SOCIAL INCLUSION AND FOOD SECURITY

Presentation to the CCSD/HRDC Conference "What Do We Know and Where Do We Go: Building a Social Inclusion Research Agenda" by Lynn McIntyre MD, MHSc, FRCPC, Professor, Faculty of Health Professions, Dalhousie University, Ottawa, ON, March 27-28, 2003

(SLIDE 1: Social Inclusion & Food Security)

I am grateful for the opportunity to speak to the issue of food security at a social inclusion conference. Food used to be called a basic human need along with water, peace, shelter, education and primary health care. Today it is being considered a component of material well-being.

(SLIDE 2: Presentation Outline)

Through this presentation, I intend to share with you a conceptual analysis of food insecurity and hunger within a social inclusion framework, provide an overview of food security research in Canada, and suggest research gaps and needs.

(SLIDE 3: Hunger & Food Insecurity: Social Exclusion Perspectives)

Let's look briefly at the hunger and food insecurity concepts that present themselves with a social exclusion perspective.

(SLIDE 4: Definitions)

A number of definitions are in order. Malnutrition is synonymous with hunger in developing countries. Malnutrition is defined as the failure to achieve nutrient requirements which can impair physical and/or mental health.

Food insecurity is the term best used to define hunger in developed societies. Food insecurity is defined as "the inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so."

Hunger is "the uneasy or painful sensation caused by a lack of food. The recurrent and involuntary lack of access to food."

(SLIDE 5: What we know universally)

What then is the same and what is different about hunger and food insecurity in developing versus developed countries?

Both perspectives agree that in any social well-being model, nutritional adequacy would be regarded as the single most important determinant of health. Our harmonized understandings are that those with too little food, have too little because they are very poor or destitute; with

adequate resources they could acquire food. Hunger, regardless of place, occurs as a combination of individual through to international factors.

(SLIDE 6: Stark differences)

Hunger in developing and developed countries is starkly different in three ways: hunger is lethal in developing countries—it is not obviously so in developed countries. In developing countries, food needs are a priority--they must be for both short-term and long-term survival. In developed countries the food budget is the most elastic, i.e. the most discretionary of all essential expenditures. Shelter needs come first. Thirdly, in developing countries we are seeing rapid increases in obesity and chronic disease associated with dietary preference change from even modest economic development, while at the same time gross malnutrition persists. In North America, those with obesity and chronic disease are often the poor.

(SLIDE 7: Hunger is…)

Hunger, the 'H' word conceptually and universally has three elements: it is about suffering; it is about absolute poverty and the consequences of relative deprivation; and it is about political dismissal of a fundamental abrogation of human rights.

(SLIDE 8: International law)

Let me remind you that hungry people are illegal. This is a list of only some of the international covenants that have deemed that both children and adults have "an inalienable right to adequate nutritious food "(1966 International Covenant on Economic, Social and Cultural Rights); and "the fundamental right of everyone to be free from hunger" (World Food Summit, Declaration of World Food Insecurity, 1995).

(SLIDE 9: Social Inclusion/Exclusion Framework)

Just as the child poverty agenda is shifting to a family poverty agenda, the social inclusion framework is helpful in shifting attitudes from child hunger to family hunger and yes even to the social and economic exclusion of women, their children and families. Because the framework cares about pathways, we can now examine the processes that lead individuals and families into hunger and understand the multi-dimensionality of deprivation that characterizes the lives of people living in food insecure situations. Their lives are the essence of multiple vulnerabilities. And the framework seeks greater than charitable or band-aid means of redress which is important when 'food for the hungry' is a mantra of charitable giving. However….

(SLIDE 10: Concerns with the Social Inclusion/Exclusion Framework)

It is very important for the social inclusion framework to utilize both economic and social development processes to create an inclusive community. This is one means to the end—another might be to act collectively upon hunger as a fundamental abrogation of human rights. The power of political will is stronger in a rights-driven process even though strategies might be similar.

The social inclusion agenda speaks passionately about social capital building and the value of social investment for productivity and other progress gains. Be careful. We got off track I think on the child development agenda with concepts such as 'give me a child's brain before they are seven or they'll be wrecked.' Surely adequate food is about fundamental dignity of the person first, and their social utility second.

Lastly, the participation of marginalized persons and hearing their voices in policy formation is a key social inclusion concept. Be careful again, that mandatory empowerment does not override a fundamental respect for autonomy.

(SLIDE 11: Brief Social History of Food Insecurity in Canada)

So what's the story on food insecurity?

While poverty is a longstanding area of social study in Canada, food insecurity is relatively new, a child of the 1980s really. Of course Canada had its food problems before—decades of malnutrition before the First World War, drought and depression and charitable food delivery systems operating between the Great Wars, and a famine among the Inuit as late as 1950.

