Household Food Insecurity in British Columbia

September 2026

Provincial Health Services Authority

BC Centre for Disease Control
Provincial Health Services Authority

Acknowledgement

We acknowledge the Title and Rights of BC First Nations who have cared for and nurtured the lands, air and waters for all time, including the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh Úxwumixw (Squamish Nation), and səl̓ílwətaʔ (Tsleil-Waututh Nation) on whose unceded, occupied, and ancestral territory British Columbia Centre for Disease Control (BCCDC) is located. As a provincial organization, we also recognize and acknowledge the inherent Title and Rights of BC First Nations whose territories stretch to every inch of the lands colonially known as "British Columbia."

BC is also home to many First Nations, Métis, and Inuit people from homelands elsewhere in Canada. We recognize the distinct rights of First Nations, Inuit, and Métis people and BCCDC is beginning its work to uphold a distinctions-based approach to Indigenous data sovereignty and self-determination. All Indigenous Peoples who live in BC have rights to self-determination, health and wellness, and respectful use of their data in alignment with Indigenous data governance principles, including but not limited to OCAP®.

BCCDC is working to address the consequences of colonial policies which have had lasting effects on all Indigenous Peoples living in the province. Consistent with the Coast Salish teaching of *thee eat* (truth) gifted to PHSA by Coast Salish Knowledge Keeper Siem Te Ta-in, we recognize that ongoing settler colonialism in BC undermines the inherent rights of Indigenous Peoples who live in BC and significantly contributes to health inequities and data gaps.

Table of Contents

List of Figures 4

Introduction 5

Adverse Health Impacts of Household Food Insecurity 6

Household Food Insecurity as Part of Monitoring Food Security 7

The Data Presented in this Snapshot 7

Household Food Insecurity in BC: The Data 10

- Household Food Insecurity Among First Nations, Métis and Inuit Peoples in BC 10
- Indigenous Peoples' Survey (IPS) 12
- Canadian Community Health Survey (CCHS) 13
- Canadian Income Survey (CIS) 16

What the Data Tells Us 22

References 23

Appendix 1. Data Table 25

List of Figures

Figure 1. Percentage of people living in a food insecure household in BC by Indigenous identity, age 15+, 2022 12

Figure 2. Percentage of adults living in a food insecure household by level of food insecurity (marginal, moderate or severe) in BC by Health Service Delivery Areas (HSDA), age 18+, 2023..... 14

Figure 3. Percentage of people living in a food insecure household by level of food insecurity (marginal, moderate or severe) in BC, all persons, 2018-2024 16

Figure 4. Percentage of adults living in a food insecure household in BC by age group, age 18+, 2018-2024 17

Figure 5. Percentage of people living in a food insecure household in BC by gender, all persons, 2018-2024 18

Figure 6. Percentage of people living in a food insecure household in BC by race/ethnicity, all persons, 2024 19

Figure 7. Percentage of people living in a food insecure household in BC by immigration status, age 15+, 2018-2024 20

Figure 8. Percentage of people living in a food insecure household in BC by economic family type, all persons, 2018-2024 21

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Introduction

Household food insecurity (HFI), or the inadequate or insecure access to food due to financial constraints, is an urgent public health issue in British Columbia (BC) with significant impacts on human health and costs to the healthcare system. It stems from structural inequities or the broader social, historical, political and economic systems that influence income, employment, housing, childcare, access to transportation and other resources that affect people's ability to access food. In 2024, the BC Ministry of Health identified "decreasing household food insecurity and increasing access to nutritious foods" as an objective under the non-communicable disease and injury prevention priority (1).

This snapshot represents an overview of trends and prevalence of HFI among the adult population (15+ and 18+) in BC. The data comes from three national surveys: The Indigenous Peoples Survey (IPS), the Canadian Community Health Survey (CCHS) and the Canadian Income Survey (CIS). The most recent data on HFI in Canada can be accessed on the Statistics Canada website.

This snapshot is intended to be used by health system partners including BC government ministries, regional health authorities, First Nations Health Authority, Métis Nation BC, non-profit organizations and health networks for planning and decision making to respond to HFI and its impact on health and wellness in BC.

Key Messages

- HFI is an important public health issue which impacts people's physical and mental health and is costly to the healthcare system. Immediate evidence-based action is needed to respond to HFI.
- HFI is a chronic problem and rates in BC and within each health authority region are cause for concern.
- In 2024, 23% of adults in BC lived in a household experiencing HFI according to data from the CIS. This is the second highest prevalence ever reported for HFI since monitoring started, only two percentage points lower than the previous year.
- There are significant disparities in HFI across demographic groups. Groups experiencing high rates of HFI include:
    - Indigenous peoples and some racialized groups,
    - recent immigrants,
    - lone-parent families (especially those led by female-parents), and
    - single adults under 65 living alone or with roommates.

Key Definitions

Household food insecurity (HFI) refers to the inadequate or insecure access to food due to financial constraints.

Structural inequities are the unfair and unjust systemic biases present in institutional policies and day-to-day practices that disadvantage certain social identities over others based on race, gender, class, sexual orientation, and other domains.

Food security means that everyone has equitable access to food that is affordable, culturally preferable, nutritious and safe; everyone has the agency to participate in and influence food systems; and that food systems are resilient, ecologically sustainable, socially just, and honour Indigenous food sovereignty.

Food insecurity exists when factors outside an individual's control negatively impact their access to enough foods that promote wellbeing. Economic, social, environmental and geographical factors influence this access. Food insecurity is most acutely felt by those who experience the negative impacts of structural inequities, such as discrimination and on-going colonial practices (2).

Adverse Health Impacts of Household Food Insecurity

HFI is an influential determinant of health. Those living in households experiencing food insecurity are more likely to suffer from physical, social, and mental health problems, and struggle to achieve overall wellbeing. Negative health impacts linked to HFI include:

- An increased risk of infectious diseases, oral health problems, injuries, and chronic conditions such as diabetes, heart disease, hypertension, arthritis, back problems, and chronic pain (3).
- An increased risk of mental health disorders such as depression and anxiety, or suicidal thoughts (4, 5).
- Lower likelihood of being able to follow medical care plans, which is associated with worsening health and greater use of healthcare services (6).

HFI is associated with increased use of healthcare services by adults and therefore increased healthcare costs. Annual healthcare costs for severely food insecure households have been estimated to be more than two times that of food secure households (7).

Household Food Insecurity as Part of Monitoring Food Security

HFI prevalence is one indicator of food security, and part of a broader system of indicators used to monitor food security in BC. HFI data provides evidence about economic determinants but does not fully capture the social and structural issues that are the root causes of food insecurity (see BCCDC's 2023 Update Report on Household Food Insecurity (8) for a comprehensive overview of the root causes of HFI).

This data snapshot on HFI should be interpreted within a broader, systems-informed approach to food security monitoring in BC, including data and evidence about social (e.g., housing, education, income) and structural (e.g., settler colonialism, racism, climate change) determinants, to inform policy and practice.

