

Monitoring Food Affordability 2025 Report

To: Chair and Members of the Board of Health

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Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- The Nutritious Food Basket (NFB) tool was used to estimate the cost and affordability for an individual or household to eat healthy in Wellington, Dufferin and Guelph (WDG) in 2025.
- In 2025, the cost of the NFB in WDG for a reference household of four people is \$273.30 per week (\$1187.49 per month).
- In 2024, 26 percent of households in Ontario and 25 percent of households in WDG experienced food insecurity; the highest rates on record.
- In Ontario, 33 percent of children were food insecure in 2024. Facing food insecurity early in life is associated with a variety of physical and mental health problems later in life.
- Public Health must work with community partners to address the root causes of food insecurity and advocate for policies that ensure affordable access to nutritious food.

Background

Food Insecurity

Food insecurity is defined as, “inadequate or insecure access to food due to financial constraints.”^{1,2} Household food insecurity is tightly linked to other indicators of social and economic disadvantage.² The following helps to identify the different levels of how food insecurity can be classified:

- **Food secure** – no indication of any income-related problems of food access
- **Marginally food insecure** – some concern or problem of food access
- **Moderately food insecure** – compromises in the quality and/or quantity of food consumed
- **Severely food insecure** – extensive compromises including reduced food intake²

Prevalence of Food Insecurity

Food insecurity rates are at an all-time high nationally, provincially and within WDG.^{3,4} In 2024, 26 percent of Canadians lived in a food-insecure household.³ The Canadian Consumer Price Index shows that there has been a 2 percent increase on a year-over-year basis in June and almost a 3 percent increase in the cost of food purchased in Canada from June 2024 to June 2025.^{5,6}

In 2024, 26 percent of households in Ontario were food insecure.³ This rate has risen more than 9 percent since 2019 (Table 1). Approximately 25 percent of Wellington-Dufferin-Guelph (WDG) households were food insecure in 2024, which is just below the provincial average and almost 13 percent higher compared to 2019.⁴

Table 1: Percentage of people living in food insecure households in Ontario and Wellington-Dufferin-Guelph, 2019-2023^{3,4}

| Region | Year | | | | | |
|---------|------|------|------|------|------|------|
| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
| Ontario | 17% | 17% | 16% | 19% | 25% | 26% |
| WDG | 12% | 19% | 14% | 21% | 23% | 25% |

Students and young adults have been shown to be at a particularly high risk of food insecurity.^{7,8} In 2022, the University of Guelph reported that 39.5 percent of students were food insecure.⁷ It is also important to note that other Canadian researchers found food insecurity rates are not limited to just post-secondary students and are even higher among non-students of similar age.⁸ Canadian research revealed that food-insecure university students have used coping strategies such as applying for a loan or bursary, seeking employment, working more hours and purchasing food using a credit card.⁹ Strategies to address food insecurity need to consider young adults as being among some of the highest risk groups.

Food Bank Usage

Almost 40 percent of food banks surveyed reported that they have reduced the amount of food provided during food bank visits and half of food banks reported offering fewer services today than prior to the pandemic. Food banks report that the unprecedented need for food bank support has outpaced capacity and resources to meet service demand.¹⁰

Nevertheless, in 2023-2024, Feed Ontario found there were almost 7.7 million visits to food banks in Ontario and over 1 million unique individuals were served.¹⁰ This is a 73 percent increase in the number of unique individuals accessing food banks over the last two years.¹⁰

Unaffordable housing is a key factor for those accessing food banks. There has been an 80 percent increase in the number of renters accessing food banks since 2019-2020.¹⁰

Twenty-four percent of food bank visitors cite employment as their primary source of income.⁹ Households reliant on social assistance are accessing food banks in greater numbers as well. Sixty percent of food bank users cite Ontario Works (OW) and Ontario Disability Support Program (ODSP) as their primary source of income.¹⁰

WDG Public Health's Nutritious Food Basket

WDG Public Health has used the Nutritious Food Basket (NFB) survey tool since 1998 to monitor the cost and affordability of healthy eating.¹¹ The NFB data obtained in 2025 can inform community action on household food insecurity.¹²

In 2025, the number and type of stores surveyed were updated to better reflect WDG's population growth and current landscape of store availability across the region. The food costs this year should not be compared to food costs of previous years since the methods in store selection and number of stores used for surveying differ.