But food insecurity was discovered in the 1980s when food banks emerged, and children's feeding programs in schools could be counted. Child poverty was on the map with the passage of the famous House of Commons resolution in 1989 that committed government to the elimination of child poverty by the year 2000.

Since 1989, the date used for most comparisons, we have counted—the poor, poor children, hungry children, emergency food bank users, and now the homeless. Local, regional and national food insecurity studies have been released with similar shameful results. We have launched and relaunched child poverty initiatives.

(SLIDE 12: Food bank increases since 1989)

1800 new food banks opened between 1997 and 2002. Municipal food policy charters are being released. Collective kitchens, community gardens, and community food system initiatives have sprung up throughout the country. Good food boxes and truckloads of educational materials are being distributed. Food supplement and coupon programs for poor pregnant moms and their kids are run through federally-funded national networks.

(SLIDE 13: Children's feeding program clipping)

We have a gazillion children's feeding programs in operation. And we are convinced that virtually all poor children would go to school hungry without them. And of course, we have created an academic enterprise of learned food insecurity scholars like myself.

(SLIDE 14: Prevalence in Canada—What's a good number?)

What are the numbers? From the 1996 National Longitudinal Survey of Children and Youth, 1.6% of families said that their child experienced hunger representing 75000 children.

The 1998-1999 National Population Health Survey reported food insecurity in 10.2% of Canadian households representing 3 million people.

In the same survey the most severely food insecure, termed the food poor, represented 4.1% of households, and 4.9% or 338,000 children.

In March 2002, the annual count of emergency food program users for the month was 747,665 or 2.4% of the total Canadian population. 41% of the food bank users or 305,000 were children.

(SLIDE 15: Best estimate of Food insecurity in Canada)

If I have to give you my best estimate of the number of Canadians who are food insecure today, I'll use the 8% or 2.3 million 1998/99 households that experienced at least a compromised diet; 10% of such households or 678,000 children were thus affected.

What do we know about the hungry and food insecure in Canada? I'll be using primarily my own work but the results are similar to others—there are few surprises among the descriptive and analytic studies of food insecurity and hunger in Canada.

(SLIDE 16: Follow up Study of Child Hunger in Canada)

The most extreme manifestation of food insecurity, child hunger, was examined using the National Longitudinal Study of Children and Youth 1996 cohort of 16,000 families of children under 13 years of age.

(SLIDE 17: Scope of the Problem)

1.6% of the NLSCY sample reported that their child had experienced hunger because the family had run out of food or money to buy food. There's the 75,000 number again. The adjusted rate in 1994 was 1.4% or 54,000 children.

(SLIDE 18: Which families report hunger?)

The socio-demographic characteristics of hungry families are similar from study to study. While 54% of all hungry families received their main income from employment, families whose incomes included social assistance had greater than an eight-fold risk for child hunger and half of such families reported hunger. Hungry families were six times more likely to be lone-parent led than other families with over half of such families reporting hunger. The only ethnic group that was significantly associated with hunger was persons of aboriginal descent who were four times more likely to report hunger than other respondents. Note that this study included only off-reserve aboriginal persons.

(SLIDE 19: Risk factors for hunger)

When all the risk factors were considered together in statistical models, we identified the following predictors of hunger in addition to low household income: there was a four-fold risk of hunger when the mother reported that her health was fair or poor. When the family was led by a single-parent, the risk increased three-fold, and aboriginal status increased the risk by 60%. We also found that a higher total number of siblings in the household independently increased the risk of hunger by 40%.

(SLIDE 20: Coping strategies)

Hungry families indicated how they coped when they had insufficient food. One-third reported that the parent skipped meals or ate less. This was six times more frequent than the child skipping meals or eating less. Seeking help from the food bank was reported by 35%, seeking help from relatives and friends was reported by 31% and 29% respectively. Clearly food bank use grossly underestimates the number of hungry families.

(SLIDE 21: Risk for food bank use)

But food bank visitors are distinct from other hungry families. The independent predictors of food bank use were lone parenthood, higher

number of siblings in the household, and income from social assistance. These families are the poorest, the most isolated, and among the hungriest.

(SLIDE 22: Hungry Mothers of Barely Fed Children Study)

We have recently published results of a study of 141 low-income lone mothers living with at least two children under the age of 14 years in Atlantic Canada. We studied both the food security status of the families over the past year and month, as well as the dietary intake of the mother and her children weekly for a month.

(SLIDE 23: Figure 1: Food insecurity and hunger)

Household food insecurity was universal among these families over the past year. Hunger and food insecurity actually differed little between the past year and month, indicating that it is a regular rather than episodic occurrence.

