

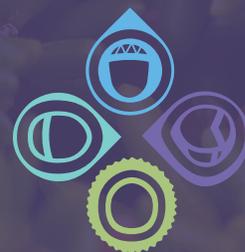


QNIHS 2022-2023:

# FOOD



**NUNATSIAVUT**  
kavamanga Government



**Qanuippitaa?**  
National Inuit Health Survey

This report includes QNIHS findings about Beneficiaries of the Labrador Inuit Land Claims Agreement (LILCA) who were living in Nunatsiavut at the time of the survey (2022/2023) on the following topics:

- Wild food
- Healthy diet
- Food security
- Cultural activities and food skills
- Sharing wild food

Throughout the report, there are several quotations included from the members of the Nunatsiavut *Qanuippitaa?* Regional Inuit Health Survey Steering Committee (QRIHSSC) to provide context.

This report is one of a series of reports with QNIHS findings about Nunatsiavummiut.

**For other QNIHS-related information, visit [www.nunatsiavut.com/qnihs](http://www.nunatsiavut.com/qnihs).**

Cover photo: Chris Sampson, Nunatsiavut Archives.  
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# BEFORE YOU READ

The information presented in this report is based on data collected during the *Qanuippitaa?* National Inuit Health Survey (QNIHS). While every effort has been made to ensure accuracy and integrity, the findings reflect the experiences and perspectives of survey participants from a snapshot in time when the data was collected during 2022-2023. Readers are encouraged to interpret the data with an open mind, recognizing that personal narratives and experiences may differ from the findings. This report is intended as a resource to inform and support the people of Nunatsiavut, communities, and the region. Please use the information thoughtfully, reflect on how it aligns with your own knowledge and experience, and consider its potential to contribute to positive change. The QNIHS team hopes the data will provoke questions and identify gaps that the Nunatsiavut Government and others can address with programming, policy, and advocacy. Ultimately, the Social Determinants of Inuit Health cannot be improved until they are fully understood.

# OVERVIEW

The *Qanuippitaa?* National Inuit Health Survey (QNIHS) is a survey that is planned and implemented by Inuit. It is the only survey that includes Inuit of all ages from communities across Canada's four Inuit regions. The QNIHS aims to generate high quality, Inuit-determined and Inuit-owned data, with the main goal of using this data to monitor changes in Inuit health, identify gaps in health services, and inform health decision-making and programming.

## There are 6 guiding principles for the QNIHS:

 <b>Inuit-determined</b>	 <b>Focused on Inuit health and social equality</b>
 <b>Strength-based</b>	 <b>Collaborative</b>
 <b>Rigorous in methods</b>	 <b>Innovative</b>

See Appendix A for more information about each of these guiding principles.

# METHODS

Between October 2022 and November 2023, a total of 574 beneficiaries of the Labrador Inuit Land Claims Agreement (LILCA) living in Nunatsiavut completed the QNIHS survey. This included 451 adult and youth participants aged 12+ years who answered survey questions about themselves, and 123 parents/guardians who answered survey questions on behalf of a child aged 0-11 years.

Participants were randomly selected from all five Nunatsiavut communities using the Nunatsiavut Government registry of beneficiaries. Randomly selecting people to participate, along with statistical methods like 'weighting', helps make the survey results more representative of all beneficiaries, not only the beneficiaries who completed the survey. The sampling design ensured representation across sex, age, and community.

If you have further questions about the survey methods, please contact the QNIHS team at [datarequest.qnihs@nunatsiavut.com](mailto:datarequest.qnihs@nunatsiavut.com) or visit the QNIHS website at [www.nunatsiavut.com/qnihs](http://www.nunatsiavut.com/qnihs).

## HOW TO INTERPRET THE RESULTS IN THIS REPORT

### Who Do The Results Represent?

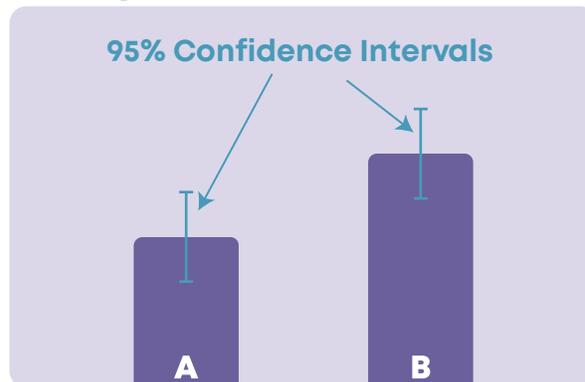
The QNIHS results represent Beneficiaries of the Labrador Inuit Land Claims Agreement (LILCA) who were living in Nunatsiavut at the time of the survey (2022/2023).

For simplicity, we describe the results as people of certain ages – for example, people aged 12+, adults aged 18-54, children aged 3-11, etc. The results should, however, be interpreted as Beneficiaries of the LILCA who were living in Nunatsiavut at the time of the survey belonging to that age group (e.g. 12+ year old Beneficiaries of the LILCA who were living in Nunatsiavut at the time of the survey).

### What Do The Lines In The Figures Represent (what are 95% CIs)?

Many of the figures in this report include lines that extend from the ends of the bars/columns: these are the **95% confidence intervals (95% CIs)**.

Since the QNIHS results are based on a smaller group of beneficiaries (sample), rather than all beneficiaries (population), there is some uncertainty about the exact number we get for a result<sup>1</sup>. Confidence intervals give us an idea of the degree of this uncertainty, and a range of numbers that the exact population number is likely to fall within.



<sup>1</sup> This is the case for all surveys that use sample data, and even when random sampling is used.

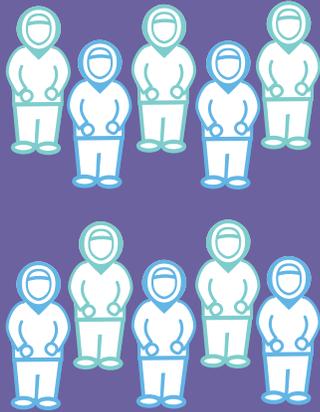
## IT IS EASIEST TO EXPLAIN THIS USING A FICTIONAL EXAMPLE:

Let's say we want to know how many Elders are eating apples daily. We survey a sample of Elders and make a 'best guess' that around 40% of all Elders eat apples daily.

There is uncertainty with this estimate – the number for all Elders is probably not exactly 40%. This is where confidence intervals are helpful.

### ENTIRE POPULATION: (Entire elder pop.)

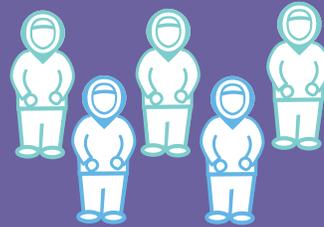
50% of elders eat apples daily



If **ALL** elders in the population had completed the survey, we would have found out that **50% of elders eat apples daily.**

### SAMPLING: (Not the entire elder pop.)

Results of sample show  
**40% of elders eat apples daily**  
with a confidence interval of  
**25%-55%**



Based on our **sample** of elders who completed the survey, we can **estimated that around 40% of all elders eat apples daily.**

We cannot know for certain from the survey sample that in the entire population of elders exactly 50% eat apples daily because not all elders completed the survey. The confidence interval gives us a range of numbers that **likely** contains the exact number.

Let's say we calculate the confidence interval to be 25% to 55%. This means we are 95% confident that the exact population number is somewhere between 25% and 55%. We are not confident it is exactly 40%, but we are confident it is somewhere between 25% and 55%.

A narrower confidence interval (e.g. 45% to 55%) suggests that the estimate is closer to the true value in the population, whereas a wider confidence interval (e.g. 15% to 65%) indicates there is more uncertainty around the estimate.

A **narrower** confidence interval suggests that the estimate is closer to the actual number.

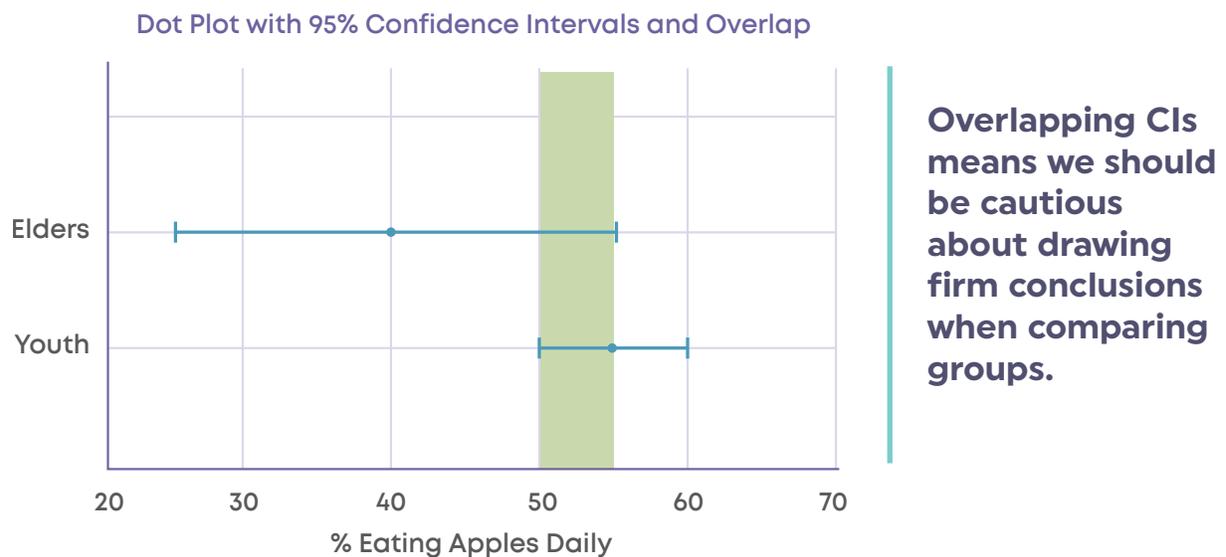
A **wider** confidence interval indicates there is more uncertainty around the estimate.

## Using Confidence Intervals To Tell If Two Groups Are Different

If the confidence intervals (CIs) for two groups overlap, it means we cannot tell for sure whether there is a real difference between the groups in the larger population.

For example, let's say a survey estimates that 40% of Elders eat apples daily and 55% of Youth eat apples daily, with the following 95% confidence intervals for each estimate:

Group	% who eat apples daily	95% Confidence Interval (95% CI)
Elders	40%	25-55%
Youth	55%	50-60%



Even though 55% is a bigger number than 40%, **the confidence intervals overlap**. This tells us:

- **We can't say for sure that more Youth eat apples daily than Elders in the overall population.**
- **The difference might just be due to random variation in the survey.** Had a different sample of participants – or the entire population – completed the survey instead, we might have found no difference between Elders and Youth, or we might have even found the opposite trend.
- **The confidence intervals show us that there is uncertainty around the 40% and 55% estimates for Elders and Youth.** The confidence intervals show a range of percentages where the true values in the population are likely to fall. The true percentage of Youth and Elders who eat apples could both fall in the green shaded area in the figure, where the confidence intervals overlap, i.e. they could be quite similar!

## What Do The 'E' and 'F' Symbols Represent?

The letter **E** represents results that are less reliable and should be used with caution. A common reason why some results are not as reliable is that a small number of participants answered a survey question in a certain way. For example, if only 10 participants answered a particular survey question, it would be hard to generalize that result to all beneficiaries.

The letter **F** represents results that are not reportable because they are based on fewer than 5 respondents. These results are suppressed (not shown) to protect respondents' confidentiality.

*These are the same symbols that Statistics Canada uses in their data tables.*

## Limitations

The QNIHS tried to limit error by using appropriate survey techniques and sampling methods to help get the most accurate (reliable and valid) information as possible.

For example, we:

- Pre-tested survey questions with community members to see if they were clear and made sense
- Provided fieldworker training
- Worked with Statistics Canada to make sure the sampling approach was statistically sound (i.e. that we were randomly sampling enough people from each age group, sex, and community to accurately represent all beneficiaries in Nunatsiavut)
- Double checked our work analyzing participants' responses to limit mistakes

However, as with any survey, there will always be at least some error.

## Sources of Error

One source of error is using information from a sample of people instead of surveying everyone in the population. In other words, we likely got slightly different results from the sample than we would have if all beneficiaries did the survey (which was not practically feasible). We can measure this source of error using statistical methods. For example, using things like confidence intervals and the 'E' reliability flags. These statistical tools can tell us how much uncertainty or lack of reliability there is for a result given the sampling approach and sample size for that question.

Other sources of error can be harder to measure statistically, for example:<sup>2</sup>

- Survey questions that were confusing or didn't make sense to participants
- Participant fatigue when the questionnaire is too long, including some participants not getting to the end of the questionnaire
- Potential issues with self-reported data, such as participants accidentally misremembering a past event or not feeling comfortable answering sensitive questions in the presence of a fieldworker (or, for some youth, in the presence of a parent/guardian)
- Bias that can happen if the people who decline to participate or decline to answer certain questions have very different experiences than the people who answer these questions
- Mistakes when analyzing participants' responses
- Data collection was spread across several seasons, which may have impacted results – especially ones that could have a seasonality effect (e.g. harvesting wild food)

Importantly, cross-sectional surveys like the QNIHS can only ever give a snapshot of what's going on. Cause and effect relationships cannot be drawn from the data. The QNIHS results are instead a starting point for deeper conversations and research on these topics.

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<sup>2</sup> During round 1 data collection, we received helpful feedback from participants and fieldworkers about some of these potential sources of error, including feedback about the questionnaire (length and question wording) and challenges with sampling and data collection (e.g. sensitive questions that participants did not want to answer in the presence of a fieldworker or parent/guardian). This feedback is being used to inform round 2 data collection.

With that being said, a goal of surveys – including the QNIHS – is not to get exact numbers, but to get reasonably reliable and valid estimates for the population of interest (e.g. beneficiaries of the LILCA living in Nunatsiavut) that are useful for making real-world decisions.

Even though there is some error and uncertainty with the numbers in this report, looking at the results as a whole can nonetheless provide meaningful information.

**Statistics in this report (mostly percentages) are rounded to the nearest whole number (for example, 20%, 21%, 22%), for readability. As a result, percentages shown for some survey questions may not add up to exactly 100%.**



Photo: Geoff Goodyear. Nunatsiavut Archives

# SURVEY FINDINGS

## Wild Food

Wild food (aka country food) includes all foods harvested from the land, sea, and ice, including animals, fish, birds, and plants that are hunted, fished, trapped, or gathered. In Nunatsiavut, locally sourced wild foods include seal, berries, fish such as salmon, char, and trout, and birds such as partridge, geese, and ducks.

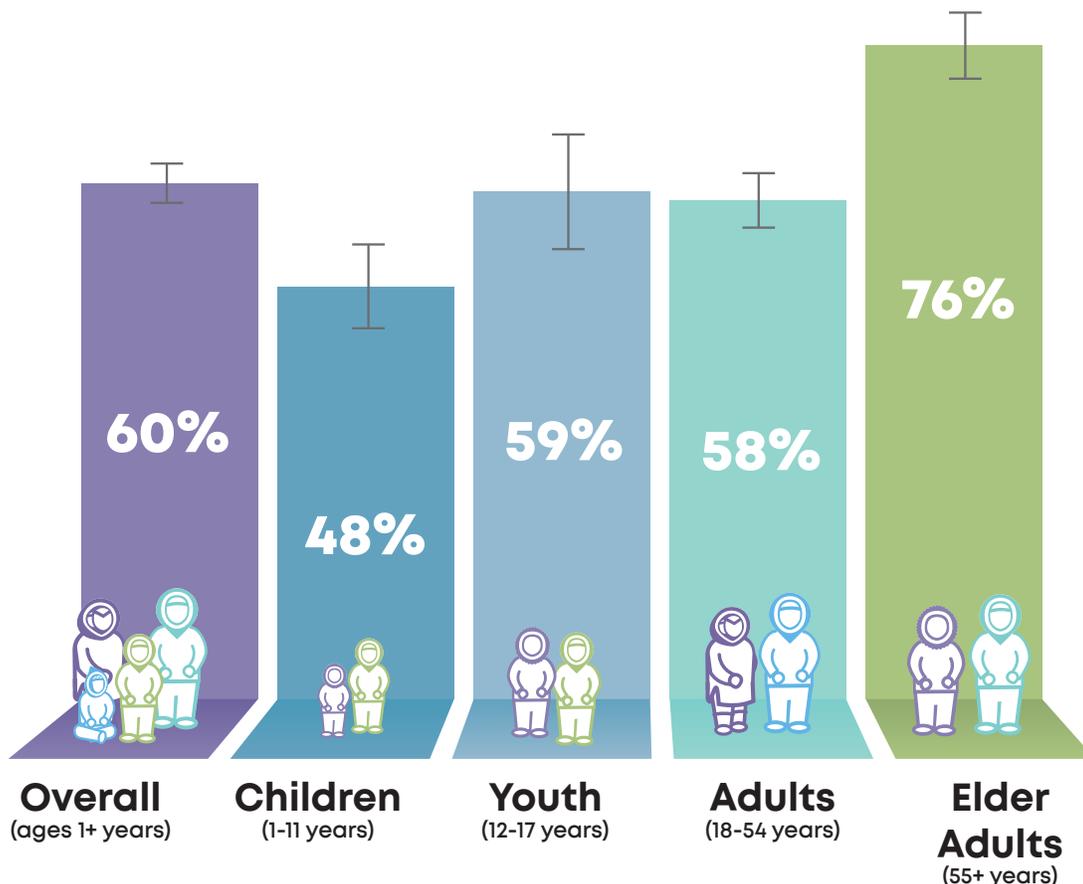
## Eating Wild Food

Almost all people aged 12 years and older had eaten wild food in the 12 months before the survey (98%). Similarly, almost all children aged 1-11 years are eating wild food (89%), with most of them eating wild food a few times a month (29%) or a few times a week (34%).

