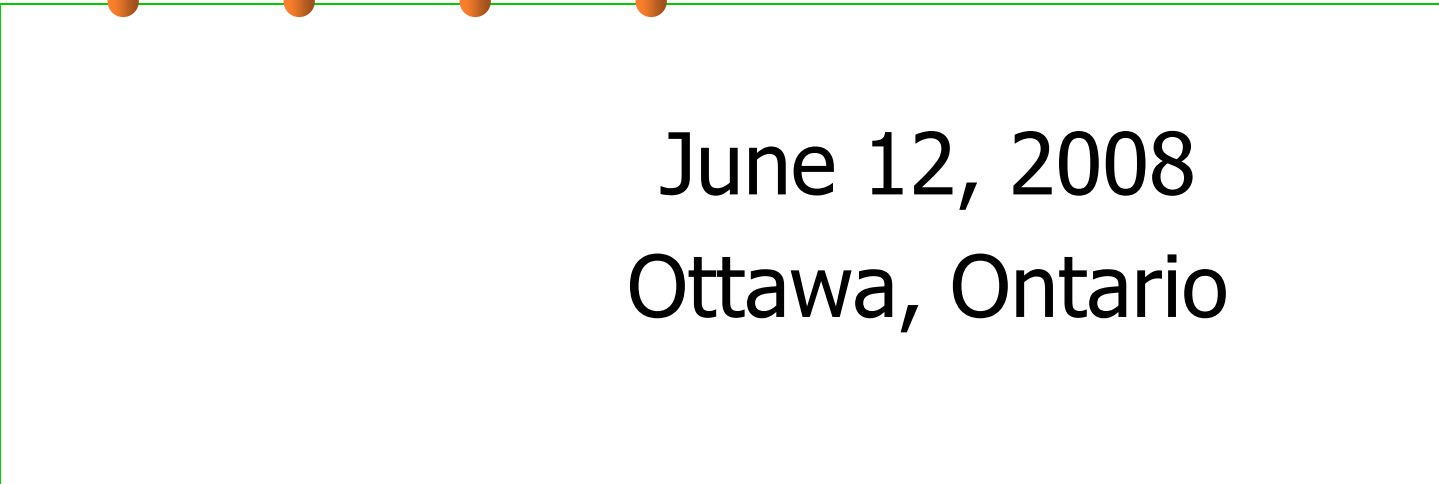




Food Insecurity and Diet Understanding the Link to Chronic Disease



June 12, 2008
Ottawa, Ontario




Introductions




- **Kay Marsh**, Nurse Practitioner
Four Villages CHC
- **Tammy Décarie**, Health Promoter
Queen West CHC, CHC Food Security Network
- **Sulana Perelman**, Dietitian
Four Villages CHC
- **Wanda Georgis**, Community Social Worker
South Riverdale CHC, CHC Food Security Network



- 
- Introduce yourself
 - Include a statement about food that impacts upon you




Goals of Today's Session

- 
- Participants become very familiar with the definition of food security and how it relates to chronic disease
 - Participants become more informed about how to better utilize interdisciplinary teams to address food insecurity




Goals of Today's Session

- 
- Participants leave with examples of how CHCs can respond to food insecurity with programs and services
 - Participants have an increased awareness of the need for a CHC sector response to food insecurity



Definition of Food Security

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- Community food security is a condition in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice.



