

Household Food Insecurity in Saskatchewan: A Starting Guide for Health Care Providers

Household food insecurity is the inadequate or insecure access to food due to financial constraints (1). People suffering from food insecurity do not have enough money to meet their basic needs. Addressing household food insecurity and financial strain can reduce health inequities that impact individuals and society (2). On an individual level, food insecurity has the potential to negatively impact physical and mental health, employment, meaning in life, community participation, family and cultural celebrations, and relationships (3).

What is it like to live with food insecurity?

[Della's Hurdles to Health](#) (8 mins) — produced in 2012 by the former Saskatoon Health Region, but still relevant.

[The Snowball Effect: Shelly's Story](#) (3 mins)— a video of a Patient Family Partner's experience from Alberta.

[Make the Month](#) (Simulation Activity) — Choose from 1 of 4 simulations and walk one month in their shoe as they navigate complex financial situations. Note: the activity does not allow selection of a city in Saskatchewan.

Challenging Common Assumptions

Assumption: Charitable food programs reduce household food insecurity.

Fact: Low-cost or charitable food programs offer short-term relief but don't reduce household food insecurity because they don't tackle the root cause, which is financial strain (4,7).

Assumption: Budgeting resources and food skills programs improve household food insecurity status.

Fact: Households that experience food insecurity are twice as likely to report shopping with a food budget and have similar food skills compared to food secure households (4).

Assumption: Only unemployed people experience household food insecurity.

Fact: In Saskatchewan, of those who are food insecure, over half (63.5%) rely on wages, salaries, or self-employment (1).

Assumption: Household food insecurity is a "hunger issue."

Fact: While hunger can be a symptom, food insecurity is a broader issue tied to the struggle to afford basic needs and keep up with the cost of living (1,3-4,7).

28% of Saskatchewan's population live in food insecure households (5). This is the **3rd** highest rate of food insecurity in Canada (5).

35% of children under 18 live in food insecure households (5).

\$208.48 – The extra weekly cost of nutritious food for a family of four in the far North compared to a large city in Southern SK (6). This is a 45% increase.



Image: https://stock.adobe.com/search?k=empty+cupboard&asset_id=96317667



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In Practice: Steps You Can Take as a Health Care Provider

Step 1: Build a foundational understanding of poverty and household food insecurity.

Living in poverty is a risk factor for many chronic conditions, such as diabetes and cardiovascular disease, amongst others (8). Poverty is not always obvious. In Saskatchewan 1 in 10 residents (11.1%) are living below the poverty line (9). Household food insecurity, often a direct symptom of inadequate financial resources, is a pressing challenge faced by those living in poverty. An important first step for health care providers is to take some time to [understand household food insecurity](#).

Step 2: Create a safe space to assess for financial challenges.

When working with clients or patients, use a client-centered approach to discuss their financial situation and access to food. Conversations around finances can be a sensitive topic. Make sure to ask the client for permission before discussing their finances (10). A validated screening question can be used to support these conversations:

“Do you ever have difficulty making ends meet at the end of the month?” (8)

Step 3: Connect clients to federal/provincial income resources and local food resources.

As health care providers, staying informed about income security benefits can help ensure clients receive the basic financial resources they are eligible for (8). Accessing these benefits often requires clients to have a government-issued ID and up-to-date tax returns. While addressing financial barriers, there may also be emergency food relief options or charitable organizations available to support those in need.

- Connect with a free [tax clinic](#).
- The [Canada Benefits](#) website summarizes federal income supports, which includes employment insurance, dental coverage, along with child, pension, and housing benefits, etc.
- [Non-insured Health Benefits](#) may be helpful for supporting Indigenous clients.
- The [Government of Saskatchewan’s Financial Help](#) page links to Saskatchewan supports.
- [MySask 211](#) can help link to local resources, such as ID, tax clinics and charitable organizations.
- [Food Asset Maps](#) may be available in your area which link clients to food banks, free meals, and other charitable organizations. To find out what is available in your area, contact public health nutrition [here](#).

Step 4: Advocate for root-cause solutions.

Addressing household food insecurity requires systemic change (11). Health care providers can collaborate with other professionals, organizations, and individuals with lived experience to advocate for policies that improve access to financial resources for those in need. Engaging with clients to understand and share their lived experiences can amplify their voices, and drive meaningful and inspired action.

[How to Tackle Food Insecurity in Canada](#) (15 mins) — This video produced by PROOF (Food Insecurity Policy Research by the University of Toronto) highlights what change is required to impact food insecurity rates in Canada.



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