For most people (60%), wild food made up at least half of the food they ate in the 12 months before the survey. A larger proportion of older adults aged 55+ years (76%) were eating wild food at least half the time compared to the other age groups (see Figure 1).

*“I have heard many times before from Elders throughout the years (especially since the caribou ban) that wild food is also medicine for our bodies. I couldn’t agree more. It feeds us and heals us at the same time. Our ancestors survived on wild food alone - it should be the most important staple in our diet as Inuit.”*

Figure 1. Wild food was half or more of the food they ate in the 12 months before the survey, overall and by age



## COUNTRY FOOD IS NUTRITIOUS

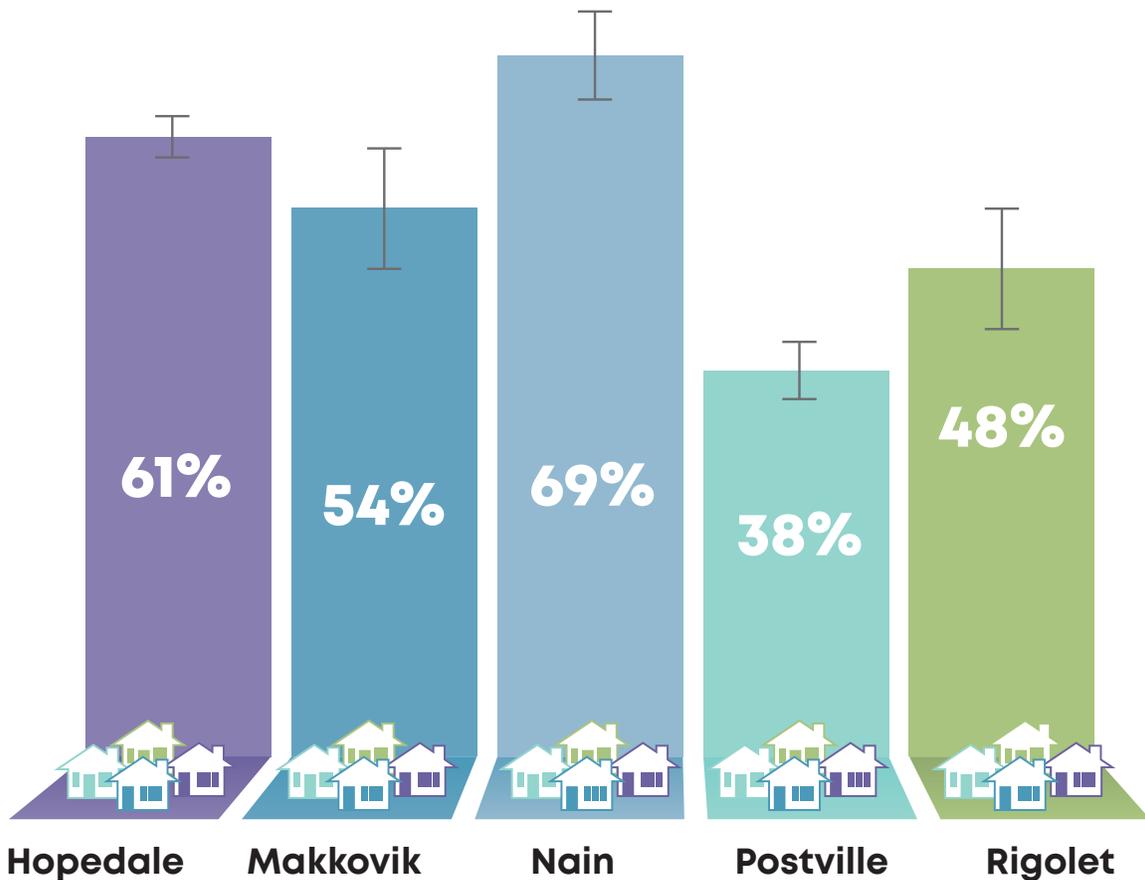
Country foods make up a significant proportion (23-52%) of protein and 18-82% of various micronutrients including, but not limited to iron, niacin, and vitamins D, B6 and B12.

Caribou meat was the #1 source of protein and iron for most Inuit until recent severe caribou population declines.

Source: [ITK Inuit Nunangat Food Security Strategy](#)

There were also community differences in wild food consumption. Nain had the highest wild food consumption (69%) and Postville had the smallest (38%; see Figure 2).

Figure 2. Wild food was half or more of the food they ate in the 12 months before the survey, by community (people aged 1+ years)



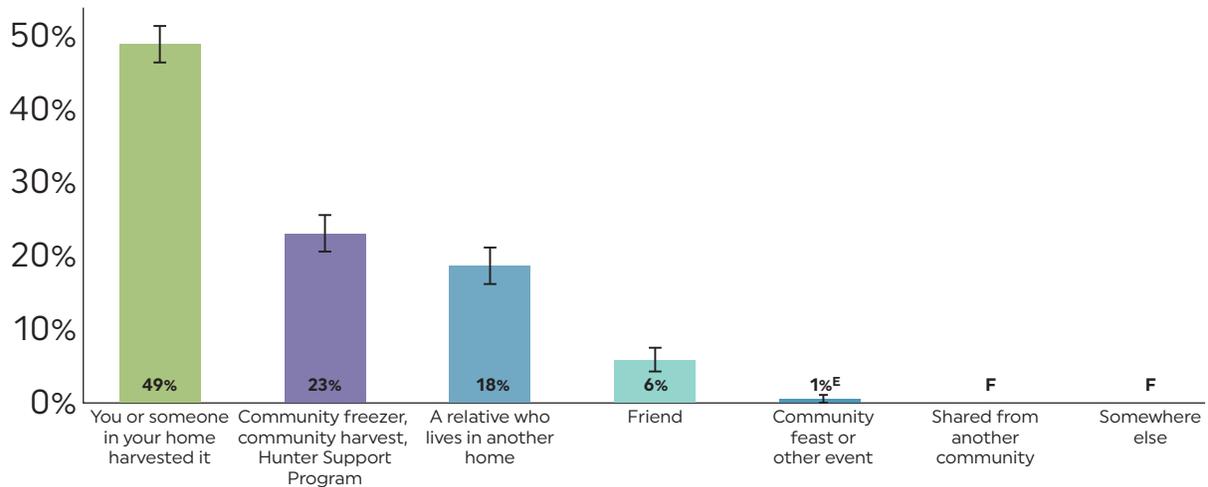
## Key Takeaway:

Almost all Nunatsiavummiut are eating at least some wild food.

## Where The Wild Food Came From

Around half (49%) of adults 18+ are accessing most of their wild food through someone in their household harvesting it (see Figure 3)

Figure 3. Where adults 18+ years got most of their wild food in the 12 months before the survey



**Note:** The axis for this figure goes to 50% instead of 100% so that the category labels are easier to read.

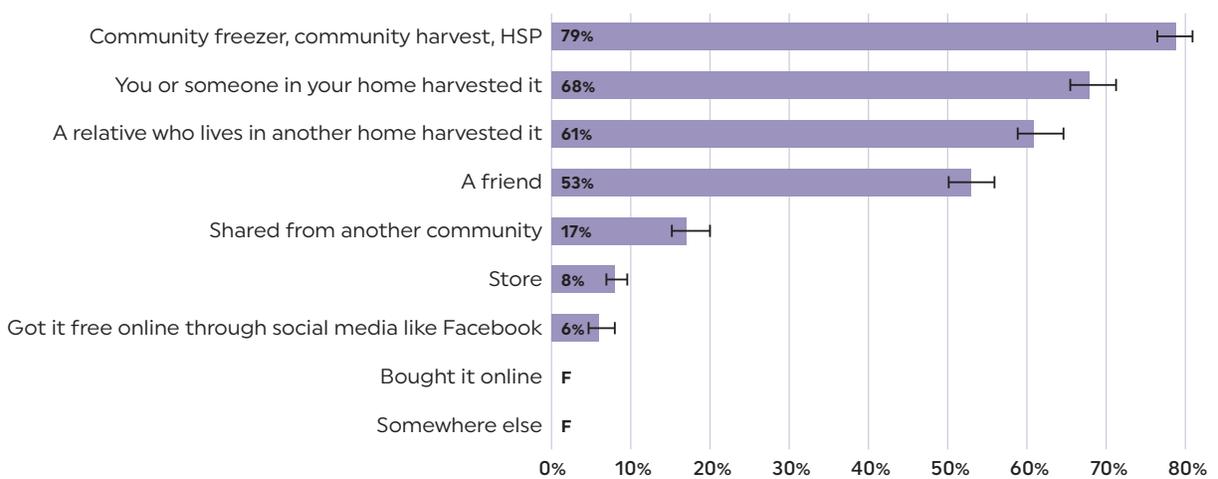
*E* = less reliable result, use with caution

*F* = result based on a small number of people and not shown to protect confidentiality

Common ways that adults 18+ are accessing any of their wild food (even small amounts) include:

- Community freezer, community harvest, Hunter Support Program (79% of adults 18+)
- Someone in their home harvested it (68% of adults 18+)
- A relative who lives in another home harvested it (61% of adults 18+; see Figure 4).

Figure 4. Where adults 18+ years got any wild food in the 12 months before the survey



**Note:** The axis for this figure goes to 80% instead of 100% so that the category labels are easier to read.

*F* = result based on a small number of people and not shown to protect confidentiality

## Key Takeaway:

Many adults are getting wild food through the community freezer/ community harvest/ Hunter Support Program, but the predominant way that adults access wild food is by someone in their home harvesting it.

Older adults aged 55+ years are more likely than adults aged 18-54 years to get wild food from the community freezer (85% of older adults vs. 76% of adults) and from a friend (64% of older adults vs. 48% of adults).

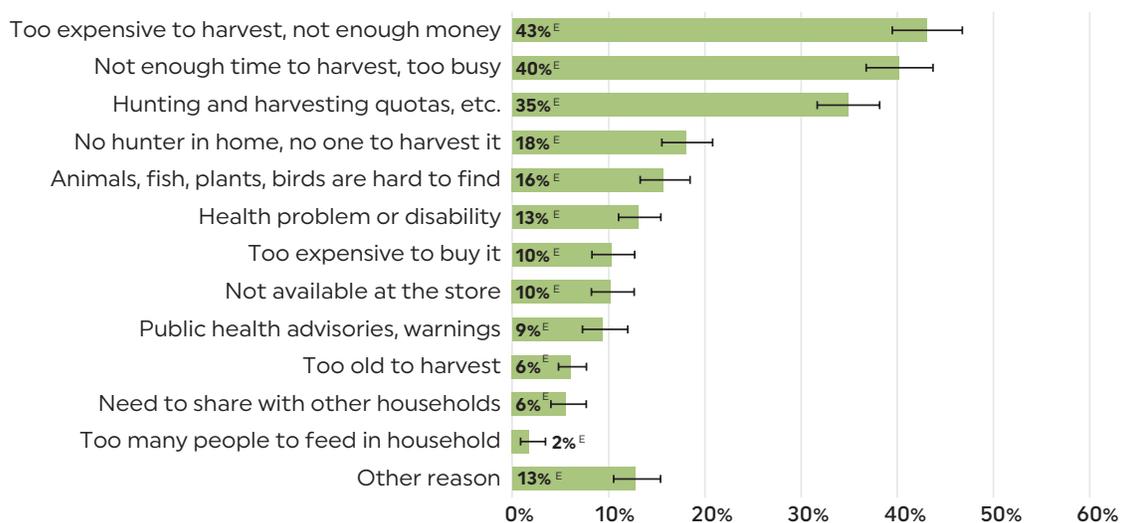
## Wanting More Wild Food & Barriers To Accessing More Wild Food

Nearly all people aged 12 years and older would like to have more wild food (94%).

Among people aged 18 years and older who want more wild food, the top barriers to accessing more wild food include:

- cost - too expensive to harvest (43%<sup>E</sup>)
- not enough time (40%<sup>E</sup>)
- hunting and harvesting quotas/regulations/bans (35%<sup>E</sup>; see Figure 5).

Figure 5. What prevents adults 18+ years from having as much wild food as they would like (among adults who want more wild food)



**Note:** The axis for this figure goes to 60% instead of 100% so that the category labels are easier to read.  
E = less reliable result, use with caution

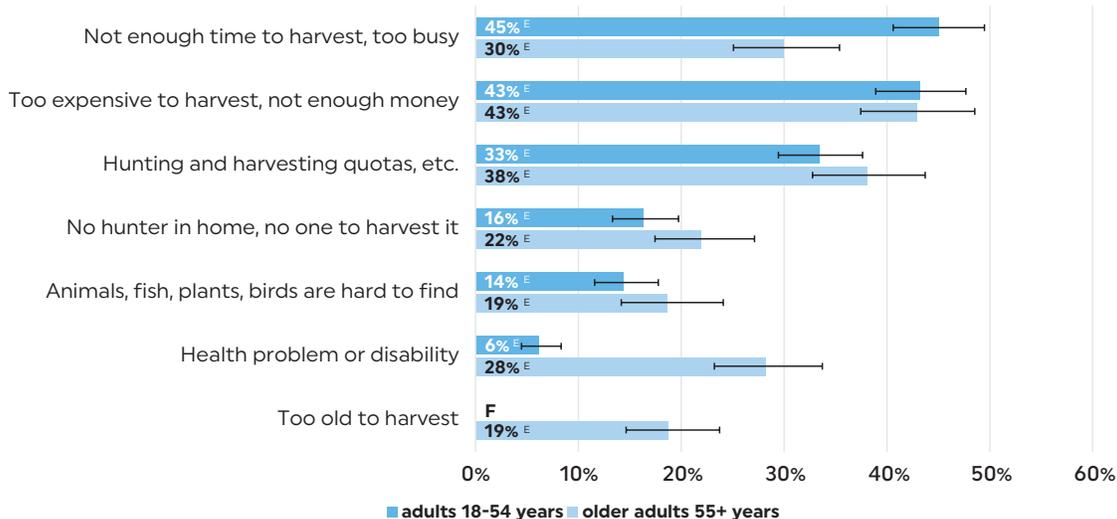
*“What really stood out to me was: Nearly all people aged 12 years and older would like to have more wild food. This says a lot about the limited access we have.”*

Among adults 18-54 who want more wild food, time (45%<sup>E</sup>) and cost of harvesting (43%<sup>E</sup>) are the top barriers (see Figure 6).

Among older adults 55+ who want more wild food, cost of harvesting (43%<sup>E</sup>) and hunting and harvesting quotas/regulations/bans (38%<sup>E</sup>) are the top barriers, although time (30%<sup>E</sup>) and a health problem or disability (28%<sup>E</sup>) were also common among older adults (see Figure 6).

**Figure 6. What prevents adults 18-54 years and older adults 55+ years from having as much wild food as they would like**

(among those who want more wild food; only the most common barriers are shown)



**Note:** The axis for this figure goes to 60% instead of 100% so that the category labels are easier to read.

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## Diet

### Defining “Healthy” Foods

In the QNIHS questionnaires, healthy foods were considered to include wild food, store-bought chicken, beef, fish, fruits and vegetables, etc. Unhealthy foods were things like French fries, fried foods, hamburgers, hot dogs, pizza, etc.

However, everyone has their own thoughts about what a “healthy diet” means for them! For some people, a healthy diet may relate to a medical condition that has dietary requirements, such as diabetes or conditions requiring a low sodium (salt) diet. For others, it might mean eating more traditional foods or avoiding certain store-bought processed foods they feel are unhealthy.

### Healthy Diet & Barriers To A Healthy Diet

Around 7 in 10 people aged 1+ years self-report<sup>3</sup> having a healthy diet all or most of the time (71%).

The most common barriers to having a consistently healthy diet (i.e. all or most of the time) for people 18 years and older are:

- cost - too expensive (73%)
- healthy foods not always being available at the store or not fresh (62%; see Figure 7).

<sup>3</sup> As with all the Child Survey questions, the child’s parent/guardian responded for children aged 1-11 years.

**Key Takeaways:**

- Most people want more wild food in their diet
- The main barriers to achieving this are cost of harvesting (equipment, gas), time, and hunting and harvesting quotas/regulations/bans

**Figure 7. What makes it hard for adults 18+ years to have a healthy diet**  
(among adults who do not have a healthy diet all or most of the time)



*E = less reliable result, use with caution*

*F = result based on a small number of people and not shown to protect confidentiality*

Finding it hard to get enough wild food was another common barrier, especially among older adults (62% for older adults aged 55+ years vs. 24% for adults aged 18-54 years).

Similar to the findings for adults, common barriers to having a consistently healthy diet (i.e. all or most of the time) for children aged 1-11 years include healthy foods not being available at the store or not fresh (49%) and the cost being too expensive (38%).

Other common barriers for children aged 1-11 years include the child not liking wild food (33%), the child's parent/guardian finding it hard to get enough wild food for the child (28%), and the child's parent/guardian not being sure how to cook healthy food (16%<sup>E</sup>; see Figure 8).