The BCCDC and health partners are working to better monitor food security using a systems-based approach. This data is intended to help inform policy and practice to achieve greater food security and enhance population health and wellbeing. Examples of food security monitoring led by the BCCDC include Food Costing in BC, which reports on the affordability of healthy eating in BC (9), and the Food Costs and Climate Change Impact Stories from Remote BC Communities project, which shares experiences of food costs, food access and impacts of climate change from people living in remote Indigenous and non-Indigenous communities in BC (10).

The Data Presented in this Snapshot

Data from three national surveys are presented and illustrate the experiences of HFI among adults living in BC. Each survey measures HFI using the Household Food Security Survey Module (HFSSM).

Household Food Security Survey Module (HFSSM)

The HFSSM is a standardized 18-question survey module used to identify and monitor the prevalence of HFI over the past 12 months. Adults are asked to report whether their access to food has been compromised due to financial constraints. Ten questions pertain to adult experiences and 8 to children living in the household. The HFSSM is the primary validated measure of food insecurity in Canadian surveys, including the IPS, CCHS and CIS. The questions on the survey range from worrying about running out of food for adults or children to skipping meals, with all questions specifying lack of money as the cause of HFI.

Indigenous Peoples Survey (IPS)

The IPS is a national survey of off-reserve First Nations, Métis and Inuit people that is conducted every five years with 2022 being the most recent cycle. It collects information on social and economic data and uses the HFSSM for data collected on HFI. This survey data was chosen to be presented because it is stratified by First Nations, Métis and Inuit people.

Canadian Community Health Survey (CCHS)

The CCHS is a national health-focused survey that began in 2000. It provides regional data that is primarily used for health surveillance and population health research. The data is provided at the health service delivery area (HSDA) which can be useful for regional health level monitoring, assessment and planning. The CCHS includes the HFSSM module for measuring HFI but not in every cycle. Additionally, the survey methods were substantially redesigned in 2015 and 2022, so results from cycles pre and post 2015 and pre and post 2022 cannot be directly compared. This snapshot only reports on 2023 CCHS data, the most recent available.

Canadian Income Survey (CIS)

The CIS is a national annual income survey and a supplement to the mandatory Labour Force Survey. Its primary purpose is to provide details on income and economic circumstances of Canadians. Since 2018, the CIS has included the HFSSM to report on HFI. The most recent CIS data presented in this snapshot is labelled with the reference year 2024 due to the income data coming from that year. However, it is important to note that questions about household food insecurity were asked of survey participants in the first half of 2025 with people reporting on food deprivation over the past 12 months which would span 2024 and 2025.

CIS data is often used by all levels of government to monitor poverty and to plan interventions to improve the economic wellbeing of the population. The CIS has been chosen by PROOF and others to monitor HFI due to higher response rates, more representative of the population and timely, annual data.

Understanding the Data in the Snapshot

It is important to note that the CCHS and CIS surveys are not interchangeable and cannot be compared due to differences in survey methodology, sampling and data collection. Differences seen in the data between the CCHS and CIS may be explained in part by CIS having a higher response rate than CCHS and given the overall context of the surveys, with CIS being focused on income and employment and CCHS focused on health and health behaviours.

HFI is reported at the person level as percentages throughout this snapshot. This is also what is reported publicly by Statistics Canada in their Official Poverty Reduction Dashboard and on the Dimensions of Poverty Hub.

The terms used in the snapshot are “persons” or “people living in food insecurity households”. The HFSSM asks a representative from each household to report on the experiences of food insecurity of all household members and the household is then determined to be food insecure (or not) and at what level even if only some members of the household are experiencing food deprivation. For example, it may be that parents in a household with children do not consume enough food but that the children are provided with enough food for them not to be food insecure. In this case, the household will be identified as food insecure and all individuals within that household will be “living in a food insecure household” even if it is not each persons’ experience.

Limitations

None of the surveys include data for Indigenous peoples living on reserve or settlements, institutionalized population and households in very remote areas.

The findings of this data snapshot are limited as data was not available to report on other social and economic characteristics that previously have been linked to disparities in HFI rates (e.g., household income, income source, working status, disability, housing ownership or status).

Household Food Insecurity in BC: The Data

Household Food Insecurity Among First Nations, Métis and Inuit Peoples in BC

It is important to centre Indigenous contexts to understanding key challenges around HFI among First Nations, Métis and Inuit peoples in BC. Colonialism has and continues to disrupt traditional food systems and relationships to food through forced relocation, land dispossession, environmental degradation, pass and permit systems, and numerous other policies and practices that inhibit Indigenous food practices. Today, systemic racism persists through colonial policies and practices, perpetuating disparities between Indigenous peoples and settler groups. While we do not address historical and current contexts and complexities of food security and food insecurity in this snapshot, Indigenous Knowledge Keepers and scholars have detailed this elsewhere (11, 12) and previous BCCDC reports on HFI (8) and food security (10) have provided context of experiences of HFI among Indigenous peoples.

Foundational commitments to First Nations, Métis and Inuit food security and food sovereignty have been set forth through the TRC Calls to Action, UNDRIP and BC DRIPA Action Plan, and guidance on reporting Indigenous health data highlight the need for data sovereignty as the foundation of respectful relationship, as well as the importance of disaggregating data (13, 14). Clear actions on these commitments are critical to addressing HFI in First Nations, Métis and Inuit contexts.

In this snapshot, we share disaggregated data on rates of HFI among First Nations, Métis and Inuit people age 15+ from the 2022 Indigenous Peoples Survey. Many national surveys, including the Indigenous Peoples Survey, only include First Nations people living off-reserve, and Métis and Inuit and do not represent the reality of First Nations people who live on-reserve. From the 2021 national census, of the 125,105 First Nations people with Registered or Treaty Indian status in BC, 39% or 48,791 people were living on reserve and therefore not included in the pool of possible survey participants (15). Despite this limitation, we included this data in this snapshot in collaboration with colleagues at First Nations Health Authority (FNHA) and Métis Nation BC (MNBC) to bring attention to the high rates of HFI among First Nations people living off reserve, and Métis and Inuit people in BC.

HFI statistics tell only a small part of the realities of First Nations, Métis and Inuit peoples' experiences with food insecurity, and do not shed light on broader related issues of food security related to health and overall wellbeing. Below, we point to work by FNHA and MNBC which provide more fulsome and contextualized realities of food insecurity among First Nations and Métis peoples in BC.

