

Poverty Report

Chapter One

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Introduction

Poverty is a foundational determinant of health, shaping exposure to risk, access to health protective resources, and opportunities for wellbeing across the life course. The Government of Canada defines poverty as “the condition of a person who is deprived of the resources, choices, and power necessary to acquire and maintain a basic level of living standards and to facilitate integration and participation in society.”¹ The definition underscores that poverty extends beyond income insufficiency to include barriers to meeting basic needs, social inclusion, and full participation in daily life, factors that are closely linked to physical, mental, and social health outcomes.¹

Poverty is closely linked to the social determinants of health and both influences, and is influenced by, factors such as housing, education, employment, food security, and access to social supports. Poverty can limit access to these determinants – for example, low income may restrict housing options, increase food insecurity, or limit access to education and job training. At the same time, these social determinants also shape a person’s likelihood of experience poverty. Unstable employment, limited education, or inadequate social supports can reduce earning potential and increase financial vulnerability. Over time, these interacting factors affect physical and mental health and contribute to avoidable and unfair differences in health outcomes across populations.² As a result, poverty plays a central role in creating and maintaining health inequities.²

For public health, this means that addressing poverty requires looking beyond individual circumstances to the broader, social, economic, and policy conditions that shape people’s lives. This chapter provides an overview of how poverty is defined and measured, explores the key factors that influence it, and outlines how poverty reduction aligns with the Ontario Public Health Standards (OPHS) and broader provincial and federal initiatives. As the first in a series of chapter on poverty, it establishes a shared foundation for understanding poverty as a public health issue. Subsequent chapters will explore local patterns of poverty, populations facing higher risk, geographic and socioeconomic variation, links between poverty and health outcomes, and evidence-informed actions to reduce poverty through public health and community partnerships.

1.0: Understanding Poverty

1.1: Poverty as a Multidimensional Concept

Poverty is often discussed in terms of income, but it is increasingly understood as a multifaceted issue. While income plays a central role in shaping living conditions, it does not fully capture the range of challenges experienced by people in poverty.³ Individuals and families may have limited financial resources while also facing unstable housing, food insecurity, inadequate access to transportation or childcare, social exclusion, and chronic stress.³ These conditions can restrict individual choice and limit their ability to participate fully in community and life.

Poverty is also shaped by broader social and structural factors. Experiences of racism, colonialism, ableism, and gender-based discrimination can increase the risk of poverty and influence how it is experienced. As a result, poverty is not distributed evenly across a population.⁴ Certain groups – including Indigenous peoples, racialized communities, people with disabilities, lone-parent families, and newcomers – are more likely to experience persistent or deep poverty due to longstanding structural inequities.⁴

Understanding poverty as a multifaceted issue helps highlight that it is not simply the result of individual circumstances or choices. Simplified and stigmatizing narratives, such as the assumption that employment automatically prevents poverty, overlook the economic conditions, social systems and public policies that shape access to resources and opportunities over time.

1.2: Perspectives on Poverty

Poverty can be understood in different ways, depending on the context and the purpose. One common approach focuses on absolute poverty, which refers to having insufficient resources to meet basic needs such as food, housing, and clothing.⁵ This way of understanding poverty is often used to identify severe deprivation and to guide income supports and emergency responses. Deprivation looks similar in Guelph, Toronto, Winnipeg or Vancouver.

Another common approach looks at relative poverty, which considers how individuals or households are doing compared to others in a specified population (e.g., locally, provincially, or nationally). From this perspective, poverty can look much different in small towns compared to big cities. Poverty is not only about survival, but also about being able to participate in everyday life. This includes access to transportation,

education, technology, and social activities that are considered typical within a community.⁵ Relative approaches recognize that living standards and expectations can change over time and vary across place.