The following barriers for children aged 1-11 years were reported by very few respondents and are not included in Figure 8: child doesn't like store-bought healthy foods, fast food is easier/quicker, parent/guardian not sure what foods are healthy, parent/guardian does not like the taste/does not cook healthy foods.

## To feed a family of four, it costs:



**\$509/week**  
on the North Coast

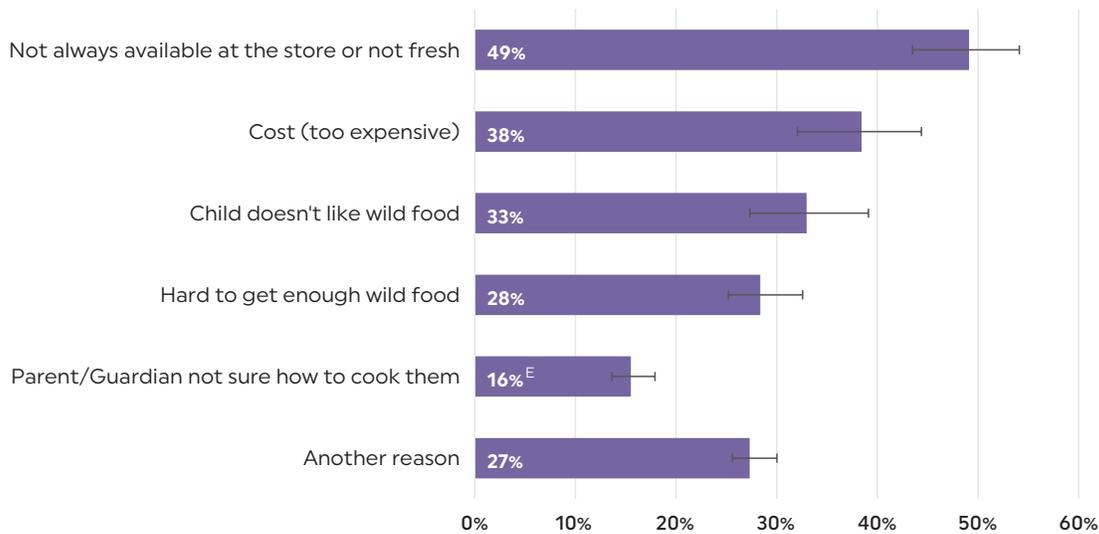
**VS.**

**\$333/week**  
provincial average (NL)

Source: 2023 NL Nutritious Food Basket

Check out the Newfoundland and Labrador Nutritious Food Basket 2023 Infographic for details, accessible through this website:  
<https://www.stats.gov.nl.ca/Statistics/Statistics.aspx?Topic=personalfinance>

**Figure 8. What makes it hard for children 1-11 years to have a healthy diet**  
 (among children who do not have a healthy diet all or most of the time; only the most common reasons are shown)



**Note:** The axis for this figure goes to 60% instead of 100% so that the category labels are easier to read.  
 E = less reliable result, use with caution

## Key Takeaways:

- **Accessing healthy foods is a challenge, with the high cost and inconsistent availability of healthy foods at the store identified as the most common barriers to a consistently healthy diet for all age groups. This is not surprising given it costs around \$500/week to feed a family of four on the North Coast, according to the 2023 Newfoundland and Labrador Nutritious Food Basket.**
- **Finding it hard to get enough wild food is another common barrier, especially for older adults aged 55+ years.**
- **Another common barrier for children aged 1-11 years is not liking wild food. This is a barrier for around one-third of children who do not have a consistently healthy diet.**

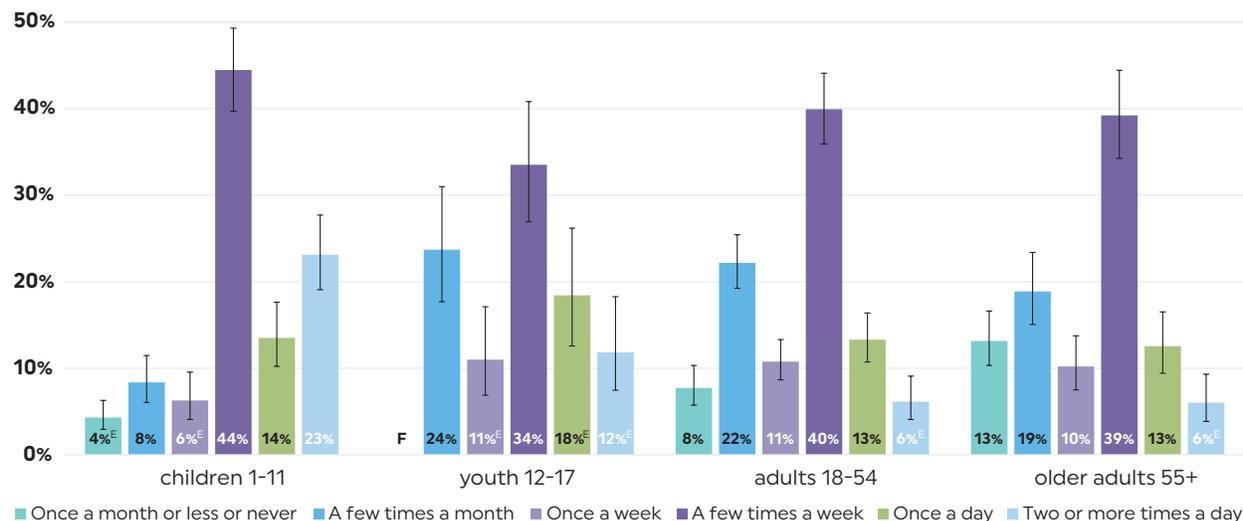
*“Overall I believe our Inuit value of sharing and helping one another is diminishing due to high cost of living (gas, food). This is why we see people selling or razzing off food and other things. People feel when they go out in the boat or on a snowmobile and burn gas now that they have to be paid back somehow and refuse to just hand things out for free anymore because of costs - which I can understand. Nothing is free or cheap anymore - this is why our Inuit values are dying out.”*

## Eating Fruits And Vegetables

The standard recommendation is that half your plate should be fruit and vegetables, according to [Canada's Food Guide](#).

Most children aged 1-11 years (81%) eat<sup>4</sup> fruits and vegetables a few times a week or more frequently, including 37% who eat fruits and vegetables once a day or multiple times a day (see Figure 9).

Figure 9. How often are people eating fruits and vegetables?



**Note:** The axis for this figure goes to 50% instead of 100% so that the category labels are easier to read.

*E* = less reliable result, use with caution

*F* = result based on a small number of people and not shown to protect confidentiality

### Key Takeaways:

- Children are eating more fruits and vegetables than other age groups
- How can we support adults so they can eat more fruits and vegetables, like children do?

<sup>4</sup> Fresh, frozen, or canned fruit and vegetables. Does not include fruit juice.



Photo: Chris Sampson. Nunatsiavut Archives

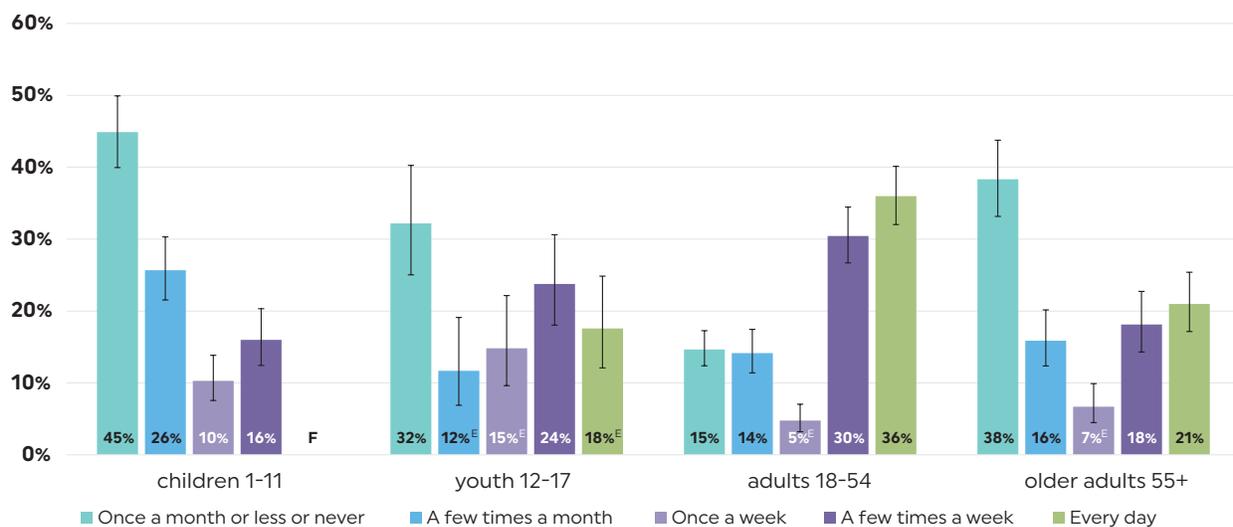
## Eating Highly Processed Foods

Around 1 in 10 adults aged 18-54 years have energy drinks more than once a month (11%<sup>E</sup>). This number was higher for youth, with around 1 in 4 youth aged 12-17 years having energy drinks more than once a month (26%<sup>E</sup>). The number of older adults aged 55+ years who have energy drinks more than once a month was too small to report.

Pop consumption was lowest for children, with around 1 in 5 children aged 1-11 years drinking slushies/pop<sup>5</sup> a few times a week or more. Pop consumption was highest for adults aged 18-54 years, with around two-thirds (66%) of people in this age group drinking pop a few times a week or more, including 36% who drink pop every day (see Figure 10).

Highly processed foods are less nutritious and are not optimal for children's growth.

Figure 10. How often are people having slushies or pop?



**Note:** The axis for this figure goes to 60% instead of 100% so that the category labels are easier to read.

*E* = less reliable result, use with caution

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## Did You Know?

Highly processed foods have excess sodium (salt), sugars, or saturated fat.

### Some examples of highly processed foods include:

- sugary drinks like pop, juice drinks/drink crystals, and energy drinks
- sweet things like chocolate, candy, or cookies
- chips or other salty snack foods
- fast food or quick meals like burgers, fries, pizza, hot dogs, or instant noodles
- processed meats like sausages and deli meats



For more information about highly processed foods, see the [Canada Food Guide](#)

<sup>5</sup> Does not include diet or sugar-free pop. Children were asked about slushies or pop. Youth, adults, and older adults were asked about pop.

Eating too many highly processed foods can increase the risk of disease.

Around 3 in 4 children aged 1-11 are eating the following foods a few times a week or every day:

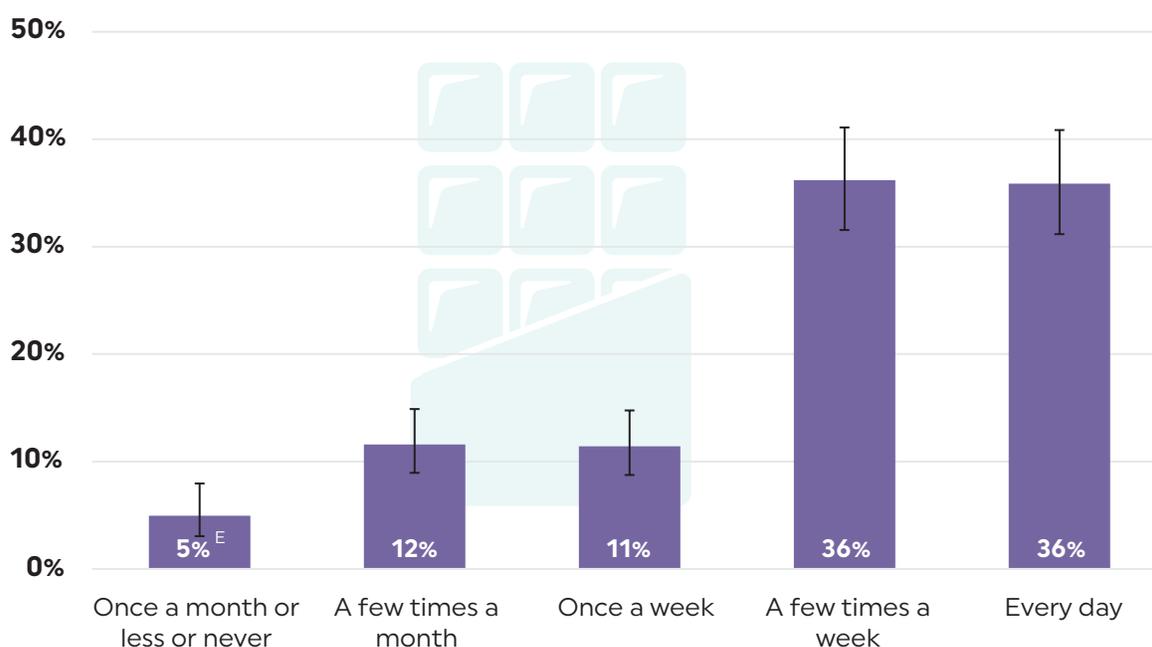
- Sweet things like chocolate, candy, cookies (72%; see Figure 11)
- Fast food or quick meals (74%; see Figure 12)
- Chips or other salty snack foods (73%; see Figure 13).

Around 85% of children aged 1-11 years are drinking <sup>6</sup>juice drinks or drink crystals a few times a week or more, with 61% having this beverage every day (see Figure 14).

## Did You Know?

- Although 100% juice has some nutrients and no added sugar, the overall sugar content is still high and can displace healthier options like water.

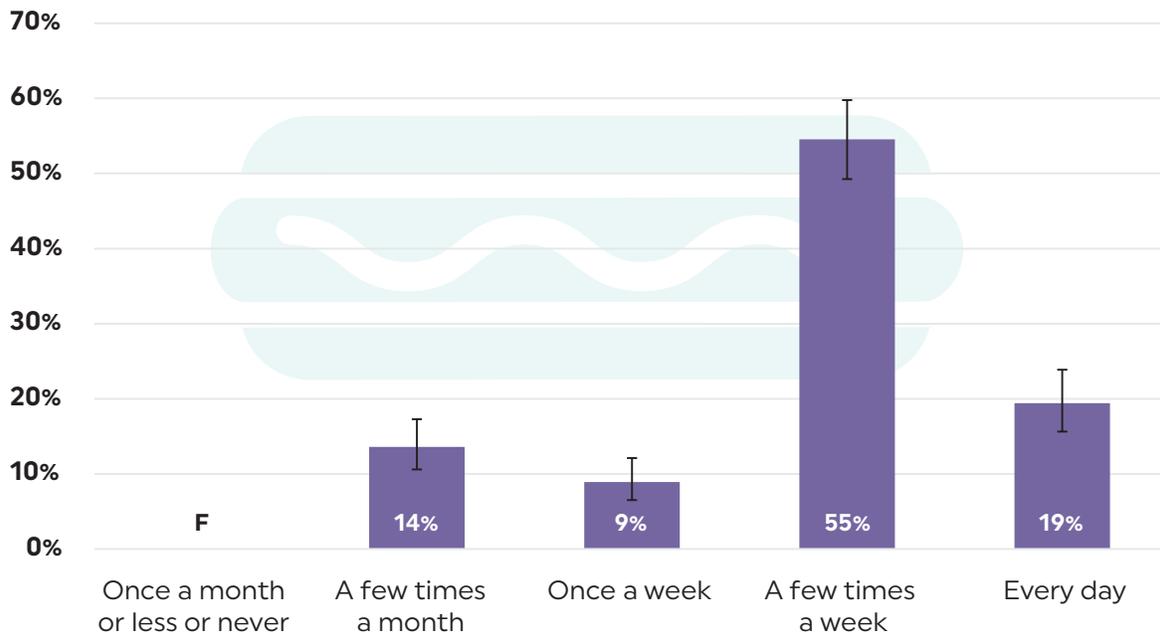
Figure 11. How often are children 1-11 years eating sweet things like chocolate bars, candy, or cookies?



**Note:** The axis for this figure goes to 50% instead of 100% so that the category labels are easier to read.  
<sup>E</sup> = less reliable result, use with caution

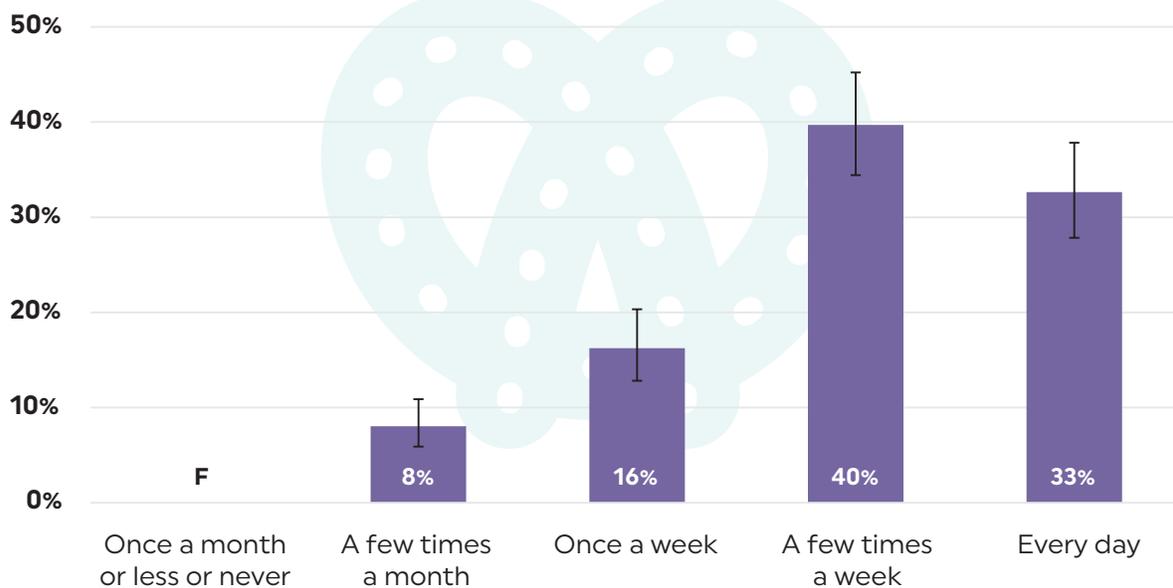
<sup>6</sup> Juice drinks such as pure orange or apple juice, Sunny D or drink crystals like Tang, Crystal Light or Kool-Aid, etc.

