QUANTITATIVE RESEARCH

Food Insecurity and Participation in Community Food Programs among Low-income Toronto Families

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ABSTRACT

Objectives: Responses to food insecurity in Canada have been dominated by community-based food initiatives, while little attention has been paid to potential policy directions to alleviate this problem. The purpose of this paper is to examine food security circumstances, participation in community food programs, and strategies employed in response to food shortages among a sample of low-income families residing in high-poverty Toronto neighbourhoods.

Methods: Data from surveys conducted with 484 families and neighbourhood mapping were analyzed.

Results: Two thirds of families were food insecure over the past 12 months and over one quarter were severely food insecure, indicative of food deprivation. Only one in five families used food banks in the past 12 months and the odds of use were higher among food-insecure families. One third of families participated in children's food programs but participation was not associated with household food security. One in 20 families used a community kitchen, and participation in community gardens was even lower. It was relatively common for families to delay payments of bills or rent and terminate services as a way to free up money for food and these behaviours were positively associated with food insecurity.

Discussion: While documenting high rates of food insecurity, this research challenges the presumption that current community-based food initiatives are reaching those in need. Public health practitioners have a responsibility to critically examine the programs that they deliver to assess their relevance to food-insecure households and to advocate for policy reforms to ensure that low-income households have adequate resources for food.

Key words: Food security; low-income; nutrition; poverty; Canada

La traduction du résumé se trouve à la fin de l'article.

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lmost 1 in 10 Canadian households experienced food insecurity in 2004.1 In addition to compromising nutrition,2-4 household food insecurity is associated with poorer physical, mental, and social health.⁵⁻⁷ While the existing research suggests that problems of household food insecurity are primarily rooted in inadequate incomes, 1,5-8 few policy directions have been proposed to address factors that constrain food purchasing. Instead, responses have generally been community-based initiatives focused on food and food-related behaviours, including food banks, meal and snack programs for children, and community kitchens and gardens. We undertook a study of low-income families residing in highpoverty Toronto neighbourhoods, employing survey methods, mapping of neighbourhood food access, and qualitative interviewing, to gain an understanding of factors that influence household food security. In this paper, we draw upon the survey and mapping data to examine household food security, participation in community food programs, and resource augmentation strategies employed when running out of food or money for food. A comprehensive examination of the relation between housing affordability, housing subsidies, social assistance, and household food insecurity will be published elsewhere.

METHODS

Sample and data collection

Data collection was completed between November 2005 and January 2007 in 12 census tracts randomly chosen from 23 high-poverty tracts in Toronto.⁹ Families with children and who were tenants were studied because of the association between these household characteristics and food insecurity.^{1,5,6} Potential respondents resid-

ing in rental units in each census tract were approached at the door and screened for inclusion by trained interviewers with personal experience of low income. Tenant families were deemed eligible if their gross household income was at or below the mid-level of Statistics Canada's five-category income adequacy scale. ¹⁰ These thresholds, which are slightly higher than Statistics Canada's Low Income Cut-Offs¹¹ and considerably higher than social assistance rates in Ontario, ¹² were selected to ensure that the sample encompassed both the 'working poor' and social assistance recipients. Participation was voluntary and confidential, and the study protocol was approved by the Human Subjects Research Ethics Board at the University of Toronto.

Respondents from 501 families were surveyed, reflecting a participation rate of 62%. Seventeen families had incomes exceeding the eligibility threshold based on the detailed data collected in the survey and were excluded, resulting in an analytic sample of 484 families. Household food security over the previous 12 months was

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Table 1. Household Food Security Status in Relation to Household Socio-demographic Characteristics (n=484)

