About NHS Health Scotland

We are a national Health Board working with public, private and third sector organisations to reduce health inequalities and improve health. Our role is to develop knowledge into action about what works, and doesn’t work, to reduce health inequalities.

Our 2012–17 corporate strategy *A Fairer Healthier Scotland* sets out our vision of a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.

The purpose of this paper is to outline NHS Health Scotland’s position on food poverty in Scotland. It is informed by the work of our Community Food and Health programme, which works to ensure that everyone in Scotland has the opportunity, ability and confidence to access a healthy and acceptable diet for themselves, their families and their communities.

Key messages

- Food poverty is a significant threat to health and wellbeing.
- Food poverty is preventable and results from wider environmental and socio-economic factors.
- The number of food banks in Scotland has increased in recent years, although food bank usage is not a good indicator of food poverty.
- We need to know more about the extent of food poverty in Scotland and we urgently need ways to measure and monitor this emerging public health issue.
Understanding the issue

What do we mean by food poverty? Food poverty is one specific dimension of poverty. Clearly defining food poverty and its related issues presents numerous challenges. Across the subject area different terminology is used interchangeably. Given the political and social context, combined with the range of disciplines working in food poverty, certain terms are frequently subject to interpretation. NHS Health Scotland has adopted the Dowler definition, which defines food poverty as:

‘The inability to acquire or consume an adequate or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so.’

Table 1 outlines definitions for alternative terminology used across the subject area.

What causes food poverty? Food poverty is complex and multidimensional. An array of factors contribute to food poverty including:

- income
- local availability of and access to retailers selling affordable, nutritious food
- access to transport
- access to cooking, storage and preparation facilities
- appropriate skills and knowledge relating to nutrition and the preparation of meals.

As with all poverty, food poverty is primarily driven by income deprivation. Although food choice is influenced by numerous interrelated factors, in a consumer-driven environment the importance of food price and available financial resources to purchase food are key. Rising living costs, increasing food (and energy) costs, low wages, job insecurity and changes to the welfare system (including benefit sanctions) have impacted the number of people experiencing food poverty. As a specific dimension of poverty, food poverty is ultimately rooted in political and social decisions made in our society.

Why is food poverty a problem? The inability to acquire or consume an adequate or sufficient quantity of food has significant consequences for an individual’s nutritional status and subsequent health and wellbeing. The detrimental impact of poor nutrition on health outcomes, such as malnutrition and numerous non-communicable diseases, underlines the importance of an adequate, well-balanced and healthy diet throughout the life course. Cultural, social and environmental barriers to consuming a healthy diet are associated with socio-economic status, ethnicity or geographical region. Nutrition-related inequalities (i.e. differences in what people eat across social groups) can affect health and wellbeing and contribute to wider health inequalities.
Evidence

What we know about food poverty in Scotland: The increasing use of food aid, in particular food banks, in Scotland (and across the UK) has become high profile in recent years and as a result much of the research around food poverty has focused on these areas. In the absence of population level systematic monitoring or recording of food poverty, studies have attempted to collect more information about who uses food banks and why. However, due to the rapidly changing food aid landscape, operational statistics for initiatives in Scotland are likely to have a short shelf-life and be incomplete. Despite the limitations of food bank data, food bank usage is commonly referred to as an indicator of food poverty with figures ascertained from a select group of organisations involved in food aid initiatives. Food bank usage is one indicator of food poverty and represents only a proportion of the Scottish population who are experiencing food poverty (or household food insecurity). As a result NHS Health Scotland believes that food poverty goes beyond food bank usage.

A recent study commissioned by NHS Health Scotland further highlighted the limitations of the evidence base and (in the absence of appropriate food poverty datasets) attempted to measure the prevalence of household food insecurity (see Table 1). Secondary data analysis on existing expenditure and consumption datasets was conducted. This study concluded that poorer households spent a greater proportion of their household income (almost twice as much) on food and non-alcoholic drink compared to wealthier households. The rapid review of available literature provided little insight into the prevalence of food poverty among specific groups. Low income families (particularly those with young children) and refugee families were identified as being at greater risk of food poverty, however little information was available on the extent to which food poverty affected their lives or the impact of food poverty on other vulnerable groups.

What we know about low income households and food: Analysis from national diet surveys indicates that adults on a low income in Scotland consume fewer fruit and vegetables, consume more (non-diet) soft drinks and have an increased percentage of their energy consumption from non-milk extrinsic sugars. Similar disparities have been identified in studies examining household consumption data, where households in the most deprived areas consumed fewer fruit and vegetables and less oily rich fish than households in the least deprived areas. We are unable to provide any definitive explanation as to why these differences occur but available financial resources (alongside other social and environmental factors) are the most likely explanations that influence the purchasing and consumption behaviour of low income households.