Figure 12. How often are children 1-11 years eating fast food or quick meals?



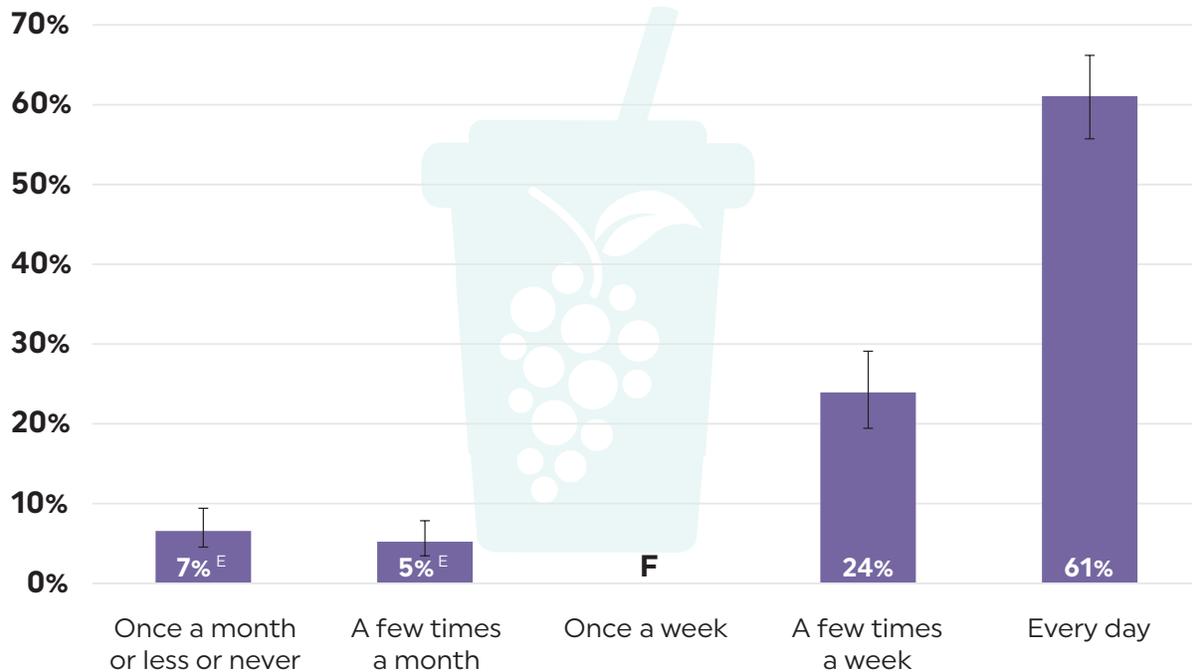
**Note:** The axis for this figure goes to 70% instead of 100% so that the category labels are easier to read.  
F = result based on a small number of people and not shown to protect confidentiality

Figure 13. How often are children 1-11 years eating chips or other salty snack foods?



**Note:** The axis for this figure goes to 50% instead of 100% so that the category labels are easier to read.  
F = result based on a small number of people and not shown to protect confidentiality

Figure 14. How often are children 1-11 years drinking juice or juice crystals?



**Note:** The axis for this figure goes to 70% instead of 100% so that the category labels are easier to read.

*E* = less reliable result, use with caution

*F* = result based on a small number of people and not shown to protect confidentiality

*“When hungry, it’s easiest to reach for what’s quick, cheap and available. But that doesn’t always mean healthiest.”*

**Have you heard of the Children’s Oral Health Initiative (COHI)?**

Reach out to your public health nurse for more information

**Key Takeaways:**

- Many adults (aged 18-54) are drinking pop every day, which contain high amounts of sugar.
- Many children are frequently eating highly processed foods, including sweets, fast food/quick meals, chips or other salty snack foods, and/or juice drinks or drink crystals.
- The frequent consumption of juice drinks or drink crystals among children is concerning. The high amount of sugar in these drinks (even 100% juice) can lead to oral health issues.

# Are you up for a challenge?

Try drinking more water each day – and encourage your friends and family to join you!

## Here are some tips and tricks for drinking more water:

- Keep a water bottle handy at school, work, home, and on the land – e.g. on your desk, by your bed, and on harvesting trips
- Replace sugary drinks like pop and juice with water
- Use community water stations
- Make it part of your routine – e.g. drink water when you wake up, before bed, when you eat, and after using the bathroom
- Make it into a game – can you and your friends drink 8 glasses of water each day for a whole week?



# Food Security

## Defining and Measuring Food (In)Security

According to the Food and Agriculture Organization (FAO) of the United Nations:

**“Food security exists when all people, at all times, have the physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.”**

This is a commonly used definition of food security, and has been adopted by [ITK’s Inuit Nunangat Food Security Strategy](#).<sup>7</sup>

To measure food security for the QNIHS, an adapted version of the Household Food Security Survey Module (HFSSM) was used. Respondents were classified into one of these four food (in)security categories, depending on how they answered the HFSSM questions:

Food Secure	Marginally Food Insecure	Moderately Food Insecure	Severely Food Insecure
No difficulties accessing food in the past 12 months were reported.  There was no worrying about running out of food, no compromising food quality, and no compromising food quantity.	One difficulty accessing food in the past 12 months was reported (or 1 difficulty for adults and 1 difficulty for children for the Child survey).  There was worry about running out of food or compromises to food quality.	Several difficulties accessing food in the past 12 months were reported, but not all of the HFSSM questions.  There was worry about running out of food and/or compromises to food quality and/or quantity.	Even more difficulties accessing food in the past 12 months were reported, which could include all of the HFSSM questions.  There was worry about running out of food, compromises to food quality, and severe compromises to food quantity (e.g. went a whole day without food).

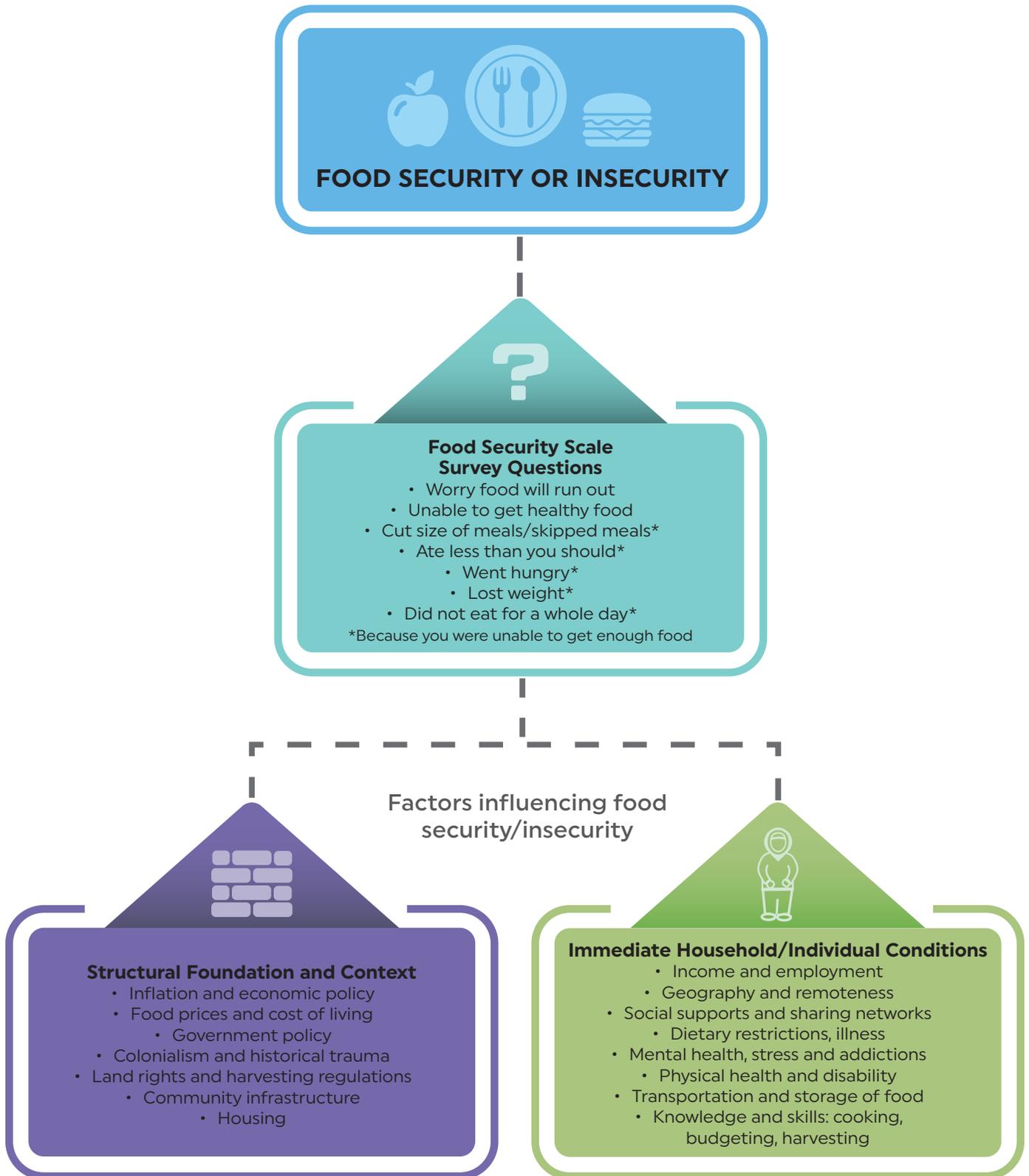
For more information about the HFSSM and how it was used for the QNIHS, see Appendices B and C.

***“Sharing is a very important part of Inuit values, norms and worldview. Food is shared. To improve food security and food sovereignty a community led approach has the greatest chance of success. If we think back to the definition of Food Security and really consider the importance of preferred food and the concepts of self-determination, in order to provide the most promising initiatives we must consider the realities of where people live and the access to services.” - Lynn Blackwood, NG Food Security Manager***

<sup>7</sup> Inuit Tapiriit Kanatami (ITK). 2021. Inuit Nunangat Food Security Strategy. Inuit Tapiriit Kanatami, Ottawa ON. ISBN: 978-1-989179-60-4. [https://www.itk.ca/wp-content/uploads/2021/07/ITK\\_Inuit-Nunangat-Food-Security-Strategy\\_English.pdf](https://www.itk.ca/wp-content/uploads/2021/07/ITK_Inuit-Nunangat-Food-Security-Strategy_English.pdf)

**Figure 15. Factors influencing food security**

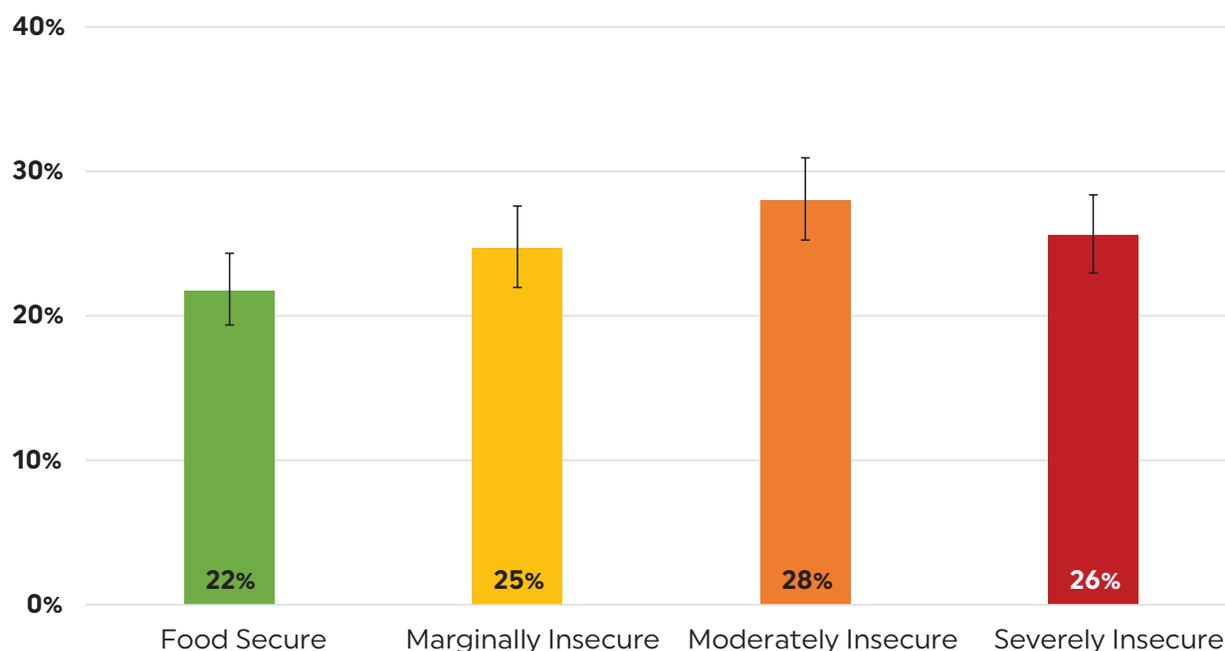
When someone answers the food security scale questions on the survey, there are various things that may influence how they answer, ranging from structural factors such as food prices and government policies, to those that are at an individual or household level, such as income, knowledge about food, and physical health.



## Food security of adults (18+ years)

Around 22% of adults 18 years and older had no indications of worry or compromising food quality or quantity (food secure category) in the 12 months before the survey (see Figure 16). Around 78% of adults 18 years and older were personally experiencing marginal, moderate, or severe food insecurity<sup>8</sup> (worry and/or compromising food quality and/or quantity) at some point in the 12 months before the survey.

Figure 16. How many adults 18+ years were food (in)secure in Nunatsiavut?



**Note:** The axis for this figure goes to 40% instead of 100% so that the category labels are easier to read.

In every community, more than half of adults 18+ years were personally experiencing food insecurity (marginal, moderate, or severe; see Figure 17):

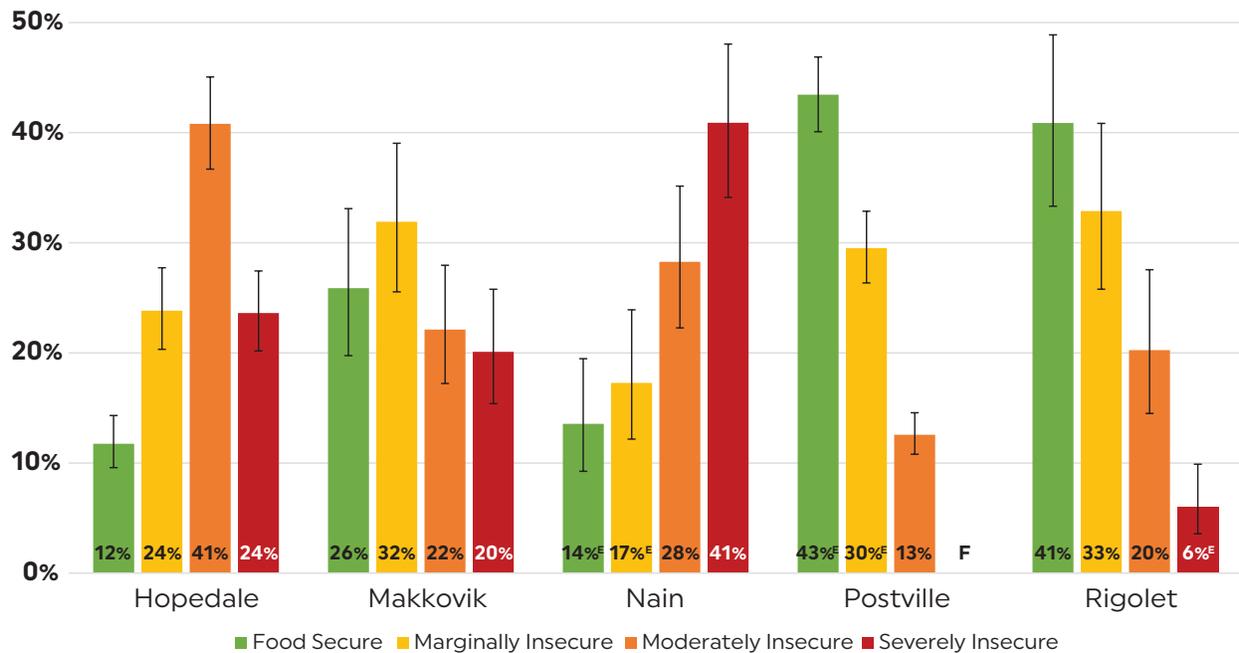
- Hopedale: 88%
- Makkovik: 74%
- Nain: 86%
- Postville: 57%
- Rigolet: 59%

Hopedale and Nain had the highest rates of adult food insecurity<sup>9</sup> among the five communities. Nain had the highest rate of severe adult food insecurity at 41% (see Figure 17).