Discussion

NFB Methods

The NFB survey was conducted in May 2025 by two WDG Public Health nutritionists. Eight grocery stores were used for food pricing, including chain and independent stores that offered a balance between lower, moderate and higher cost stores across WDG. Four stores were surveyed across Guelph; two stores were surveyed in Wellington County and two in Dufferin County. These stores were assessed using the Ontario Dietitians in Public Health Monitoring Food Affordability in Ontario Methodology.¹² To compare income and expenses for the purchase of food and rental housing for people in a variety of scenarios, case scenarios were created for analysis (Appendix A).¹³ The estimated income of both family and single-person households in Appendix A use data sources that are all publicly available. It is important to note that these income scenarios may not reflect every household's actual experience.

The average rental rates in the City of Guelph were used for the data in the income scenarios and were accessed from the 2024 Primary Rental Market Statistics for Guelph from the Canadian Housing Mortgage Housing Corporation.¹⁴ Shelter is a fixed expense, so it is important to consider housing costs when assessing food affordability. Shelter is often prioritized over other expenses like healthy food.

NFB Results

The results of the 2024 NFB costing activity can be viewed in Appendix A. For a reference family of four, the cost of the NFB in WDG is \$1187.49 per month (**\$273.30** per week).

Housing is the largest expense for most low-income residents and is considered affordable only if it costs less than 30 percent of household income.¹⁵ In 12 of the 13 income scenarios reviewed, housing costs ranged between 38 percent and 141 percent of household income, leaving little money remaining for food and other basic needs.

Minimum Wage Income Scenarios

Household characteristics significantly impact income and the ability to afford basic needs. For example, a family of four with two minimum-wage earners would spend about 38 percent of their income on rent and 23 percent on food (Table 2). This is above affordability thresholds and means they would struggle to cover other basic expenses. A 2022 report from the Canadian Centre for Policy Alternatives found that in most Canadian cities, average rent costs far exceed what minimum-wage earners can afford.¹⁶

Table 2 shows other scenarios involving one full-time minimum wage earner per household. A single person earning minimum wage would spend about 56 percent of their income on rent and 19 percent on food, leaving only 25 percent for all other expenses and putting them at risk of food insecurity. A family of four refugee claimants with one minimum-wage earner would have only \$185 left each month after paying for rent and food. Unlike families eligible for the Canada Child Benefit, refugee claimant families in this scenario do not receive this support, resulting in much lower incomes overall. The Canada Child Benefit reduces the likelihood of food insecurity among families with children by about three percent.¹⁷

Table 2: Comparison of three income scenarios with minimum wage earner(s) in the household

| Income Scenario | Percentage income required for monthly rent | Percentage income required to purchase the NFB for a month | Total percentage of income required for monthly rent and the NFB | Money left for all other monthly expenses |
|---|---|--|--|---|
| Family of four median income (two income earners) | 20% | 12% | 32% | \$6742.51 |
| Family of four, two minimum wage earners*, two school-age children. | 38% | 23% | 61% | \$1989.51 |
| Single Person Household, minimum wage earner (30 hrs/wk) | 56% | 19% | 75% | \$579.43 |
| Family of four refugee claimants, a full-time minimum wage earner, two school-age children (40hrs/wk) | 58% | 35% | 93% | \$231.51 |

*One spouse works 40 hours/week and the other works 10 hours/week

Social Assistance Income Scenarios

Of all income scenarios, a single person receiving Ontario Works (OW) fares the worst, requiring 141 percent of their income to afford rent. This means a single person on OW does not have enough money for rent or any other expenses, including food. If a single person on OW paid rent and purchased the NFB they would exceed their monthly income by \$782.01 (Table 3). In all income scenarios where individuals were dependent on social assistance (OW or ODSP), they would need to exceed their income to pay for both rent and the NFB, leaving no money for additional expenses (e.g., utilities, transportation, clothing etc.). This demonstrates that relying on social assistance (especially for single people) puts these households at serious risk of being food insecure.