First Nations Health Authority (FNHA)

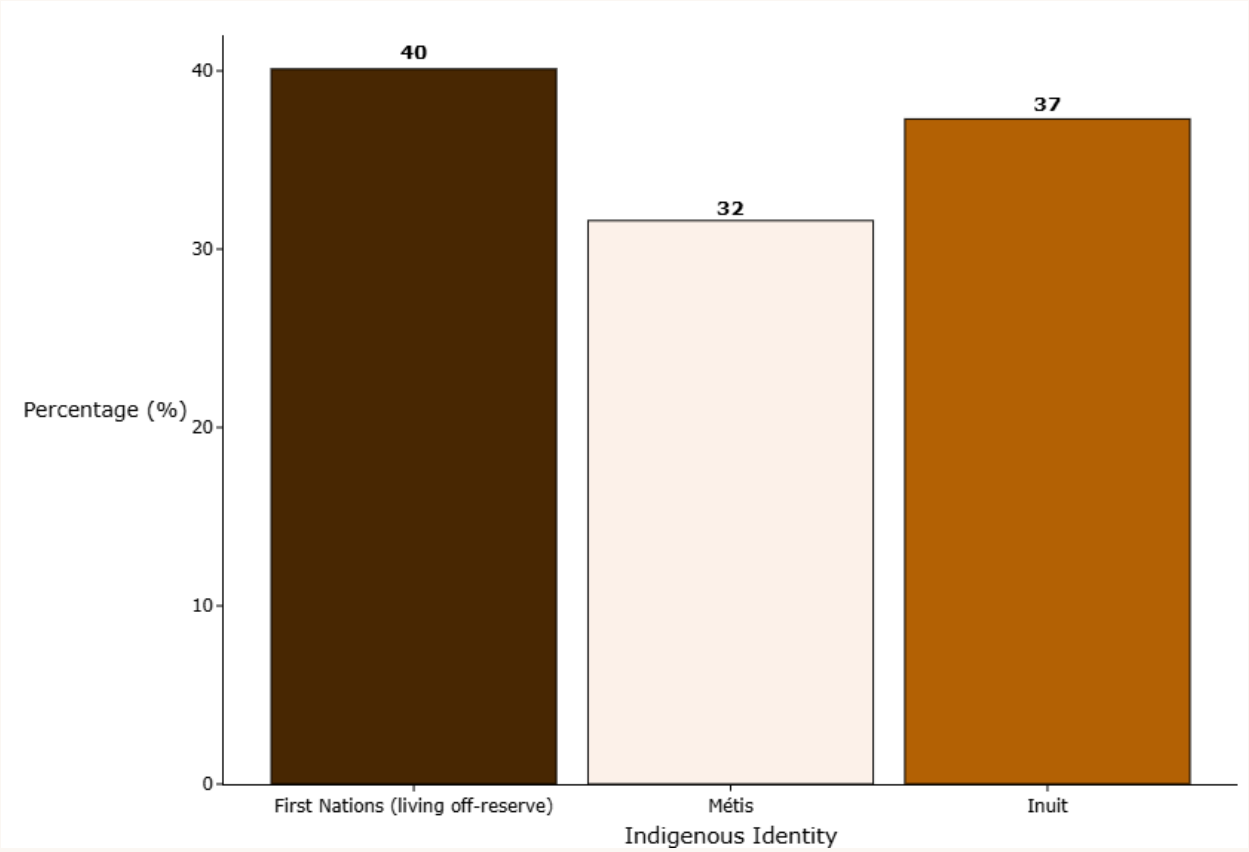
1. **First Nations Regional Health Survey** (FNHA) is a part of a national health survey conducted by and for First Nations. It captures a snapshot of the health and wellness of First Nations peoples living in community across Canada, including data on food insecurity (16). The most recent survey was published in 2015; updated data was collected in 2024, and a new report is anticipated soon.
2. **First Nations Population Health and Wellness Agenda** (FNHA and Office of the Provincial Health Officer (OPHO)) monitors and reports on the health and wellness of First Nations people in BC using 22 health and wellness indicators. The Baseline report (2021) included a food insecurity indicator, reporting that in 2015, 43.5% of First Nations households on reserve reported not being able to afford a balanced meal in the past 12 months (17). Because updated data was not available, food insecurity was not included in the interim update released in 2024.
3. **We Walk Together** (FNHA and OPHO) project is being used to inform the development of a new health indicator based on First Nation Knowledges with the hope of enabling the FNHA and the OPHO to monitor and track the progress of strengthening First Nations in BC's connection to land, water and territory in order to be accountable to First Nations in BC and uphold their inherent rights (18). This indicator will be reported on in the First Nations Population Health and Wellness Agenda.
4. **Societal Consequences of Covid-19 and Climate Change on Indigenous Food Sovereignty and Food Security: Stories of lived experiences in salmon country** (FNHA, 2024) features stories that highlight the challenges and resilience of First Nations food systems during modern crises like the COVID-19 pandemic and climate change (19).

Métis Nation BC (MNBC)

1. **Societal Consequences of COVID-19**: **Métis Food (In)Security and Food as Medicine** (MNBC, OPHO, and BCCDC, March 2024) explores how the COVID-19 pandemic and public health response measures to prevent transmission of the virus both illuminated and worsened pre-existing inequities in terms of food security for Métis people in BC (20).
2. **Climate Change and Food Access Survey Report** (MNBC, 2023) provides insight into how access to nutritious and traditional foods relates to the current climate and health emergencies and a holistic understanding of Métis food needs and climate-related concerns (21).
3. **Climate Change Priority Paper** (MNBC, 2025) is a living, guiding document for the MNBC Ministry of Environment, Climate Change, and Food Security as it relates to climate change activities and prioritized commitments, including Priority 4: Health & Food (22).

Indigenous Peoples' Survey (IPS)

Figure 1. Percentage of people living in a food insecure household in BC by Indigenous identity, age 15+, 2022



Data source: Indigenous Peoples Survey, 2022

Note: Data for Inuit needs to be used with caution due to fewer respondents.

