Disparities in Food Insecurity: An Indigenous Public Health Perspective**

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Summary

Food security is foundational for health and the prevention of chronic diseases during the course of a human's life. The fact that about 1 in 6 households were food insecure during the previous year in both the United States and Canada raises a public health concern. Some groups suffer more food insecurity than others. In Canada, northern Aboriginal people have the worst rates of food insecurity due to (i) lack of access to their traditional food sources, (ii) the cost of importing food, and (iii) high poverty rates. Poverty and food insecurity are closely linked. Income support programs, federal food assistance, and nutrition programs are national strategies that can address food insecurity. Equally essential are local food security strategies that engage communities to address their realties, needs, and assets. Research, if matched to need, can make contributions by evaluating promising food security strategies in the short- and long-term.

Current realities

Access to adequate, healthy, and safe food is a human right. Nutritious food is foundational for healthy growth and development as well as for preventing and managing chronic diseases. The internationally accepted definition of food security is when all people at all times have access to sufficient, safe, and nutritious food to maintain a healthy and active life. The converse, food insecurity, impacts physical and emotional health, while in turn, poor health impacts food security. There are serious disparities in food security globally. The Millennium Development Goals (MDGs) efforts to eradicate global poverty and hunger halved the proportion of undernourished people from 23.3% in 1990 to 12.9% in 2015, yet still 795 million people do not have enough to eat. Disparities in food security within wealthy countries exist, as well. In 2014, 14% of households in the U.S. experienced food insecurity over the previous year, whereas the rate in Canada was 12.5% in 2013. It is evident from statistics and trends that food insecurity rates are not improving.

Poverty and food insecurity are closely correlated. Data from the Canadian Community Health Survey show that households working for low wages, those relying on social assistance benefits or employment insurance or whose income falls below the Low Income Measure are more likely to experience food insecurity. In addition, women, Aboriginal people, and new immigrants are over-represented in food insecurity statistics. Health disparities recognize that differential access to health opportunities and resources, like having access to enough healthy and safe food, is not just avoidable and unnecessary, but is also unfair. Health disparities prevent certain groups in society (e.g., the working poor, women, Aboriginal Peoples) from reaching their full health potential.

The worst rates of food insecurity in Canada are in the north, and in northern provinces, among Aboriginal people. These remote locations drive up food prices, while high poverty levels and fewer employment opportunities limit people's ability to afford imported food for their families or to equip themselves to hunt, trap, or fish. Forced settlement policies, social transformations, limited land access, resource extraction, and climate change are driving transitions from subsistence to money-based economies. This in turn results in shifts away from local, traditional, and land-based livelihoods. A nutrition transition is also occurring in the north as diets shift to store-bought food, and the transition is associated with poorer dietary quality and health impacts. Food sovereignty, where people have control over their food systems, is a

shared goal for indigenous peoples because it addresses the political context of food security, and indigenous rights for self-determination.

Scientific opportunities and challenges

Indigenous health research. The recent restructuring of the Canadian Institutes of Health Research (CIHR) has put in motion changes that disadvantage indigenous health research capacity building and seriously set back collaborative research with Aboriginal communities. The amount of funding for Aboriginal health research is disproportionately out of alignment with the extent of Canada's biggest health challenge — Aboriginal health disparities. Kahwa:tsire is a group of health researchers advocating for governance and funding strategies that would realign resources with needs. Their work details opportunities to sustain the momentum gained with the establishment of the Institute of Aboriginal Peoples' Health, one of the original 13 health research institutes. Further innovations in research and knowledge translation are key resources for addressing the unique context of Aboriginal health disparities and food insecurity.

Social Determinants of Health (SDOH) framework. In public health, a SDOH framework is a powerful tool for identifying the social, economic, political, cultural, and physical environmental conditions and forces that shape food security and health disparities. Research is needed into the mechanisms by which people's choices and opportunities are limited by economic and social policies, political systems, and norms leading some populations to experience food insecurity while others do not. This approach orients research to study the environmental conditions that shape food insecurity and focuses on the kinds of economic and social policies that can improve them.