<sup>8</sup> 78% is calculated by adding together the values for marginal, moderate, and severe food insecurity. Note that the values for these categories in the figure add up to 79% due to rounding.

<sup>9</sup> Or, alternatively, the lowest rates of adult food security (12% for Hopedale and 14% for Nain).

Figure 17. How many adults 18+ years were food (in)secure in each community?



**Note:** The axis for this figure goes to 50% instead of 100% so that the category labels are easier to read.

*E* = less reliable result, use with caution

*F* = result based on a small number of people and not shown to protect confidentiality

Due to methodological differences between surveys, we advise using caution if comparing the QNIHS numbers with food security data from other surveys. For example, to the best of our knowledge, the only other survey that measured adults' food security as the number of adults who are personally experiencing food security is Nunavik's 2017 *Qanuilirpitaa?* Survey. See section *Comparing the 2022-23 QNIHS food security rates with other surveys* on page 29 for more information and some general comparisons with other surveys.

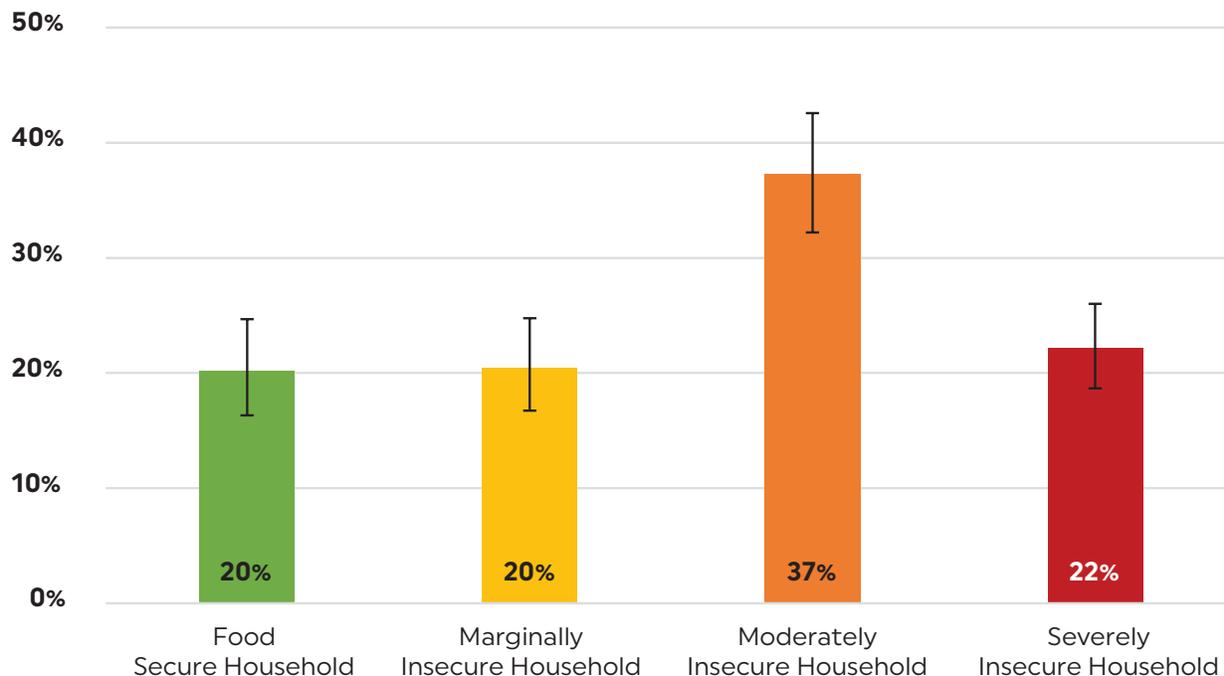
## Key Takeaways:

- Around three-quarters (78%) of adults 18 years and older in the region were personally experiencing marginal, moderate, or severe food insecurity in 2022/2023
- Food insecurity varied by community, with Hopedale and Nain having the highest rates. However, all communities had high rates of food insecurity, with over half (more than 50%) of adults experiencing marginal, moderate, or severe food insecurity in each community.

## Household food security of children (0-11 years)

Only 1 in 5 Nunatsiavut children aged 0-11 years (20%) were living in a food secure household where there was no worry (food secure category; see Figure 18).

Figure 18. How many children 0-11 years were living in a food (in)secure household?



**Note:** The axis for this figure goes to 50% instead of 100% so that the category labels are easier to read.

Similar to the food security findings for adults, there were community differences when looking at the household food security status of children:

- Table 1 shows that “total” food insecurity (marginal, moderate, or severe) is high for all communities. The overlapping confidence intervals (CI) mean we can’t be confident that there are community differences in “total” food insecurity.
- However, Table 2 shows there are community differences in moderate/severe food insecurity, with the %’s for Hopedale and Nain being higher than the other 3 communities. (Or, alternatively, the secure/marginal %’s are higher for Makkovik, Postville, and Rigolet than for Hopedale and Nain).
- Taken together, the data in Tables 1 and 2 suggest that “total” food insecurity is high for all communities, with ‘marginal food insecurity’ being particularly high in Makkovik, Postville, and Rigolet, and ‘moderate and severe food insecurity’ being particularly high in Nain and Hopedale.

***“Something is amiss when prices are so high you can’t afford good food, and healthy items aren’t getting shipped in.”***

Table 1. Percent of children 0-11 years who were living in a marginally, moderately, or severely food insecure household (“total” food insecurity using the Updated Health Canada classification method)

Community	Percent	95% Confidence Interval
<b>Nunatsiavut</b>	<b>80%</b>	<b>75% - 84%</b>
Hopedale	81%	75% - 85%
Makkovik	88%	68% - 96%
Nain	79%	72% - 85%
Postville	89% <sup>E</sup>	Not available <sup>1</sup>
Rigolet	67% <sup>E</sup>	43% - 84%

<sup>1</sup> The 95% confidence interval was too unreliable to report for Postville.

<sup>E</sup> = less reliable result, use with caution

Table 2. Percent of children aged 0-11 years who were living in a food secure/marginally insecure household and a moderately/severely insecure household (Original Health Canada classification method)

Community	% of Children living in a Food Secure or Marginally Insecure Household		% of Children living in a Moderately or Severely Insecure Household	
	Percent	95% CI	Percent	95% CI
<b>Nunatsiavut</b>	<b>41%</b>	<b>36 - 46</b>	<b>59%</b>	<b>54 - 64</b>
Hopedale	29%	24 - 35	71%	65 - 76
Makkovik	63%	43 - 78	38% <sup>E</sup>	22 - 57
Nain	32%	24 - 41	68%	59 - 76
Postville	67% <sup>E</sup>	Not available <sup>1</sup>	F	
Rigolet	67%	42 - 84	F	

<sup>1</sup> The 95% confidence interval was too unreliable to report for the food secure group for Postville.

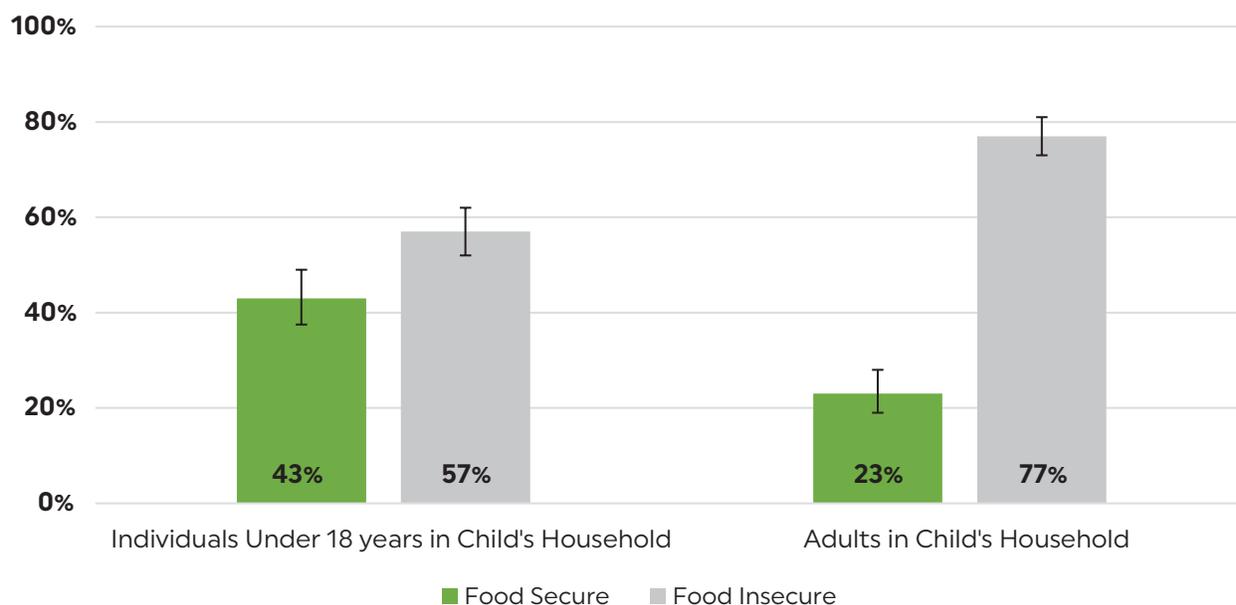
<sup>E</sup> = less reliable result, use with caution

<sup>F</sup> = result based on a small number of people and not shown to protect confidentiality

Of note, over half (57%) of Nunatsiavut children aged 0-11 years were living in a household where one or more people younger than 18 years old were experiencing food insecurity (marginal, moderate, or severe; see Figure 18), which may or may not include the surveyed child. This is lower than the number of children who were living in a household where one or more adults 18+ years old were experiencing food insecurity (77% marginal, moderate, severe; see Figure 19) - but both 57% and 77% are high numbers. Anecdotally, children typically experience less food insecurity than adults, because adults in the home will usually prioritize feeding their children before themselves.

***“Education is one of the keys to food (in)security - if there was more education and program sessions on budgeting, addictions, healthy eating, exercise etc. I believe there would be a lower number of homes that feel they struggle with providing food on a day to day basis.”***

Figure 19. What percentage of children 0-11 years were living in a household where either 1 or more individuals under 18 years old or 1 or more adults were food (in)secure?



Due to methodological differences between surveys, we advise using caution if comparing the QNIHS numbers with food security data from other surveys. See the next section **Comparing the 2022-23 QNIHS food security rates with other surveys** for more information and some general comparisons with other surveys.

## Key Takeaways:

- Only 1 in 5 Nunatsiavut children aged 0-11 years were living in a food secure household where there was no worry.
- Children typically experience less food insecurity than adults, because adults in the home will usually prioritize feeding children before themselves. However, no person should have to experience food shortages or not eating for a whole day.
- There were community differences in children's household food security status. Nain and Hopedale had higher rates of moderate/severe food insecurity than the other communities, however there are children in all communities who are living in food insecure households.

## Comparing the 2022-23 QNIHS food security rates with other surveys

Surveys can differ in their methods for calculating food security. This makes accurate comparisons of food security data across surveys very difficult. We advise using caution if comparing the QNIHS food security data with other surveys.

### FOR EXAMPLE, LET'S SAY:



**SURVEY A** reports that 20% of **PEOPLE** are food secure.



**SURVEY B** reports that 40% of **HOUSEHOLDS** are food secure.

Do these numbers reflect an actual difference in food security experiences **OR** do they only appear that way because the surveys used different methods?

If Survey A had also measured food security as the number of households, would they have found the same % of food secure households as Survey B?

Round 1 of the QNIHS will act as a baseline for food security rates in Nunatsiavut. With future rounds, we will be able to better estimate whether food security rates are generally staying the same, declining, or increasing over time in the region, since we can adopt similar methods across QNIHS rounds.

With that said, one general trend seems to be higher food insecurity in Nunatsiavut than nationally and provincially:

- Around 4 in 5 Nunatsiavut adults aged 18+ years personally experienced food insecurity (marginal, moderate, or severe) in 2022/23 according to the QNIHS. This can be roughly compared to around 1 in 5 adults aged 18+ years in Canada (10 provinces) and just over 1 in 5 adults aged 18+ years in Newfoundland and Labrador who were living in a food insecure household (marginal, moderate, or severe), according to data from Statistics Canada's 2022 Canadian Income Survey<sup>10</sup>.
- Similarly, around 8 in 10 Nunatsiavut children aged 0-11 years were living in a food insecure household (marginal, moderate, or severe) in 2022/23 according to the QNIHS. This can be roughly compared to around 3 in 10 children aged 0-11 years in Canada (10 provinces) and around 3 in 10 children aged 0-11 years in Newfoundland and Labrador who were living in a food insecure household (marginal, moderate, or severe), according to data from Statistics Canada's 2022 Canadian Income Survey.
- A similar trend was observed in 2013/14 with the Nunatsiavut Food Security Survey, where the number of food insecure households in Nunatsiavut was higher than the national and provincial numbers.

<sup>10</sup> Food security data for the 2022 Canadian Income Survey was collected between January – June 2023 and asked about respondents' household food security situation in the past 12 months. This roughly corresponds to when the QNIHS food security data was collected.

It is more difficult to assess how food security has changed in Nunatsiavut, but when looking across different surveys it seems like food insecurity may have increased in Nunatsiavut over time:

- According to the 2013/14 Nunatsiavut Food Security Survey, around 6 in 10 Nunatsiavut households (61%)<sup>11</sup> were food insecure (marginal, moderate, or severe) in 2013/14. According to the 2022/23 QNIHS, around 8 in 10 Nunatsiavut adults were food insecure and around 8 in 10 Nunatsiavut children were living in food insecure households in 2022/23. However, there are some key differences in survey methods that make it hard to say if this reflects a real difference in food security experiences over time or if it just looks that way because of methodological differences (see Appendix D for more info).
- According to the 2017 Aboriginal Peoples Survey, around 7 in 10 Nunatsiavut adults 15 years and older (68%) were living in a food insecure household in 2017 (Figure 2 of [ITK's Inuit Nunangat Food Security Strategy](#)). This number appears lower than the QNIHS numbers of around 8 in 10 food insecure adults and around 8 in 10 children 0-11 years living in food insecure households in 2022/23. While this appears to indicate that food insecurity has increased in Nunatsiavut over time, it is hard to say because of key differences in survey methods (see Appendix D for more info).

## Key Takeaways:

- **Food insecurity seems to be higher in Nunatsiavut than nationally (10 provinces) and provincially (Newfoundland and Labrador) in 2022/23 and in the past (2013/14).**
- **When looking at trends in food security rates across various surveys, it appears as though food insecurity may have increased in Nunatsiavut over time, although it is difficult to say for sure due to methodological differences between surveys.**
- **According to the 2023 NL Nutritious Food Basket, it costs around \$500/week to feed a family of four on the North Coast. This is 50% higher than the NL provincial average of \$333/week.**

<sup>11</sup> Calculated by adding these numbers together: 8.5% marginal + 31.8% moderate + 20.8% severe

## Experiences of food insecurity among adults (18+ years)

Table 3 shows the percentage of Nunatsiavut adults 18+ years who experienced various food insecurity situations in the 12 months before the survey, such as worrying food would run out, not being able to eat healthy foods, and reducing portion size or skipping meals because they were not able to get enough food. These results represent affirmative responses to the 10 adult HFSSM questions (see Appendix C).

Table 3. Food insecurity experiences of adults 18+ years in the 12 months before the survey

Food insecurity experience in the 12 months before the survey	% of Adults 18+ years	95% Confidence Interval
Worried that the food in my house would run out before I was able to get more	52%	49% - 56%
Ran out of food in my house and I was not able to get more	41% <sup>E</sup>	38% - 45%
Not able to eat healthy foods because I was not able to get them	73% <sup>E</sup>	70% - 75%
Cut the size of my meals or skipped meals because I was not able to get enough food	32%	30% - 36%
<sup>1</sup> Cut size or skipped meals some months or almost every month	25% <sup>E</sup>	22% - 28%
Ate less than I felt I should because I was not able to get enough food	31%	28% - 34%
Hungry but didn't eat because I was not able to get enough food	26% <sup>E</sup>	23% - 29%
Lost weight because I was not able to get enough food	17% <sup>E</sup>	14% - 19%
Did not eat for a whole day because I was not able to get enough food	15% <sup>E</sup>	12% - 17%
<sup>1</sup> Did not eat for a whole day some months or almost every month	12% <sup>E</sup>	9% - 14%

<sup>1</sup> Response options included: Only 1 or 2 months, Some months, and almost every month. The % shown in this table reflects the % of adults 18+ years who experienced this 'some months' or 'almost every month' in the 12 months before the survey.

