

Food Insecurity in Children

Sponsor

IWK/Dr. Andrew Lynk

DNS PLDP Action Project Team

Christy Bussey

James Clarke

Stephanie Langley

Josh MacNeil

Jessica Mills

Christine Short



Project Overview:

[illegible]

ACT, EDUCATE, INTERVENE, CONNECT



Upon assessment for C/O ABD pain the Doctor and Dalhousie Med Student has determined the patient has constipation due to lack of adequate fiber in diet.



With suspicion that the patient is struggling they then use the "Poverty: A clinical tool for Primary Care Providers".



Confirming their suspicion The patient is then provided the link to Canada Benefits and 2-1-1, www.canada.ca/en/services/benefits.html



Upon connecting with 2-1-1 the patient receives help with healthy food options in the community and is exercising with the community exercise program.



The patients return for a follow up visit and reports that with the proper diet and exercise regime their ABD pain has subsided and their bowels are moving regularly. Their whole demeanor changes and they have more confidence in themselves.

Introduction to the Survey

- As part of the project, we determined for physicians to have an impact on food insecurity in children they needed awareness before action.
- We hypothesized awareness was low and children with food insecurity were missing out because of lack or referral on to supports.
- We designed a survey to explore physician awareness around food insecurity and poverty and how they were dealing with it in their practices.
- Survey sent out to several departments and physician groups around the province as a pilot.
- Hope is to present it to the sponsor as a product they can expand on.

Food Insecurity Survey



Survey - Food Insecurity in Children

Dear Doctor:

We are a group of fellow physician colleagues in Nova Scotia currently enrolled in the [Doctors Nova Scotia Physician Leadership Development Program](#). We are participating in a project on Food Insecurity in Children. As part of this project we are trying to understand better the level of physician awareness around this topic. We are inviting you to complete a short survey below. Survey closes on Friday, November 12, 2021.

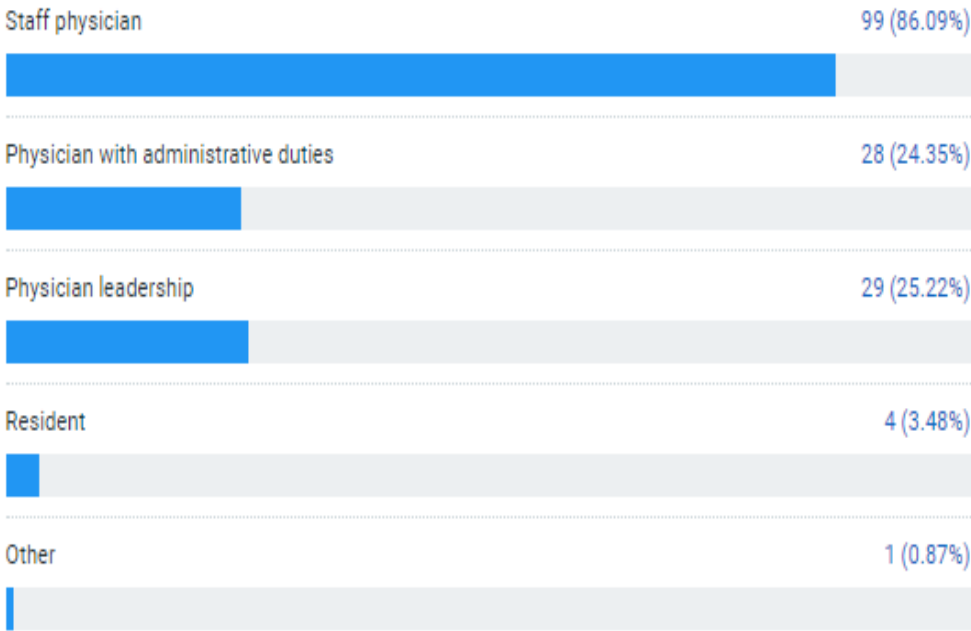
You do not have to answer any questions that you do not wish to.

- Reached 238 physicians
- 115 completed surveys
- Almost 50% response rate

CHECKBOXES

1. What is your role in your Department or practice group? (Choose all that apply)

Showing the most recent responses to the question. [See all responses here.](#)

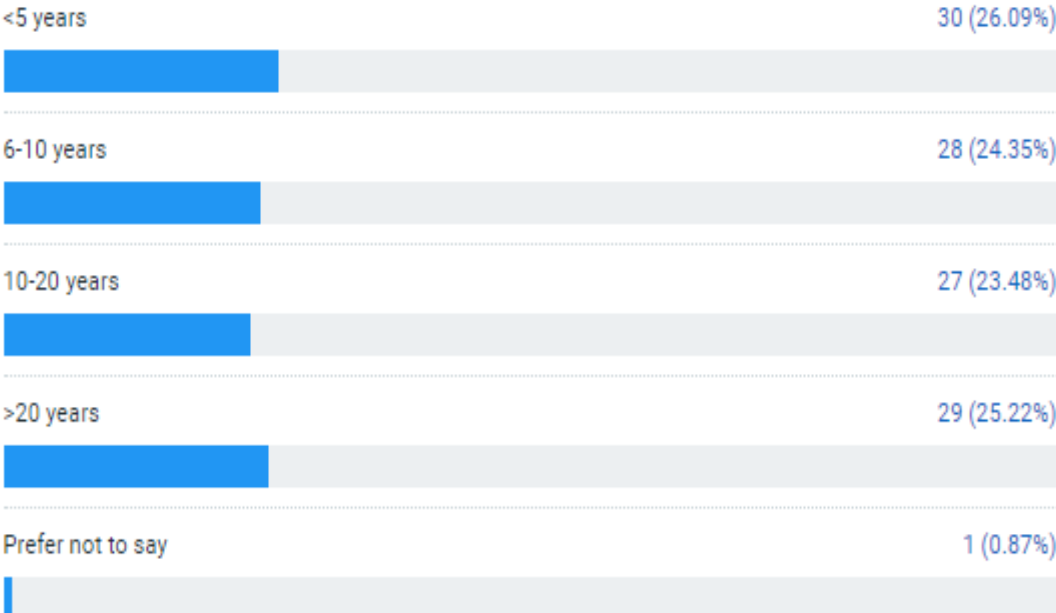


Total Responses 115

MULTIPLE CHOICE

2. How long have you been in practice?

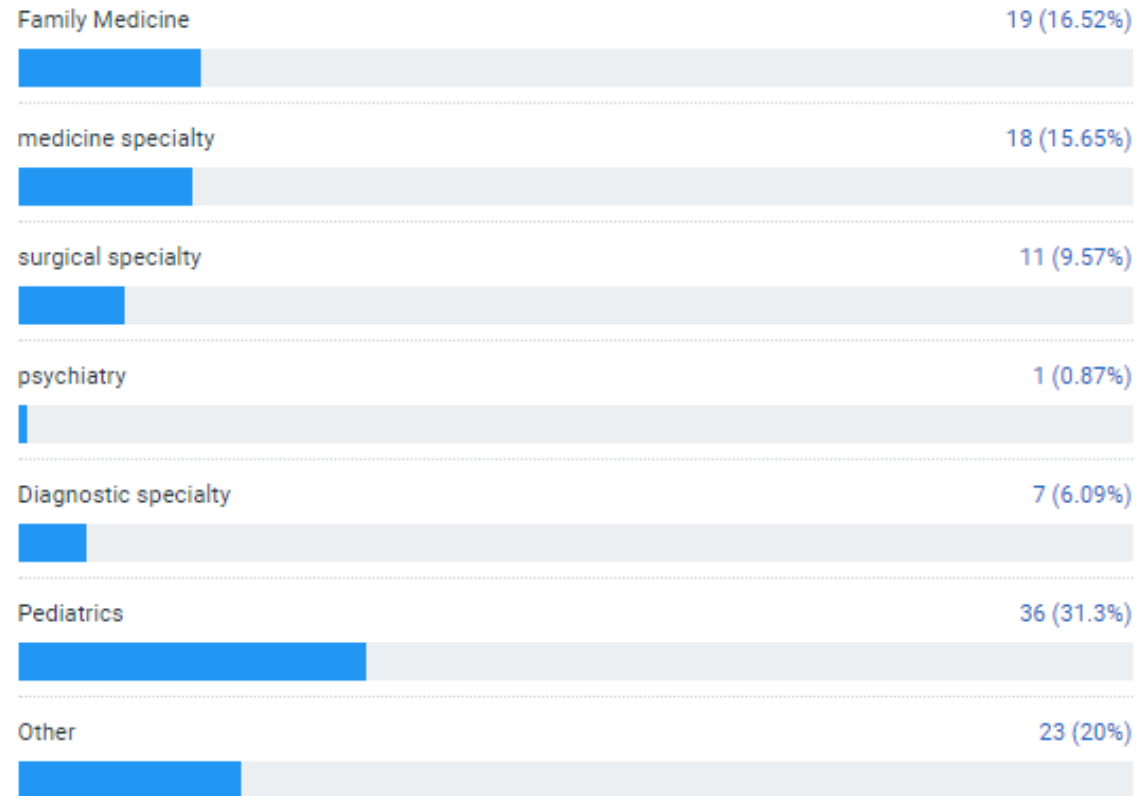
Showing the most recent responses to the question. [See all responses here.](#)



