling to put food on their table due to record-high inflation rates. The skyrocketing food prices in Canada are an important contributor to food insecurity, which is defined as the inadequate or insecure access of food due to financial constraints. Food insecurity is a strong predictor of poor physical and mental health. People experiencing food insecurity who also have chronic health conditions are known to experience higher rates of mortality. Food insecurity is directly linked with poor disease management, and it is a predictor for increased disease severity for both communicable and non-communicable diseases. Food insecurity also correlates with higher rate of healthcare utilization and costs in Canada, with increased use of healthcare services and longer hospital stays.

Addressing FI is a complex issue, which requires a comprehensive approach – a mix of short-term solutions that address immediate needs (food banks, community kitchens, community gardens) and long-term solutions (policy intervention-progressive taxation, minimum livable wage guarantees, public pension) that help to improve the economic status of low-income households, given that the root cause of FI is inadequate income or poverty.

Keywords: Food insecurity; Policy; Inflation; Low income

Highlights

- High food prices contribute to food insecurity in Canada.
- Food insecurity is directly correlated with poor disease management, and it is a predictor for increased disease severity for both communicable and non-communicable diseases.
- Addressing food insecurity is a complex issue, which requires a comprehensive approach- a mix of short-term solutions that address immediate needs and long-term solutions that help to improve the economic status of low-income households, given that the root cause of food insecurity in Canada is inadequate income or poverty.

Rising living costs are a major concern among Canadians today, especially in the current inflationary environment. Prices for goods have increased in many if not all, facets of life – including grocery stores, gas pumps, and utility bills. The inflation rate was 0.72% in 2020, rose to 3.4% in 2021 and sharply accelerated and reached 8.1% in 2022 [1], which is the highest increment since the early 1980s. The increase in food prices is even greater, with Canadians paying an additional 10% for fruit and meat and 8% for vegetables [2]. Increased food prices have impacts on non-food-related expenses such as healthcare, education, transportation, and other essential expenditures, as people prioritize buying food and postpone other non-food-related necessities [3].

Food insecurity (FI) refers to inadequate or insecure access to food due to financial constraints [4]. The relationship between

income and FI is well established, as the ability to afford and access adequate food is influenced by the individual's income status. FI can be classified into three categories:

1. **Marginal FI:** Individuals in this category of FI feel worried about running out of food and/or they have limited food choices.
2. **Moderate FI:** Individuals in this category of FI compromise on the quantity and quality of food.
3. **Severe FI:** Individuals in this type of FI miss meals reduce food intake, or in extreme cases, have no food.

The Canadian Community Health Survey (CCHS) demonstrated that in 2017-2018, 12.7% of Canadian households experienced some level of food insecurity [5]. Among them, 4.0% of households were categorized as marginally food insecure, 5.7% were moderately food insecure, and 3.0% were severely food insecure. The prevalence of food insecurity has increased since then. In 2021, the prevalence of food insecurity reached 15.9%; nearly three quarters of these households experienced moderate to severe food insecurity. The prevalence of FI varies geographically in Canada, ranging from 13.1% in Quebec to 20.3% in Alberta [6].

In recent years, the Covid-19 pandemic further increased FI [7] as many lost their job due to business closer and other economic recession. This, in combination with the recent increases in FI due to inflation, has made FI a topical issue that requires urgent action.

FI is associated with health effects. It is a strong predictor of poor physical and mental health [4]. It is also associated with increased risks of infectious diseases [8], chronic pain [9], poor oral health [10], and injury [9]. Likewise, FI directly correlates with poor disease management as people may be less compliant with taking medications, defer scheduled appointments, and neglect their healthcare needs. Furthermore, FI is associated with greater disease severity of both communicable and non-communicable diseases [11]. FI is also correlated with higher healthcare utilization and costs in Canada, with increased use of acute care services and longer stays in the hospital [12]. Those with chronic conditions who experience FI also have an increased risk of death.

Recommendations

Addressing FI is a complex issue, which requires a comprehensive approach – a mix of short-term interventions that addresses immediate needs, as well as long-term solutions to build a sustainable food secure environment (e.g., policy interventions such as poverty elimination, increment of living wages, public pension plan). Such solutions require various stakeholders –government, community, civil society, businesses and not for profit sectors – to work collaboratively. Here, we provide some examples of interventions and initiatives to address FI in Canada.

Government/policy level initiatives: The root cause of FI in Canada is inadequate income or poverty [13]. Therefore, policy interventions that focus on providing adequate income to meet basic food needs are fundamental in addressing FI. Policy interventions include minimum wage guarantees, increment of social assistance, progressive taxation, child benefits, public pensions, and other income transfers that can support adequate and stable income for individuals [14]. Guaranteed income sources in older age (i.e., Old Age Security Pension for individuals 65 years or older; and Guaranteed Income Supplement for those receiving Old Age Security Pension meeting a maximum income threshold) have been shown to be an effective policy intervention. Pensioners and retirement income holder seniors have the lowest rate of FI in the population, likely due at least in part due to these policies [15]. Similar strategies to ensure adequate income for the younger and middle-aged populations are necessary to ensure a livable income that meets basic needs. For context, the federal minimum wage in Canada, as of April 2023, is \$16.65 per hour. Incremental increases in minimum wage help to address and reduce FI; an increase of \$1 CAD per hour in minimum wage is associated with a 5% reduction of FI [8]. Similarly, research on FI in around 142 countries across the globe concluded that higher minimum wage reduces FI among the working-age population [16]. Different policy interventions such as implementation of a living wage, public pension, and other income transfer programs for those who are living in low-income status all work to improve economic conditions, which then reduces FI.