Maternal hunger was reported by 42% of mothers over the previous year and 23% over the month of the study. Child hunger was similar to maternal hunger.

(SLIDE 24: Free food received)

We asked the mothers about sources of free food. Less than 10% of mothers DID NOT receive free food and a startling 54% visited the food bank.

(SLIDE 25: Risk factors for hunger)

Maternal hunger was predicted by the mother's age being greater than 35 years, and was three times higher for Nova Scotia residents. An older mother, regardless of child age, was also the only predictor of child hunger which was modestly but significantly increased by 10%.

(SLIDE 26: Protective effect of New Brunswick residence)

Both household and maternal food insecurity over the past month were significantly lower among New Brunswick residents—one-third and one-fifth the risk respectively. The main policy difference between New Brunswick and Nova Scotia that we could identify was that NB has not clawed back the National Child Benefit resulting in higher social assistance incomes.

(SLIDE 27: Dietary Intake over Time)

Our study examined the diets of mothers in relation to their children. Time 1 in this study is the time of the month when the family had the most money to purchase food, and Time 4 was the time when the family had the least.

(SLIDE 28: Mean Caloric Intake over Time)

This figure depicts caloric intake of mothers and children over the month. At the first of the month, mothers' and children's intakes are quite close but mothers' consumption declines over time. Children have an increase during the third week of the month—what we called the T3 or second cheque of the month effect. This second cheque is often the Child Tax credit or GST refund.

(SLIDE 29: Mothers' and Children Intake over Time: Zinc, Vit A, Calcium)

Here we see Zinc, Vitamin A and calcium intakes for mothers and children over time. Notice three things. Children are consistently higher than their mothers. Both populations should be above the 100% level of dietary intake and the mothers rarely are. The T3 effect reappears for children.

(SLIDE 30: Hunger dynamics)

The last food insecurity descriptor I'd like to go over is the dynamics of hungry households. While persistent hunger is a problem, hunger transitions are also worthy of study. There were 358 families in the NLSCY cohort for both 1994 and 1996 who ever reported hunger. Only 23% of them reported persistent hunger, i.e., hunger in both time periods.

(SLIDE 31: Staying in Hunger)

Families with persistent hunger were remarkable for their lack of any meaningful change in circumstance. But that does not mean that these families were in some type of equilibrium. They reported the highest levels of family dysfunction.

(SLIDE 32: Falling into Hunger [a])

There were many factors that could tip a family into the hunger state. They are categorized as another mouth to feed (one or more siblings added to the household; change in number of parents in household); job loss (father lost full-time work; mother's unemployment status changed);

(SLIDE 33: Falling into Hunger [b])

and health problems (mother's health status worsened; child health status changed for either better or worse).

(SLIDE 34: Getting out of Hunger)

Getting out of hunger depended upon one change only—mother gets a full-time job, and the family's income rises accordingly.

(SLIDE 35: Annual income change and hunger transience)

We calculated annual income changes for families by hunger state. Total family income needed to increase by $3827 in order for a family to leave the hunger state but a loss of only $2690 could tip a family into hunger indicating that these families are fragile already.

These results underscore not only the fluidity of hungry families but their predictability.

(SLIDE 36: Research Needs & Gaps)

Looking finally at research needs and gaps.

1) There are several income inequalities research questions that need to be answered with respect to food insecurity. What is the income

elasticity in terms of food purchasing in the poorest households? Is there an income threshold that eliminates hunger?

2) Most countries with malnutrition reduction programs place price controls on staples. Should we begin to consider the affordability of healthy foods, particularly the food staples such as milk as a food security policy instrument?
3) Let's study the public dollar trade-offs. Public goods are costing the poor a lot more nowadays, including children's education, recreation, transportation, and health care. What are the public policy instruments that create income gradient reduction and which of these have the greatest impact on the lowest income decile.
4) The dynamics of hunger and food insecurity have been relatively well studied among social assistance families. Do the dynamics differ for the homeless, street youth, and marginalized men?

(SLIDE 37: Research Needs & Gaps)?

5) Would a simple trial of food insecurity elimination lead to significant social and development outcomes?
6) My premise is that there is genuine hunger in Canada today. Our social policies have been mean-spirited and punitive. Surely we have

gone too far if hunger has resulted. Why then do Canadians tolerate hunger in our communities?

7) A last research suggestion. Food security is perhaps the most precious of all material needs. If we make the necessary investments, we can reap a food security dividend that enriches all of society with payoffs in health, social capital, sustainability of our physical and social environments, justice, and both cost savings and wealth creation. How about quantifying the food security dividend not only here but across the world?

(SLIDE 38: Thank you)