Total Responses 115

3. What is your specialty area of practice? (choose all that apply)

Showing the most recent responses to the question. [See all responses here.](#)

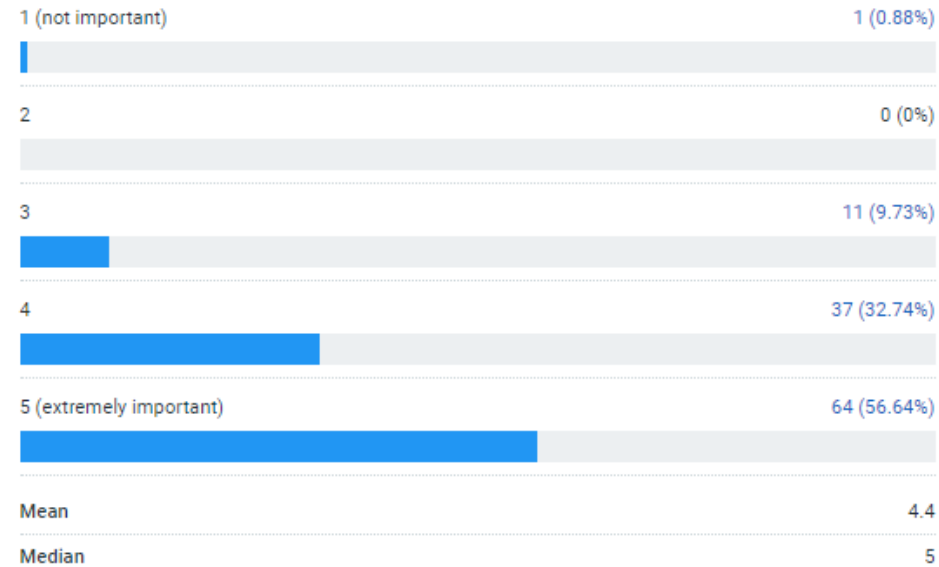


What is food Insecurity?



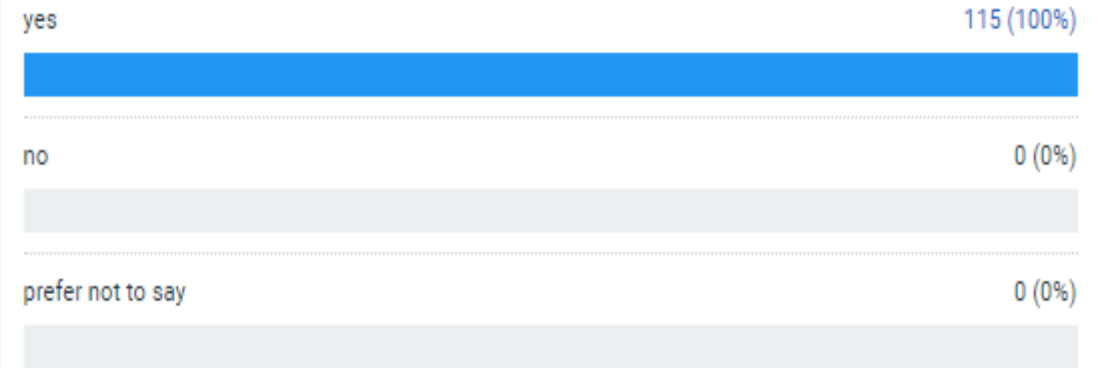
Results:

4. How important is poverty and food insecurity as a health and social issue in NS?



5. Are you aware that food insecurity is an important marker of poverty?

Showing the most recent responses to the question. [See all responses here.](#)