	Food Secure	Moderately Food	Severely Food
	(n=168)	Insecure (n=182)	Insecure (n=134)
		Mean (SE)	
Income (\$)*	24,506 ± 576	23,639 ± 551	20,362 ± 652
Household type	n (%)	n (%)	n (%)
Two-parent (n=206)	85 (41.3)	91 (44.2)	30 (14.6)
Lone mother (n=260)	74 (28.5)	84 (32.3)	102 (39.2)
Lone father (n=18)	9 (50.0)	7 (38.9)	2 (11.1)
Main source of income	, ,	` ,	• •
Employment (n=254)	107 (42.1)	106 (41.7)	41 (16.1)
Social assistance (n=131)	25 (19.1)	44 (33.6)	62 (47.3)
Other government transfers† (n=77)	22 (28.6)	29 (37.7)	26 (33.8)
Other sources‡ (n=22)	14 (63.6)	3 (13.6)	5 (22.7)
mmigrant status§			
Born in Canada (n=85)	19 (22.4)	32 (37.7)	34 (40.0)
Immigrated <10 yrs ago (n=209)	90 (43.1)	79 (37.8)	40 (19.1)
Immigrated ≥10 yrs ago (n=190)	59 (31.1)	71 (37.4)	60 (31.6)
Respondent education			
Did not complete high school (n=109)	30 (27.5)	31 (28.4)	48 (44.0)
Completed high school (n=162)	53 (32.7)	66 (40.7)	43 (26.5)
Some or completed post-secondary education (n=213)	85 (39.9)	85 (39.9)	43 (20.2)

Means for income are adjusted for household composition.

assessed using the Household Food Security Survey Module¹³ and a three-level categorical variable was constructed using thresholds developed by Health Canada. Moderately food-insecure families are characterized by compromises in the quality and/or quantity of food consumed by adults and/or children, whereas severely foodinsecure families are characterized by reduced food intake and disrupted eating patterns among adults and/or children. Families in which neither adults nor children were characterized as moderately or severely food insecure are categorized as food secure. Questions were posed on the use of food banks and community kitchens and gardens over the previous 12 months and on children's participation in meal or snack programs at schools or community agencies over the previous 30 days. Resource augmentation strategies employed in the previous 12 months in response to threats of food shortages were captured through questions on delaying the payment of rent or bills, terminating services, pawning or selling possessions, and sending children to a friend's or relative's home for a meal.^{3,14} Data on the location of community food programs were obtained from program providers and mapped using Geographic Information Systems software. Variables were then derived to indicate the distance from the dwelling of each family surveyed to the nearest food bank, community kitchen, and community garden.

Statistical methods

Analyses were performed using SAS, version 9.1.3 (SAS Institute, Cary, NC), utilizing SURVEY procedures to account for the clustering in the sampling design. Multivariate logistic regression was used to assess associations between socio-demographic characteristics and household food security status, utilizing severe food insecurity as the predicted outcome because of the highly vulnerable nature of the sample. Logistic regression was also used to examine predictors of program participation and use of resource augmentation strategies. Frequency of food bank use was examined to explore the hypothesis that regular use of charitable food assistance may be a means by which some families maintain food security. The examination of children's participation in food programs over the pre-

Table 2. Odds of Severe Household Food Insecurity in Relation to Household Socio-demographic Characteristics

(11–101)	
	Odds Ratio (95% CI)* of Severe Food Insecurity
Income (in \$1000 units)	0.94 (0.91-0.97)
Household type	, , , , , , , , , , , , , , , , , , ,
Two-parent or lone father†‡	1.0
Lone mother	2.30 (1.37-3.86)
Main source of income	
Employment or other sources†‡§	1.0
Social assistance	2.18 (1.21-3.92)
Other government transfers	1.31 (0.81-2.11)
Immigrant status¶	
Born in Canada†	1.0
Immigrated <10 yrs ago	0.81 (0.42-1.60)
Immigrated ≥10 yrs ago	1.18 (0.67-2.07)
Respondent education	
Did not complete high school	1.70 (1.07-2.70)
Completed high school	0.82 (0.52-1.29)
Some or completed post-secondary educatio	n† 1.0

Odds ratios were derived from multivariate logistic regression, adjusted for household composition and all other variables in the table.

vious 30 days was restricted to a subsample (n=345) of families that included school-aged children (ages 5-18 years) and excluded those for whom the 30-day recall period corresponded to the summer months.

RESULTS

The sample characteristics in relation to household food security status are outlined in Table 1. Over one third of families (37.6%) were moderately food insecure and over one quarter (27.7%) were severely food insecure over the previous 12 months. Severe food insecurity was negatively associated with household income where-

Other government transfers include Employment Insurance, Worker's Compensation, Child Tax Benefits, and seniors' benefits.

Other sources of income include child support and rent paid by tenant(s) living in the dwelling.

Immigrant status is based on the household respondent and/or his/her partner if applicable. In households in which both the respondent and partner were born outside of Canada, immigrant status is based on the individual who immigrated most recently.

Reference category.

Categories presented in Table 1 have been grouped together.