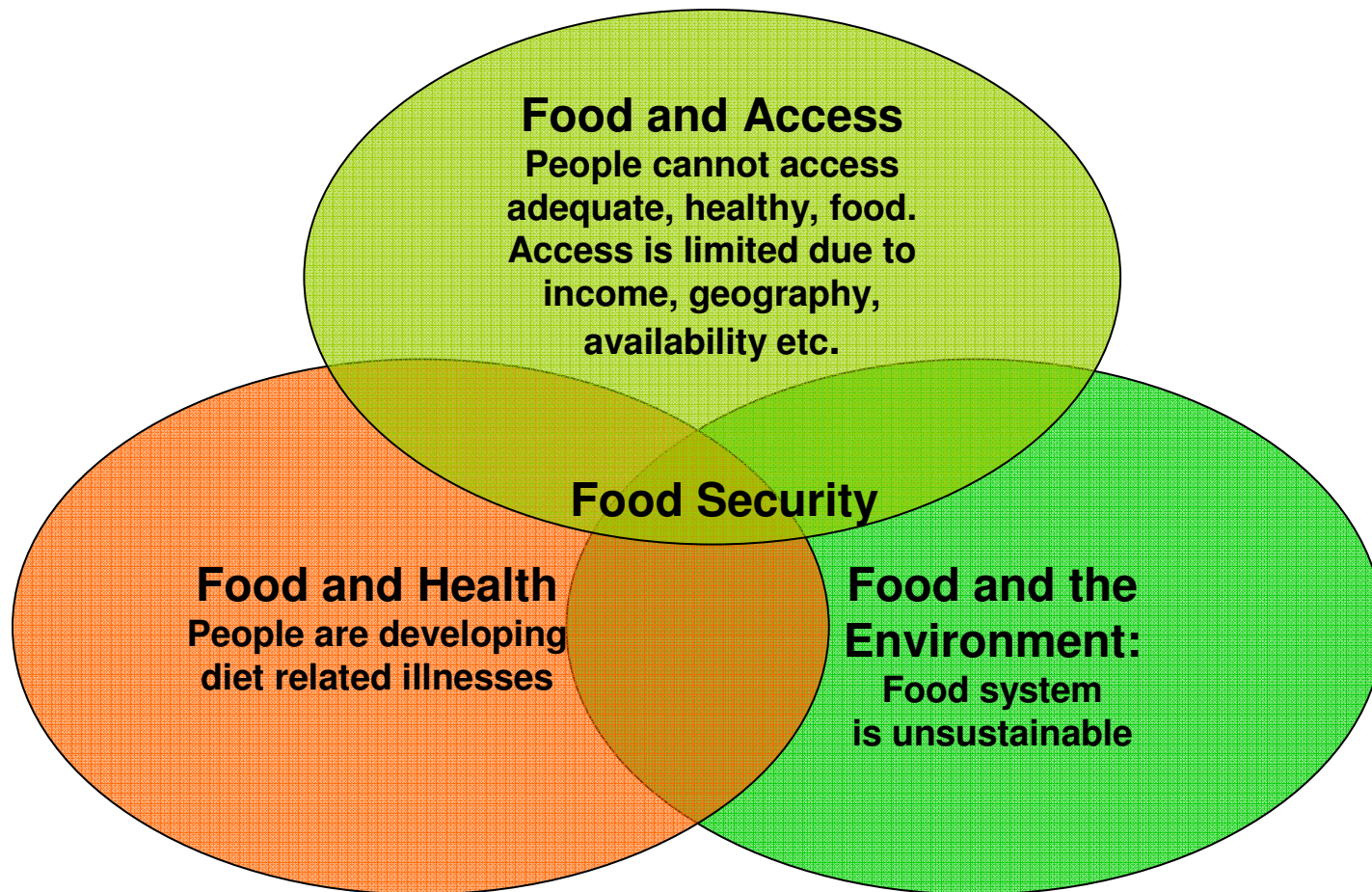
Definition of Food Security

Encompasses three interconnected areas:

1. Food and Access
2. Food and Health
3. Food and the Environment



Food Security





**The rate of food insecurity
in Ontario is 10-14%**



**21.4% of families in
Ontario are food insecure.**



Food and Access

- Inadequate Social Assistance Rates:
 - 61% of Ontario households who are reliant on social assistance are food insecure
 - 33% report severe food insecurity

- Working Poor:
 - 54% of Ontario households that are food insecure report their main source of income as employment




Food and Access

- The Racialization of Food Insecurity:
 - The population that is most affected by food insecurity in Canada are immigrants, Aboriginal People, people of colour, racialized minorities and women
- Healthy food must be accessible and available



Food and Access

- 
- Certain areas, especially low-income neighbourhoods, have limited availability to stores selling nutritious food (food desert)
 - People need to have access to food that is culturally appropriate


Food and Health

- Individuals in food insecure households are more likely to report heart disease, diabetes, high blood pressure and food allergies.






Food and Health

- 
- In the lowest income areas of Ontario, the prevalence of Type II Diabetes is 40% greater for men, and 280% greater for low income women

Source: ICES Diabetes in Ontario 2002




Food and Health

- 
- Household food insecurity is correlated with a higher body mass index (BMI)
 - Food deprivation can result in overeating for men and women
 - Among individuals with HIV/AIDS, food insecurity is nearly 5 times higher than the general population




Food and Health

- 
- Studies on individuals with high levels of food insecurity have shown that they have 3 times the risk of suffering from a major depressive episode

Source: Che, J. and Chen, J. (2001). Health Report 2001.