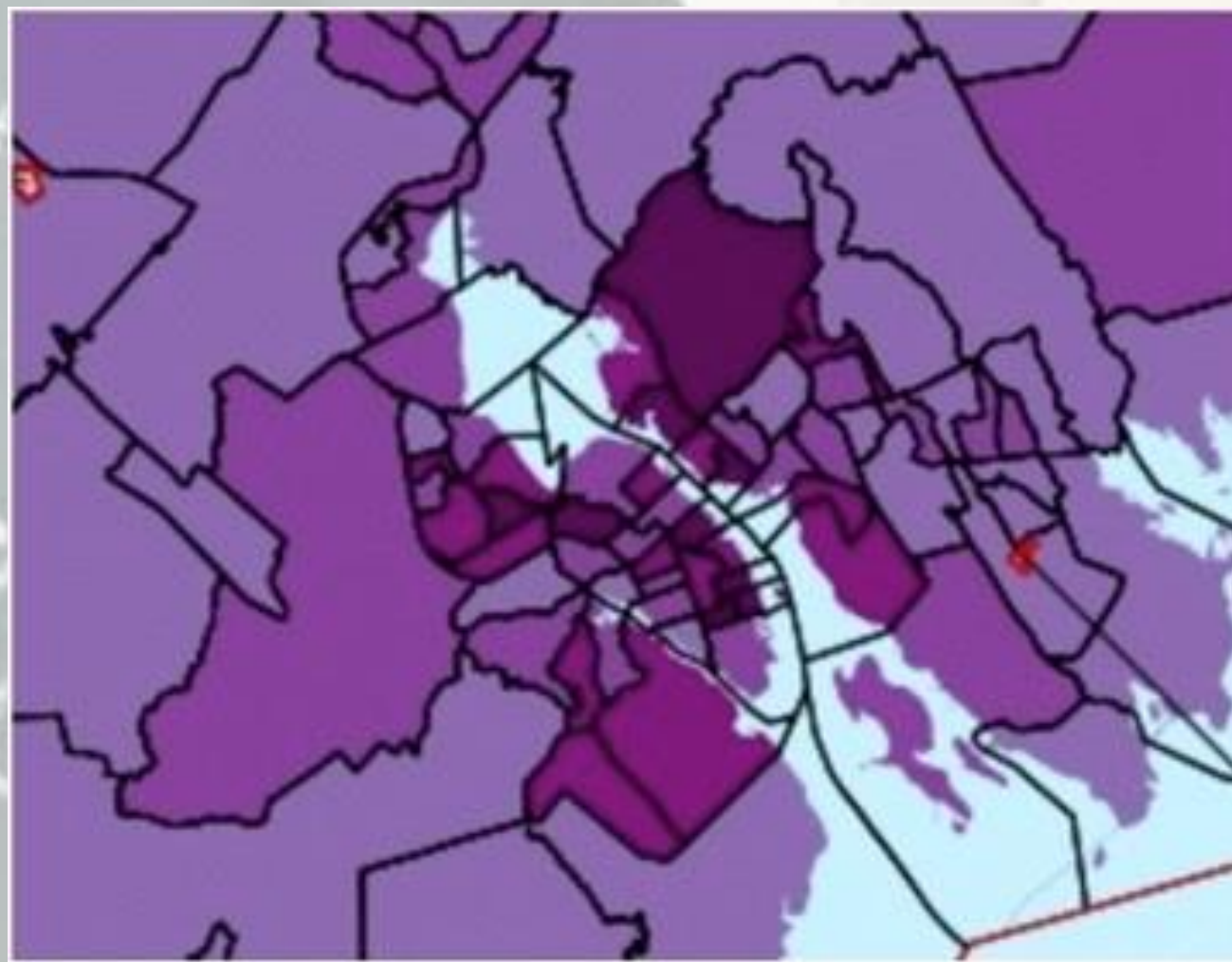
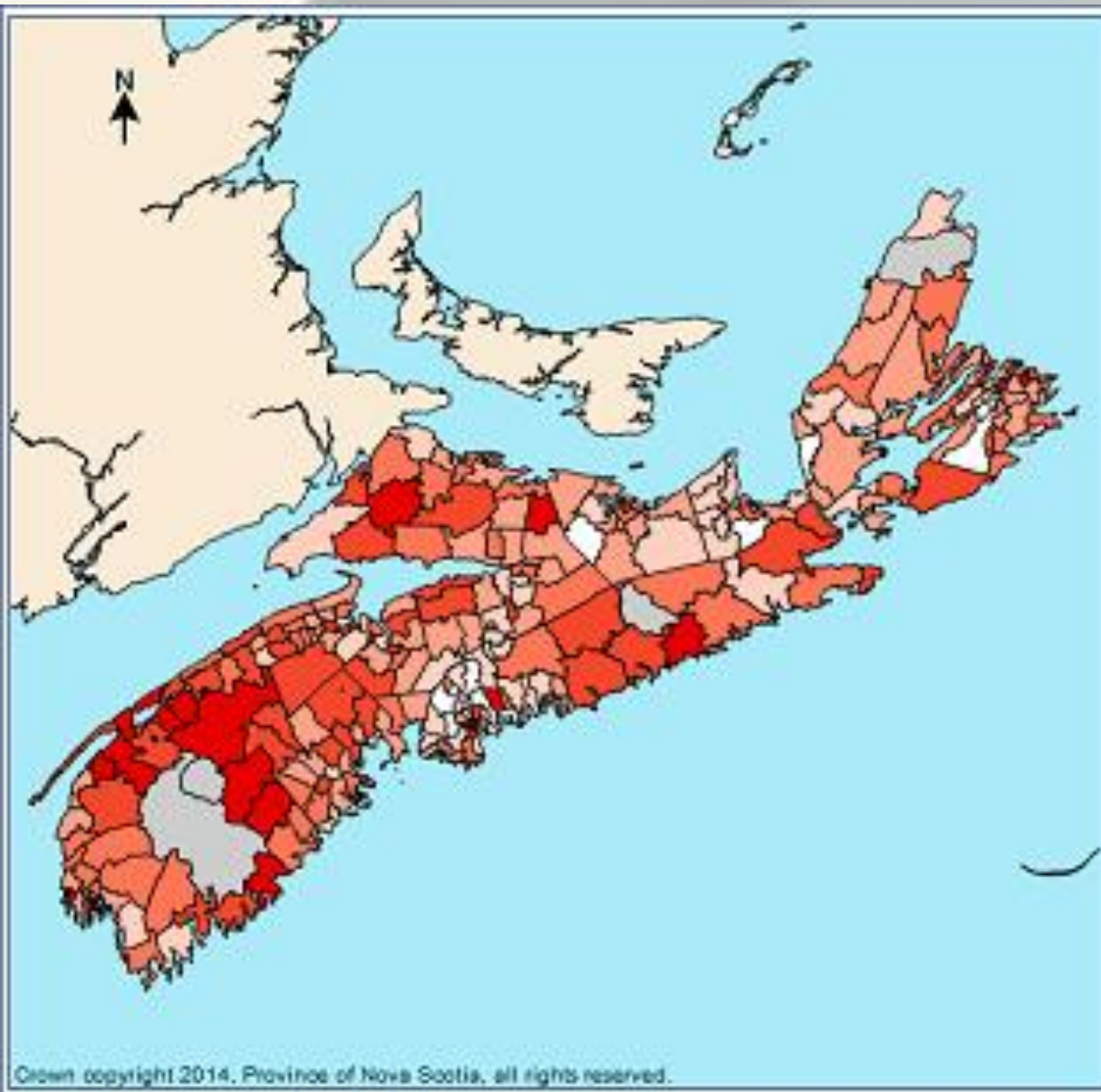
- 89% reported food insecurity and poverty as a very or extremely important health and social issue in NS

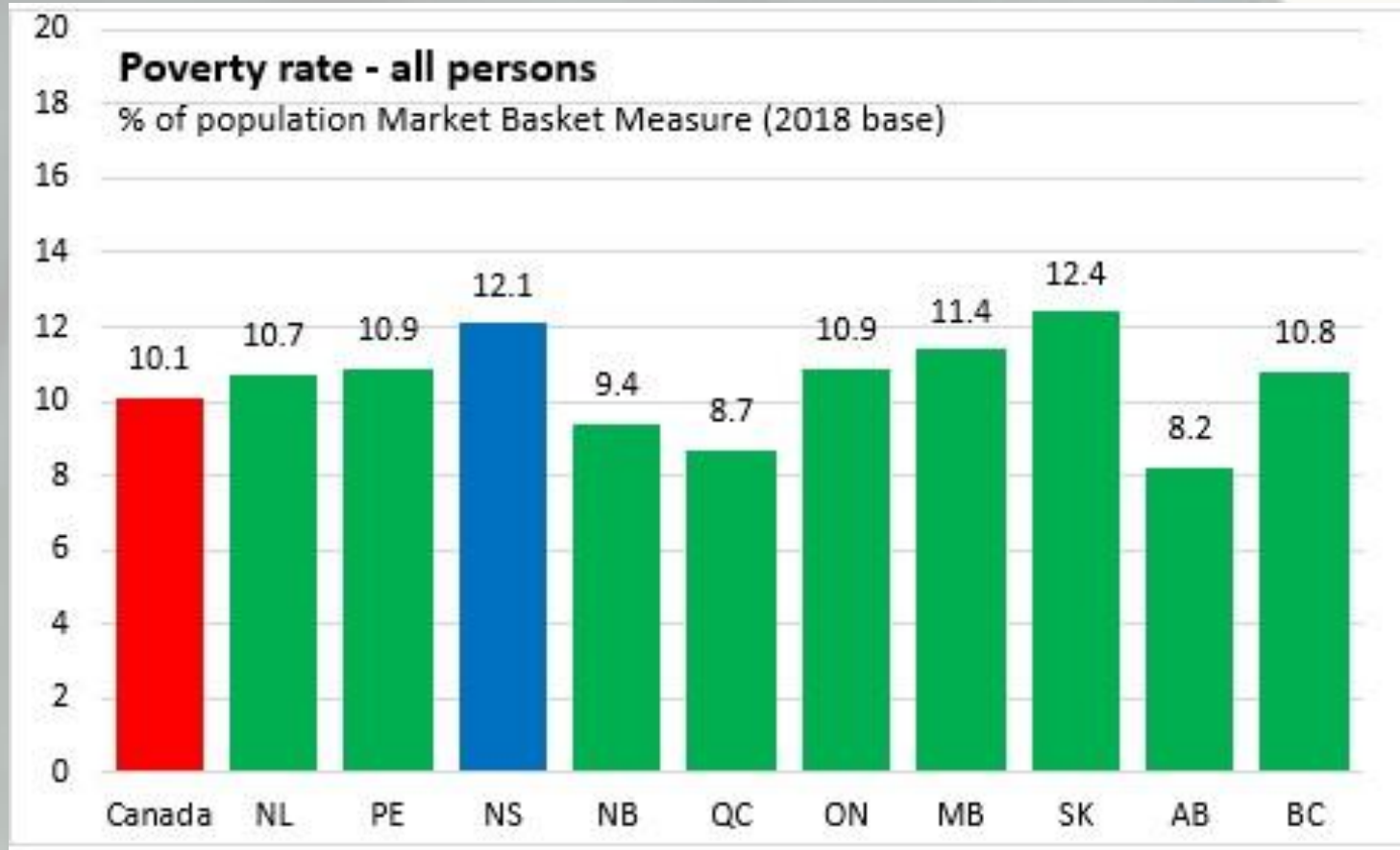
- 100% were aware it is an important marker of poverty