Data Highlights

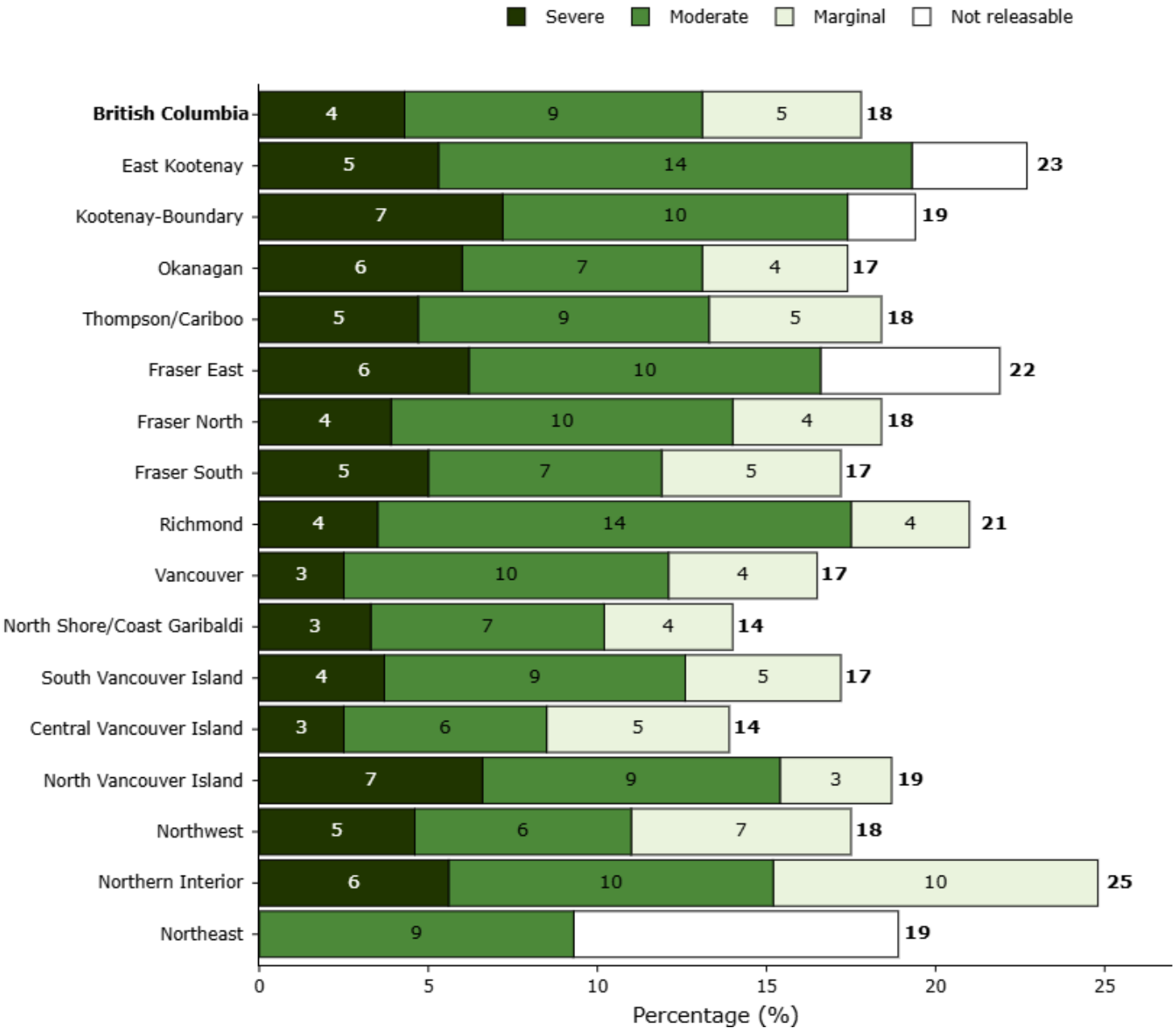
The prevalence of people living in a household experiencing food insecurity is high among Métis (32%), Inuit (37%) and First Nations people living off-reserve (away from home) (40%) in BC. These numbers do not include First Nations people living on-reserve and therefore likely underrepresent the prevalence of HFI because we know from previous surveys and reports that household food insecurity rates have been higher among those living on-reserve (8). High rates of household food insecurity and disparities between Indigenous peoples and settler groups are rooted in historical and ongoing harms of colonialism and systemic anti-Indigenous racism.

Canadian Community Health Survey (CCHS)

Levels of Household Food Insecurity

- **Marginal food insecurity:** Worry about running out of food and/or limited food selection due to a lack of money for food
- **Moderate food insecurity:** Compromise in quality and/or quantity of food due to a lack of money for food
- **Severe food insecurity:** Miss meals, reduce food intake, and at the most extreme go day(s) without food

Figure 2. Percentage of adults living in a food insecure household by level of food insecurity (marginal, moderate or severe) in BC by Health Service Delivery Areas (HSDA), age 18+, 2023



Data source: Canadian Community Health Survey, 2023

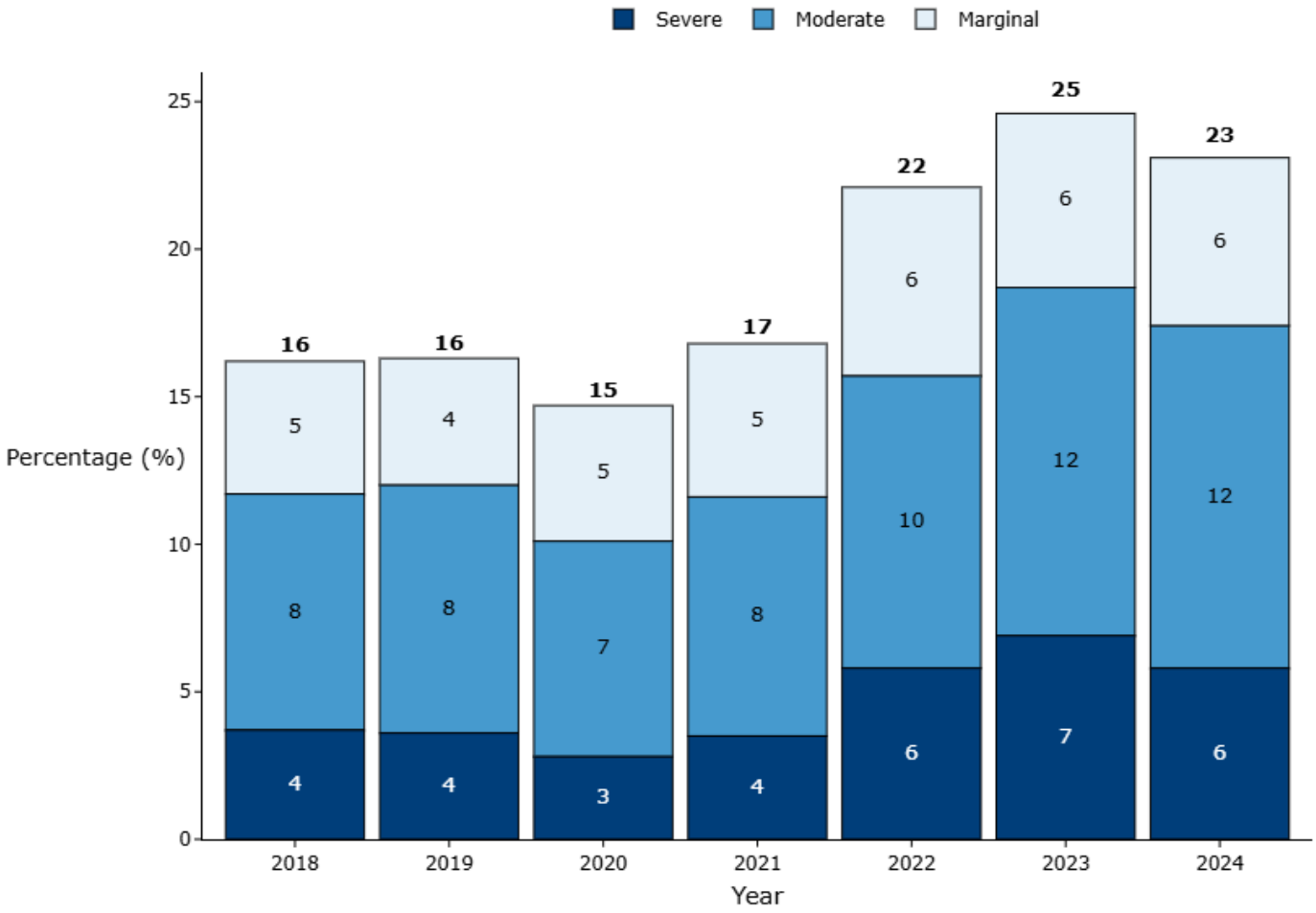
Note:
1. Some data for East Kootenay, Kootenay-Boundary, Fraser East and Northeast is not releasable due to poor reliability. Overall rates are reliable.
2. Total percentages may not equal to the exact summation of percentages for stratifiers due to rounding.