E = less reliable result, use with caution

### Key Takeaways:

- **Around half (52%) of adults 18+ years worried that food would run out before they were able to get more during the 12 months before the survey (36% worried about this sometimes, and 16% worried about this often).**
- **Around three-quarters of adults (73%<sup>E</sup>) were not able to eat healthy foods because they were not able to get them in the 12 months before the survey.**
- **Around 1 in 3 adults (32%<sup>E</sup>) reduced the size of meals or skipped meals because they were not able to get enough food in the 12 months before the survey.**
- **Around 15%<sup>E</sup> of adults had gone a whole day without food because they were not able to get enough food in the 12 months before the survey.**

## Experiences of household food insecurity among children 0-11 years

Table 4 shows the percentage of Nunatsiavut children aged 0-11 years who were living in a household where household members experienced specific food insecurity situations in the 12 months before the survey, such as the child's caregiver worrying that food would run out, adults in the child's household cutting the size of their meals or skipping meals, and the child or other children in the household not eating enough.

**Table 4. Household food insecurity experiences of children 0-11 years in the 12 months before the survey**

Food insecurity experience of child's household in the 12 months before the survey	% of Children 0-11 years	95% Confidence Interval
Child's caregiver worried that the food in the child's household would run out before the caregiver was able to get more	60%	55% - 65%
Child's caregiver ran out of food in the house and was not able to get more	39%	35% - 44%
People in the child's household were not able to eat healthy foods	62%	57% - 67%
Adults in the child's household cut the size of their meals or skipped meals	32%	29% - 37%
<sup>1</sup> Adults in the child's household cut size of their meals or skipped meals some months or almost every month	27%	23% - 31%
Child's caregiver ate less than they felt you should because they were not able to get enough food	34%	29% - 38%
Child's caregiver was hungry but didn't eat because they were not able to get enough food	18%	15% - 22%
Child's caregiver lost weight because they were not able to get enough food	6% <sup>E</sup>	5% - 9%
Adults in the child's household did not eat for a whole day	11%	9% - 13%
<sup>1</sup> Adults in the child's household did not eat for a whole day some months or almost every month	9%	7% - 11%
People under 18 in the household had to eat less expensive foods	51%	46% - 56%
People under 18 in the household were not able to eat a healthy meal	35%	31% - 39%
People under 18 in the household were not eating enough	22%	18% - 26%
People under 18 in the household were eating smaller sized meals	8%	6% - 10%
People under 18 in the household skipped meals	8%	6% - 10%
<sup>1</sup> People under 18 in the household skipped meals some months or almost every month	7%	5% - 9%
People under 18 in the household were hungry	10%	8% - 13%
People under 18 in the household did not eat for a whole day	4% <sup>E</sup>	3% - 6%

<sup>1</sup> Response options included: Only 1 or 2 months, Some months, and almost every month. The % shown in this table reflects the % of children aged 0-11 years who were living in a household where this experience happened 'some months' or 'almost every month' in the 12 months before the survey.

<sup>E</sup> = less reliable result, use with caution

## Key Takeaways:

- Around 60% of children's caregivers worried that food would run out before they were able to get more during the 12 months before the survey
- Around 6 in 10 children (62%) were living in a household where people in their household were not able to eat healthy foods because they were not able to get them in the 12 months before the survey
- Around 1 in 3 children (32%) were living in a household where adults in their household reduced the size of meals or skipped meals
- Around 2 in 10 children (22%) were living in a household where people under 18 in the household were not eating enough
- Around 1 in 10 children (11%) were living in a household where adults in their household had gone a whole day without food
- Around 1 in 25 children (4%<sup>E</sup>) were living in a household where people under 18 in their household had gone a whole day without food



Photo: Charlie Flowers, Nunatsavut Archives

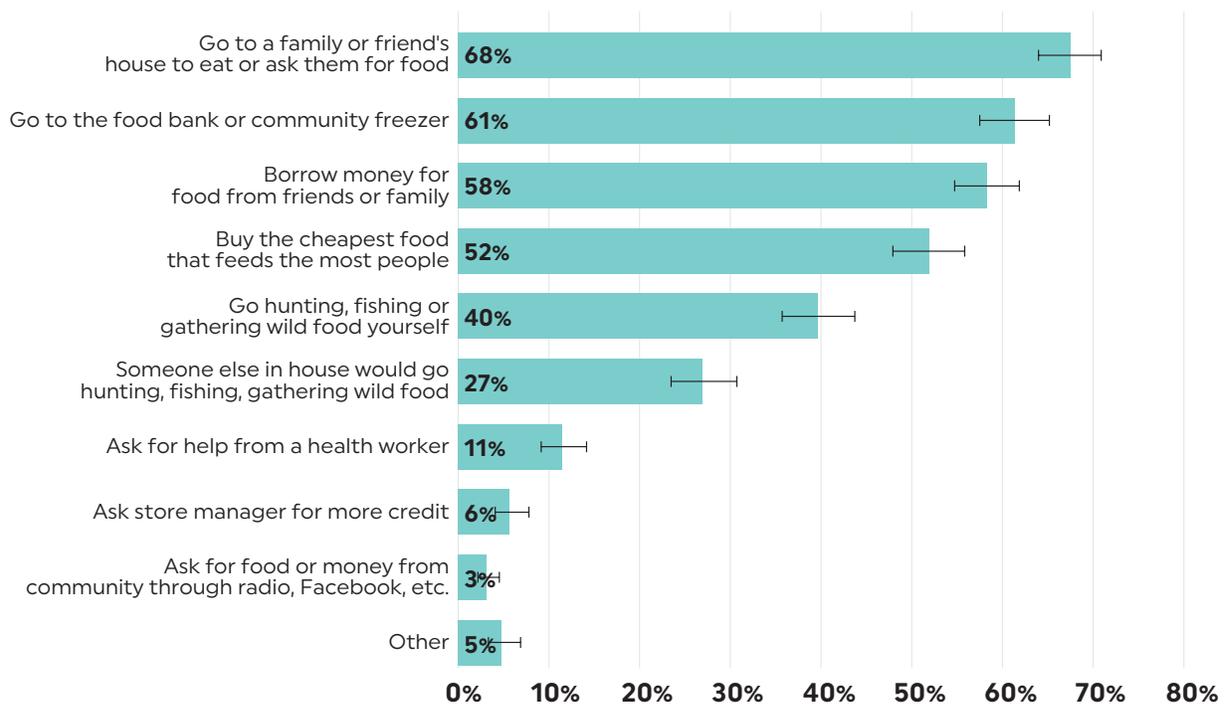
## What food insecure adults would do if there wasn't enough to eat in their household

Adults 18 years and older who experienced some degree of food insecurity in the 12 months before the survey were asked what they would do if there wasn't enough to eat in their household.

The most common coping strategies among food insecure adults aged 18+ years were:

- Go to a family or friend's house to eat or ask them for food (68%)
- Go to the food bank or community freezer (61%)
- Borrow money for food from friends or family (58%)
- Buy the cheapest food that feeds the most people (52%)
- Go hunting, fishing, or gathering wild food (40%) or someone in their house would go hunting, fishing, or gathering wild food (27%; see Figure 20).

**Figure 20. What food insecure adults 18+ years would do if there wasn't enough to eat in their household**



**Note:** The axis for this figure goes to 80% instead of 100% so that the category labels are easier to read.

## Key Takeaways:

- **The most common strategies that food insecure adults would use if there wasn't enough to eat in the household include:**
  - **Going to a family or friend's house to eat or ask them for food**
  - **Going to the food bank or community freezer**
  - **Borrowing money for food from friends or family**
  - **Buying the cheapest food that feeds the most people**
  - **Going hunting, fishing or gathering wild food themselves or someone else in the house doing this**
- **Sharing is strong! People have a lot of support from family, friends, and the community, given the most common strategies involved seeking help from family, friends, and the community.**
- **Around 1 in 10 food insecure adults would ask for help from a health worker if there wasn't enough to eat in the household.**

## Cultural Activities & Food Skills

### Children's involvement with cultural food-related activities

Most children (aged 3-11 years) were involved with cultural food-related activities in the 12 months before the survey. Out of the three cultural food-related activity questions included on the QNIHS, watching or helping with getting ready or packing for boating, hunting, fishing, trapping or camping trips was the most common activity (89% of all children 3-11), followed by cleaning skins, cutting up or preparing wild food (71% of all children 3-11), and finally cleaning or oiling guns, fixing fishing nets or other hunting or fishing equipment (53% of all children 3-11).

These rates were similar for male and female children, suggesting no sex differences in children's involvement with cultural food-related activities.

### Children's involvement with food preparation or cooking

Around 1 in 10 children aged 1-11 years are involved with food preparation or cooking every day (see Table 5). An additional 3 in 10 children aged 1-11 years are involved with food preparation or cooking once a week or a few times a week (see Table 5).

Table 5. How often are children 1-11 years involved with food preparation or cooking?

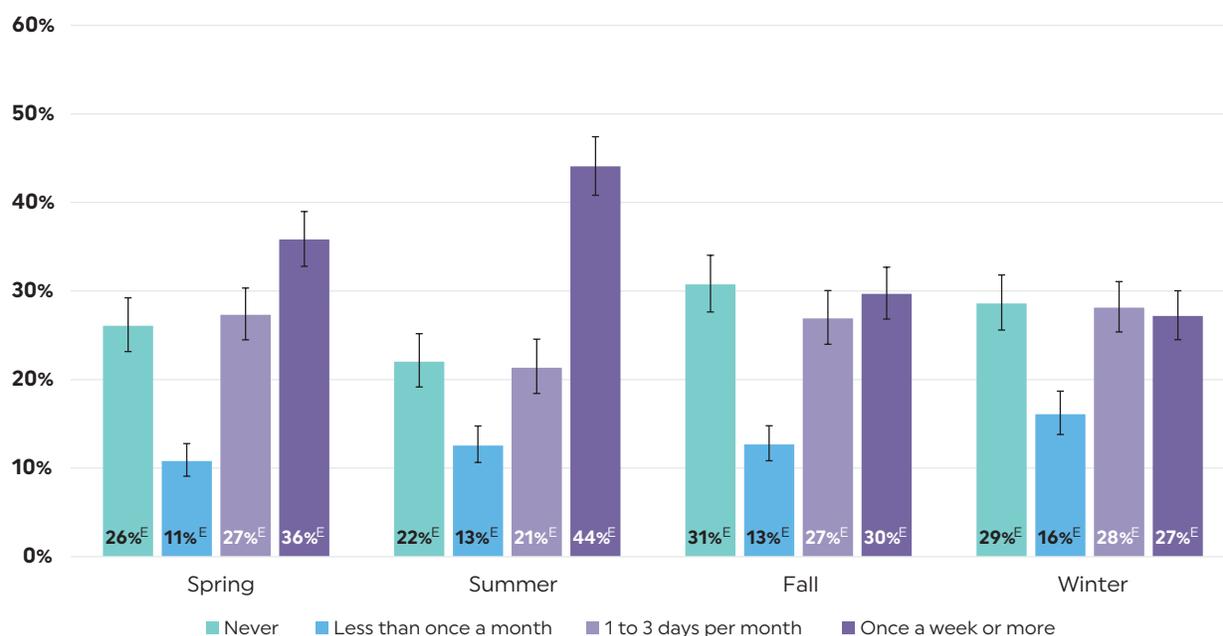
Frequency	% of Children 1-11 years	95% Confidence Interval
Never	17%	13% - 21%
A few times a month or less often	43%	38% - 48%
Once a week or a few times a week	30%	26% - 35%
Every day	10%	8% - 13%

## Harvesting food

Most (86%<sup>E</sup>) people aged 12 years and older went on the land to harvest food at least once in the 12 months before the survey.

Among people 12 years and older, summer was the most common season for frequent harvesting, with just under half (44%<sup>E</sup>) of people aged 12 years and older harvesting food once a week or more in summer. Spring was the next most common season for frequent harvesting, with 36%<sup>E</sup> of people aged 12 years and older harvesting food once a week or more. Fall and winter had similar rates of frequent harvesting, with slightly under one-third of people 12 years and older harvesting food once a week or more in each of these seasons (30%<sup>E</sup> for fall; 27%<sup>E</sup> for winter; see Figure 21).

Figure 21. How often are people 12+ years going on the land to harvest food each season?

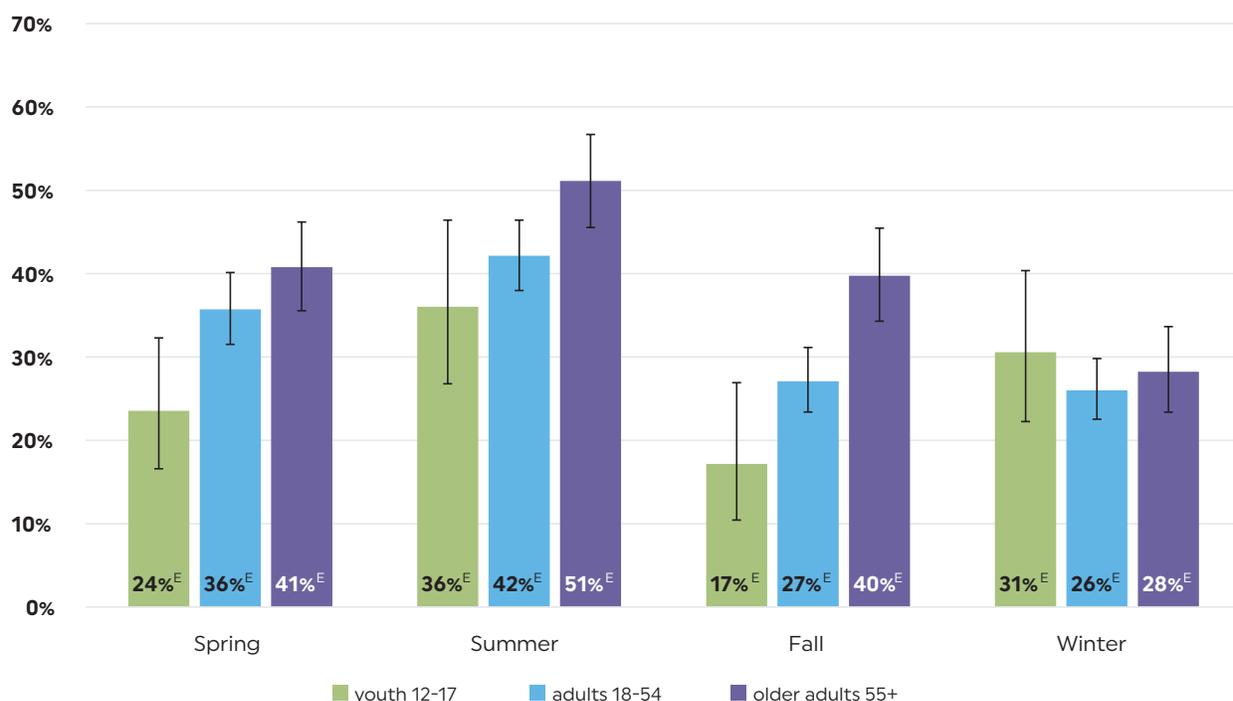


**Note:** The axis for this figure goes to 60% instead of 100% so that the category labels are easier to read.

*E* = less reliable result, use with caution

There is a general trend towards frequent harvesting (once a week or more) being more common among older adults 55+ years than adult 18-54 years and/or youth 12-17 years across all seasons except for winter (see Figure 22).

**Figure 22. Age differences in frequent harvesting (once a week or more) for each season among people 12+ years**



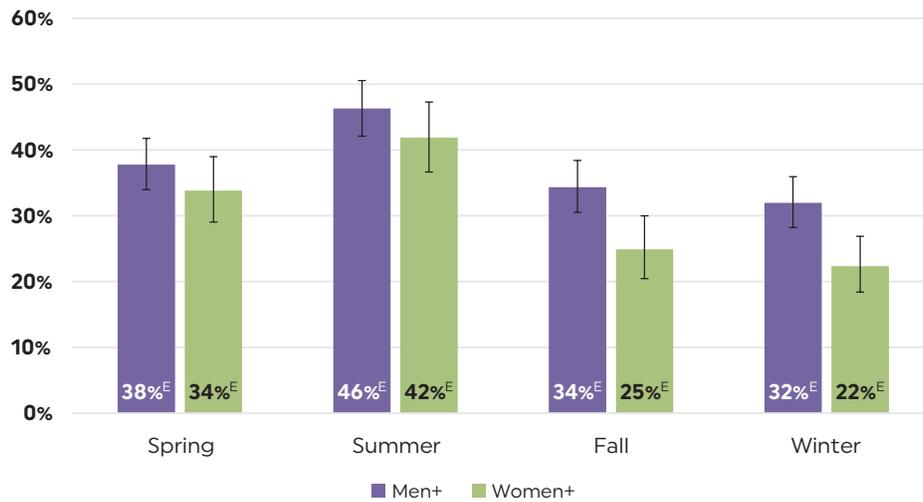
**Note:** The axis for this figure goes to 70% instead of 100% so that the category labels are easier to read.  
*E* = less reliable result, use with caution

Additionally, frequent harvesting (once a week or more) was more common among <sup>12</sup>men+ than women+ in the fall (34%<sup>E</sup> vs. 25%<sup>E</sup>) and in the winter (32%<sup>E</sup> vs. 22%<sup>E</sup>; see Figure 23).



<sup>12</sup> The 'plus' (+) symbol for men+ and women+ indicates that one or both of these groups include some participants whose sex at birth was not male or female (e.g. intersex). The number of participants belonging to a sex at birth group other than male or female was too small to report as a separate category. To protect these participants' confidentiality while still ensuring their responses were counted in the 'frequent harvesting' results, we randomly assigned them into either the 'male+' or 'female+' group. This is a common method used by Statistics Canada for similar situations.