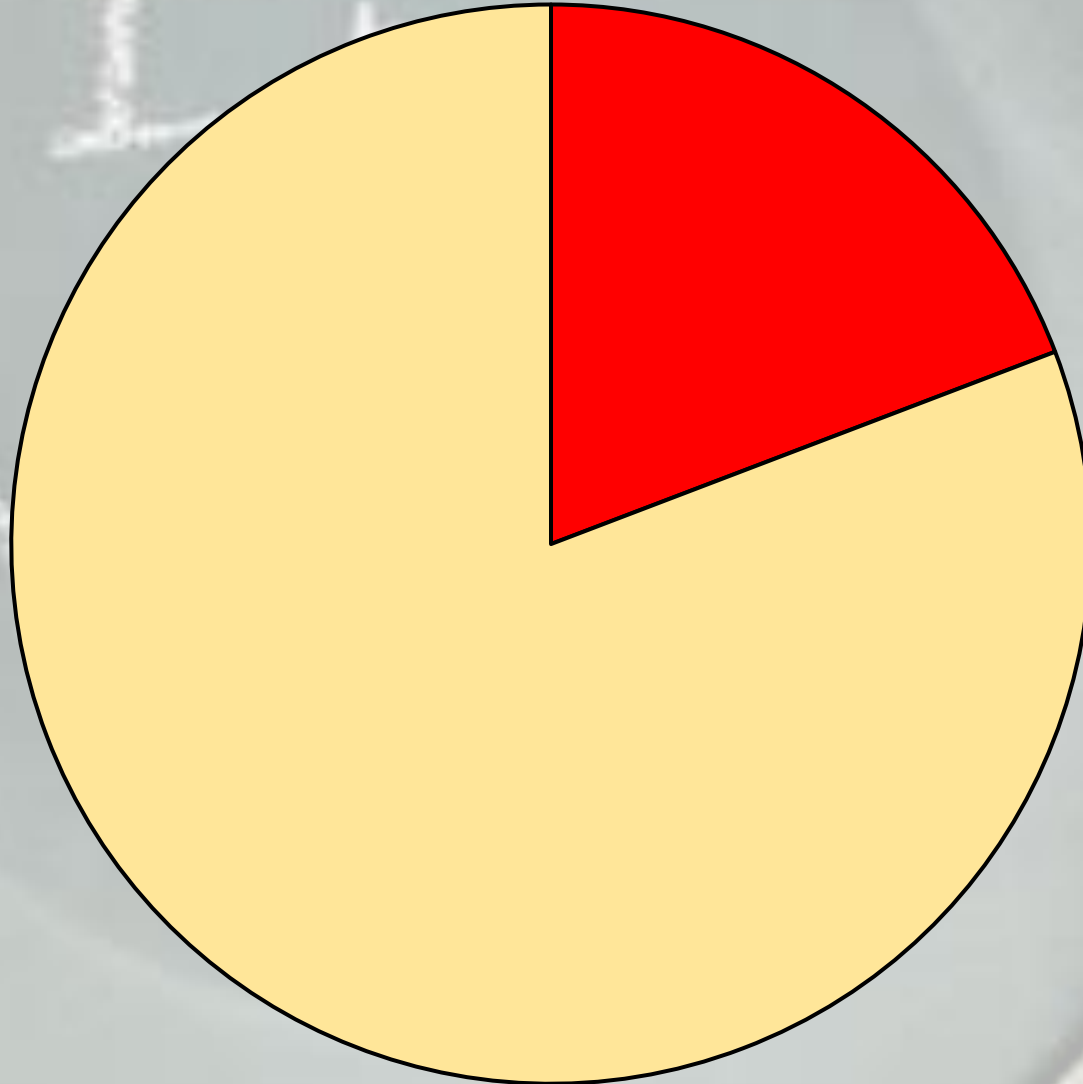




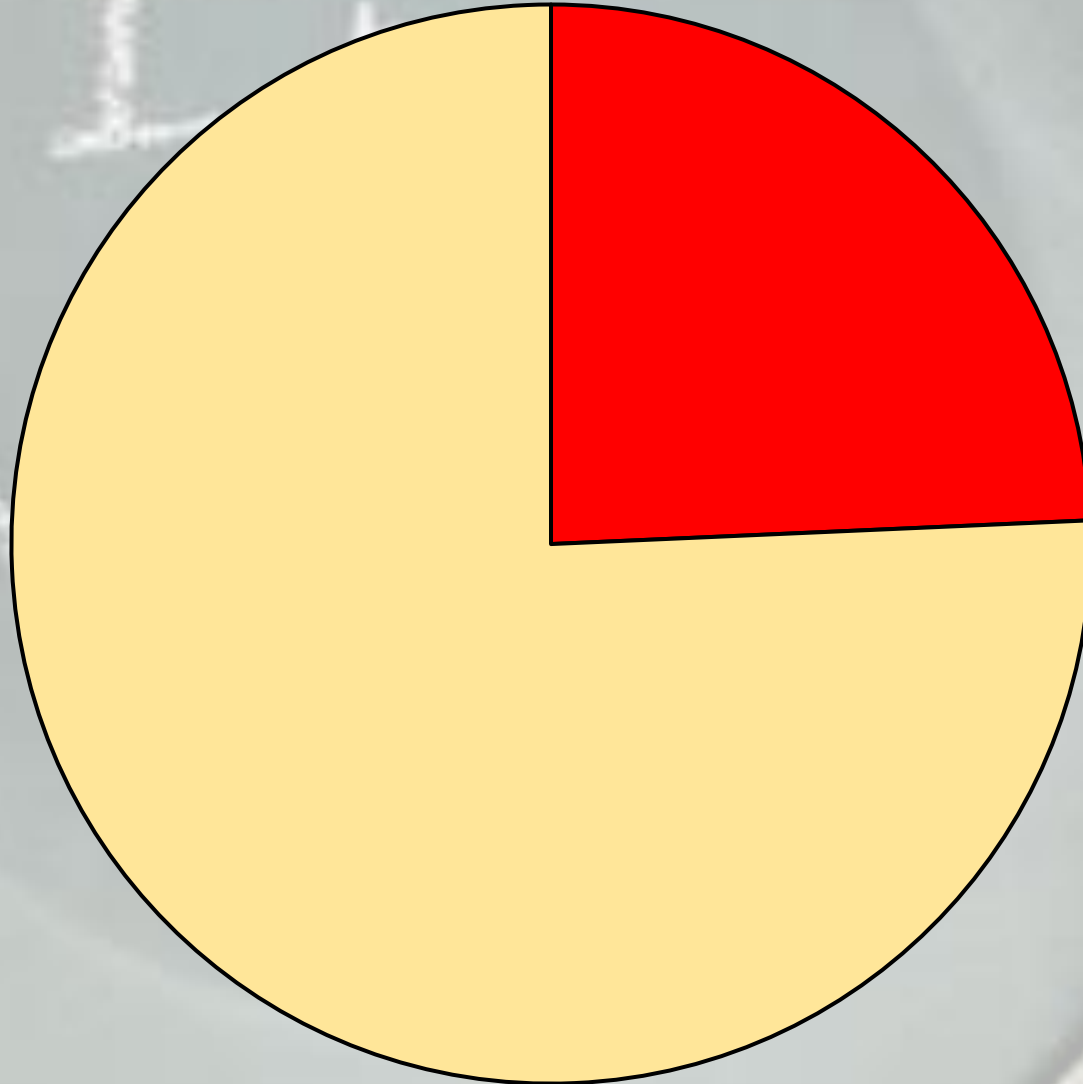
179,320 people

41,290 children

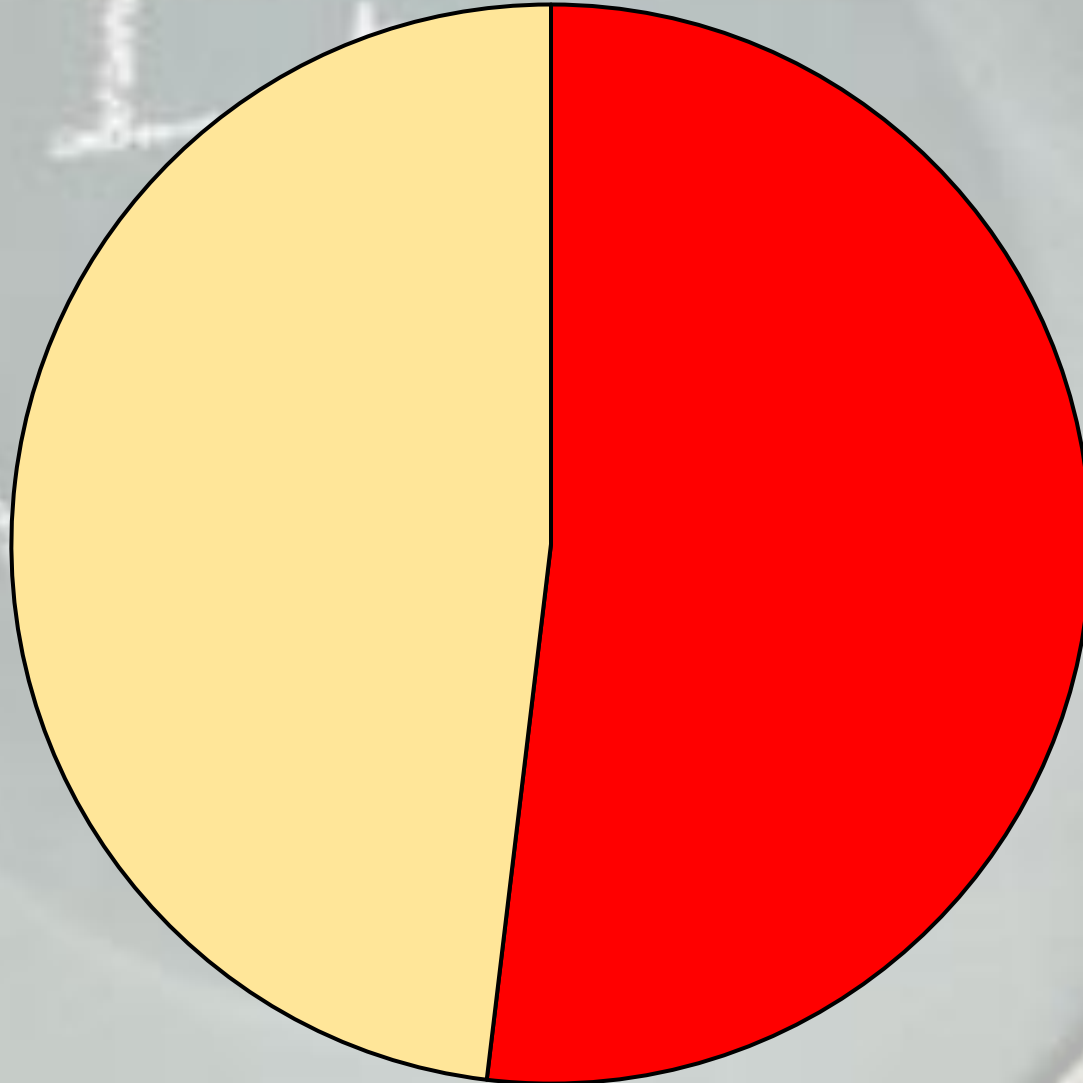
Overall Poverty



Childhood Poverty



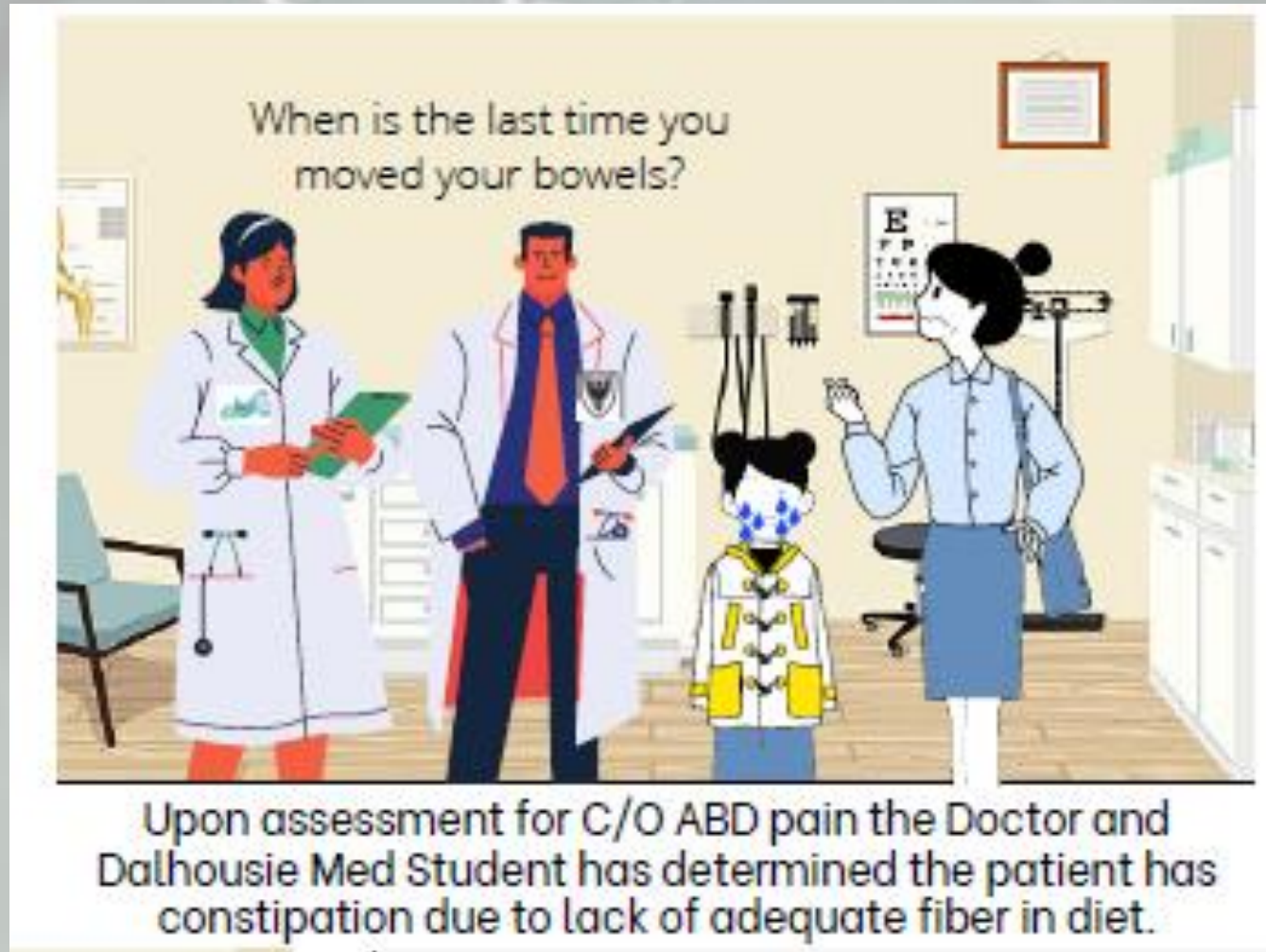
Lone Parent Poverty



Poverty in Families Relying on Income Assistance



Food Insecurity and Poverty as a Health Issue:



Food Insecurity and Poverty as a Health Issue:

- **Children and youth who experienced hunger were more likely to:**
 - have poorer health
 - develop several chronic health conditions, including asthma
- **A recent nutrition study of Canadian youth found that boys, but not girls, from food insecure households had a higher prevalence of obesity than their food secure counterparts.***

(<https://proof.utoronto.ca/resources/research-publications/health-nutrition-and-food-insecurity/>)

Food Insecurity and Poverty as a Health Issue

Studies have shown that adults in food insecure households have:

- poorer self-rated health
- poorer mental and physical health
- poorer oral health
- greater stress
- more likely to suffer from chronic conditions including diabetes, hypertension and mood and anxiety disorders
- food insecure women are more likely to be obese, but a link to food insecurity as a cause has yet to be determined.