Food and Health

- 
- While, younger children are often protected from dietary compromises in food insecure households, as parents will go hungry so that their children can eat, they too are at risk




Food and Health

- 
- Food insecure children are:
 - 3 times as likely to be hospitalized
 - at increased risk of poor physical and emotional health, and poor social development
 - More likely to have poor performance in school (e.g. ADHD)




Food and the Environment

- 
- The food system is globalized, there is a dependency on a global market
 - A small group of multinationals control our food system (e.g. Monsanto)
 - Autonomy of the local community is lost
 - This system keeps people in the majority world poor



Food and the Environment

- 
- Current food system and policies don't address health, they address economics
 - Disconnect between public health dietary recommendations and agricultural, processing, and marketing practices




Food and the Environment

- Canada's Food Guide recommends 7 to 10 daily servings of fruits and vegetables
- Canada's farms only grow enough to provide each Canadian with 1.27 servings of vegetables and .42 servings of fruit




Food and the Environment

- 
- 95% of cabbages, 94% of peas, 91% of field corns and 81% of tomato varieties no longer exist. As we simplify our food system, we are attacking the environment's capacity for evolution and adaptation to inevitable change



Food and the Environment

- 
- Pesticide residues can be found on or in many foods including fruits & vegetables.
 - The safety of pesticide and chemical consumption is uncertain because they are calculated based on the size of an average adult male (not on children, women, pregnant women etc.)



CHC Food Security Survey




CHC Food Security Network

- **Who we are:** the network is open to membership from all Toronto CHCs.
- The Network currently has multidisciplinary representation including health promoters, dietitians, surses and social workers.




CHC Food Security Survey

- 
- Survey Goal: to scan Toronto CHCs to determine work plan for CHC Food Security Network
 - Survey conducted in Spring 2007
 - 20 of 22 Toronto CHCs responded




CHC Food Security Survey

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- All 20 have food based programs such as, community kitchens, emergency food pantries, partnering with local food agencies, food vouchers, and garden



CHC Food Security Survey

- 
- Several are involved in advocacy campaigns that focus on *food and access* or *food and health* (e.g. *Health Providers Against Poverty, 25 in 5*)
 - Few do work or advocate on *food and environment*



CHC Food Security Survey


- 
- Survey helped identify next steps for the Network

The Networks goals are to build a CHC food security movement to:

- **Advocate:** by contributing a health voice to current food security efforts
- **Build Capacity:** by developing a food security consciousness within CHCs
- **Develop a Community Response:** by ensuring that our programs and services respond to the community's food security needs




Small Groups

- 
- What is currently happening in your CHC?
 - get the ideas flowing
 - learn from people at your table
 - Share 1 or 2 innovative ideas