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Immigrant status is based on the household respondent and/or his/her partner if applicable. In households in which both the respondent and partner were born outside of Canada, immigrant status is based on the individual who immigrated most recently.

Table 3. Use of Community Food Programs over Previous 12 Months (n=484) and Children's Food Programs over Previous 30 Days (n=345) in Relation to Household Food Security Status

	Number (%) of Families Using Program					
Community Food Programs	Total (n=484)	Food Secure (n=168)	Moderately Food Insecure (n=182)	Severely Food Insecure (n=134)		
Food banks	104 (21.5)	16 (9.5)	34 (18.7)	54 (40.3)		
Community kitchens	24 (5.0)	6 (3.6)	9 (5.0)	9 (6.7)		
Community gardens	10 (2.1)	1 (0.6)	5 (2.8)	4 (3.0)		
Children's Food Programs	Total (n=345*)	Food Secure (n=117)	Moderately Food Insecure (n=130)	Severely Food Insecure (n=98)		
Breakfast programs	` 24 (7.0)́	6 (5.1)	13 (10.0)	`5 (5.1́)		
Lunch programs	23 (6.7)	3 (2.6)	12 (9.2)	8 (8.2)		
Snack programs	68 (19.7)	22 (18.8)	28 (21.5)	18 (18.4)		
After-school programs	11 (3.2)	6 (5.1)	3 (2.3)	2 (2.0)		

^{*} The examination of children's participation in food programs over the previous 30 days was conducted among a subsample (n=345) of families that included school-aged children (ages 5-18 years) and excluded those for whom the 30-day recall period corresponded to the summer months.

Table 4. Use of Resource Augmentation Strategies in Relation to Household Food Security Status (n=484)

	Number (%) of Families Using Strategy			
_	Total	Food Secure	Moderately Food Insecure	Severely Food Insecure
	(n=484)	(n=168)	(n=182)	(n=134)
Delayed paying a bill	244 (50.4)	35 (20.8)	105 (57.7)	104 (77.6)
Delayed paying rent	111 (22.9)	11 (6.6)	48 (26.4)	52 (38.8)
Sold or pawned personal possessions	62 (12.8)	3 (1.8)	19 (10.4)	40 (29.9)
Gave up television cable service	77 (15.9)	10 (6.0)	34 (18.7)	33 (24.6)
Gave up telephone service	60 (12.4)	3 (1.8)	19 (10.4)	38 (28.4)
Gave up internet service	72 (14.9)	8 (4.8)	31 (17.0)	33 (24.6)
Sent child/children to homes of friends or relatives for a meal	38 (7.9)	0 (0)	8 (4.4)	30 (22.4)

as households reliant on social assistance, those headed by a lone mother, and those in which the respondent had not completed high school had greater odds of severe food insecurity (Table 2).

About one in five families used food banks in the previous 12 months (Table 3). Moderately food-insecure families had two times higher odds (OR = 2.18, 95% CI = 1.17-4.07) and severely foodinsecure families had six times higher odds (OR = 6.41, 95% CI = 3.75-10.97) of using a food bank at least one time in the previous year compared to food-secure families. Food bank use was positively associated with reliance on social assistance or other government transfers and the respondent having less than a high school education; lower odds of food bank use were observed with increasing income and among immigrants (data not shown). Among families that used food banks, use was relatively infrequent with over half (56.7%) reporting use in 3 or fewer of the previous 12 months and less than one fifth (19.2%) reporting use in 10 or more months. Only 4.1% of all families used a food bank in 10 or more of the previous 12 months (1.2% of food-secure families, 5.0% of moderately food-insecure families, and 6.7% of severely food-insecure families). Regular food bank use was positively associated with reliance on social assistance (data not shown). The distance from each family's dwelling to the nearest food bank was not associated with whether a family used a food bank at all nor with regular food bank use (data not shown). Rates of participation in community kitchens and gardens were very low (Table 3), precluding an examination of predictors of participation.

One third (33.6%) of families with school-aged children reported participation in children's food programs at schools or community agencies in the previous 30 days, with snack programs being most frequently used (Table 3). The majority of children (68.1%) who participated in programs attended regularly (at least 20 of the previous 30 days). Families paid a program fee for most children (76.2%) who participated regularly: the median cost per child per program over the previous 30 days was \$4 (range \$0-100). There

were no significant associations between regular participation in children's food programs and household food security status nor household socio-demographic characteristics (data not shown); using a less stringent threshold of 15 days to denote regular participation did not change these findings. Associations between participation and geographic proximity of programs were not assessed since our data did not permit us to identify the schools that children attended.