(<https://proof.utoronto.ca/resources/research-publications/health-nutrition-and-food-insecurity/>)

Food Insecurity and Poverty as a Health Issue

- In a study of over 90,000 Ontarians
- Odds of Death were greater in food insecure adults
 - 1.28 for marginally food insecure
 - 1.49 in moderately food insecure
 - 2.6 in severe food insecurity

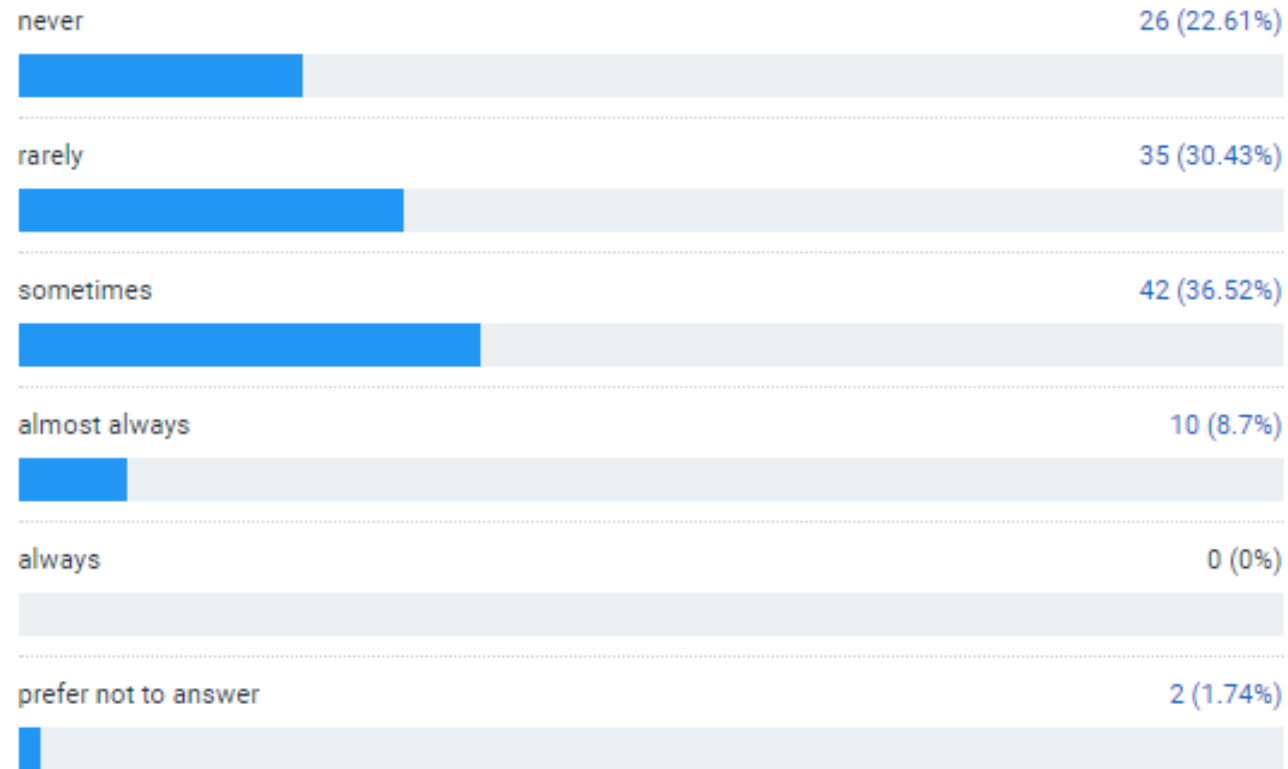


Screening:



6. How often do you screen for food insecurity as part of your patient assessments?

Showing the most recent responses to the question. [See all responses here.](#)



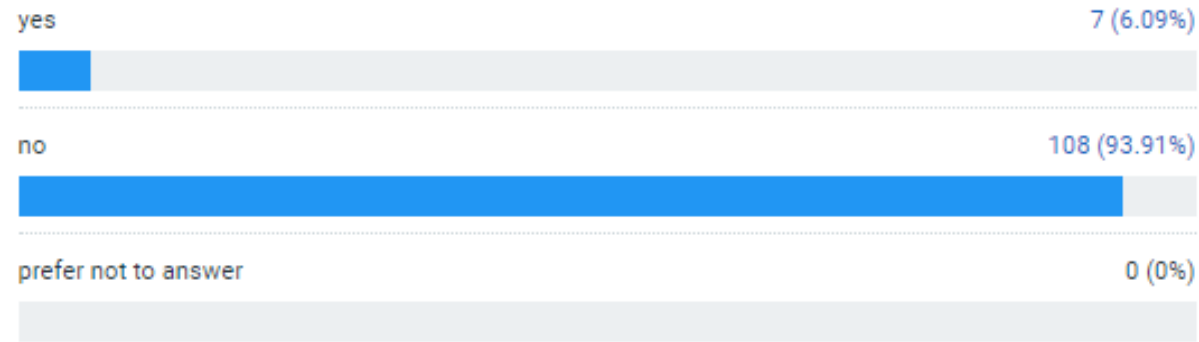
Total Responses

115

Screening:

8. Are you aware of the Canadian College of Family Physicians (CCFP) Poverty Screening Tool?

Showing the most recent responses to the question. [See all responses here.](#)



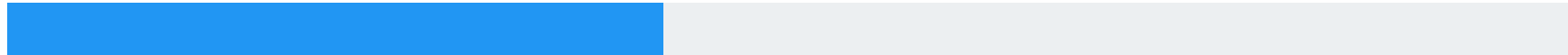
Total Responses

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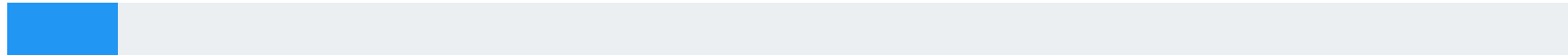
11. If there was a simple tool to screen for poverty would you use it in your practice?

Showing the most recent responses to the question. [See all responses here.](#)

yes 48 (41.74%)



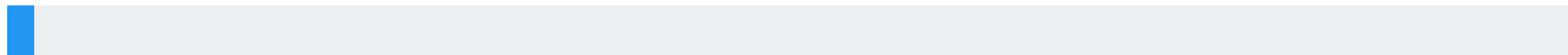
no 8 (6.96%)



maybe 57 (49.57%)



prefer not to answer 2 (1.74%)



Total Responses

115

Screening:

POVERTY : A CLINICAL TOOL FOR PRIMARY CARE PROVIDERS

CEP Providers

Poverty: A Clinical Tool for Primary Care Providers (NS)

Poverty is not always apparent: In Nova Scotia, 22.5% of families with children live in poverty.¹

1 Screen Everyone

"Do you ever have difficulty making ends meet at the end of the month?"

[Sensitivity 58%, specificity 40% for living below the poverty line]²

2 Poverty is a Risk Factor

Consider:

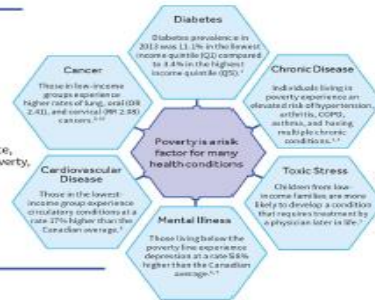
New immigrants, women, Indigenous peoples, and LGBTQ+ are among the highest risk groups.

Example 1:

If an otherwise healthy 35-year-old comes to your office, without risk factors for diabetes other than living in poverty, you consider ordering a screening test for diabetes.