Poverty is also often understood through the lens of social exclusion and material deprivation. This perspective highlights how limited access to resources, services, and social networks can lead to isolation and reduced opportunities. It emphasizes that poverty can limit people's ability to influence decisions that affect their lives and can reduce their sense of belonging within their community.²

Finally, poverty can also be viewed across the life course, recognizing that experiences of poverty may be temporary, recurring, or long-term.^{6,7} Poverty experienced early in life is particularly important, as it has been linked to long-term impacts on health, education, and economic stability in adulthood.⁷ This life-course perspective helps explain how poverty can persist across generations when underlying social and economic conditions remain unchanged.

Together, these ways of understanding poverty reinforce that it is not a fixed or single experience. How poverty is defined and understood shapes how it is measured, how trends are interpreted, and how responses are designed in policy and public health practice.

1.3: How Poverty is Measured in Canada

In Canada, poverty is measured using several different indicators, each reflecting a particular way of understanding poverty. The dominant approach is grounded in absolute poverty, which defines poverty as having insufficient resources to meet basic needs. This perspective underpins the Market Basket Measure (MBM) which estimates the income required to afford a defined basket of essential goods and services. Other measures reflect different conceptual lenses, such as relative poverty (e.g., the Low-Income Measure) or broader material and social deprivation. Because each measure captures distinct aspects of poverty, no single indicator fully reflects its multifaceted nature. Understanding how these measures align with different conceptual perspectives, and their limitations, is essential for interpreting poverty data and applying it appropriately in public health practice.

Income-Based Measures of Poverty

The most commonly used poverty measures in Canada are based on income. These measures compare household income to a defined threshold and are used to estimate how many people are living with limited financial resources.

The Market Basket Measure (MBM) is Canada's official poverty line, formally established by the Government of Canada in August 2018 as the country's first official measure of poverty.⁸ It estimates the cost of a specific basket of goods and services needed to achieve a basic standard of living, including food, clothing, shelter, transportation, and other necessities.⁸ A household is considered to be living in poverty if its income is insufficient to afford this basket in its geographic area. The MBM accounts for regional differences in cost of living, making it particularly useful for examining poverty at local and regional levels.⁹ Please note: the MBM compares the cost of the basket to a household's disposable income, meaning income after taxes and mandatory deductions, but before paying for things like rent, food, and transportation.

- In addition to the Market Basket Measure (MBM), some analyses look more closely at how far people's incomes fall below the poverty line. Deep Income Poverty refers to households whose income is well below the MBM threshold, indicating more severe financial hardship.¹⁰ Other analyses also distinguish households whose income falls below the MBM but not as far as the deep poverty level. These households are sometimes described as being between the MBM threshold and deep income poverty. Examining these groups together helps illustrate not only how many people are living in poverty, but also the depth and severity of poverty experienced by different households.
- Another term commonly used in research is hidden poverty, which refers to people whose income falls just above the official poverty line, but who still struggle to afford basic necessities such as food, housing, and utility bills.¹¹ Although these individuals are not counted as living in poverty under standard measures, they often experience financial stress and insecurity similar to those living below the poverty line. Hidden poverty is often used to describe people who are at high risk of entering poverty.

Another commonly used income-based measure is the Low-Income Measure (LIM). It defines poverty relative to the income distribution of the population.^{12,13} It defines households with after-tax incomes below 50% of the national median, adjusted for household size. Because the LIM is calculated at the national level and expressed in constant dollars, it is well suited for comparing poverty across populations and tracking changes over time.

The Low-Income Cut-Off (LICO) is an older measure that identifies households spending a significantly higher proportion (greater than or equal to 20%) of their total income on basic necessities compared to the average household.¹⁴ While LICO is no longer used as a poverty line estimate, it continues to appear in research and historical analyses.

Each of these income-based measures (MBM, LIM, and LICO) provide valuable information, but they primarily capture financial resources and do not reflect lived experiences of poverty.

In Canadian contexts, including at the local level, the MBM and the LIM are the most commonly used income-based poverty measures. They are widely applied by Statistics Canada, federal and provincial governments, public health units, and researchers to monitor poverty trends, compare populations, and inform policy and planning. While Statistics Canada continues to produce LICO estimates, these are provided primarily for historical comparisons, and LICO is no longer used as an official poverty measure.

