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THE BMJ APPEAL

How doctors can help end food insecurity

The BMJ's appeal this year supports the Independent Food Aid Network, a charity that has helped independent food banks and other community meal providers throughout the covid pandemic. **Jane Feinmann** asks why doctors should care about food insecurity, and what they can do

Jane Feinmann *journalist*

Footballer Marcus Rashford's outspoken campaigning over the past 12 months has made food insecurity a high profile issue in the UK. But researchers at the department of nutritional sciences at the University of Toronto have been closely monitoring food insecurity's effects on children for a quarter of a century.

In 1994 the country's national longitudinal survey of children and youth added "child hunger" to its list of determinants of health.¹ That survey showed clearly that, as children who experienced hunger became young adults, they were more likely to face a range of health problems, including asthma and depression.

They were also more likely to face various other problems, including low academic achievement and a higher risk of teenage motherhood, Valerie Tarasuk, professor of nutritional science at the University of Toronto, tells *The BMJ*. Tarasuk heads PROOF, an interdisciplinary programme of research designed to identify effective policy interventions for the reduction of household food insecurity in Canada.

"Almost everything that doctors treat is significantly related to the experience of food insecurity," she says. "We have documented increased rates of a wide spectrum of chronic disease, poorer disease management, increased healthcare utilisation, and premature mortality among adults in food insecure households."

She adds, "There is a subtle but important difference between low income and food insecurity. Yes poverty, as defined by income below a threshold, is an important determinant of health. But when someone is struggling to pay for food, you are looking at someone in pretty bad shape—just as clearly as those whose health is impaired by smoking. I'd like to see the medical profession fighting to end food insecurity with the same vigour that they stood up against the tobacco industry."

What can doctors do? *The BMJ's* annual appeal is asking readers to help support the response of the Independent Food Aid Network to the unprecedented rise in food poverty. IFAN has come into its own during the covid-19 pandemic, supporting a growing number of independent food banks and other community meal providers. Its membership has more than doubled since March and now includes more than 400 independent food banks and other community meal providers tackling child hunger in the UK on a daily basis.

Screening for hunger

Beyond providing financial support to food aid organisations, doctors can screen for hunger. A validated "hunger vital sign" food insecurity tool was developed in the 1990s by Children's HealthWatch.²

In the UK, the government has recently started measuring food insecurity through the family resources survey of the Department of Work and Pensions.³ "It's an important first step," says Tarasuk. "Monitoring is the responsibility of governments. Regular population representative surveys can track food insecurity prevalence and severity, and they are key to identifying the policy levers to address this problem."

Canada has just marked 40 years since its food banks were established, though food insecurity remains as much of a problem there as it ever has been. "We know handouts don't make a real difference," Tarasuk says. "You can't give a kid a free lunch and expect them suddenly to be middle class. We have evidence that an infusion of even small amounts of cash into these households brings genuine improvement. But that can be difficult politically, especially when food charity is seen as an effective solution to the problem."

Might the response to covid lead to a shift in thinking? At seminars during the pandemic Tarasuk has observed a change—"a breakthrough in understanding the problem within the medical profession," she says. However, she adds, "There's still this entrenched belief that a doctor's job is to refer people on. Somehow that attitude needs to change. Smoking cessation began to be effective when the medical profession began to lobby for regulating the tobacco industry."

IFAN's coordinator, Sabine Goodwin, agrees. "If the medical profession in the UK could make its voice heard in terms of the long term health impact of rising food insecurity, it could make deep rooted action unavoidable," she says.

She adds, "Yes, we desperately need donations that we can distribute to our members to enable them to respond to an emergency that is far worse than we ever imagined it could be a year ago. But there's no time to lose with emergency response after emergency response. With *The BMJ's* support, we can also campaign for the root causes of poverty driving food bank use to be addressed—and so work to end the need for food banks."

How to donate

The Independent Food Aid Network needs your support: please give generously.

You can donate to the campaign at <https://www.foodaidnetwork.org.uk/bmj>.

- 1 McIntyre L, Connor SK, Warren J. Child hunger in Canada: results of the 1994 National Longitudinal Survey of Children and Youth. *CMAJ* 2000;163:961-5. PMID: 11068567
- 2 Hager ER, Quigg AM, Black MM, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics* 2010;126:e26-32. doi: 10.1542/peds.2009-3146. PMID: 20595453
- 3 Department for Work and Pensions. Family resources survey. Jun 2010. <https://www.gov.uk/government/collections/family-resources-survey--2>.

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