

Food security

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I find it humbling to remember that I have no personal experience of chronic hunger, while many of my patients do. 18.4% of Canadian households experienced food insecurity in 2021.¹ Food insecurity is particularly felt in remote Canada. In Nunavut, the food insecurity rate was 57% in 2018.² When your source of groceries is the Northern Store whose stock in SPAM exceeds their stock in lettuce, even if both are a tad brown, this quickly becomes a health outcomes issue.

Indigenous cultural revival helps some, and although the hunting has been made a little easier (e.g. ATV and rifle), gathering remains difficult. For our local blueberries and wild mushrooms, carriage trade pricing at the roadside, or a speciality market in Toronto, makes them more of a source of income than other foods.

Rural communities closer to the city also suffer high levels of poverty with associated health outcomes and issues similar to remote areas:

- Dental carries in toddlers – check. Pop is cheaper than milk
- The diabetic whose A1C is hard to manage, especially at the end of the month – check. Educate diabetics that if they are to skip a meal, they should avoid sulphonylureas or prandial insulin to avoid hypoglycaemia
- The elderly ‘tea and toast’ pensioner whose anaemia is attributable to Vitamin C deficiency – check. Fruit and veggies are often

under-represented in their diets. Remember to have them take their iron with Vitamin C

- Hypertension – check. Salt levels in processed foods and fast foods are excessive.

Counter-intuitively, many obese patients have nutritional deficits attributable at least in part to the high cost of healthy food. High levels of sugar, starch and fat found in fast and processed foods add empty calories. Simple education about avoiding unhealthy coping strategies for many health issues can be of help.

If you are unaware of the effect of food insecurity on your patients, you can ask. When you do, you destigmatise food insecurity and identify a vulnerable target population. A simple question would suffice – ‘In the last 12 months did you worry about your food running out before you got money to buy more?’

Rural doctors have a disproportionate influence on their patients and rural communities. Initiatives such as food banks, school lunch programmes, community gardens and education about eating well can all use our support.

REFERENCES

1. Statistics Canada. Canadian Income Survey, 2021 Ottawa; 2023. Available from: <https://www150.statcan.gc.ca/n1/daily-quotidien/230502/dq230502a-eng.htm>. [Last accessed on 2023 Oct 10].
2. Leblanc-Laurendeau O. Food Insecurity in Northern Canada: An Overview, Publication no. 2019-18-E, Parliamentary Information and Research Service, Library of Parliament, Ottawa; July 5, 2019.

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