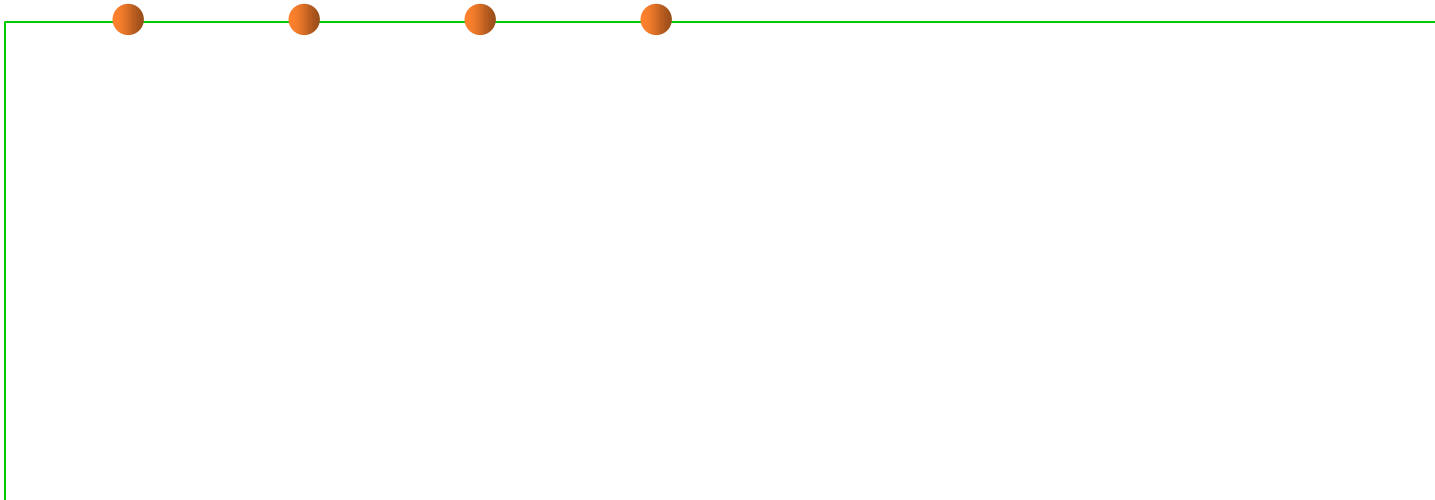


Four Villages CHC Chart Audit

- 
- Suspected that although the CHC see clients who are food insecurity, the issue of food insecurity was not well addressed
 - Chart audit conducted to determine:
 - How well clients with food security issues were identified
 - How well clients with food security issues were served




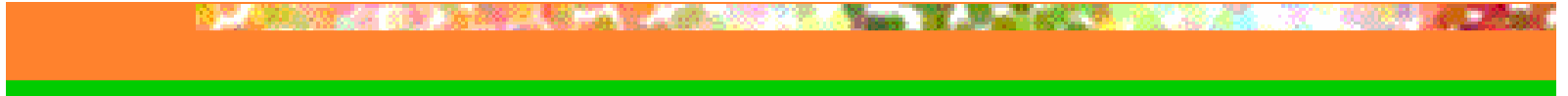
What is a Chart Audit?





Four Villages CHC Chart Audit

- 
- Tool developed in Summer 2007
 - General Practice and Early Years chart audit January 2008
 - Evaluation completed February 2008



Methodology

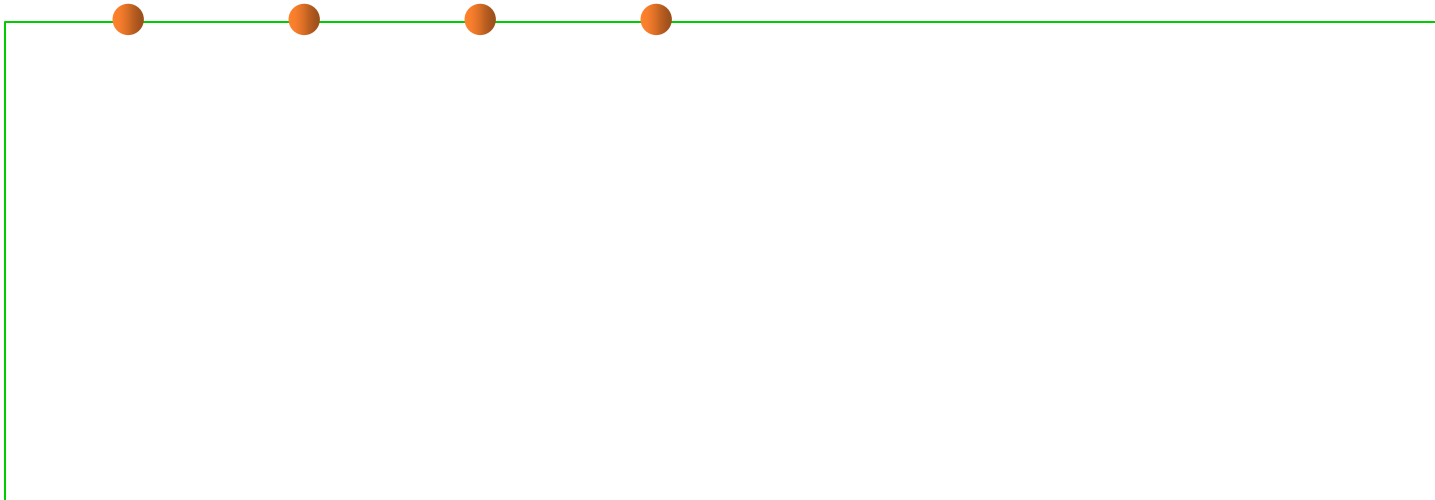




Chart Audit


- 
- Specific information was given to auditors at the start of chart audit which included:
 1. Definition of food security and contributing factors
 2. Some statistics relating to food insecure homes
 3. Food insecurity and its relation to disease
 4. Contributing factors for food insecurity
 5. Examples of internal and external referrals



