



Report 8: Food Security and Access

October 2017

Summary

- The 2016 Oxford Health Matters Survey (OHMS) was conducted for Oxford County Public Health (Public Health) to inform public health program development in new and emerging areas based on the needs and concerns of the community.
- Food insecurity is a serious public health issue, having far-reaching effects on physical and mental health. It is defined as inadequate or unstable access to food because of limited income.¹
- Food insecurity can contribute to a variety of physical and mental health issues in adults and children.²
- Overall, 6.2% of households in Oxford County identified that they are food insecure, which represents about 7,960 residents.
- Just over one-third (35.3%) of food insecure households reported they had no place to go to access food they needed.
- While food banks can provide immediate relief for individuals and families that are food insecure, recommended long-term responses to enhance food security involve providing a household income supplement for food, or ensuring a basic level of income for all to be able to afford food and shelter.³

Background

A population is considered food secure when everyone has sufficient means to consistently access adequate amounts of safe and nutritious food to satisfy dietary needs and food preferences for a healthy, active lifestyle.¹ Food insecurity is defined as having inadequate or unstable access to enough food due to limited income. This may include worrying about running out of food, eating a smaller amount and variety of food than needed, or in severe cases, skipping meals or even going a full day without eating.¹

Food security is a basic human need and is often considered one of the underlying social determinants of health.⁴ Access to a variety of healthy, nutritious foods is critical to the prevention of many chronic physical and mental health issues. Food insecurity in adults is associated with higher occurrence of chronic problems such as arthritis, mood and anxiety disorders and high blood pressure, and can make it more difficult to manage chronic health problems such as diabetes.² Similarly, food insecurity can negatively impact childrens' growth and development, is associated with increased likelihood of chronic conditions such as asthma, and during the teen years, depression.² Moreover, as the severity of food insecurity increases in a population, so do the costs to the health care system; health care costs in Ontario are 121% higher in the most food insecure individuals when compared to food secure individuals.⁴ Oxford County Public Health is mandated to reduce the burden of chronic diseases of public health importance and to achieve optimal maternal, newborn, child, youth and family health, and works at the community level to support initiatives to reduce food insecurity.⁵

According to the Canadian Community Health Survey, in Ontario, a total of 7.7% of households (841,900 people), experienced moderate to severe food insecurity in 2011-12.⁶ This survey also found that in Oxford County, 8.9% of households (7,900 residents),^a were food insecure.⁶ Several subgroups of the population are more likely to experience food insecurity; as household incomes decreased, food insecurity increased, particularly among those whose main source of income was social assistance.⁷ Female lone-parent families, Indigenous peoples, people living in urban areas, as well as people 60-64 years old are also more likely than other groups to experience food insecurity.^{7,8}

^a Oxford numbers should be used with caution due to their variability.

Please see definitions in the Data Notes for explanations of terms used in the report, and methods in the Data Notes for more information about the survey, sample and how the numbers are calculated and displayed.

Results

Overall, 6.2% of households reported that in the past year, because of a lack of money, they didn't have enough food to eat, or worried there would not be enough to eat or didn't eat the quality or variety of foods that they wanted to eat (Table 1; Appendix, Table 1). This represents about 7,960 people in the County.^{b 9}

Table 1. Household food security, Oxford County, 2016

Indicator	Per cent (95% CI)
Households that in the past year, because of a lack of money, didn't have enough food to eat, or worried there would not be enough to eat or didn't eat the quality or variety of foods that they wanted to eat	6.2%* (4.4%-8.6%)

* Per cents should be used with caution due to their variability.

^b Based on 2016 Census data for Oxford County, including 44,265 households with an average of 2.9 persons per household.

Of those households that reported food insecurity (n=34), 35.3% reported they do not have a place to go if: they do not have enough to eat, worry about having not enough to eat or need more quality or variety of foods that they wanted to eat (Table 2; Appendix, Table 2).

Table 2. Household food access, in food insecure households (n=34), Oxford County, 2016

Indicator	Per cent (95% CI)
Households that reported they do not have a place to go if: they do not have enough to eat, worry about having not enough to eat or need more quality or variety of food	35.3%* (20.1%-53.8%)

* Per cents should be used with caution due to their variability.

Additional information on food security and access, grouped by income and place of residence, can be found in the Appendix.

Considerations

Overall, 6.2% of households in Oxford County reported that they were food insecure in the past year. Of those households that reported food insecurity, 35.3% reported that they do not have a place to go when they are food insecure. These estimates may be an undercount of food insecurity in Oxford County, given that food insecurity is most likely to occur in households with lower incomes, and these households may be less likely to have a phone and answer the Oxford Health Matters Survey.

Food insecurity is a complex issue; however, the root cause is simply poverty.^{3,8} In 2016, the Dietitians of Canada published a position statement and recommendations to address food insecurity and access in Canada.⁸ Relying on food charity programs such as food banks, while a helpful program for those in immediate need, are not an effective long-term solution for most food insecure households due to a variety of accessibility issues. For example, without enough money for transportation, it is very difficult for many people to even travel to food banks.³ Policies to address food insecurity issues should include providing enough basic income, or a food allowance supplement for all people to obtain enough nutritious foods to feed themselves and their families.^{3,8} Studies across Canada have shown improvement in food security after enacting these types of income supplementation programs.⁸

Public Health has undertaken work to address food insecurity. Annual monitoring of the Nutritious Food Basket has provided evidence for work on ensuring basic income security for all residents, in order to address broader social determinants of health. This provincial marker is based on the cost of meeting the requirements of a basic healthy diet to support nutrition and is able to show trends in food affordability and accessibility over time. Also, to address children's nutrition needs, the Ontario Student Nutrition Program has been in Oxford County schools for the past 17 years. This program provides snacks for all children to support learning by increasing access to healthy food choices.¹⁰ Work will continue to address local food and nutrition issues and direct policy and programming work in food security and health equity.

