What is Food Insecurity?
Household food insecurity is defined as the inadequate or insecure access to food due to financial constraints.

It is measured in Canada using the Household Food Security Survey Module which consists of 18 questions about insecure food access over the past year because there was not enough money to buy food. Food insecurity is a unique disadvantage among those living with material deprivation. It is a strong predictor of poorer physical and mental health, apart from other risk factors, and the health consequences are costly.

Food insecurity is not a problem of food retail access or poor food skills, or lack of nutrition knowledge, but rather a problem of people’s abilities to afford the food they need.

The Link to Income
Not all low-income households are food insecure and not all households with higher incomes are food secure.

Nevertheless, the curvilinear relationship between income and food insecurity suggests that modest changes in the incomes of very low-income households can have large effects on their probability of food insecurity.

Indeed, several Canadian studies have shown that relatively modest increases in income lessen food insecurity among low-income families:

- Over 6 years following the 2006 launch of the Newfoundland and Labrador poverty reduction strategy, a 43% reduction in food insecurity was observed among social assistance recipients, attributed to increases in rates and inflation indexing.
among other financial supports.
- A modest reduction in food insecurity prevalence was documented among families with young children following the introduction of the Universal Child Care Benefit.
- A one-time increase in social assistance rates in British Columbia also yielded a small but significant decrease in household food insecurity among social assistance recipients.

An extensive analysis of the effects of Basic Income comes from a study of Canadian seniors and food insecurity prevalence. Food insecurity rates were compared between unattached, low-income individuals 55-64 years and 65-74 years during which the primary source of income was seniors’ benefits—Old Age Security and the Guaranteed Income Supplement—a type of Basic Income program. Food insecurity rates were more than halved (from 22%-11%) between the two age groups and health improved despite aging.

Basic Income: the most promising approach
Emerging evidence suggests that a basic income would be an effective policy intervention to reduce household food insecurity among those most vulnerable to this problem.

An important advantage of a Basic Income over more targeted benefits (e.g., living wage, increased minimum wage, seniors or child benefits) is the inclusiveness of this strategy. Food insecurity affects a diversity of households, including those with and without children, those reliant on wages, and those on income assistance. Having the adequacy of one’s income be the sole criterion for the receipt of a basic income optimizes the potential for this intervention to reach those most vulnerable to food insecurity.

DID YOU KNOW?

Food insecurity is monitored nationally and periodically in national surveys, and estimates are that over 4 million Canadians are affected.

Food bank usage is the public face of food insecurity but it is a poor indicator of the extent of the problem because no more than a quarter of food insecure households seek charitable assistance.

Households reliant on social assistance are most at risk of food insecurity, but the majority of households reporting food insecurity are reliant on wages and salaries. Households with children are also at higher risk.

The associations between food insecurity and health extend beyond nutritional vulnerability. Among Canadian children, food insecurity has been linked to poorer health status and the subsequent development of a variety of chronic health conditions, including asthma and depression.

Among adults, food insecurity has been associated with poorer physical and mental health, and multiple chronic diseases which may also be more difficult to manage with a tight budget. Indeed, food insecure individuals with chronic conditions have higher chances of negative disease outcomes.

In the course of a year, adults who are severely food insecure cost our health care system 2.5 times more money than food secure adults do.