Chart Audit Tool

- 
- Chart audit tool distributed



Review Food Security Chart Audit Summary Report




Summary on last page of handout

Note: this tool would need to be modified for settings outside of CHCs




Lessons Learned

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- Food security chart audit proved more difficult to administer than disease specific audit
 - All auditors need to be clear on what is a true “yes” and true “no” answer
 - “Incomplete” should not be a choice
 - Results need to be discussed soon after audit completed




Lessons Learned

- 
- Some questions were redundant
 - Question on culturally appropriate foods should be included
 - Dental hygiene does not need to be discussed with all clients
 - Only 2-3 auditors should participate to reduce examiners confusion




Short Term Goals

- 
- To identify food insecure clients in practice by April 2009 (the how to be discussed within interdisciplinary team)
 - To change all the forms to assess and document food insecurity by April 2009
 - Validate tool by April 2009
 - Repeat chart audit in fall of 2008




Short Term Goals

- 
- To increase number of food insecure clients presented at internal interdisciplinary case conference
 - Improve the communication between Early Years 1 and 2 and the clinical interdisciplinary team




Medium Term Goals

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- To increase program and service delivery to address food insecurity
 - To lobby province/federal government to address food security on all forms (eg. Prenatal , Rourke)

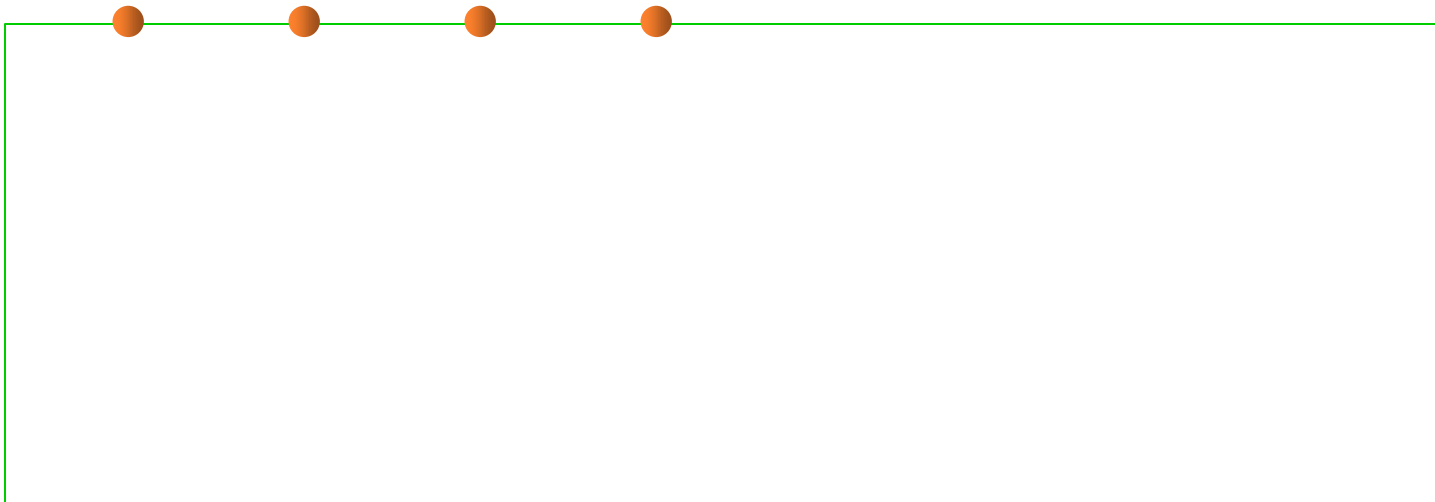


Long Term Goals

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- To advocate all levels of government to increase access to affordable housing , increase minimum wage, and access to education and access to safe affordable food



Questions?




