

ECONOMIC & MATERIAL WELL-BEING

INDICATOR #43 Unmet Food Needs

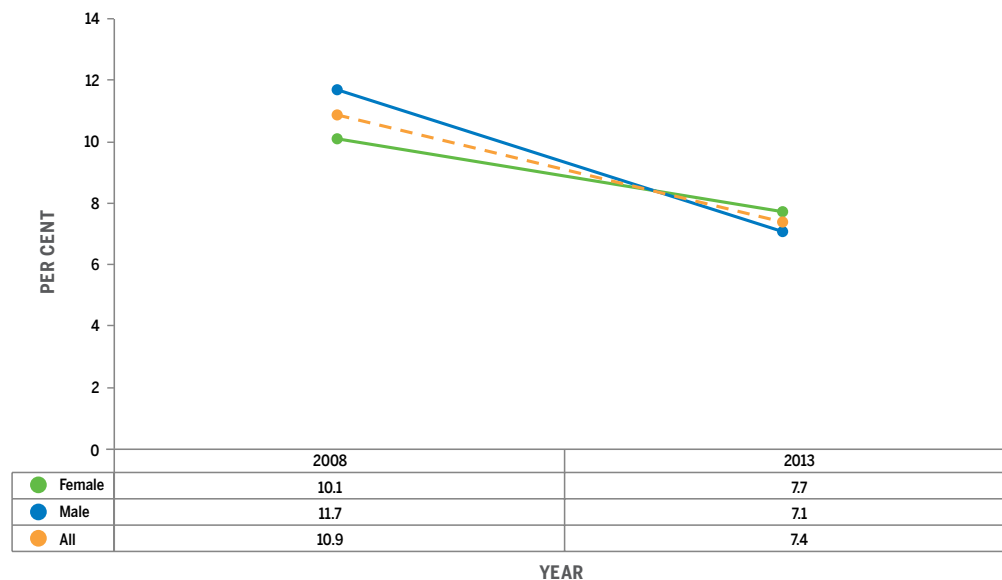
DEFINITION

INDICATOR #43 — Percentage of BC students in grades 7–12 who report that they go to bed hungry because there is not enough money for food at home.

KEY MESSAGES

- ▶ Food security is required to support healthy food choices, and healthy food choices are vitally important for good health and well-being. Food security exists when all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy lifestyle.¹
- ▶ **Food insecurity** is an important public health problem for children and youth. It is associated with a range of adverse effects on health as well as on development and academic performance. It is also connected to behavioural and psychological problems, and contributes to higher levels of stress.² According to Health Canada, moderate food insecurity is when a household has a compromised quality and/or quantity of food consumed, and severe food insecurity is when a household has reduced food intake or disrupted eating patterns.³
- ▶ Unmet food needs, or having insufficient food in a home, is closely associated with low-income households that cannot afford to purchase foods that constitute a healthy diet.⁴ Healthy foods tend to be more expensive than high-energy foods of low nutritional value.⁵
- ▶ In Canada and many other developed nations, food insecurity is usually due to inadequate income.⁶ Certain subsets of Canadian households, such as those involving single parents, the disabled, the unemployed, and Aboriginal people living both on reserve and off reserve, are particularly at risk for experiencing food insecurity.⁷ In fact, Statistics Canada reports that among various household types, single-parent families with children under 18 reported the highest rate of household food insecurity, at 22.6 per cent in 2011–2012.⁸
- ▶ Figure 43.1 indicates that the unmet food needs of youth in grades 7 to 12 in BC decreased between 2008 and 2013; however, in 2013 there were still 7.4 per cent of BC youth reporting the most severe form of food insecurity (that they went to bed hungry because there was not enough money for food at home).
- ▶ Figures 43.2 and 43.3 show that there were geographic differences in the unmet food needs of youth in grades 7 to 12 in BC in 2013. Health service delivery areas (HSDAs) in the Lower Mainland had the lowest percentage of youth with unmet food needs, while HSDAs in northern BC had the highest.