Appendix: Tables

Table 1. Household food security and access, by household income, Oxford County, 2016

Indicator	Response	Per cent (95% CI)					
		Overall	<\$40K	\$40K to < \$70K	\$70K to < \$100K	\$100K +	Don't know/ Refused
Households that in the past year, because of a lack of money, didn't have enough food to eat, or worried there would not be enough to eat or didn't eat the quality or variety of foods that they wanted to eat	Yes	6.2%* (4.4%-8.6%)	12.5%* (6.5%-22.2%)	11.2%* (6.0%-19.6%)	**	**	5.6%* (3.0%-10.0%)
	No	93.8% (91.4%-95.6%)	87.5% (77.8%-93.5%)	88.8% (80.4%-94.0%)	98.5% (90.9%-99.9%)	99.1% (94.2%-100.0%)	94.4% (90.0%-97.0%)
Households that reported they do not have a place to go if: they do not have enough to eat, worry about having not enough to eat or need more quality or variety of food (only asked of households that are food insecure; n=34)	Yes	35.3%* (20.1%-53.8%)	**	45.5% (18.2%-75.5%)	**	**	**
	No	61.8% (43.4%-77.6%)	55.6% (22.7%-84.7%)	54.5% (24.5%-81.8%)	**	**	81.8% (47.7%-96.8%)

* High variability results, interpret with caution.

** Extremely high variability results, data suppressed

Table 2. Household food security and access, by rural or urban residence, Oxford County, 2016

Indicator	Response	Per cent (95% CI)		
		Overall	Rural	Urban
Households that in the past year, because of a lack of money, didn't have enough food to eat, or worried there would not be enough to eat or didn't eat the quality or variety of foods that they wanted to eat	Yes	6.2%* (4.4%-8.6%)	**	7.0%* (4.7%-10.2%)
	No	93.8% (91.4%-95.6%)	95.8% (91.2%-98.1%)	93.0% (89.8%-95.3%)
Households that reported they do not have a place to go if: they do not have enough to eat, worry about having not enough to eat or need more quality or variety of food (only asked of households that are food insecure; n=34)	Yes	35.3%* (20.1%-53.8%)	**	34.6% (17.9%-55.6%)
	No	61.8% (43.4%-77.6%)	57.1% (20.2%-88.2%)	65.4% (44.4%-82.1%)

* High variability results, interpret with caution.

** Extremely high variability results, data suppressed.

Data Notes

Definitions

Rural versus Urban Comparisons: Results are presented for Oxford County as a whole, and where possible, reported by whether the resident lives in a 'rural' or 'urban' area within the County. Although there are a mixture of rural and (sub)urban areas even within the municipalities, for the purposes of this report, they were subdivided as follows:

1. **Rural:** Zorra, East Zorra-Tavistock, Blandford-Blenheim, Norwich and South-West Oxford.
2. **Urban:** Woodstock, Ingersoll and Tillsonburg.

Methods

The 2016 Oxford Health Matters Survey (OHMS) was conducted for Oxford County Public Health by the Institute for Social Research (ISR) at York University. The purpose of the survey was to collect data to help shape public health programs in new and emerging areas based on the needs and concerns of the community. The survey interviewed by telephone a total of 550 randomly selected households from September to December 2016 with Oxford County residents aged 18 years or older. This resulted in an overall response rate of 44%, which is comparable to other recent Canadian health surveys. If the household included a person aged 18-30 years old, they were selected to answer the survey to increase the number of young people in the sample, as they are typically harder to reach with this type of survey. Otherwise, the person with the first birthday in the household was asked to complete the survey. The number of responses for various questions may not total 550 due to survey skip patterns and differing amounts of non-response to each question. Responses to questions relevant to individuals are weighted by age and sex to adjust for fewer males and younger individuals completing the survey. This weighting allows the sample to more closely represent the population of Oxford County.

Confidence Intervals

The per cents in brackets that follow each per cent estimate in the tables are the confidence intervals (CIs). Each estimate is based on the survey sample, and a CI is a range of values that describes the uncertainty surrounding an estimate.¹¹ The 95% CI shows a range of values that have a 95% chance of including the true estimate in the population if the survey was repeated. The larger a 95% CI, the more caution should be used when using the estimate. In graphs, the 95% CI is shown by an error bar. Error bars and CIs that don't overlap show statistically significant differences between groups (e.g., when comparing males and females). Statistically significant results indicate the finding is unlikely to be due to chance alone.

Variability

Throughout the report, some numbers may be suppressed because they are unstable due to high variability, as measured by the coefficient of variation (CV). The CV indicates how precise an estimate is. Higher CVs indicate more variability, which often occurs when there is a small sample size. When the CV is between 16.6 and 33.3, the estimate should be interpreted with caution because of high variability. In tables, this is shown with an asterisk (*). Estimates with a CV of 33.3 or more are not reportable and the estimates are replaced with double asterisks (**). Estimates may also not be reportable if they are based on an unweighted denominator of less than 30 or a numerator of less than 5.

Missing Responses

“Don't know” and “Refused” responses are usually removed from the analysis, unless they account for over 5% of the responses. Then they are included as a separate category. Responses are self-reported and may be subject to recall bias (trouble remembering) and social desirability bias (answering in the “expected” or socially acceptable way).

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