

## Household food insecurity – a determinant of health

Household food insecurity happens when a household is unable to access adequate and safe food due to financial limitations<sup>1</sup>. The seriousness of this issue can range from individuals worrying about not being able to access food to decreasing quality/quantity of their food choices and, at a severe level, not having all required meals in a day (or not having a meal at all)<sup>2</sup>.

The number of individuals living in food insecurity is increasing in Canada, with poverty as the main root cause. In Ontario, moderate or severe food insecurity affects 7.9% of households<sup>3</sup>. The reality is similar in the Timiskaming Health Unit (THU) area, with 16.6% of people living in low income<sup>4</sup> and food insecurity impacting 8.5%<sup>E</sup> of total households<sup>3</sup>. Interviews conducted among those living with low income in our district revealed that they are often forced to choose between paying for food or housing or heating<sup>7</sup>.

Food insecurity is a serious public health problem. It has a negative impact on the health of those experiencing it. Not having enough food to eat and the stress of having to choose between putting food on the table or paying bills can lead to serious consequences (Table 1). Additionally, the impact on healthcare costs needs to be weighed in. Research reveals that individuals experiencing marginal food insecurity (the lowest severity level) would cost the healthcare system 23% more than those who are food secure<sup>6</sup>. The costs to the system rise as the severity of food insecurity increases.

**Table 1 – Health impact of food insecurity**

Inadequate nutrient intakes (such as protein) <sup>5</sup>
Increased risk of developing one or more chronic diseases such as diabetes or high blood pressure <sup>1</sup>
Increased difficulty in successfully managing chronic diseases <sup>1</sup>
Higher prevalence of mental health conditions <sup>1</sup>
Impact in children – increases risk for asthma, depression and suicidal ideation <sup>6</sup>

## The Nutritious Food Basket - Results

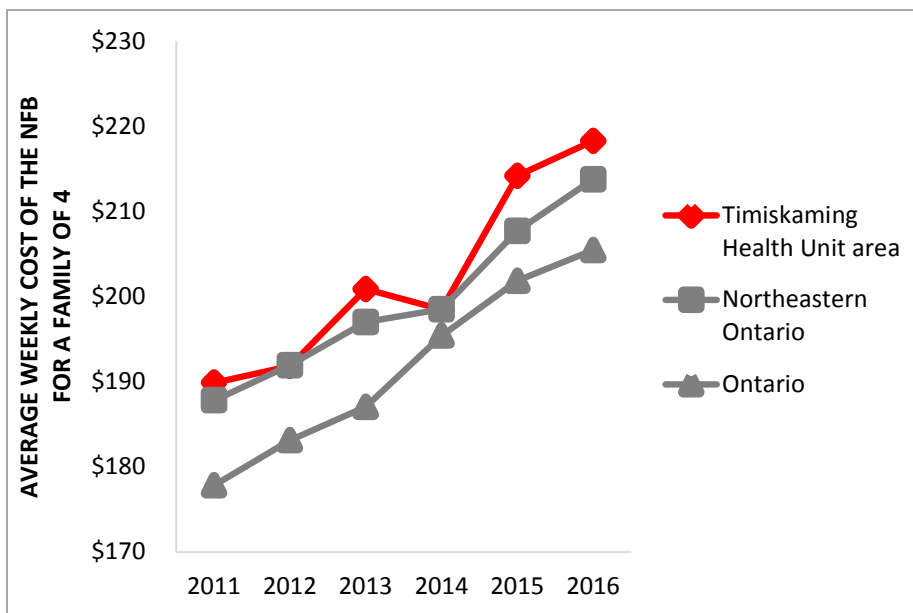


Figure 1: Average weekly cost of NFB for a reference family of four in the Timiskaming Health Unit district, Ontario and Northeastern Ontario, 2011 – 2016.

Each year, the THU conducts the Nutritious Food Basket (NFB) survey that measures and monitors the cost of basic healthy eating based on 67 food items that follow Canada's Food Guide and average food purchasing patterns<sup>8</sup>. The lowest available price of each item is recorded from six grocery stores in the Timiskaming District and averaged to calculate the cost of feeding an individual or family. The NFB assumes that people have the skills required to plan and prepare meals from scratch and that people have access to stores that sell nutritious foods.