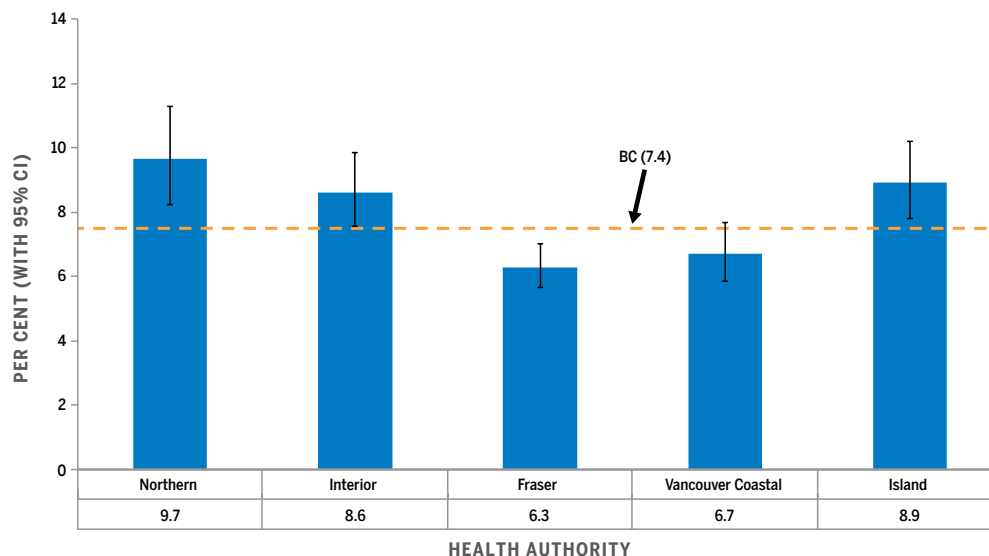
FIG 43.1 Percentage of Students in Grades 7-12 Who Went to Bed Hungry, by Sex, BC, 2008 and 2013



Notes: "Who went to bed hungry" means they went to bed hungry "sometimes," "often," or "always" because there was not enough money for food at home. The difference between 2008 and 2013 was statistically significant for all groups. The difference between sexes was statistically significant for 2008 only. See Appendix B for more information about this data source.

Source: McCreary Centre Society, BC Adolescent Health Survey, 2008, 2013. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.

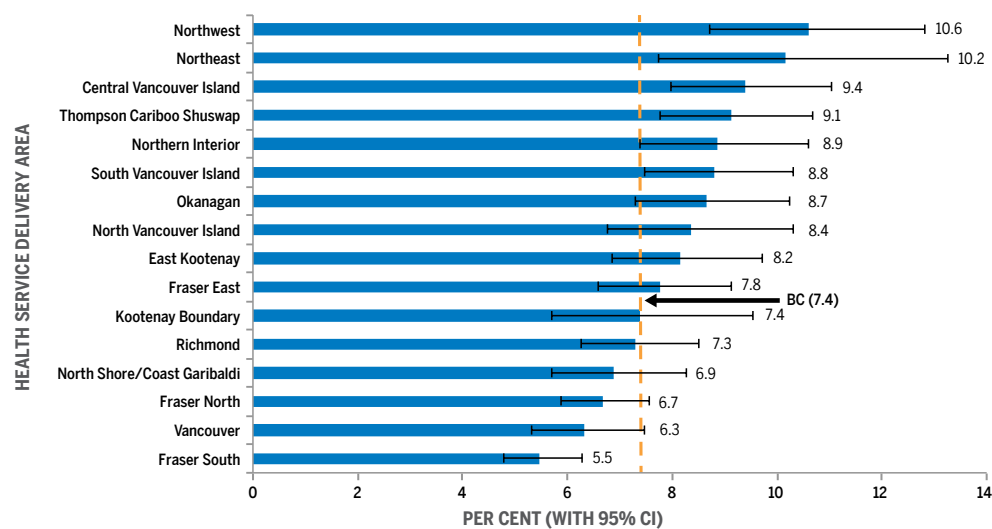
FIG 43.2 Percentage of Students in Grades 7-12 Who Went to Bed Hungry, by Health Authority, BC, 2013



Notes: "Who went to bed hungry" means they went to bed hungry "sometimes," "often," or "always" because there was not enough money for food at home. Health authority is based on the location of the school. See Appendix B for more information about this data source.

Source: McCreary Centre Society, BC Adolescent Health Survey, 2013. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.

FIG 43.3 Percentage of Students in Grades 7-12 Who Went to Bed Hungry, by Health Service Delivery Area, BC, 2013



Notes: "Who went to bed hungry" means they went to bed hungry "sometimes," "often," or "always" because there was not enough money for food at home. Health service delivery area is based on the location of the school. See Appendix B for more information about this data source.
Source: McCreary Centre Society, BC Adolescent Health Survey, 2013. Prepared by the Surveillance and Epidemiology Team, BC Office of the Provincial Health Officer, 2016.

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