Among the resource augmentation strategies examined, delaying payment of bills in response to threats of food shortages was most commonly used (Table 4). Moderately and severely foodinsecure families were significantly more likely than food-secure families to delay payments of bills or rent, sell or pawn personal possessions, and terminate services (Table 5). The low rates of usage of some strategies among food-secure families resulted in wide confidence intervals for some odds ratios, but the pattern appears to be towards increasing use of strategies with worsening food insecurity. The odds of sending children to a friend's or relative's home for a meal according to food security status were not computed since this strategy was used exclusively by food-insecure families (Table 4).

DISCUSSION

Among this sample, the prevalence of food insecurity was more than double the observed prevalence among households in the lowest three income adequacy categories nationally in 2004, ¹ highlighting the clustering of problems of food insecurity in high-poverty neighbourhoods. Even among this highly vulnerable subgroup though, severe food insecurity was associated with the same risk factors repeatedly identified in national surveys – i.e., declining income, reliance on social assistance, and living in a lone-mother household.^{1,5-8}

To date, the primary responses to household food insecurity have been local-level food-based initiatives, predominantly food

 Fable 5.
 Odds of Using Each Resource Augmentation Strategy in Relation to Household Food Security Status (n=484)

	Delayed Bill	Delayed Paymen	t Sold or Pawned	Gave Up TV	Gave Up	Gave Up
	Payment	of Rent	Personal Possessions	Cable Service	Telephone Service	Internet Service
	Odds Ratio (95% CI)*					
Food secure†	1.0	1.0	1.0	1.0	1.0	1.0
Moderately food insecure	5.18	5.11	6.41	3.63	6.41	4.11
	(3.24-8.29)	(2.57-10.17)	(1.41-29.15)	(2.02-6.53)	(2.59-15.85)	(1.62-10.40)
Severely food insecure	13.17	9.05	23.40	5.16	21.77	6.54
	(9.50-18.26)	(3.89-21.08)	(5.63-97.32)	(2.96-8.99)	(7.32-64.79)	(3.34-12.78)

^{*} Odds ratios for each strategy were derived from a logistic regression model which included dummy variables to indicate household food security status. † Reference category.

banks, 15,16 but also school- and community-based meal and snack programs for children¹⁷⁻²² and programs such as community kitchens and gardens aimed at enhancing food skills and food access.²³⁻²⁶ While it has long been recognized that such initiatives do not address the economic issues that underlie food insecurity, 15,16,27-29 the perception that these programs play a valuable role in addressing the unmet food needs of food-insecure children and/or households persists.³⁰ Our data challenge this perception. Not only were rates of program participation surprisingly low never exceeding one third of our sample - but we found no indications that the use of food banks or children's food programs had any bearing on household food security status. The patterns of food bank use among this sample suggest that it is a strategy of desperation, not a means of routine food acquisition. Participation rates were so low that we could not even analyze the relationship between community garden or kitchen participation and household food insecurity. These low participation rates were documented among a predominantly food-insecure sample of families living in neighbourhoods with ample access to such programs. Our results highlight the need for systematic evaluations of community food initiatives to determine their relevance and accessibility for food-insecure households.

We are unable to assess whether the program participation rates observed in this study differ from those of food-insecure households in other jurisdictions. However, the relationships observed between usage of community food programs and household food insecurity are consistent with previous research. Data from the 1996-97 and 1998-99 cycles of the National Population Health Survey indicated that only 20-35% of households characterized as food insufficient or food insecure reported receiving food charity over the previous year.^{5,6} Food bank statistics also show numbers that are far lower than those captured in national food insecurity prevalence estimates.31 The apparent lack of a protective effect of food bank use observed in the current study has also been previously documented, with our research on food bank users in Toronto revealing no association between frequency of food bank use and severity of household food insecurity.³² Studies of children's food programs and community kitchens have also raised questions about their capacity to address problems of food insecurity due to factors such as limited scope and inability to address the food needs of those living in severe poverty. 15,18,19,22,24,33-37

While rates of program participation were low, the use of other resource augmentation strategies such as delaying payments of bills or rent and the termination of telephone and other services was relatively common. This is worrisome given that such strategies can only compound the vulnerability of food-insecure families by causing them to incur debts, risk eviction, exhaust social support networks and become more socially isolated.