Data Highlights

In 2023, CCHS data indicates that 18% of adults in BC lived in a food insecure household. Of the health service delivery areas (HSDA), the highest rates (with fully reportable data) were in Northern Interior (25%), Richmond (21%) and North Vancouver Island (19%). North Vancouver Island (7%) and Kootenay Boundary (7%) reported the highest rates of adults living in households experiencing severe food insecurity of the HSDAs with fully reportable data. HFI differs by geographic location in BC due to issues of food access, affordability and availability. BCCDC's Report on Food Costs and Climate Change Impact Stories from Remote BC Communities (10) and Policy Brief on Rural, Remote and Indigenous Food Security in BC (23) discuss these issues in more detail.

Canadian Income Survey (CIS)

Figure 3. Percentage of people living in a food insecure household by level of food insecurity (marginal, moderate or severe) in BC, all persons, 2018-2024



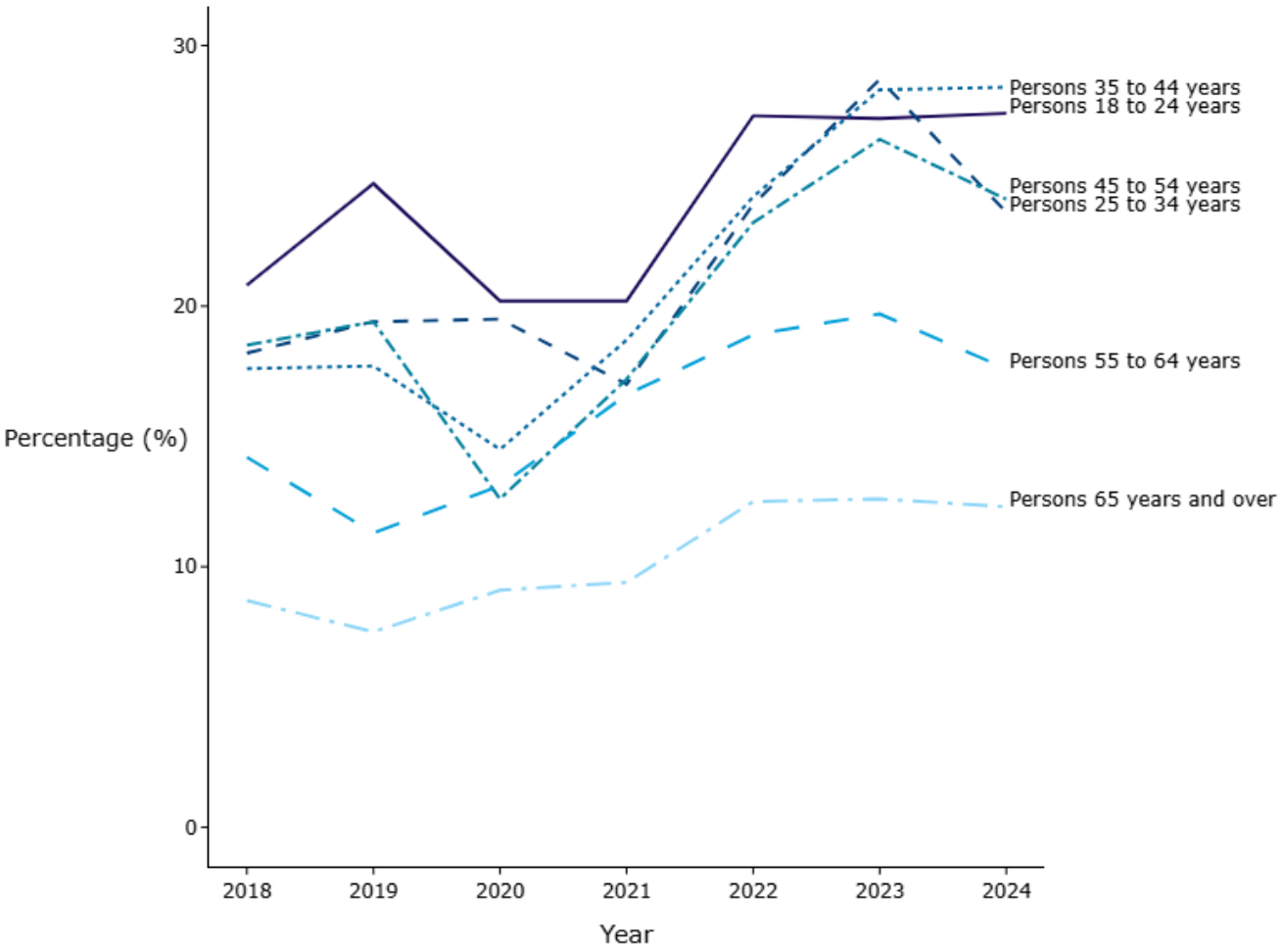
Data source: Canadian Income Survey, 2018-2024

Note: Total percentages may not equal to the exact summation of percentages for stratifiers due to rounding.

Data Highlights

In 2024, CIS data shows 23% of people in BC live in a food insecure household including 6% living in a severely food insecure household. Despite a slight decrease in HFI rates from the previous year, the rates in 2024 are still the second highest for food insecurity since 2018. Between 2018-2024, the percentage of people living in a severely food insecure household increased from 4% to 6%.

Figure 4. Percentage of adults living in a food insecure household in BC by age group, age 18+, 2018-2024