Figure 23. Sex differences in frequent harvesting (once a week or more) for each season among people 12+ years



**Note:** The axis for this figure goes to 60% instead of 100% so that the category labels are easier to read.  
E = less reliable result, use with caution

## Key Takeaways:

- Most children are involved with cultural food-related activities
- Most people are going out on the land to harvest food at least some of the time
- More people are frequently harvesting (once a week or more) in the summer and spring than the fall and winter
- More older adults (ages 55+) are frequently harvesting (once a week or more) than youth 12-17/adults 18-54, except for the winter
- More men+ are frequently harvesting (once a week or more) in the fall and winter than women+.

## Sharing Wild Food

### Sharing wild food is common in Nunatsiavut.

Almost all (96%) people 12 years and older reported that another household shared wild food with their household in the 12 months before the survey.

Similarly, almost all (94%) people 12 years and older reported that their household shared wild food with another household in the 12 months before the survey.

There were no differences in sharing across communities – sharing is strong across all communities!

*“I’m glad that this survey is being done because this is how people can see what we need in the future to get ahead.”*

## Key Takeaway:

Sharing is strong in Nunatsiavut and all 5 communities!



Photos: Top: Chris Sampson. Bottom Left: QNIHS. Bottom Right: Roberta Baikie-Andersen.

## Conclusions

This report provides a comprehensive overview of food security and dietary patterns in Nunatsiavut. It aims to strengthen and connect existing community programs, incorporate local knowledge and leadership, and build optimistic, community-driven solutions. Despite the widespread consumption of wild foods and strong cultural traditions, the region faces significant and persistent food insecurity, affecting both adults and children. Barriers such as the high costs to purchase healthy store-bought foods, limited time and money for hunting and harvesting, and hunting bans on endangered species such as the George River Caribou herd and other quotas hinder access to wild food.

Food insecurity rates in Nunatsiavut far exceed provincial and national averages, with the highest prevalence in communities such as Nain and Hopedale; however, there are adults and children in all communities living in food-insecure households. While adults often prioritize children's nutritional needs, a substantial number of children still experience food shortages. Dietary patterns reveal that children consume more fruits and vegetables than adults; however, both groups frequently consume highly processed foods containing high amounts of sugar, sodium (salt) and saturated fat, which raises health concerns.

Coping strategies such as sharing, community support, and participation in local programs are vital for many families. These collective approaches, alongside resourcefulness and strong cultural traditions, help households manage food insecurity, but do not fully eliminate the problem, and ongoing support and innovation are needed. The data collected in this first round of reporting can help inform future planning, policy, and program development and will play an important role in monitoring trends over time and assessing the effectiveness of interventions. By leveraging this report and the strong foundation of community programs already in place, Nunatsiavut can move forward with effective, culturally relevant strategies to improve food security and support the health and well-being of all Nunatsiavummiut.



Photo: QNIHS

# APPENDICES

## Appendix A: Guiding Principles of the QNIHS

The design and implementation of the QNIHS program is based on these 6 guiding principles:



### 1. Inuit-determined

- The implementation and content of the survey, data analysis, and access to survey results will be Inuit-determined. This means **Inuit Land Claims Organizations (or their designates) will co-manage all aspects** of the program and make decisions about the program together through co-management processes. Inuit in each region will have ownership and control over their data.
- The program will be flexible and allow for **regional decision-making** so that the survey can be customized for each region.
- The program will reflect **Inuit ways of learning and working**, such that it is implemented in harmony with the diverse regions and communities of Inuit Nunangat and provides culturally safe and inspiring environments.
- Implementation will involve **hiring and supporting the capacity of Inuit staff** and contractors as much as possible. This will contribute to Inuit-determination of the survey and to Inuit capacity to do research more broadly.
- The program will be implemented **in harmony with the principles of the National Inuit Strategy on Research**, which expresses the vision for research in Inuit Nunangat.

## 2. Focused on Inuit health, well-being, and social equity.

- The survey will be designed to support Inuit health, well-being, and social equity.
- The survey will do no harm.

## 3. Strengths-based.

- The indicators in the survey will **provide information about Inuit health challenges and Inuit health strengths**, based on the conviction that Inuit are capable, resilient, and moving forward.
- The survey will go beyond statistics to **provide information that will help Inuit organizations and communities take action** to improve Inuit health and well-being.
- The QNIHS Working Group will take a **strengths-based approach to working** through inevitable implementation challenges and to working with communities. This means building on existing strengths, including lived experiences, and focusing on learning and solutions.

## 4. Collaborative.

- The **four regions will work in solidarity**. The program will be planned and managed through pan-regional decision-making and implemented through pan-regional coordination and sharing of knowledge and resources.
- Implementation will involve **supportive regional partnerships** with governments, non-governmental organizations, institutions, community groups, and representatives of key population groups (elders, women, men, and youth).
- The regional partners and ITK will **engage with Inuit on the survey process and results** through a variety of accessible ways in non-technical terms in Inuktitut and English.
- ITK and the regional partners will be **transparent with each other and with regional and community partners** about their activities, challenges, and results.

## 5. Rigorous in methods.

- The research methods will **combine Inuit knowledge and academic research**, taking the “best of both worlds” to create a rigorous, Inuit-specific, and ethical approach to health research.
- The survey will be **designed and implemented to produce quality data**, that is data that are useful to Inuit, relevant, valid, and comparable across regions and across time.

## 6. Trail blazing! (Innovative)

- Innovation in health research is needed to implement the program. We are committed to **courageously facing the unknown together**.
- Challenges will be interpreted not as “mistakes” but as essential steps in the innovation process. We will **allow ourselves time and resources** to learn from challenges. ITK and the regional partners will incorporate processes for reflection and ongoing adaptation of the program in response to learning, feedback from partners, and changing conditions in the programming environments.

## Appendix B: Overview of the Household Food Security Survey Module (HFSSM)

The Household Food Security Survey Module (HFSSM) is a commonly used tool for measuring food security. For example, a version of the HFSSM has been used in these surveys:

- *2007-08 Inuit Health Survey*
- *2013-2014 Nunatsiavut Household Food Security Survey*
- *2017 Qanuilirpitaa? Survey in Nunavik*
- *Aboriginal Peoples Survey / Indigenous Peoples Survey (e.g. 2012, 2017, 2022)*
- *Canadian Community Health Surveys and Canadian Income Surveys (since 2004)*

The [original HFSSM was developed by the United States Department of Agriculture \(USDA\)](#). This module is a set of 18 questions that ask about household members' experiences with food insecurity, such as worrying whether food would run out, compromising food quality (e.g., not being able to access healthy foods), and compromising food quantity (e.g., cutting the size of meals or skipping meals, feeling hungry because there wasn't enough food to eat, going a whole day without food). Ten (10) of the 18 questions are "adult items" that ask about experiences with food insecurity among adults in the household or members of the household in general. Eight (8) of the 18 questions are "child items" that ask about experiences with food insecurity among children under 18 years in the household. The original HFSSM questions are phrased in terms of having "*enough money for food*".

For both the QNIHS Adult and Child surveys, the question wording was modified to "*having enough food*" to better reflect Inuit culture, given that Inuit access food in more ways than only buying it at the store (e.g. sharing food, harvesting wild food, etc.).

The QNIHS Child survey used the full set of 18 questions (see Appendix C). Like the original HFSSM, the QNIHS Child survey asked about household members' experiences with food insecurity. Given the sampling strategy for the QNIHS was individuals and not households, the food security information we get from the QNIHS Child survey is the *number of children aged 0-11 years who were living in a food (in)secure household* (i.e. one or more household members were experiencing food insecurity). (It is not, for example, *the number of food (in)secure households*).

The QNIHS Adult survey used the 10 "adult items" (see Appendix C). Unlike the original HFSSM, the QNIHS Adult survey asked about personal experiences with food insecurity. Questions originally phrased as "*did you or other adults/people in your household experience...*" were rephrased to "*did you experience...*". The food security information we get from the QNIHS Adult survey is the *number of adults aged 18 years and older who were personally experiencing food (in)security*.

Depending on how respondents answer the HFSSM questions, they are classified into a food (in)secure category. Since the questions are phrased in terms of experiences with food insecurity, the more questions they report as being an issue (e.g. "*often worry about running out of food*", "*yes, cut/skipped meals*"), the more severe their food insecurity classification becomes. The QNIHS food security numbers in this report were calculated using the updated Canadian classification system (see Appendix E for details). This classification system produces 4 categories of food (in)security: Food Secure, Marginally Food Insecure, Moderately Food Insecure, and Severely Food Insecure.

Food Secure	Marginally Food Insecure	Moderately Food Insecure	Severely Food Insecure
<p>No difficulties accessing food in the past 12 months were reported.</p> <p>There was no worrying about running out of food, no compromising food quality, and no compromising food quantity.</p>	<p>One difficulty accessing food in the past 12 months was reported (or 1 difficulty for adults and 1 difficulty for children for the Child survey).</p> <p>There was worry about running out of food or compromises to food quality.</p>	<p>Several difficulties accessing food in the past 12 months were reported, but not all of the HFSSM questions.</p> <p>There was worry about running out of food and/or compromises to food quality and/or quantity.</p>	<p>Even more difficulties accessing food in the past 12 months were reported, which could include all of the HFSSM questions.</p> <p>There was worry about running out of food, compromises to food quality, and severe compromises to food quantity (e.g. went a whole day without food).</p>



## Appendix C: Household Food Security Survey Module (HFSSM) Questions

### QNIHS Adult Survey HFSSM Items – 10 Adult Items

- 1) **In the last 12 months, how often did you worry that the food in your house would run out before you were able to get more?**
  - Never/ No, you did not worry about this
  - Sometimes
  - Often
  - Prefer not to answer
  - Don't know
  
- 2) **In the last 12 months, how often did you run out of food in your house and you were not able to get more?**
  - Never
  - Sometimes
  - Often
  - Prefer not to answer
  - Don't know
  
- 3) **In the last 12 months, how often were you not able to eat healthy foods because you were not able to get them? (Healthy foods include things like country food and store-bought chicken, beef, fish, fruits and vegetables)**
  - Never
  - Sometimes
  - Often
  - Prefer not to answer
  - Don't know
  
- 4) **In the last 12 months, did you ever cut the size of your meals or skip meals because you were not able to get enough food?**
  - Yes
  - No
  - Prefer not to answer
  - Don't know

**5) If answered 'yes' to the previous question: How often did this happen?**

- Only 1 or 2 months
- Some months but not every month
- Almost every month
- Prefer not to answer
- Don't know

**6) In the last 12 months, did you ever eat less than you felt you should because you were not able to get enough food?**

- Yes
- No
- Prefer not to answer
- Don't know

**7) In the last 12 months, were you ever hungry but didn't eat because you were not able to get enough food?**

- Yes
- No
- Prefer not to answer
- Don't know

**8) In the last 12 months, did you lose weight because you were not able to get enough food?**

- Yes
- No
- Prefer not to answer
- Don't know

**9) In the last 12 months, did you ever not eat for a whole day because you were not able to get enough food?**

- Yes
- No
- Prefer not to answer
- Don't know

**10) If answered 'yes' to the previous question: How often did this happen?**

- Only 1 or 2 months
- Some months but not every month
- Almost every month
- Prefer not to answer
- Don't know

**QNIHS Child Survey HFSSM Items – Full 18 Items**

**1) In the last 12 months, how often did you worry that the food in your house would run out before you were able to get more?**

- Never/ No, you did not worry about this
- Sometimes
- Often
- Prefer not to answer
- Don't know

**2) In the last 12 months, how often did you run out of food in your house and you were not able to get more?**

- Never
- Sometimes
- Often
- Prefer not to answer
- Don't know

**3) In the last 12 months, how often were those in your house not able to eat healthy foods because you were not able to get them? (Healthy foods include things like country food and store-bought chicken, beef, fish, fruits and vegetables)**

- Never
- Sometimes
- Often
- Prefer not to answer
- Don't know

**Skip sequence:**

**Go to question 11 if responses for questions 1, 2, and 3 are Never, Prefer not to answer, or Don't know Else, continue**

- 4) In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because you were not able to get enough food?**
- Yes
  - No
  - Prefer not to answer
  - Don't know
- 5) If answered 'yes' to the previous question: How often did this happen?**
- Only 1 or 2 months
  - Some months but not every month
  - Almost every month
  - Prefer not to answer
  - Don't know
- 6) In the last 12 months, did you ever eat less than you felt you should because you were not able to get enough food?**
- Yes
  - No
  - Prefer not to answer
  - Don't know
- 7) In the last 12 months, were you ever hungry but didn't eat because you were not able to get enough food?**
- Yes
  - No
  - Prefer not to answer
  - Don't know

**8) In the last 12 months, did you lose weight because you were not able to get enough food?**

- Yes
- No
- Prefer not to answer
- Don't know

**Skip sequence:**

**Go to question 11 if responses to questions 4, 6, 7, and 8 are No, Prefer not to answer, or Don't know**  
**Else, continue**

**9) In the last 12 months, did you or other adults in your household ever not eat for a whole day because you were not able to get enough food?**

- Yes
- No
- Prefer not to answer
- Don't know

**10) If answered 'yes' to the previous question: How often did this happen?**

- Only 1 or 2 months
- Some months but not every month
- Almost every month
- Prefer not to answer
- Don't know

The next questions are about children living in your home who are under 18 years of age.

**11) In the last 12 months, were there times when you could only feed the [child/children] less expensive foods because you were not able to get enough food?**

- Never
- Sometimes
- Often
- Prefer not to answer
- Don't know

**12) In the last 12 months, were there times when it was not possible to feed the [child/children] a healthy meal, because you were not able to get enough food?**

- Never
- Sometimes
- Often
- Prefer not to answer
- Don't know

**13) In the last 12 months, were there times when the [child/children] in your household [was/were] not eating enough because you were not able to get enough food?**

- Never
- Sometimes
- Often
- Prefer not to answer
- Don't know

**Skip sequence:**

**Go to the end if** *responses to questions 11, 12, and 13 are Never, Prefer not to answer, or Don't know*  
**Else, continue**

**14) In the last 12 months, did you or other adults in your household ever cut the size of the [child/children]'s meals because you were not able to get enough food?**

- Yes
- No
- Prefer not to answer
- Don't know

**15) In the last 12 months, did the [child/children] ever skip meals because you were not able to get enough food?**

- Yes
- No
- Prefer not to answer
- Don't know

**16) If answered 'yes' to the previous question: How often did this happen?**

- Only 1 or 2 months
- Some months but not every month
- Almost every month
- Prefer not to answer
- Don't know

**17) In the last 12 months, was the [child/children] ever hungry because you were not able to get enough food?**

- Yes
- No
- Prefer not to answer
- Don't know

**18) In the last 12 months, did the [child/children] ever not eat for a whole day because you were not able to get enough food?**

- Yes
- No
- Prefer not to answer
- Don't know

**End of HFSSM questions**



## Appendix D: Challenges Comparing Food Security Data Across Surveys

It can be challenging to compare food security numbers across surveys/reports when they use different methods. Here are some ways that surveys/reports can differ in their methods for collecting food security data and calculating food security numbers:

- **Which food security questions/modules were included in the survey?** Some surveys use the full set of 18 questions from the Household Food Security Survey Module (HFSSM), some surveys use the 10 “adult questions” from the HFSSM, and some surveys use a 6-question short-form version of the HFSSM. Additionally, some surveys use a different module altogether (not the HFSSM) – however, all the food security numbers in this report and shown in Table 6 below use some version of the HFSSM. The QNIHS Adult survey used the 10 “adult questions” from the HFSSM. The QNIHS Child survey used the full 18-item HFSSM.
- **What time of year/season was the data collected?** Food security rates might change throughout the year and could look quite different depending on when the data was collected (i.e. seasonality effects). The QNIHS Adult and Child surveys were completed between October 2022 to November 2023.
- **How were the questions worded?** Were they phrased in terms of not having enough money for food, not having enough resources for food, or not having enough food? Did they ask about experiences in the past month or past 12 months? The QNIHS Adult and Child Surveys were worded as ‘not having enough food’ and asked about experiences in the past 12 months.
- **Was a ‘skip sequence’ used?** Some surveys ask respondents all the food security questions, whereas other surveys will skip over the more severe food insecurity questions (e.g. going a whole day without food) for respondents who reported having no experiences with less severe food insecurity situations (e.g. did not worry about running out of food, did not run out of food, was able to eat healthy foods, etc.). The QNIHS Adult survey asked all 10 adult items (no skip sequence) since pre-testing revealed that some people were skipped over questions that were relevant for them. The QNIHS Child survey used a skip sequence to reduce respondent burden.
- **What level of measurement was used?** Did the survey measure food security as the number of food secure households, number of food secure people, or number of people living in food secure households? See Appendix F for details. The QNIHS Adult survey measured food security as the number of food secure people (adults 18+). The QNIHS Child survey measured food security as the number of people (children 0-11) living in a food secure household.
- **Who completed the survey?** For example, do the results represent people aged 25+ years or people aged 18+ years? For example, do the results represent beneficiaries of the LILCA who are living in Nunatsiavut or all Inuit living in Nunatsiavut? The QNIHS Adult survey represents adults 18+ years. The QNIHS Child survey represents children 0-11 years. Both the QNIHS Adult and Child surveys represent beneficiaries of the LILCA who were living in Nunatsiavut at the time of the survey (2022/23).
- **How were respondents classified into food (in)secure categories and what do they represent?** See Appendix E for an overview of different classification methods. Both the QNIHS Adult and Child Surveys used the Updated Health Canada classification method.