The high prevalence of food problems among this sample coupled with low levels of participation in community-based programs and the common use of other resource augmentation strategies highlight the need for more effective responses to household food insecurity in Canada. While community-based programs currently form the mainstay of responses, our research provides evidence that these initiatives are reaching only a small proportion of those in need and are unable to compensate for the inadequacy of their household incomes. Our findings point to the need for a critical examination of these programs to ensure that they are structured to provide the maximum benefit possible to the most vulnerable members of our communities. There is also a need for advocacy for policy reforms to ensure that low-income households have adequate resources for food.

REFERENCES

- Office of Nutrition Policy and Promotion. Income-Related Household Food Security in Canada. H164-42/2007E. Ottawa, ON: Health Canada, 2007.
- McIntyre L, Glanville T, Raine KD, Anderson B, Battaglia N. Do low-income lone mothers compromise their nutrition to feed their children? CMAJ 2003;168(6):686-91.
- Tarasuk VS. Household food insecurity with hunger is associated with women's food intakes, health, and household circumstances. J Nutr 2001;131(10):2670-76.
- Kirkpatrick SI, Tarasuk V. Food insecurity is associated with nutrient inadequacies among Canadian adults and adolescents. J Nutr 2008;138(3):604-12.
- Che J, Chen J. Food insecurity in Canadian households. Health Rep 2001;12(4):11-22.
- Vozoris N, Tarasuk V. Household food insufficiency is associated with poorer health. J Nutr 2003;133:120-26.
- McIntyre L, Connor SK, Warren J. Child hunger in Canada: Results of the 1994 National Longitudinal Survey of Children and Youth. CMAJ 2000;163(8):961-65.
- 8. Ledrou I, Gervais J. Food insecurity. *Health Rep* 2005;16(3):47-51.
- United Way of Greater Toronto, Canadian Council on Social Development. Poverty by Postal Code: The Geography of Neighbourhood Poverty 1981 -2001. Toronto, 2004.
- Statistics Canada. Canadian Community Health Survey (CCHS) Cycle 2.2 (Nutrition) 2004 Public Use Microdata File (PUMF) Derived and Grouped Variable Specifications. Ottawa, ON: Statistics Canada, 2005.
- Statistics Canada. Low income cut-offs from 1994 2003 and low income measures from 1992 - 2001. Catalogue no. 75F0002MIE - No. 002. Ottawa: Statistics Canada, 2004.
- National Council of Welfare. Welfare Incomes 2003. Ottawa: National Council of Welfare. 2004;121.
- Bickel G, Nord M, Price C, Hamilton WL, Cook J. Guide to Measuring Household Food Security. Alexandria, VA: United States Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation, 2000.
- Donovan U, Clemens R, Kosky S, Payne J. Thames Valley Region Food Security Survey. London, ON: Middlesex-London Health Unit, 1996.
- Tarasuk V. A critical examination of community-based responses to household food insecurity in Canada. Health Educ Behav 2001;28(4):487-99.
- Tarasuk V, Davis B. Responses to food insecurity in the changing Canadian welfare state. J Nutr Educ 1996;28(2):71-75.
- Canadian Educational Association. Food for Thought: School Board Nutrition Policies and Programs for Hungry Children. Toronto, ON: Canadian Education Association. CEA Information Note. 1989.
- McIntyre L, Dayle JB. Exploratory analysis of children's nutrition programs in Canada. Soc Sci Med 1992;35(9):1123-29.

