Food-insecure Canadians are more likely to visit emergency departments due to pain

Li, Tim. "Food-insecure Canadians are more likely to visit emergency departments due to pain." CRDCN research-policy snapshots. January 2023

What the researcher(s) did

The researchers examined the relationship between household food insecurity and paindriven emergency department visits by linking population survey data on food insecurity with emergency care records, which included number of emergency department visits because of pain, site of pain, and acuity (urgency) of visit.

What the researcher(s) found

Food-insecure adults had higher rates of painrelated emergency department visits, which increased with the severity of food insecurity. Severely food-insecure adults visiting emergency departments for pain were more likely to visit the ER repeatedly, visit for multiple causes of pain, visit during afterhours, and require more urgent medical attention.

RDC Datasets used

Canadian Community Health
Survey 2005–2017
National Ambulatory Care Reporting
System 2003–2017

Policy areas this research can inform

- Health
- Income, pensions, spending and wealth

Policy implications of this research

Household food insecurity is a potent social determinant of health because it is tightly associated with a wide range of physical and mental health conditions and increased healthcare utilization. Pain-related emergency department visits provide an additional lens into broader experience of material deprivation that food insecurity denotes and its health implications. There is a large body of research documenting reductions in food insecurity from policies that increase the income of low-income households, like increasing social assistance benefits. Policy makers should enact such policies, while also lowering financial barriers to prescription pain relievers and pain management, such as physiotherapy and psychotherapy.

Read the full article

Men, F., Urquia, M. L., & Tarasuk, V. (2022). Pain-driven emergency department visits and food insecurity: a cross-sectional study linking Canadian survey and health administrative data. *CMAJ Open*, 10(1), E8-E18. doi:10.9778/cmajo.20210056