Example 2:

If an otherwise low-risk patient who lives in poverty presents with chest pain, this elevates the pre-test probability of a cardiac source and helps determine how aggressive you are in ordering investigations.



3 Intervene

Ask Everyone: "Have you filled out and sent in your tax forms?"

- Ask questions to find out more about your patient—their employment, living situation, social supports, and the benefits they receive. Tax returns are required to access many income security benefits: e.g., GST/HST credits, child benefits, working income tax benefits, and property tax credits. Connect your patients to [Free Community Tax Clinics](#).
- Even people without official residency status can file returns.
- Drug Coverage: The patient must have up-to-date tax filings and have a Health Card issued by the Province of Nova Scotia and be registered with Medical Service Insurance (MSI). To register for a Health Card in Nova Scotia, you must call the MSI Registration and Enquiry Department at 902-496-7008 or 1-800-563-8880. Visit [drugcoverage.ca](#) for more options.



Ask questions to find out more about your patient—their living situation, and the benefits they currently receive.

Ensure you and your team are aware of resources available to patients and their families. Start with [Canada Benefits](#) and 2-1-1.

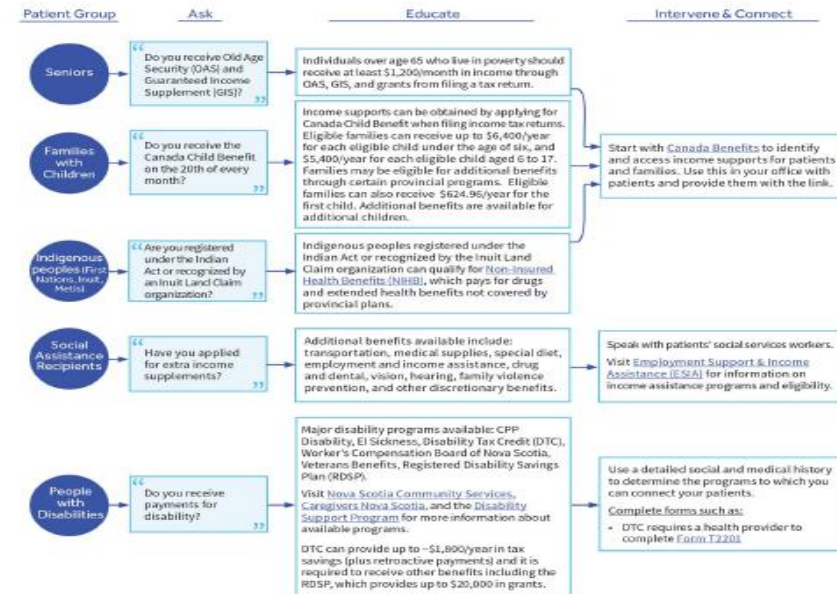
Intervene by connecting your patients and their families to benefits, resources, and services.

October 2016, Version 1.

[cep.health/poverty](#)

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Intervening can have a profound impact on your patients' health



Key Resources

- Canada Benefits** ([www.canadabenefits.gc.ca](#))
Provides a full listing of federal and provincial income and other supports, organized by personal status (e.g., "parent," "Indigenous peoples") or life situation (e.g., "unemployment," "health concerns"), with links to the relevant program websites and to application forms.
 - 2-1-1** ([www.ns.211.ca](#))
Call 2-1-1 or browse the website to find community support and advocacy organizations, based on topic and location.
 - Legal Information Society of Nova Scotia** ([www.legalinfo.org](#))
A charitable, not-for-profit organization that provides Nova Scotians with easy-to-understand information and resources about the law.
- Remember:** As health care providers, it is our responsibility to provide complete and detailed information that accurately portrays our patients' health status and disabilities. It is NOT our role to serve as the gatekeepers for income security.

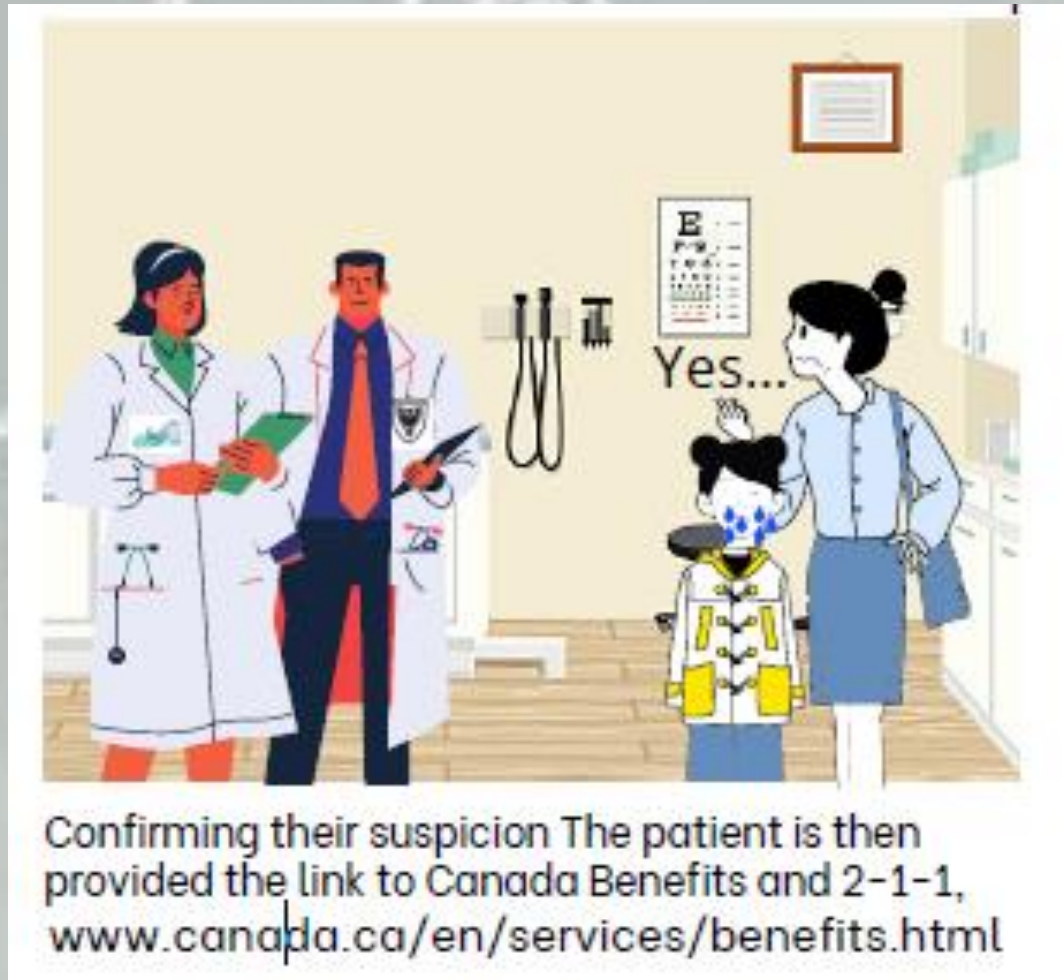
October 2016, Version 1.

[cep.health/poverty](#)

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Page 3 contains supporting material links and references, it is available at <https://cep.health/clinical-products/poverty-a-clinical-tool-for-primary-care-providers/>

Positive Screening and Supports:

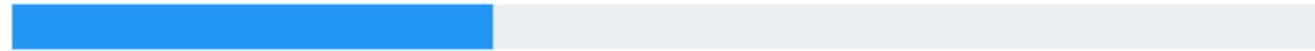


Positive Screening and Supports:

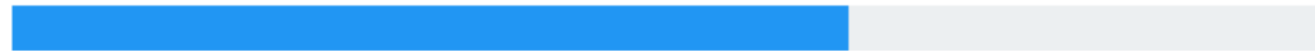
14. Are you aware of the 211 service in Nova Scotia?