- **Which categories does a ‘total food security’ number include – food secure only OR food secure and marginally insecure? Which categories does a ‘total food insecurity’ number include – marginal, moderate, and severe OR only moderate and severe?** Even within the same survey we can calculate different numbers of ‘total food security’ and different numbers of ‘total food insecurity’ depending on how we slice and dice the data.
- **How were “don’t know” and “prefer not to answer” responses handled?** Some surveys exclude respondents who answered “don’t know” or “prefer not to answer” on any of the questions when calculating food security rates (i.e. complete case analysis), whereas other surveys (including the QNIHS Adult and Child surveys) include these respondents and make an ‘informed best guess’ as to whether their don’t know/prefer not to answer response would have been an affirmative response (e.g. yes, experienced this food insecurity situation) or a non-affirmative response (no, did not experience this food insecurity situation) (i.e. USDA imputation method, see pages 35 - 38 of the [USDA Guide to Measuring Household Food Security](#) for details).



Table 6. Methodological differences between food security surveys

Survey	2007 Inuit Health Survey	Nunatsiavut Food Security Survey	2017 Qanuilirpitaa? Survey
Example Report	<a href="#">Rosol et al. (2011)</a>		<a href="#">Food Security Qanuilirpitaa? 2017 Nunavik Inuit Health Survey</a>
Year of Survey	2007-08	2013-14	2017
Geography of Survey	Nunatsiavut Nunavut ISR	Nunatsiavut	Nunavik
HFSSM Q's worded same as QNIHS?	No	No	No
Timeframe of HFSSM questions	Past 12 months	Past month	Past 12 months
Skip sequence used for HFSSM?	Yes	Yes	No
Who do the numbers in example report represent? (i.e. <sup>13</sup> level of measurement & age range)	Food (in)secure households	Food (in)secure households	Food (in)secure individuals aged 16+ yrs
<sup>14</sup> Classification method(s) used in example report	Original Canada	Updated Canada Original Canada	Updated Canada Original Canada
<sup>16</sup> How example report handled missing responses	USDA imputation	USDA imputation	Complete case analysis



Canadian Community Health Survey (CCHS) & Canadian Income Survey (CIS)	Aboriginal / Indigenous Peoples Survey (APS / IPS)	QNIHS
<a href="#">2021 CIS: 2022 PROOF Report</a>	<a href="#">2012 APS: Statistics Canada</a> <a href="#">2017 APS: ITK's Food Security Strategy</a> <a href="#">2022 IPS: Statistics Canada</a>	This report!
2005 – present example report: data for 2021 CIS collected in 2022	2012, 2017, 2022	Round 1: 2021-24 (Nunatsiavut: 2022-23)
National Provincial/Territorial	Nunatsiavut Nunavik Nunavut ISR	Nunatsiavut Nunavik Nunavut ISR
No	No	
Past 12 months	Past 12 months	Past 12 months
Yes	Yes	Adult Survey: No Child Survey: Yes
Food (in)secure households Individuals of various ages living in food (in)secure households	Individuals of various ages living in food (in)secure households <ul style="list-style-type: none"> <li>• 2012: 25+ years</li> <li>• 2017: 15+ years</li> <li>• 2022: 1-14 years</li> </ul>	<b>Adult Survey:</b> Food (in)secure individuals aged 18+ years <b>Child Survey:</b> Individuals aged 0-11 years living in food (in)secure households
Updated Canada (earlier reports tend to use Original Canada)	2012: USDA short-form 2017: Canada short-form 2022: Updated Canada	Updated Canada <sup>15</sup> Original Canada
Complete case analysis	Complete case analysis	USDA imputation

Additionally, **surveys can only ever give a general snapshot of what's going on**. Food security experiences may fluctuate quickly over a short period of time, so the same survey may have found different rates had they collected data a bit earlier or later, or at a different time of year/season. Also, **food security is self-reported data and can be a very sensitive topic**. Some people may, understandably, feel uncomfortable fully answering survey questions about food security, which can then affect the food security rate. Human memory/recall also comes into play, since people tend to think about and better recall more recent experiences than experiences that were longer ago. Surveys that ask about experiences in the past 12 months may be biased towards what has happened in more recent months than closer to 12 months ago. These all add to the challenges of calculating and comparing food security numbers across surveys.

13 See Appendix F for information on different levels of measurement.

14 See Appendix E for information on different classification methods.

15 Original Health Canada classification method was only used for Table 2 in this report because too many results would need to be suppressed using the Updated Health Canada classification method. All other food security results in this report use the Updated Health Canada classification method.

16 Missing responses include 'Don't know' and 'Prefer not to answer' responses on the HFSSM questions.

## Appendix E: Household Food Security Survey Module (HFSSM) Classification Systems

There are several ways that respondents can be classified into a food (in)secure category, depending on which classification system is used. What these classification systems have in common is that they all use respondents' affirmative responses to the HFSSM questions (see Appendix C for the list of questions). Affirmative responses include Yes, Often, Sometimes, Some months but not every month, and Almost every month. Where these classification systems differ is with regards to how many affirmative responses belong with each category, as shown in Table 7.

Table 7. Canadian and USDA Classification Systems for the Full HFSSM

Food (In)Security Category	18-Item Household Food Security Survey Module (HFSSM)	
	10 Adult Items	8 Child Items
Updated Health Canada Classification		
<b>Food secure</b>	0 affirmative responses	0 affirmative responses
<b>Marginal food insecurity</b>	1 affirmative response	1 affirmative response
<b>Moderate food insecurity</b>	2 to 5 affirmative responses	2 to 4 affirmative responses
<b>Severe food insecurity</b>	6 to 10 affirmative responses	5 to 8 affirmative responses
Original Health Canada Classification		
<b>Food secure</b>	0 or 1 affirmative response	0 or 1 affirmative response
<b>Moderate food insecurity</b>	2 to 5 affirmative responses	2 to 4 affirmative responses
<b>Severe food insecurity</b>	6 to 10 affirmative responses	5 to 8 affirmative responses
USDA Classification		
<b>Food secure</b>	0 to 2 affirmative responses	
<b>Low food security</b>	3 to 7 affirmative responses for households with children 3 to 5 affirmative responses for households without children	
<b>Very low food security</b>	8 to 18 affirmative responses for households with children 6 or 18 affirmative responses for households without children	

Table adapted from PROOF's [Household Food Insecurity in Canada: A Guide to Measurement and Interpretation](#) (2018).

The [United States Department of Agriculture \(USDA\) classification](#) was the first system used. This system looks at affirmative responses across all 18 items together. The number of affirmative responses needed for a 'low food security' or 'very low food security' classification differ depending on whether or not there are children in the household.

In 2004, Health Canada modified the USDA classification system for use in Canada. Instead of calculating a household's food security status using all 18 items altogether, the [original Health Canada classification](#) calculates two separate food (in)security categories – one for the 10 adult items and one for the 8 child items. The more severe of the two categories is then used as the household category.

In 2020, [Health Canada further updated their classification system](#) to separate out ‘food secure’ and ‘marginally food insecure’ categories. The rationale was that even worrying about not having enough food can negatively impact health and well-being and indicates instability in the household’s food situation.

The updated Health Canada classification was used for both the QNIHS Adult and Child surveys in this report. Adults’ food (in)security category was determined by how they answered the 10 adult items, since the 8 child items were not included in the Adult survey. Children’s household food security status was determined by taking the more severe of the two categories between the 10 adult items and 8 child items.

Additionally, some surveys (e.g. the 2012 and 2017 APS) use a [6-item short-form version of the HFSSM](#) that is only 6 questions instead of 18. Just like for the full HFSSM, there are <sup>17</sup>Canadian 6-item and [USDA 6-item classification](#) systems for the 6-item short-form, as shown in Table 8. While the 6-item short-form can be useful in situations where reducing respondent burden is necessary, it may underestimate food insecurity – especially more severe food insecurity – relative to the gold standard full 18-item HFSSM.

**Table 8. Canadian and USDA Classification Systems for the 6-item Short-form HFSSM**

Food (In)Security Category	6-Item Short-Form HFSSM
<b>Canadian Classification</b>	
Food secure	0 affirmatives
Moderate food insecurity	1 to 4 affirmatives
Severe food insecurity	5 or 6 affirmatives
<b>USDA Classification</b>	
High or marginal food security	0 or 1 affirmative
Low food security	2 to 4 affirmatives
Very low food security	5 or 6 affirmatives



<sup>17</sup> Nord, M. (2011). Food security measurement in the Canadian national First Nations health survey. Food security working paper #FS-145. See the Food Security Index on page 150 of the [National Report of the First Nations Regional Health Survey Phase 3: Volume One](#) by the First Nations Information Governance Centre (FNIGC).

## Appendix F: Different Levels of Measuring Food Security

There are three levels that can be used for measuring food security:

- Number of food (in)secure households
- Number of people living in food (in)secure households
- Number of food (in)secure people

It is easiest to explain the different levels of measurement using some fictional examples.

### Example 1:

In **COMMUNITY A**, there are 16 people living in 4 households. Five of the people in the community are experiencing food insecurity (purple people), and they all live in the same household (purple household).



If the survey measures food insecurity as the number of households that are food insecure, they would find that 1 of 4 households is food insecure, or **25% of households**.

If the survey instead measures food insecurity as the number of people that are food insecure, they would find that 5 in 16 people are food insecure, or around **31% of people**.

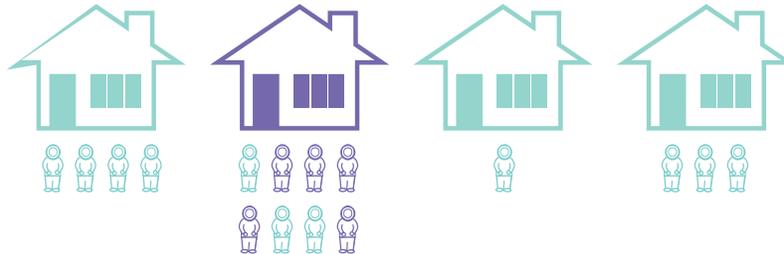
If the survey instead measures food insecurity as the number of people living in a food insecure household, they would find that 8 in 16 people are food insecure, or around **50% of people** are living in a food insecure household. (These are all 8 people living in the purple household).

**The same survey would find different rates of food insecurity for COMMUNITY A depending on how they measure it (25% vs. 31% vs. 50%).**

## Example 2:

Let's say we want to compare food insecurity rates from **COMMUNITY A** with **COMMUNITY B**.

### COMMUNITY A



- **25% of households** are food insecure (1 of 4 households)
- **31% of people** are food insecure (5 of 16 people)
- **50% of people** are living in a food insecure household (8 of 16 people)

### COMMUNITY B



- **50% of households** are food insecure (2 of 4 households)
- **44% of people** are food insecure (7 of 16 people)
- **69% of people** are living in a food insecure household (11 of 16 people)

If we compare the same level of measurement across communities, we (correctly) find that food insecurity is lower in **COMMUNITY A**:

- **25% of households** are food insecure in **COMMUNITY A** vs. **50% of households** in **COMMUNITY B**
- **31% of people** are food insecure in **COMMUNITY A** vs. **44% of people** in **COMMUNITY B**
- **50% of people** living in a food insecure household in **COMMUNITY A** vs. **69% of people** living in a food insecure household in **COMMUNITY B**

But if we compare different levels of measurement, we could incorrectly conclude that food insecurity is higher in **COMMUNITY A**:

- e.g. 50% of people are living in a food insecure household in community A vs. 44% of people are food insecure in community B

## QNIHS Level of Measurement:

The QNIHS used the following levels of measurement for food (in)security:

- QNIHS child survey: % of **children** aged 0-11 years who are **living in a food (in)secure household**
- QNIHS adult survey: % of **food (in)secure adults** aged 18+ years

## How the different levels of measurement tend to compare with one another:

Generally speaking, when food insecurity is measured as the % of people who are living in a food insecure household (e.g. 50% for community A), we get a higher number than when food insecurity is measured in the same community as the % of people who are food insecure (e.g. 31% in community A). This is because not all people in a food insecure household are necessarily food insecure themselves.

Similarly, when food insecurity is measured as the % of food insecure households, it would not be unusual to get a lower number than when food insecurity is measured in the same community as the % of people living in a food insecure household. This is because households with more people in them are typically more likely to be food insecure, at least within the urban Canadian context<sup>18</sup>. This is illustrated in Example 3 below. However, the extent to which this pattern of results is true for Nunatsiavut is not well known.

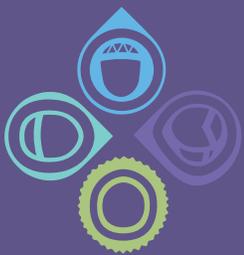
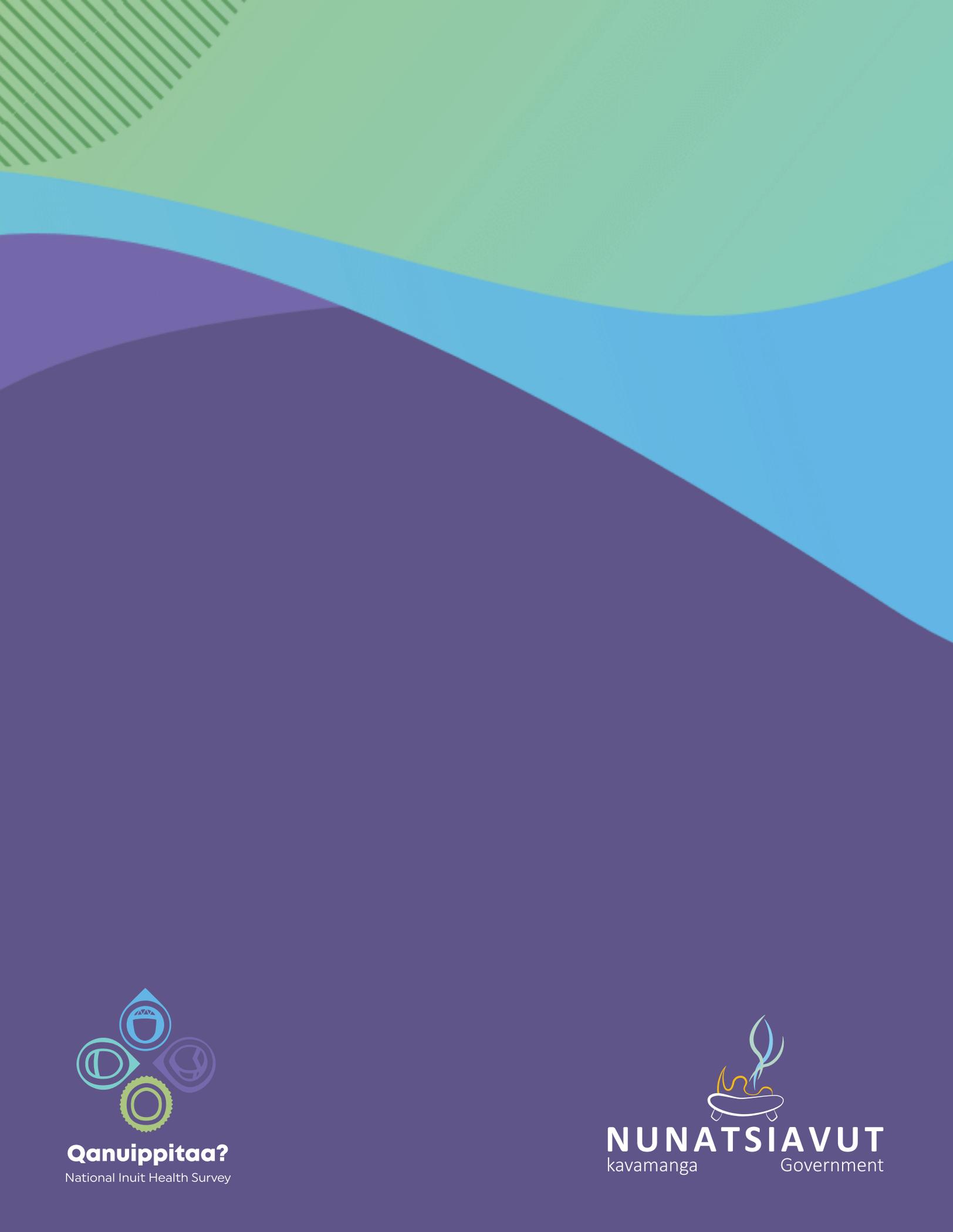
**Example 3:**

• 1 out of 2 households is food insecure (**50%**), but 6 out of 8 people are living in a food insecure household (**75%**). The food insecure household has more people than the food secure household.

Example 3 also illustrates that adults in the household will often compromise their own food security before having to compromise the food security of children in the household. (The food secure people in the food insecure household are smaller, representing children living in a food insecure household where adults – but not children – have compromised food quality/quantity).

<sup>18</sup> For example: Li T, Fafard St-Germain AA, Tarasuk V. (2023) Household food insecurity in Canada, 2022. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>





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