Responses to Food Insecurity

- Traditional responses are important but inadequate
- For example:
 - Referrals to food banks and meal programs
 - Counseling
 - Food vouchers





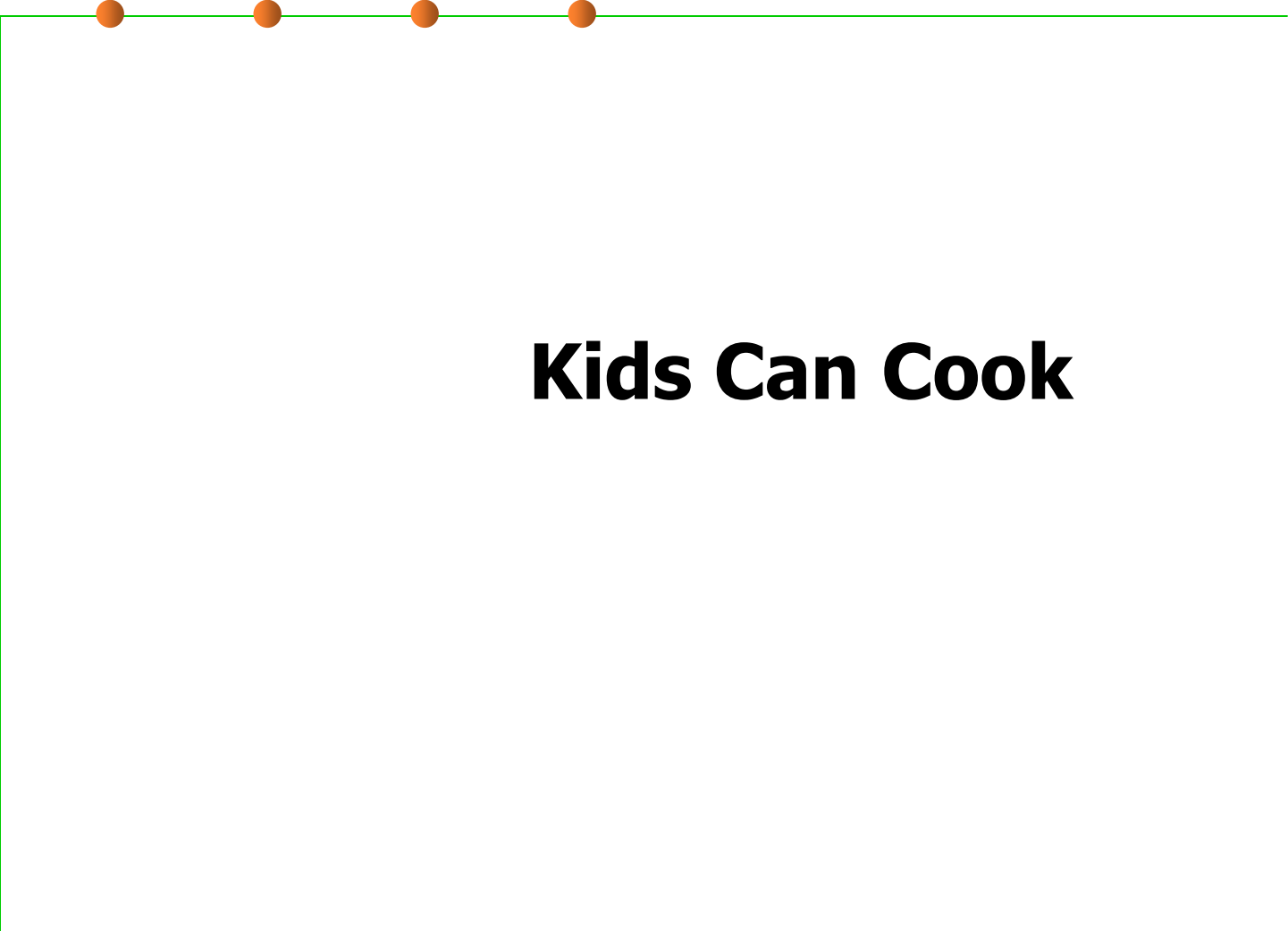
Three areas of response

- 
- Develop a Community Response: by ensuring that our programs and services respond to the community's food security needs
 - Build Capacity: by developing a food security consciousness
 - Advocate: by contribute a health voice to current food security efforts



Area One

Develop a community response



Kids Can Cook


Kids Can Cook Program Rationale

- Childhood obesity is on the rise
- Children bombarded with ads on over processed, high fat, low quality foods
- Children who are involved in the process of cooking would be more willing to try new foods