Table 3: Select social assistance income scenarios from Appendix A

| Income Scenario | Percentage income required for monthly rent | Percentage income required to purchase the NFB for a month | Total percentage of income required for monthly rent and the NFB | Money left for all other monthly expenses |
|---|--|---|---|--|
| Family of four on OW (Two adults and two children) | 64% | 39% | 103% | -\$108.40 |
| Family of 3 on OW (An adult and two school-aged children) | 70% | 32% | 102% | -\$45.35 |
| Single person on OW | 141% | 46% | 187% | -\$782.01 |
| Single person on ODSP | 82% | 27% | 109% | -\$140.01 |
| Single pregnant person on ODSP | 80% | 28% | 108% | -\$124.51 |

Low-Income Households at Highest Risk of Food Insecurity

These scenarios illustrate that many low-income households, particularly those dependent on provincial social assistance programs including OW and ODSP, cannot afford healthy, nutritious food. Local data show that the number of OW and ODSP beneficiaries increased by as much as 14 percent across Wellington, Dufferin and Guelph between 2024 and 2025. Most OW beneficiaries are single individuals without children (about 70%) or single parents (about 24%).¹⁸

Coping with Food Insecurity

Food insecure households often cope through strategies that manage income and many also resort to strategies that manage food. For example, parents have cut back on their own food intake to feed their children.⁹ Other strategies households use to make income go further include using coupons, returning bottles, postponing bill payments, borrowing money, borrowing food, selling possessions, buying food on credit and forgoing prescription medications because they cannot afford them.^{9,19} Many households also consume cheaper foods, skip meals or eat less.⁹

Individuals may reduce or skip prescription medications because they cannot afford them.¹⁹ In addition, housing affordability can lead to undesirable sharing and crowding.²⁰ Individuals' overall quality of life and mental health have been shown to be negatively impacted by insecure renting arrangements.²¹

Health Equity Implications

Food insecure households live in financial hardship with compromises to basic needs beyond just food. Poverty has significant negative impacts on health. According to [WDG Public Health's 2023 Poverty and Health Report](#), "poverty and poor health outcomes create a self-perpetuating cycle that is incredibly challenging to escape."²² Lower-income families are at very high risk of being food insecure. Middle-to-high income households are not immune to food insecurity since it reflects broader material circumstances including the amount and stability of income, assets like property, and other resources a household could draw upon, as well as the cost of living.²³ Food insecurity takes a significant toll on the health care system and health system costs.^{24,25} The likelihood of severe adverse health is much more likely among children and adults who experience higher degrees of food insecurity (i.e., severe food insecurity).^{26,27}

Individuals particularly at risk for food insecurity include:

- Low-income households
- Households with limited assets
- Renters
- Black, Indigenous, and Filipino main income earners
- Female-led lone parent households
- Households reliant on income supports (other than public pensions)²

Food insecurity is a household issue not only impacting the adults in the household but children as well. The rates of food insecurity among children under 18 are especially concerning. In Ontario, one in three children (33%) lived in a food-insecure household in 2024, which is a 12 percent increase compared to 2021 (Table 4).³

Table 4: Percentage of children under the age of 18 living in food insecure households in Ontario, 2019-2024³

| Region | Year | | | | | |
|---------|------|------|------|------|------|------|
| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
| Ontario | 22% | 23% | 21% | 25% | 31% | 33% |