Community Level / Other Initiatives

There is a long history of food assistance programs in Canada. Despite this, the prevalence of FI has not declined [17], but rather, is continuing to rise. Policy interventions, as mentioned in the prior section, are therefore needed to address the root causes of FI. Community groups, private sectors, and individuals do, however, play a role in alleviating emergent food needs, by establishing food assistance programs such as free food access programs (e.g. food banks, school food programs) and public access programs (e.g. community kitchens, and community food centers). Additionally, not-for-profit, and civil society organizations have a role to play in addressing FI by raising funds for food, providing research and expertise, and connecting various stakeholders. Likewise, these organizations have the potential to create and support sustainable and just food systems, such as by providing land and materials (e.g., seeds, fertilizers) and technical assistance for individuals to build community gardens. Beyond addressing immediate food needs, these community initiatives have other benefits, including increasing public engagement in building a food-secure environment that promotes healthy eating habits and behaviors. Also, robust evidence has shown that gardening offers significant health benefits such as anxiety and depression reduction, increased

life satisfaction, improved quality of life, enhanced community belongingness, and strengthened familial bonds with direct health benefits [18]. While community-level interventions do not address the root cause of food insecurity (i.e., inadequate income), they do portend additional health and social benefits and may therefore be an important adjunct to the policy-level interventions previously mentioned.

Conclusion

Food insecurity is common in Canada – up to 1 in 5 individuals are food insecure, with numbers projected to increase due to inflation. Food insecurity is a serious public health issue in Canada because it directly influences an individual's health and well-being. Short-term relief programs and long-term policy interventions spanning different sectors, communities, and levels of government are required to adequately address FI.

Author Contributions

RD conceived of and drafted the manuscript, with KT and KA provided critical and iterative revisions. All authors read and approved of the final manuscript.

Data availability: Not applicable

Disclaimer: The view(s) and opinion(s) in this article are those of the author(s).

References

1. Chen Y, Tombe T (2022) The Rise (And Fall?) of Inflation in Canada: A Detailed Analysis of Its Post-Pandemic Experience. *SSRN Electron J*.
2. Polsky JY, Garriguet D (2022) Household food insecurity in Canada early in the COVID-19 pandemic. *Health Rep* 33: 15-26.
3. Mkhawani K, Motadi S, Mabapa N, Mbhenyane X, Blaauw R (2016) Effects of rising food prices on household food security on female-headed households in Runnymede Village, Mopani District, South Africa. *South Afr J Clin Nutr* 29: 69-74.
4. Tarasuk V, Fafard St-Germain AA, Mitchell A (2019) Geographic and socio-demographic predictors of household food insecurity in Canada, 2011-12. *BMC Public Health* 19: 12.
5. Tarasuk V, Mitchell A (2020) Household food insecurity in Canada 2017-18. Toronto. Research to identify policy options to reduce food insecurity.
6. Tarasuk V, Li T, Fafard St-Germain AA. (2022) Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF).
7. Gundersen C, Seligman HK (2017) Food Insecurity and Health Outcomes. *Econ Voice* 14.
8. Cox J, Hamelin AM, McLinden T, Moodie EEM, Anema A, et al. (2017) Food Insecurity in HIV-Hepatitis C Virus Co-infected Individuals in Canada: The Importance of Co-morbidities. *AIDS Behav* 21: 792-802.
9. Men F, Urquia ML, Tarasuk V (2021) The role of provincial social policies and economic environments in shaping food insecurity among Canadian families with children. *Prev Med* 148: 106558.
10. Muirhead V, Quiñonez C, Figueiredo R, Locker D (2009) Oral health disparities and food insecurity in working poor Canadians. *Community Dent Oral Epidemiol* 37: 294-304.
11. Aibibula W, Cox J, Hamelin AM, Mamiya H, Klein MB, et al. (2016) Food insecurity and low CD4 count among HIV-infected people: a systematic review and meta-analysis. *AIDS Care* 28: 1577-1585.
12. Fitzpatrick T, Rosella LC, Calzavara A, Petch J, Pinto AD, et al. (2015) Looking Beyond Income and Education: Socioeconomic Status Gradients Among Future High-Cost Users of Health Care. *Am J Prev Med* 49: 161-171.
13. Tarasuk V, Cheng J, Gundersen C, de Oliveira C, Kurdyak P (2018) The Relation between Food Insecurity and Mental Health Care Service Utilization in Ontario. *Can J Psychiatry Rev Can Psychiatr* 63: 557-569.
14. Oronce CIA, Miake-Lye IM, Begashaw MM, Booth M, Shrank WH, et al. (2021) Interventions to Address Food Insecurity Among Adults in Canada and the US: A Systematic Review and Meta-analysis. *JAMA Health Forum* 2: e212001.
15. McIntyre L, Williams JVA, Lavorato DH, Patten S (2013) Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *J Affect Disord* 150: 123-129.
16. Reeves A, Loopstra R, Tarasuk V (2021) Family policy and food insecurity: an observational analysis in 142 countries. *Lancet Planet Health* 5: e506-e513.
17. Dean EB, French MT, Mortensen K (2020) Food insecurity, health care utilization, and health care expenditures. *Health Serv Res* 55: 883-893.
18. Soga M, Gaston KJ, Yamaura Y (2016) Gardening is beneficial for health: A meta-analysis. *Prev Med Rep* 5: 92-99..