Beyond Income: Material & Social Deprivation

Recognizing that income alone does not capture the full experience of poverty, additional measures have been developed to reflect broader social and material conditions. Material and social deprivation indices use census and survey data to assess factors including education, employment, housing conditions, and social connection at the neighbourhood or community level.¹⁵ By examining material and social deprivation together, these measures provide insights into how disadvantage is distributed across places and how different forms of deprivation can overlap.¹⁶ While not used to determine individual poverty status, deprivation indices are particularly useful for identifying geographic patterns of inequity and informing place-based public health planning.¹⁶ For more information on this measurement, the Institut National de santé Publique du Québec (INSPQ) provides a comprehensive resource found [here](#).

Experience-Based Measures of Poverty

Poverty can also be assessed using experience-based indicators that reflect how people are affected by financial strain in their daily lives. Household food insecurity is a commonly used experience-based measure in Canada and captures difficulties affording enough nutritious food due to limited financial resources.¹⁷ Food insecurity is strongly linked to low income and is associated with poorer physical and mental health outcomes, higher health-care usage, and increased stress.¹⁸ In Wellington-Dufferin-Guelph, this approach is familiar through the annual Nutritious Food Basket report,

which uses food affordability as a key indicator of financial strain and routinely informs Board of Health discussions and public awareness of cost-of-living pressures. Unlike income measures, experience-based indicators show the immediate impacts of poverty, but only capture only specific aspects of material hardship and do not reflect broader economic or social conditions.

1.4: Strengths and Limitations of Poverty Measures

Each poverty measure has strengths and limitations. Income-based measures such as the Market Basket Measure (MBM) and the Low-Income Measure (LIM) are useful for tracking trends and comparing populations, with the MBM reflecting local costs of living and the LIM supporting national comparisons. However, these measures focus primarily on income and do not fully capture lived experiences such as financial instability, social exclusion, or other unmet needs.¹⁹ The Material and Social Deprivation Index (MSDI) provides a broader, area-based view by incorporating factors such as education, employment, housing, and social connection, making them useful for identifying geographic patterns of disadvantaged. Experience-based indicators, such as household food insecurity, capture day-to-day hardship but only reflect one dimension of poverty. Given their widespread use and availability in Canadian (and local) data sources, the MBM and LIM are primary measures used in subsequent chapters of this series, alongside complementary indicators were relevant. For public health, using multiple measures together provides a more complete and equity-informed understanding of poverty across populations and places.

2.0: What Influences Poverty

2.1: The Social Determinants of Health

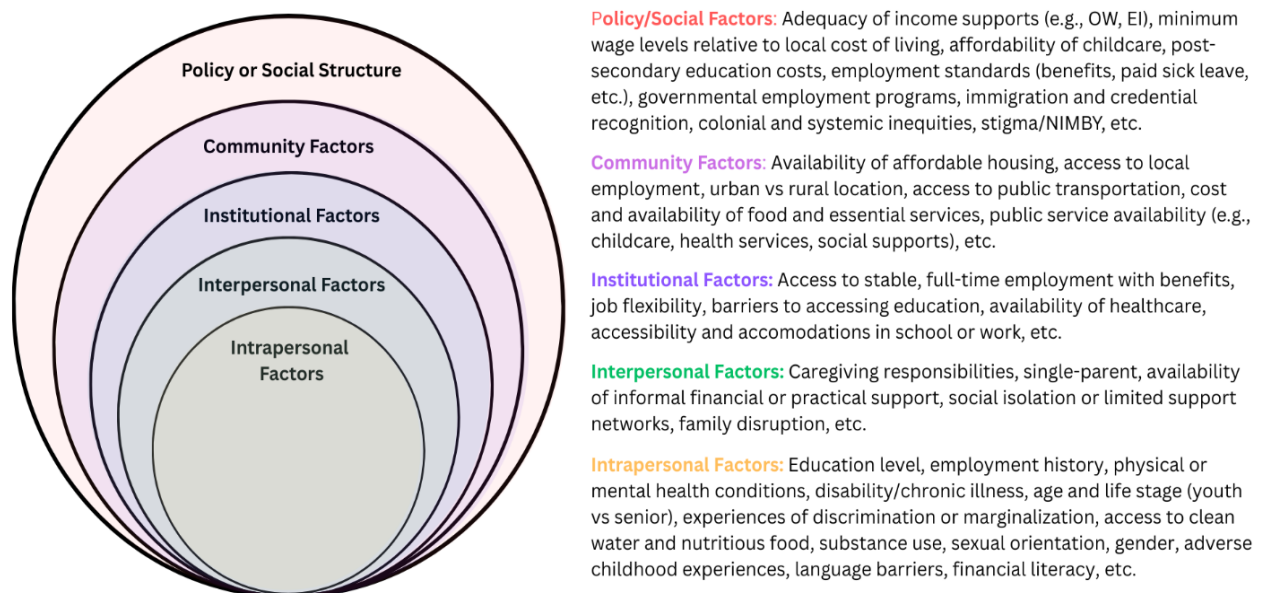
Measurement does not necessarily lead to an understanding of causation and understanding what causes poverty is not straightforward. Poverty does not follow a single, linear path, nor can it be explained by one factor alone, such as falling below Canada's official poverty line based on the Market Basket Measure (MBM). Instead, poverty often develops through the interaction of multiple factors over time.