What we know about food affordability: UK data indicates that food prices have increased at a greater rate than inflation and in real terms food prices have increased by 18% between 2007 and 2013. When we consider the impact of food prices relative to income, the lowest income groups spend a greater proportion of their income on food and are most affected by rises in price. The rising cost of food (and other commodities such as fuel) combined with decreases in household income has made poverty and in particular food poverty a reality for many low income households in Scotland. Furthermore, the cost of eating a healthy diet is greater than the cost of eating a less healthy diet.
Human rights and food: Human rights are universal basic rights to which everyone is entitled regardless of who they are, what they do or where they live. The Committee on Economic, Social and Cultural Rights highlighted the right to adequate food (and others) as part of the right to a minimum standard of living. The right to adequate food requires governments to address the three levels of obligations (applicable to other human rights): respect, protect and fulfil. Table 2 summarises what the obligations mean within the context of the right to adequate food.

A human-rights based approach to food uses a human rights framework to achieve population level food security. ‘Joined up’ food policy links food, health, income and social agendas. Implementing a rights-based approach to food (and specifically a rights-based approach to food poverty) has the potential to influence household food security, reduce nutrition-related inequalities and improve health.

What NHS Health Scotland is going to do about food poverty: Addressing food poverty is key to our vision and mission as an organisation. We will work with key stakeholders to:

1. Explore and describe a rights-based approach to food and the impact of food poverty in Scotland.
2. Identify and engage with partners working to address food poverty in Scotland.
3. Scope data collection sources that will inform future work on food poverty in Scotland, by identifying potential:
   a. ways of determining the impact of food poverty in Scotland (including agreed definitions for measuring food poverty, the cost of consuming a healthy diet etc.)
   b. sources of data (routinely collected and other) on food poverty in Scotland
   c. comparable data sources (routinely collected and other) on food poverty in England and Wales.
4. Assess the causes and prevalence of food poverty in order to scope the scale of the challenge for effective policy responses.
5. Use the above knowledge and work with others to identify effective action and develop a programme of work to inform policy and practice to address food poverty in Scotland.

Contact Us
For further information or to discuss collaborating to tackle food poverty, please contact:

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**Supplementary tables**

**Table 1**: Outlines some of the key terms and provides definitions (including sources where relevant) adopted by NHS Health Scotland.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>Source (if applicable)</th>
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<tbody>
<tr>
<td>Food poverty</td>
<td>The inability to acquire or consume an adequate or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so.</td>
<td>Dowler E. Food and Poverty in Britain: Rights and Responsibilities. In Dowler E and Jones Finer C. The Welfare of Food: Rights and Responsibilities in a Changing World. Wiley-Blackwell; 2003. p. 140–159.</td>
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<tr>
<td>Food security</td>
<td>All people, at all times, have physical, economic, and social access to sufficient safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.</td>
<td>Food and Agriculture Organisation. Rome Declaration on World Food Security, World Food Summit Plan of Action. Rome: FAQ; 1996. <a href="http://www.fao.org/docrep/003/w3613e/w3613e00.HTM">www.fao.org/docrep/003/w3613e/w3613e00.HTM</a> (accessed 23 September 2015).</td>
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<td>Household food insecurity</td>
<td>Households with an income below 60% of the average income (where the ‘average income’ is the median household equivalised income).</td>
<td>In the absence of agreed definitions for food poverty, Douglas et al used the ‘at risk’ measure for poverty in the UK as an indicator of household food insecurity.</td>
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<td>Obligation</td>
<td>Interpretation</td>
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<td>To <em>respect</em> the right to food</td>
<td>The obligation to respect existing access to adequate food requires State parties not to take any measures that result in preventing such access to food.</td>
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<tr>
<td>To <em>protect</em> the right to food</td>
<td>The obligation to protect requires measures by the State to ensure that enterprises or individuals do not deprive individuals of their access to adequate food.</td>
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<td>To <em>fulfil</em> the right to food</td>
<td>The obligation to <em>fulfil</em> (<em>facilitate</em>) means the State must pro-actively engage in activities intended to strengthen people’s access to and utilisation of resources and means to ensure their livelihood, including food security.</td>
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<td><em>For the right to food the fulfil obligation includes an obligation to facilitate and provide</em></td>
<td>Whenever an individual or group is unable, for reasons beyond their control, to enjoy the right to adequate food by the means at their disposal, States have the obligation to <em>fulfil</em> (<em>provide</em>) that right directly. This obligation also applies for persons who are victims of natural or other disasters.</td>
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References