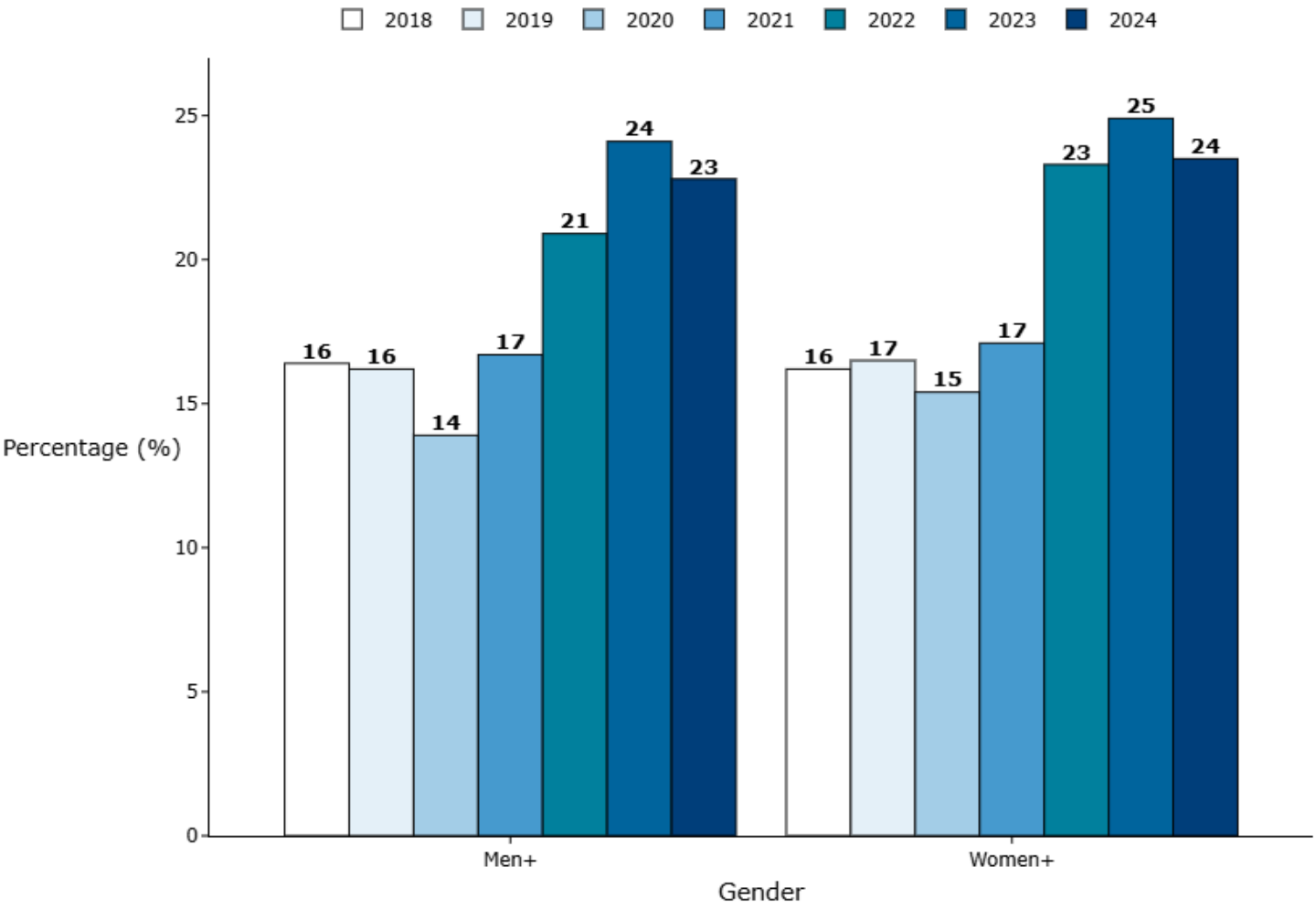
Data source: Canadian Income Survey, 2018-2024

Note: 2019 data for persons 18 to 24 years needs to be used with caution due to fewer respondents.

Data Highlights

Between 2018-2024, persons 65 years and over have consistently shown the lowest rates of people living in food insecure households (12% in 2024) compared to age groups 18-54 years (24-28% in 2024) and 55-64 years (18% in 2024). This is in line with research in Canada which has consistently shown that persons 65 years and over have the lowest rates of HFI compared to younger adult demographics, primarily due to the income stabilizing effects of government pension programs (24, 25).

Figure 5. Percentage of people living in a food insecure household in BC by gender, all persons, 2018-2024



Data source: Canadian Income Survey, 2018-2024

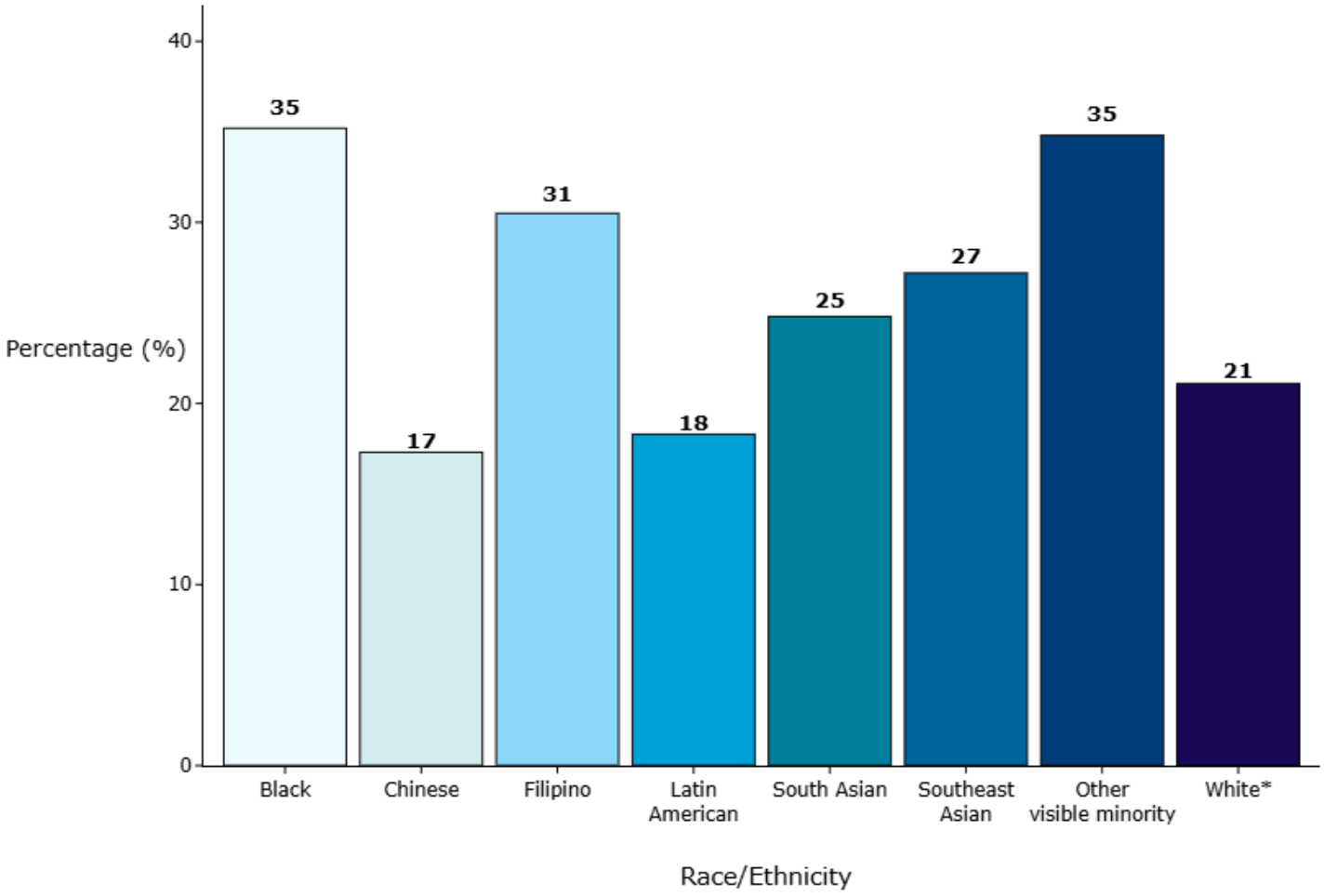
Note:

1. "Men+" includes men (and/or boys), as well as some non-binary persons. "Women+" includes women (and/or girls), as well as some non-binary persons.
2. Prior to the 2021 reference year, the CIS only collected self-reported information on sex at birth (male or female). However, Statistics Canada noted that introducing gender did not significantly impact historical data comparability due to the small size of the trans and non-binary populations.
3. Data were rounded up to whole numbers for the labels in the figure. However, the figures were created from the original data with decimal places and that is why the bars may have slightly different heights but the same number labels.