Similar to the trends in our province, the 2016 NFB results show a rise in the cost of nutritious food in the THU area, for

the third consecutive year: the average cost of food for a family of four in Timiskaming is \$218.27 per week, a \$28.40 increase since 2011. An average NFB value of \$215.51/week in the Northern districts versus a \$203.02 in the Southern ones confirms that the cost of food is higher in Northern Ontario.

## What does this mean for low-income households?

Along with information about housing costs and income levels, the NFB results continue to show the struggles of individuals and families living in low income situations.

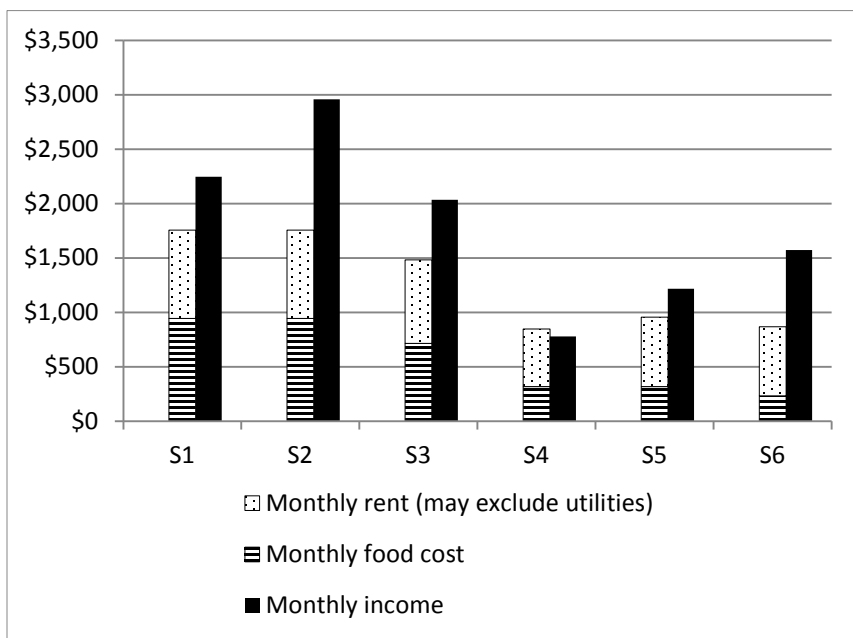


Figure 2: Comparing monthly cost of food and rent in the Timiskaming Health Unit District to monthly income in 2016. See Table 2 for scenarios descriptions.

As shown in Figure 2, although all households experience some level of difficulty, those on social assistance struggle the most to make ends meet. A single parent of two children receiving social assistance would have just enough to afford rent and food, leaving little to cover other important costs such as transportation or child care. For these individuals, food will often be the most flexible part of their budget, meaning they will cut on its costs to be able to provide for things such as housing or day care. Locally, individuals experiencing this situation mentioned using different strategies to manage food availability such as going with no food or eating smaller portions (not by choice)<sup>7</sup>. From September 2015 to September 2016, there was a 10.1% increase in individuals on Ontario Works in the Timiskaming District<sup>10</sup>.

## Solutions – what is needed?

Common approaches to address food insecurity at the community level focus on programs such as food banks or meal programs<sup>5</sup>. Locally, individuals experiencing food insecurity indicated making use of community kitchens and participating in classes on how to preserve food to stretch their food budget<sup>7</sup>. Although these programs have benefits, they are *not* a long-term solution for food insecurity, as they do not target poverty. Additionally they do not have the capacity to reach everyone experiencing food insecurity<sup>5</sup> and quite often participation in these programs is low due to issues such as stigma and lack of transportation (identified in our district)<sup>7</sup>.

Current evidence indicates the need to address poverty, the root cause of food insecurity. Public policy approaches are needed to reach and support all of those experiencing food insecurity. The Ontario Society of Nutrition Professionals in Public Health recommends<sup>5</sup>, in line with Dietitians of Canada<sup>1</sup>, three main areas where implementation of policies would address low income-related issues:

- 1) Implement a basic income guarantee;
- 2) Increase social assistance rates; and
- 3) Provide basic minimum employment standards to reduce insecure employment conditions.