- 19. McIntyre L, Travers K, Dayle JB. Children's feeding programs in Atlantic Canada: Reducing or reproducing inequities? Can J Public Health 1999;90(3):196-
- 20. Hay DI. School-based feeding programs: A good choice for children? Victoria, BC: Information Partnership, 2000.
- 21. Hyndman B. Feeding the Body, Feeding the Mind: An Overview of School-Based Nutrition Programs in Canada. Toronto: Breakfast for Learning, Canadian Living Foundation, 2000.
- 22. McIntyre L, Raine K, Dayle JB. The institutionalization of children's feeding programs in Atlantic Canada. Can J Diet Pract Res 2001;62(2):53-57.
- 23. Kalina L. Community Kitchens. A Health Promotion Program to Improve the Food Security of Low-income Families. Final Evaluation Report. Kamloops, BC: Kamloops FoodShare, 1993.
- 24. Crawford SM, Kalina L. Building food security through health promotion: Community kitchens. J Can Diet Assoc 1997;58(4):197-201.
- 25. Kalina L. Building Food Security in Canada, From Hunger to Sustainable Food Systems: A Community Guide, 2nd ed. Kamloops, BC: Kamloops FoodShare, 2001.
- 26. Engler-Stringer R, Berenbaum S. Collective kitchens in Canada: A review of the literature. Can J Diet Pract Res 2005;66(4):246-51.
- McIntyre L. Food security: More than a determinant of health. Policy Options 2003:24(3):46-51.
- 28. Power E. Individual and household food insecurity in Canada: Position of Dietitians of Canada (Background Paper). Toronto, ON: Dietitians of Canada,
- 29. Dietitians of Canada. Individual and household food insecurity in Canada: Position of Dietitians of Canada. Can J Diet Pract Res 2005;66(1):43-46.
- 30. Public Health Agency of Canada. The Chief Public Health Officer's Report on the State of Public Health in Canada 2008. Cat.: HP2-10/2008E. Ottawa: Minister of Health, 2008.
- 31. Canadian Association of Food Banks. HungerCount 2007. Toronto: Canadian Association of Food Banks, 2007.
- 32. Tarasuk VS, Beaton GH. Household food insecurity and hunger among families using food banks. Can J Public Health 1999;90(2):109-13.
- 33. Tarasuk V, Reynolds R. A qualitative study of community kitchens as a response to income-related food insecurity. Can J Diet Pract Res 1999;60:11-
- 34. Dayle JB, McIntyre L, Raine-Travers KD. The dragnet of children's feeding programs in Atlantic Canada. Soc Sci Med 2000;51:1783-93.
- 35. Raine K, McIntyre L, Dayle JB. The failure of charitable school- and community-based nutrition programmes to feed hungry children. Critical Public Health 2003:13(2):155-69.
- 36. Vozoris N, Tarasuk V. An examination of Canada Prenatal Nutrition Programs and child nutrition programs in relation to household food insecurity. Can Rev Soc Policy 2003;51(Spring/Summer):67-86.
- 37. Engler-Stringer R, Berenbaum S. Exploring food security with collective kitchens participants in three Canadian cities. Qual Health Res 2007;17(1):75-

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RÉSUMÉ

Objectifs: Les réactions à l'insécurité alimentaire au Canada ont été dominées par des initiatives alimentaires axées sur la communauté, tandis que l'attention a été portée sur les orientations éventuelles de la politique pour atténuer ce problème. Le but de ce document est d'examiner les circonstances entourant l'insécurité alimentaire, la participation aux programmes alimentaires communautaires et les stratégies employées en réaction aux pénuries de vivres parmi un échantillon de familles à faible revenu résidant dans les quartiers très pauvres de Toronto.

Méthode : Les données des études effectuées auprès de 484 familles et de la cartographie des quartiers ont été analysées.

Résultats: Les deux tiers des familles connaissaient l'insécurité alimentaire depuis les 12 derniers mois, et un quart d'entre elles connaissait une très grande insécurité alimentaire, signe de privation absolue de nourriture. Seulement 1 famille sur 5 avait fait appel aux banques alimentaires au cours des 12 derniers mois et la probabilité d'utilisation était plus élevée parmi les familles connaissant l'insécurité alimentaire. Un tiers des familles avait participé à des programmes alimentaires pour les enfants, mais la participation n'était pas associée à l'insécurité alimentaire des ménages. Une famille sur 20 utilisait une cuisine communautaire, et la participation aux jardins communautaires était même plus faible. Il était plus ou moins courant pour les familles de retarder le paiement des factures ou du loyer ou d'annuler des services afin d'avoir de l'argent pour se nourrir, et ces comportements étaient associés positivement à l'insécurité alimentaire.

Discussion : Bien qu'elle indique des taux élevé d'insécurité alimentaire, cette recherche examinait la présomption que les initiatives alimentaires communautaires actuelles touchent les personnes dans le besoin. Les médecins de la santé publique ont la responsabilité d'examiner de façon éclairée les programmes qu'ils offrent afin d'évaluer leur pertinence pour les ménages connaissant l'insécurité alimentaire et de défendre les réformes politiques afin d'assurer que les ménages à faible revenu ont les ressources adéquates pour obtenir de la nourriture.

Mots clés : sécurité alimentaire; faible revenu; nutrition; pauvreté;

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