Showing the most recent responses to the question. [See all responses here.](#)

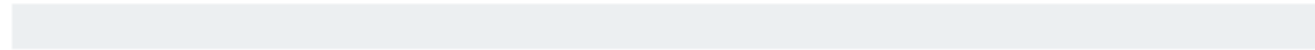
yes 42 (36.52%)



no 73 (63.48%)



prefer not to answer 0 (0%)



Total Responses

115

Supports:



Nova Scotia

Help Starts Here



Emergency/Disaster



Violence and Abuse



Housing / Shelters



Child, Youth and
Family



Continuing Care



Food Support



Financial



Older Adult Services
(Seniors)



Newcomer Services



Health, Mental
Health and
Addiction Services



Disability Support
and Services



Transportation

211

24/7 Navigational Assistance

100 Languages

Call, text, email, live chat

Find programs and services in your community

[← Back](#)



Enter your location to get a better result (required)

b0p1h0

SEARCH

Choose one or more sub-topics to narrow your results

- ☒ All
- ☐ Meal Delivery
- ☐ Food Banks
- ☐ Homeless Meals
- ☐ Community Gardens

Search by custom topic or keyword

Other ways to connect



Upon connecting with 2-1-1 the patient receives help with healthy food options in the community and is exercising with the community exercise program.



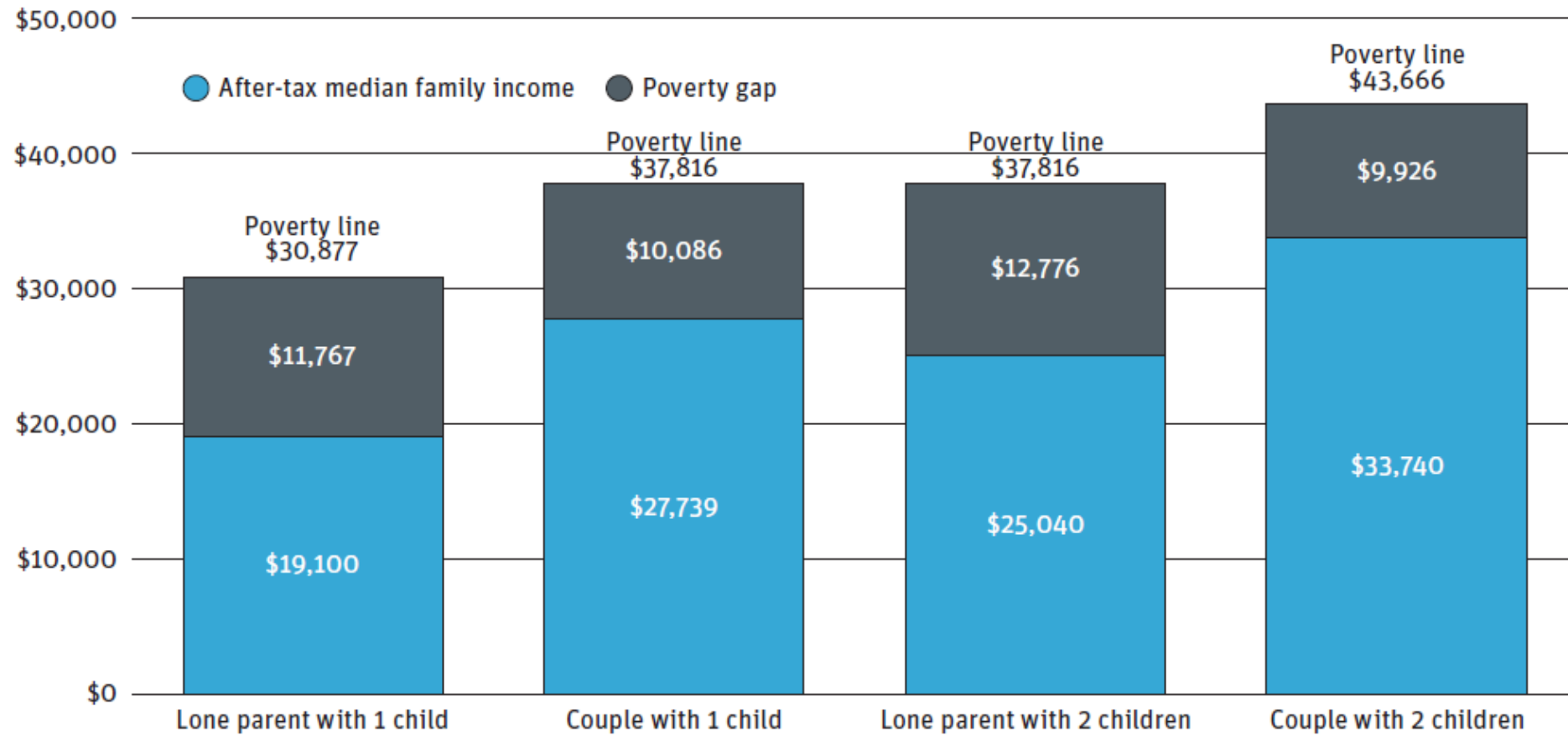
Other Resources

[Free tax clinics - Canada.ca](#)

[www.canadabenefits.gc.ca](#)

[www.legalinfo.org](#)

Report Recommendations



Source: Statistic Canada, T1 Family File, 2018

Recommendations:

- Poverty Eradication Plan for Nova Scotia.
- Create a Child and Youth Advocate
- Employment Supports and Income Assistance level close the gap

Recommendations:

- Child Benefit should be further increased
- First Nations in Nova Scotia to assume self-governance over child and family services
- Eradicate poverty in communities that have particularly high poverty rates

Recommendations:

- Fund and build a high quality, early learning and childcare
- Universal public health care (mental health care, pharmacare, long term care, home care)

Recommendations:

- Improve policies to maintain rental quality and affordability (co-ops)
- Minimum wage should be increased to \$15 in the next year with a plan to make it a living wage
- Better protect workers in the province and include 10 paid sick days



The patients return for a follow up visit and reports that with the proper diet and exercise regime their ABD pain has subsided and their bowels are moving regularly. Their whole demeanor changes and they have more confidence in themselves.

Strategies and Recommendations:

MULTIPLE CHOICE

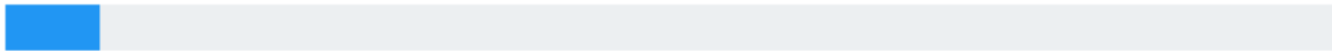
16. If you had access to posters and pamphlets that direct people to resources for food insecurity and poverty, would you use them in your office or waiting area or other clinical settings?

Showing the most recent responses to the question. [See all responses here.](#)

yes 92 (80%)



no 8 (6.96%)



not sure 15 (13.04%)



prefer not to answer 0 (0%)



Total Responses

115

Strategies and Recommendations From the Project Group:

- One overarching recommendation plus three Areas of Focus
 1. Government of Nova Scotia – Create the position of Child and Family Advocate with a whole government mandate to address and mitigate the impacts of poverty on Nova Scotians
 2. Raise awareness of issue amongst physicians
 - Faculty of Medicine: Highlight and increase UGME and PGME curriculum content
 - Develop longitudinal theme on poverty for UGME curriculum
 - Develop PGY-1 module on poverty in Nova Scotia for new residents
 - DNS:
 - Work with PLDP team to publish article for DNS magazine to raise awareness amongst practicing physicians
 - Choose poverty as the social determinant of health to focus on in the strategic plan

Strategies and Recommendations From the Project Group:

3. Identify patients impacted by poverty

- IWK/NSH: Add poverty screening question to all patient contact forms – ED triage notes, admission forms, ambulatory clinic forms etc.
- IWK/NSH: Place posters/pamphlets in patient waiting areas modelled on Food First NL posters
- IWK/NSH: Develop and support champions at each site
- DNS: Redistribute 211 resources to community based physician and NP practices

Strategies and Recommendations From the Project Group:

4. Help physicians connect patients with resources
 - DNS: Distribution of 211 information, publication of article
 - IWK/NSH: Develop and circulate inventory of internal and community resources for patients that can be shared before they leave the health care facility
 - FoM: CPD resources for practicing physicians on addressing poverty in a culturally safe way

Questions?