How can you make a difference?

**ACT!**

**Advocate:** share your ideas and concerns about food insecurity with local MP or MPP; support the basic income guarantee

**Collaborate:** with groups that help making food more accessible; become a volunteer

**Take the time:** to learn about poverty, food insecurity and ways to address this issue.

It is estimated that the costs of such policies in increasing individuals' income levels would be considerably less than the costs of poverty on our economy<sup>1</sup>. From the recommended policy options, the most discussed recently is the basic income guarantee, a strategy supported by the THU Board of Health (2015) that, if implemented would provide a minimum income level for each citizen. In June 2016, the province announced the intention to move forward with a Basic Income Pilot, counting on the Honourable Hugh Segal for input on its design and implementation<sup>9</sup>. A report with his recommendations was released on November 3<sup>rd</sup>, 2016 and can be consulted at <https://www.ontario.ca/page/finding-better-way-basic-income-pilot-project-ontario>. Based on this report, the province held a public consultation to inform the design of a basic income pilot<sup>11</sup>, the results of which are expected to be released by end of February 2017<sup>12</sup>.

**Table 2 - 2016 NFB family and income scenarios.**

<b>S1-</b> 2 adults (male and female ages 31-50), 2 children (girl age 8, boy age 14); Ontario Works
<b>S2-</b> 2 adults (male and female ages 31-50), 2 children (girl age 8, boy age 14); income is based on one minimum wage earner, 40hr/wk, \$11.25/hr (minimum wage in May 2016)
<b>S3-</b> 1 adult (female age 31-50), 2 children (girl age 8, boy age 14); Ontario Works
<b>S4-</b> 1 adult (male age 31-50); Ontario Works.
<b>S5-</b> 1 adult (male age 31-50); Ontario Disability Support Program (ODSP)
<b>S6-</b> 1 adult (female age 70+); income based on Old Age Security and Guaranteed Income Supplement (OAS/GIS)

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## Sources of data used to calculate income and expenses

- A) Basic and maximum shelter allowance. OW rates effective November, 2015 and Ontario Disability Support Payment (ODSP) rates effective October, 2015. Source: Social Assistance, Pension and Tax Credit Rates April to June 2016, Ministry of Community and Social Services. [http://www.communitylegalcentre.ca/legal\\_information/Tips/IM/SA-pension-rate-Apr-Jun-2016.pdf](http://www.communitylegalcentre.ca/legal_information/Tips/IM/SA-pension-rate-Apr-Jun-2016.pdf) (accessed July 25, 2016).
- B) Old Age Security and Guaranteed Income Supplement (OAS/GIS) rates. Source: Social Assistance, Pension and Tax Credit Rates April to June 2016, Ministry of Community and Social Services. [http://www.communitylegalcentre.ca/legal\\_information/Tips/IM/SA-pension-rate-Apr-Jun-2016.pdf](http://www.communitylegalcentre.ca/legal_information/Tips/IM/SA-pension-rate-Apr-Jun-2016.pdf) (accessed July 25, 2016).
- C) Ontario Guaranteed Annual Income System (GAINS) rates. Source: Social Assistance, Pension and Tax Credit Rates April to June 2016, Ministry of Community and Social Services. [http://www.communitylegalcentre.ca/legal\\_information/Tips/IM/SA-pension-rate-Apr-Jun-2016.pdf](http://www.communitylegalcentre.ca/legal_information/Tips/IM/SA-pension-rate-Apr-Jun-2016.pdf) (accessed July 25, 2016).
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- E) Based on net annual income. GST/HST is issued on a quarterly basis, but calculated on a monthly basis. Figures derived from GST/HST and related provincial programs calculator. Effective July 2014 to June 2015. <http://www.cra-arc.gc.ca/bnfts/menu-eng.html> (accessed September 13, 2016).
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- K) Nutritious Food Basket Data Results 2016 for Timiskaming Health Unit - Includes family size adjustment factors.
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- M) Source: Statistics Canada. Average income after tax by economic family types (2007 to 2011). <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/famil21a-eng.htm> (accessed July 25, 2016).