Food insecure households experience ongoing challenges that leads them to experiencing a range of negative health impacts that go beyond diet related conditions.²⁸⁻³⁹ Adults and children experience many harmful physical, mental and social impacts.²⁸⁻³⁹ These impacts also take a significant toll on our health care system.
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Table 5: Select negative outcomes associated with food insecurity among adults and children

| | Nutrition related outcomes | Physical and mental health outcomes | Long-term impacts and societal outcomes |
|-----------------|--|--|--|
| Adults | Higher rates of heart disease, stroke and diabetes. ^{34,42} Increased risk for nutrient deficiencies. ^{28,29} | Higher risk of mental health disorders (e.g., depression and suicide ideation, anxiety disorders). ^{26,27,30,32} Higher risk of infectious diseases. ^{35,36} Increase risk of chronic pain, poor oral health, injuries. ⁴³⁻⁴⁵ | Increase in health care usage and costs as well as higher incidence rates of pain-driven emergency department visits. ⁴⁰⁻⁴¹ Higher risk of dying prematurely from all causes of death, communicable disease and injuries and non-communicable diseases, ³⁷⁻³⁹ |
| Children | Increase of nutrient deficiencies. ²⁸ Negative impacts on growth and development. ^{31,32,46} Negative impacts on learning. ⁴⁷ | Increased risk for asthma, depression and suicidal ideation in adolescence and early adulthood. ^{47,48} | Greater use of health services for mental health and substance use disorders compared to children and adolescents living in food secure homes. ^{48,49} |

Understanding the Local Food Insecurity Experience

In 2025, WDG Public Health responded to the community's need for data on this topic by implementing a research project in Dufferin County to study how people are coping with food insecurity. This is similar to past work that has been conducted in Guelph and Wellington. The project collects perspectives from both food insecure households who access emergency food services and those who do not. This research can be leveraged towards a more coordinated community response and enhance coordination to act on barriers and gaps identified regionally. Preliminary results will be shared with partners in early 2026.

Addressing Root Causes of Food Insecurity

Feed Ontario's 2024 Hunger Report shows that demand for food banks has reached record levels, surpassing their capacity and resources. In 2025, 50 emergency food services in WDG were serving food insecure households.⁵⁰⁻⁵² Feed Ontario calls on the government to act at all levels to address the affordability crisis and ensure Ontarians are food secure.⁹ This aligns with local research findings that income-based solutions would be the most effective interventions to help food insecure households.⁵³ The impacts of food insecurity are far beyond diet related and require solutions that go beyond food access. Solutions need to address the root causes of why households are financially constrained. Effective policy interventions suggested in Canadian research include income-related policies for areas such as housing, employment and public income supports that will help families meet their basic needs and support their well-being.⁵⁴⁻⁵⁸

Conclusion

Food insecurity has significant impacts on all areas of health (i.e., mental, physical, social) and places significant burdens on our health care system. The prevalence of food insecurity WDG is the highest recorded to date in the 20 years that this has been routinely measured.⁴ The 2025 NFB data and income scenario analysis shows that many people in WDG do not have enough money to purchase nutritious food on a consistent basis after housing and other living expenses are considered.

WDG Public Health and community partners continue to work with all levels of government to ensure food insecurity is addressed with effective policy solutions ^(16, 54-58) such as guaranteed basic income, adequate social assistance and minimum wage rates and reduced precarious employment conditions. WDG Public Health continues to provide support to groups working to address poverty and food insecurity such as the Guelph and Wellington Task Force for Poverty Elimination, Centre Wellington Community Foundation, Dufferin County Equity Collaborative, the Ontario Dietitians in Public Health's Food Insecurity Work Group and Headwaters Food and Farming Alliance.

Ontario Public Health Standards

Foundational Standards

- ☒ Population Health Assessment
- ☒ Health Equity
- ☐ Effective Public Health Practice
- ☐ Emergency Management

Program Standards

- ☒ Chronic Disease Prevention and Well-Being
- ☐ Food Safety
- ☐ Healthy Environments
- ☒ Healthy Growth and Development
- ☐ Immunization
- ☐ Infectious and Communicable Diseases Prevention and Control
- ☐ Safe Water
- ☐ School Health
- ☐ Substance Use and Injury Prevention

2024-2028 WDGPH Strategic Goals

More details about these strategic goals can be found in [WDGPH's 2024-2028 Strategic Plan](#).

- ☒ Improve health outcomes
- ☒ Focus on children's health
- ☐ Build strong partnerships
- ☐ Innovate our programs and services
- ☐ Lead the way toward a sustainable Public Health system

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Appendices

Appendix A – Income Scenario Spreadsheet