Kids Can Cook Program Objectives

- 
- Teach kids basic information about Canada's Food Guide
 - Provide opportunity for children to learn about healthy food through cooking activities, eating, and arts and crafts related to healthy food themes




Kids Can Cook Program Objectives

- 
- Allow children to learn basic cooking skills
 - Allow opportunity for socializing
 - Increase independence by providing opportunity for children to participate in program without parent/caregiver




Kids Can Cook Program Session Outline

- 
- Art activity as children arrive
 - Interactive discussion of recipes, food to be used, and benefits
 - Cooking activity



Kids Can Cook Program Session Outline

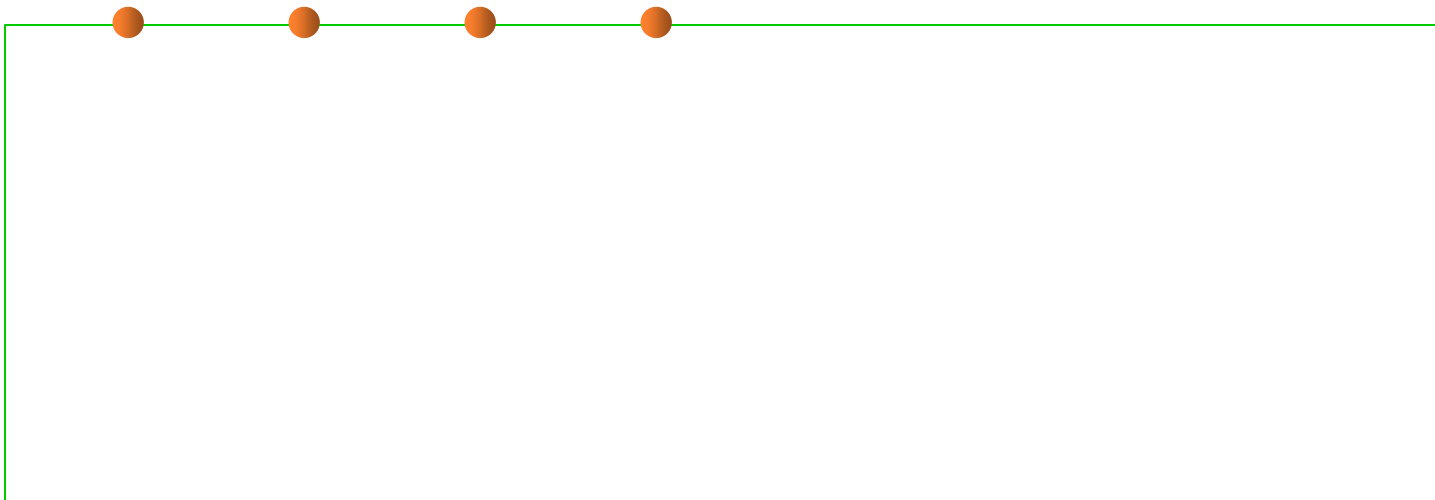
- 
- Eating and discussing foods, likes/dislikes, food preparation at home
 - Art and craft activity relating to healthy food (i.e. cutting and pasting of foods on blank CFG)
 - Clean-up

Kids Can Cook Program





Questions?



Area Two

Build Capacity


- Build Capacity: by developing a food security consciousness
- Internally within our own organization
 - CHC Committee
 - Food purchasing plan





Area Two

Build Capacity

- 
- With the not for profit sector
 - Conferences
 - Partner presentations
 - Programs
 - Harm reduction approach
 - Foot soldiers



Area Three Advocate




■ Advocate:

- Survey shows that CHCs are focusing on health and access, not environment
- CHCs need to think more holistically
- CHCs need to contribute a health voice to current food security efforts
- Food security network: at food policy counsel, contribute a health voice




Small Groups

- 
- Discuss: Why aren't CHC's currently showing leadership in the food security movement? Should they be?
 - Report back 1 or 2 key ideas per small group




Conclusion

- 
- CHCs are uniquely positioned to respond to the food security needs of our communities: community based, relatively well funded, diverse teams
 - By using our interdisciplinary teams we can address the health, access, and environmental aspects of food security



Conclusion

- 
- Definition, survey, audit, responses
 - For more information please contact:
 - Chart Audit: Four Villages CHC
 - CHC Food Security Network: contact, fact sheet, lit review



Questions?