Evaluation methodologies and methods. Aboriginal and other communities have been mobilizing and taking action to improve their food security circumstances. The Council of Canadian Academies assessment of Aboriginal food security in Northern Canada identified the following promising practices: i) programs that address food access and availability; ii) health and education programs; iii) programs that promote wellness and intergenerational sharing or knowledge; iv) harvester income support and sustainable wildlife management; and v) poverty reduction and community development. However, evaluation methodologies that can capture how these actions/programs interact with their social context to bring about change are needed to understand program successes and challenges, as well as the elements that explain a good fit between various program theories and community contexts.

Data gaps. Household food insecurity data comes from multiple sources using surveys that include a standard set of questions. However, depending on the survey, sampling strategies do not include all Aboriginal people. The Canadian Community Health Survey, for example, excludes First Nations living on-reserve, which represents about half of this population. Food security assessment tools, the timing of surveys, and provinces opting-out from including standard food security assessment questions make comparing data difficult, and challenge ongoing monitoring. Standard household food security measures only assess financial access to food, and may miss other means used to secure food for households.

Basic income guarantee pilot projects. The Canadian Medical Association has endorsed a basic income guarantee as an important policy for achieving health for all. Ontario recently committed to evaluating a basic income pilot project to inform its vision of reforming social assistance in that province. In Northern Aboriginal contexts, income support programs have successfully aided the livelihoods of those who hunt and fish for subsistence. The evaluation of these projects and promising practices can provide directions for income support policies that can improve food insecurity.

Policy issues

Indigenous Peoples' rights to their land and food systems. Governments must respect the rights of Aboriginal people to their lands, economies, social systems, culture and language. Traditional food security depends on the protected rights to access lands and the right to harvest. Aboriginal and treaty rights are protected by section 35 of the Canadian Constitution, yet interpretations of these rights within current land claims and self-government agreements have sought to extinguish these rights. Improving equity and health for Aboriginal peoples requires commitments by federal, provincial, and territorial governments to respect Aboriginals' rights to their territories, food systems, cultural identity, and language.

National food policy. Currently the Canadian Minister of Agriculture has the mandate to "develop a food policy that promotes healthy living and safe food." Food issues by nature are highly interrelated and complex. An integrated and coordinated approach could be led by a funded food policy council, to establish a policy framework (i.e., tools and governance mechanisms) and strategy that incorporate the broad views of an equitable, healthy, and sustainable food system. Efforts can build upon previous national food policy work (e.g., Food Secure Canada, the Conference Board of Canada) and must also build on Canada's commitments to the right to food (e.g., International Covenant on Economic Social and Cultural Rights, Convention on the Rights of the Child).

Policies to address poverty. The majority of food insecure households work for their primary income, which suggests that wages are inadequate at keeping people out of poverty. Food security is clearly an issue of poverty, thus policies that assure an adequate income are needed. For example, a basic income guarantee could replace social assistance, supplement earned income, and possibly eliminate food insecurity in Canada. Eliminating food insecurity will improve human health outcomes and result in cost-savings for the health care system.

Research, data, and measurement gaps. A research agenda governed by Aboriginal people, to meet their research needs and capacity building must continue by adequately funding the Institute of Aboriginal Peoples Health in proportion to the burden of health experienced. Food security research in particular needs to seek a better understanding of food security as it relates to Aboriginal traditional food systems, which depend on cultural, social, and financial resources in a distinct context. Such research also needs to address missing food security data from sampling that excludes certain Aboriginal populations. There is a need to support evaluation research programs to identify strategies that work in mitigating food security.

Ongoing food security monitoring from the Canadian Community Health survey must continue and require food security assessment across provinces for long-term comparability. A food policy council and implementation strategy could further decide which data (e.g., health, social welfare) are required to support evidenced-based policies that can support food security.

Federally funded food programs. There is strong agreement among food security advocates (e.g., Coalition for Healthy School Food) and public health leadership that a universal healthy school food program (i.e., providing meals and/or snacks at school) could improve the nutrition, scholastic ability, and food security of children and youths. Such a policy could build upon the current patchwork of school food programs across Canada.