

Report to Health Canada Programs Evaluation, Feb. 27, 2001

Submitted by The Action for Food Security Project: Food Security, Population Health, and Community Development

The Action for Food Security project is taking a Population Health approach to food. Health Canada programs (for example, the Canadian Prenatal Nutrition Program) are designed to ensure that pregnant women have adequate nutrition to avoid low-birth-weight babies and consequent poor infant health. If food is the basis of personal health, then community food security is the basis of population health.

It is helpful to examine the determinants of health as outlined by Health Canada in light of this understanding. It appears that each of them can also be understood as a determinant of hunger.

Determinants of Health /Hunger

1. Income & social status: most people get food by buying it and if they do not have adequate income they cannot get adequate food.
2. Social support networks: socially isolated people are more likely to be hungry.
3. Education: aside from the link between education and income /social status, a higher level of education is linked with ability to make best use of available foodstuffs for best nutrition.
4. Employment /working conditions: children in particular may be hungry if their parent(s) need to work long hours to make ends meet and are unable to take time to prepare healthy meals and snacks, but adults too may be hungry or malnourished for the same reasons.
5. Social environments:
 - a. people who live in communities where food is grown on farms or gardens have more secure access to food;
 - b. the industrialization of agriculture (monoculture of commodities such as grains or feedlot animals) reduces the availability of locally grown food for consumption by the community;

- c. women who are subjected to violence have a reduced capacity for self-care, including adequate food; they may also have problems with breastfeeding
- 6. Physical environments:
 - a. contamination of food by agricultural chemicals and the loss of food nutrients through industrial agriculture makes the food of less nutritional value;
 - b. people in inner-city contexts may not have access to food storage or cooking facilities
- 7. Personal health practice & coping skills: many people lack the skills to choose or prepare the foods which will fill their nutritional needs.
- 8. Healthy child development:
 - a. social welfare payments are too low to allow families to adequately house, clothe, and feed their children
 - b. emergency feeding programs, from food banks to soup kitchens, are becoming a normal part of the food system with people relying on them as a regular source of food: they do not have the resources to fill this role, particularly as the number of hungry people increases, nor are they able to offer a full nutrition for their clients
- 9. Biology & genetic endowment: if mothers are inadequately nourished during pregnancy, and if babies are not breast-fed, brain development as well as general health (including the immune system), suffers.
- 10. Health services: food and nutrition as a fundamental determinant of health is not reflected in the level of current food and nutrition-related health services. There are inadequate services to assist people in making choices to avoid malnutrition.
- 11. Gender:
 - a. women do not feel they are entitled to food
 - b. women and girls are also subject to pressure to conform to a body image which demands weight-reducing diets at best and eating disorders at worst
- 12. Culture:
 - a. loss of traditional cultures has reduced the important role of food in maintaining social relationships and celebrations;
 - b. loss of access to traditional foods has induced malnutrition, particularly among First Nations.

These elements are clearly inter-linked. Certainly, poverty and lack of skills and services contribute to nutrition deficiencies, food insecurity, and increased hunger, while connection to a community and freedom from violence play a positive role.

A population health approach to hunger and food security, however, demands that we look at the whole food system. The question is not merely whether or not a particular segment of the population has the skills to choose nutritious foods, the funds to purchase them, and the facilities to prepare them. A critical question is whether or not there is secure access to sufficient amounts of safe, nutritious, culturally appropriate and personally acceptable foods for everyone over the long term.