Data Highlights

Between 2018-2024, rates of women+ living in food insecure household have been relatively similar to that of men+. Rates for both women+ and men+ have increased significantly since 2018.

Figure 6. Percentage of people living in a food insecure household in BC by race/ethnicity, all persons, 2024



Data source: Canadian Income Survey, 2024

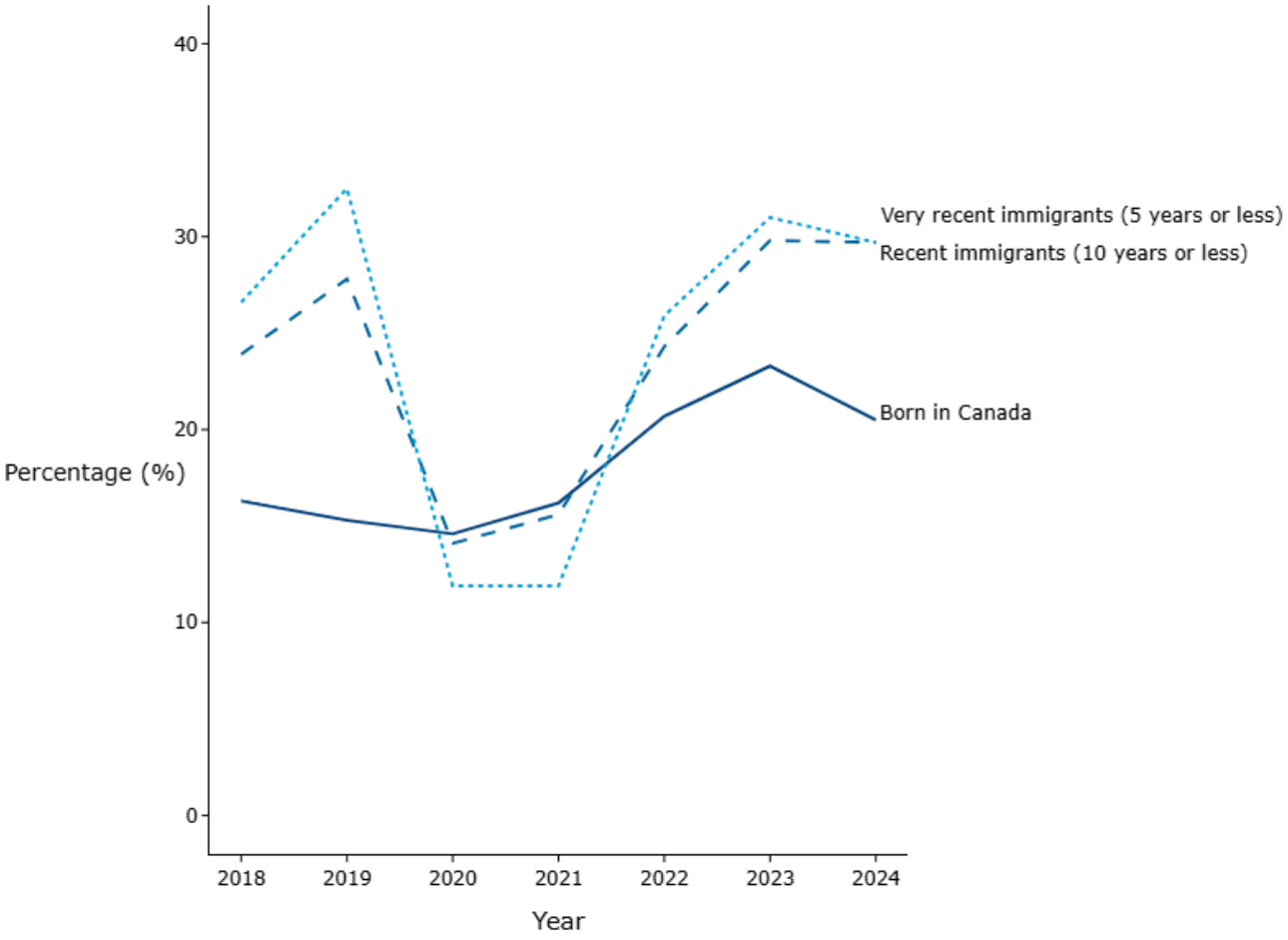
Note:

1. "White" refers to "Not a visible minority nor Indigenous".
2. Data for Arab ethnicity is not releasable. Data for Black, Filipino, Latin American and Southeast Asian ethnicities needs to be used with caution due to fewer respondents.

Data Highlights

There were differences across all racialized groups, reflecting distinct social, economic and policy contexts affecting different populations. HFI is structurally patterned, and race/ethnicity can be a marker of differential exposure to discrimination in labour markets, exclusion from income supports, social networks, and other factors. Conversely, factors tied to race/ethnicity such as community support may be protective against food insecurity for other groups.

Figure 7. Percentage of people living in a food insecure household in BC by immigration status, age 15+, 2018-2024



Data source: Canadian Income Survey, 2018-2024

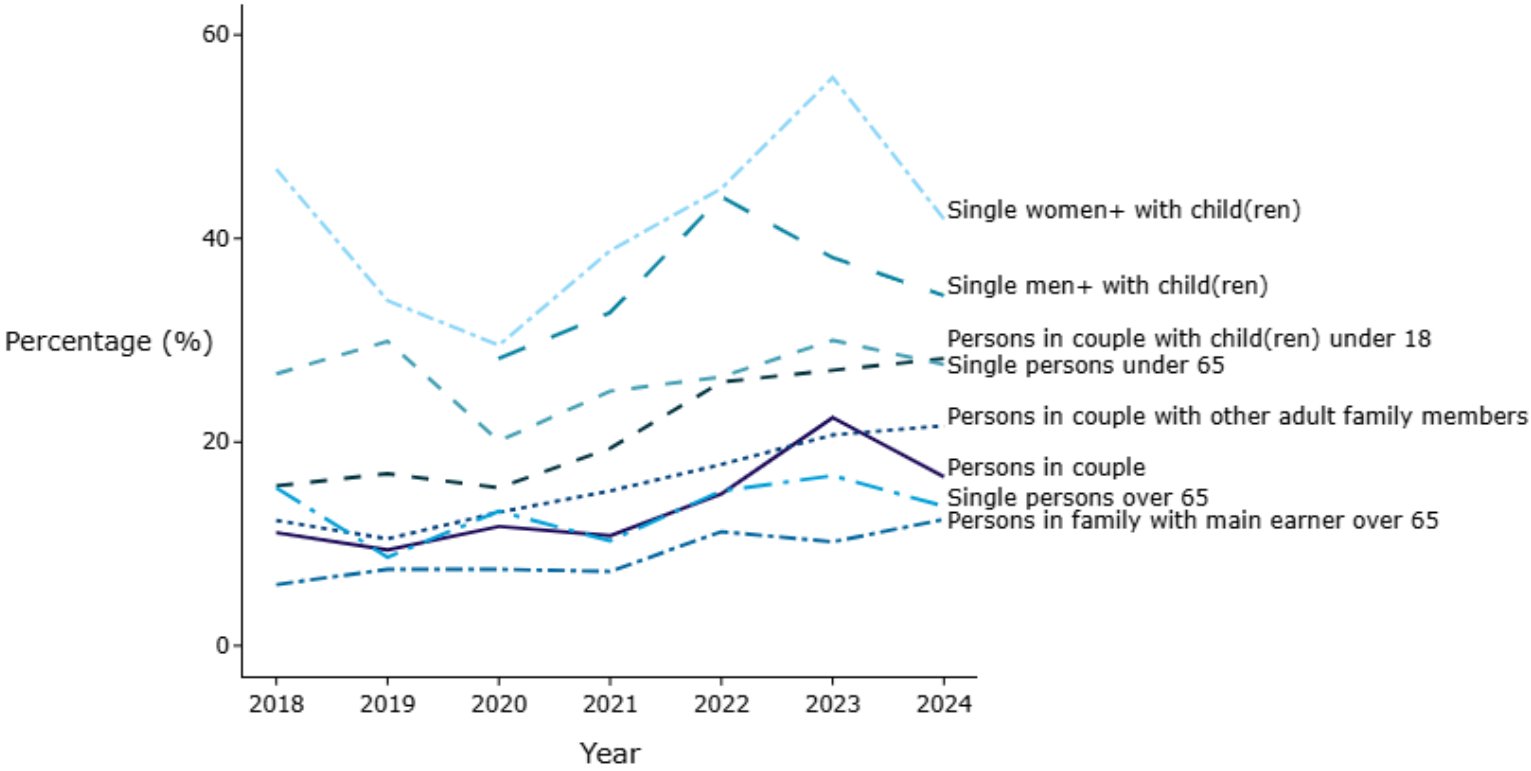
Note:

1. Data for 2020 & 2021 for Recent immigrants and data for 2018 to 2022 Very recent immigrants needs to be used with caution due to fewer respondents.
2. Data for 2024 for Recent immigrants and Very recent immigrants are identical, so only the tooltip box for Very recent immigrants shows up.

Data Highlights

In 2024, the percentages of recent immigrants (30%) and very recent immigrants (30%) living in a food insecure household were higher than those who were born in Canada (21%). Rates for all groups increased significantly between 2021 and 2023, but immigrant groups saw greater increases than those born in Canada. Recent immigrants are more likely to experience low/unstable incomes, precarious employment and labour market barriers, especially within the first 5-10 years upon arrival (26).

Figure 8. Percentage of people living in a food insecure household in BC by economic family type, all persons, 2018-2024



Data source: Canadian Income Survey, 2018-2024

Note:
1. 2018 & 2019 data for Single men+ with child(ren) is not available.
2. Data for the following categories needs to be used with caution due to fewer respondents:
    a. 2019 & 2020 Single women+ with child(ren)
    b. 2019 Persons in couples
    c. 2018-2022, 2024 Persons in couple with other adult family members
    d. 2019 Single persons over 65
    e. 2018-2021 Persons in family with main earner over 65
    f. 2020-2024 Single men+ with child(ren)

Data Highlights

In 2024, single women+ with child(ren) (42%), single men+ with child(ren) (34%) and persons in couple with child(ren) under 18 (28%) and single adults under 65 living alone or with roommates (28%) experienced the highest rates of HFI. Rates between 2018-2024 have been consistently higher for these groups compared to people living in other family or household types. The lowest rates in 2024 were reported among persons in families with main earner over 65 (12%) and single persons over 65 (14%). It is also seen nationally that persons in lone-parent families are most at risk of food insecurity and this is closely tied to financial pressures (27). HFI is most closely linked to income and people experiencing financial constraints are most vulnerable to household food insecurity.

What the Data Tells Us

HFI rates in BC have increased a great deal over the past few years – provincially and across all regional health authorities – impacting people's health and wellbeing and adding costs to the healthcare system. While HFI rates dropped among almost all groups during 2020-2021, they rebounded to above pre-pandemic levels and have remained high with a slight drop of approximately 2% in 2024 over 2023. This same trend was seen in national data showing that all sociodemographic and economic groups were more likely to experience food insecurity after the pandemic, compared with before and that in 2024 there was a levelling out instead of a further increase (28).

The data shows that HFI is not experienced equally. There were differences across geographic, social and economic populations, driven by structural causes including systemic racism and colonial policies and practices. The following groups experienced the highest rates of HFI in BC in 2024 with similar disparities noted over time:

- Indigenous peoples and some racialized groups,
- Recent and very recent immigrants,
- lone-parent families (especially those led by women+ parents), and
- single adults under 65 living alone or with roommates and couples with child(ren) under 18.

Income data was not available to be included in this snapshot, and it is worth noting that national HFI trends based on economic characteristics show that reported HFI was highest for low-income households in 2024 but is becoming more prevalent among moderate- and higher-income households, and employment income is no longer protective against HFI (28).

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Appendix 1. Data Table

Table 1. Percentage of adults living in a food insecure household in BC and Health Service Delivery Area (HSDA), 2023

Household Food Insecurity								
	Total		Marginal		Moderate		Severe	
Geography (Provincial, HSDA)	Number of adults	Percent	Number of adults	Percent	Number of adults	Percent	Number of adults	Percent
British Columbia	756,500	17.8	199,900	4.7	373,700	8.8	182,900	4.3
East Kootenay	17,300	22.7	NR	NR	10,600	14.0	4,000	5.3
Kootenay-Boundary	12,400	19.4	NR	NR	6,500	10.2	4,600	7.2
Okanagan	57,800	17.4	14,200	4.3	23,600	7.1	20,100	6.0
Thompson/Cariboo	34,900	18.4	9,600	5.1	16,400	8.6	8,900	4.7
Fraser East	56,500	21.9	NR	NR	26,900	10.4	16,000	6.2
Fraser North	110,400	18.4	26,300	4.4	61,000	10.1	23,200	3.9
Fraser South	130,300	17.2	40,600	5.3	52,000	6.9	37,600	5.0
Richmond	38,700	21.1	6,500	3.5	25,700	14.0	6,500	3.5

Household Food Insecurity								
	Total		Marginal		Moderate		Severe	
Geography (Provincial, HSDA)	Number of adults	Percent	Number of adults	Percent	Number of adults	Percent	Number of adults	Percent
Vancouver	100,900	16.5	26,800	4.4	58,900	9.6	15,200	2.5
North Shore/Coast Garibaldi	35,200	14.1	9,600	3.8	17,300	6.9	8,400	3.3
South Vancouver Island	60,400	17.2	16,100	4.6	31,400	8.9	12,900	3.7
Central Vancouver Island	34,300	14.0	13,300	5.4	14,800	6.0	6,200	2.5
North Vancouver Island	20,500	18.7	3,600	3.3	9,700	8.8	7,200	6.6
Northwest	9,200	17.5	3,400	6.5	3,300	6.4	2,400	4.6
Northern Interior	28,000	24.7	10,800	9.6	10,800	9.6	6,300	5.6
Northeast	9,600	18.9	NR	NR	4,700	9.3	NR	NR

Data source: Canadian Community Health Survey, 2023

Note: Some data for East Kootenay, Kootenay-Boundary, Fraser East and Northeast are not releasable (NR) due to poor reliability.