

Link between hunger and health care costs

10 August 2015

Low-income people who struggle to put food on the table also use the health care system more, which means higher health care costs, according to new research published in *CMAJ* (*Canadian Medical Association Journal*).

"We know that people who have trouble affording the food they need have poorer health in general as well as more chronic disease," states Dr. Valerie Tarasuk, Department of Nutritional Sciences, University of Toronto, Toronto, Ontario.

The term "[food insecurity](#)" describes inadequate or insecure access to food because of financial constraints. In Canada in 2012, almost 13% of households had some level of food insecurity, the highest rate since 2007, when national monitoring began.

The study looked at data on the household food insecurity of 67 033 adults in Ontario aged 18 to 64 years who had participated in the Canadian Community Health Survey in 2005, 2007/08 or 2009/10. The researchers assessed food insecurity with an 18-point scale (also used in the United States for the same purpose). They linked food security status to data from the Institute for Clinical Evaluative Sciences (ICES) on participants' direct [health care](#) costs, including emergency department visits, acute and psychiatric hospital stays, physician visits, day surgeries and home care over a 1-year period. They also considered the costs of prescription drugs that are covered by the province for people receiving social assistance.

Of the total sample, 12.2% lived in food-insecure households. When food insecurity status was considered, 3.9% lived in marginally, 5.2% in moderately and 3.1% in severely food-insecure households—a measure of extreme deprivation.

People with higher severity of food insecurity used more health care services and incurred higher health care costs.

"We found that health care costs were 23% higher

for adults in marginally food-insecure households, 49% higher for those in moderately food-insecure households and 121% higher for those in severely food-insecure households, compared with adults in food-secure households," Dr. Tarasuk states. "Our findings suggest that food insecurity takes a significant toll on health care spending."

Canada has a universal, publicly funded health care system in which all Canadians have access to health care regardless of ability to pay. However, prescription drugs are not provided universally to Canadians, although drug costs for people receiving social assistance may be covered by provincial plans, as in Ontario.

"Household food insecurity was a potent predictor of health care costs incurred by working-age adults in Ontario, independent of other well-established social determinants of health," states Dr. Tarasuk. Because there are no public programs designed to address food insecurity in Canada, health care professionals are limited in their ability to help patients who are struggling to put food on the table.

"To date, no provincial or federal intervention has been introduced with the explicit goal of reducing household food insecurity, but our study findings suggest that such intervention would offset considerable public expenditures on health care and improve overall health," write the authors.

More information: *Canadian Medical Association Journal*, www.cmaj.ca/lookup/doi/10.1503/cmaj.150234

Provided by Canadian Medical Association Journal

APA citation: Link between hunger and health care costs (2015, August 10) retrieved 23 October 2021 from <https://medicalxpress.com/news/2015-08-link-hunger-health.html>

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