In public health, these influences are commonly described as the social determinants of health (SDOH) – the social, economic, and environmental conditions that shape people's health and overall wellbeing.²⁰ Viewing these factors through a socioecological model can help illustrate how individual circumstances are shaped by broader individual, community, systemic, and policy-level conditions.²¹

The socioecological model below illustrates how poverty is shaped by factors operating at multiple levels, from broader policy and social structures to individual circumstances. These levels do not act in isolation. Instead, conditions at the policy and community level influence access to opportunities, services, and resources, which in turn shape institutional experiences, social relationships, and individual outcomes.²¹ For example, housing affordability, employment standards, and access to childcare can affect job stability, caregiving responsibilities, and financial stress at the household level. Together, these interacting factors influence a person's likelihood of falling below the Market Basket Measure (MBM) threshold, thereby being classified as living in poverty by national standards. Viewing poverty through this model helps highlight that experiences of poverty are the result of overlapping experiences, rather than a singular cause.

Note: the factors listed in Figure 1 are not exhaustive. The list of factors included in the model were obtained from multiple sources, including Raphael (2020)², Mikkonen & Raphael (2010)²², Raphael, D (2020)²³.

Figure 1: A Socioecological Model of Factors Influencing Poverty



Note: This socioecological model has been adapted from Tucher et al (2020).²⁴

2.2: Vignettes

Another way to understand how poverty develops is through vignettes, or brief personal narratives. As you read each example, consider how the social determinants of health shown in the model above interact to shape each person’s pathway toward the poverty line.

Note: the vignettes are informed by real-life circumstances shared by individuals with lived experiences of poverty in Guelph and Wellington County. These vignettes are adapted from stories written by the [*Guelph and Wellington Poverty Elimination Collaborative*](#) and validated by people with lived experience to ensure they accurately reflect local realities. While the characters are fictional, the situations described represent common challenges faced by community members, particularly related to food insecurity and access to basic necessities.

Table 1: Vignettes: How Different Factors Can Lead to Poverty	
Harold	<p>Harold’s life changed at age 42 after a workplace injury left him unable to work. After being denied Workplace Safety and Insurance Board Benefits, he relied on Ontario Works before eventually qualifying for the Ontario Disability Support Program (ODSP). Living in a rural community with no pension or savings and receiving \$1,408 per month, Harold struggles to afford food, transportation, and health-related costs not covered by public programs. Much of his limited income goes toward uncovered health expenses, leaving little for food; as a result, he often relies on inexpensive items such as canned tuna and bananas and typically eats only one meal a day. Although he receives a rental subsidy, rising food prices and limited transportation make accessing affordable groceries difficult. Over time, these challenges have affected his sense of dignity and independence, reinforcing feelings of stigma and reliance on charity rather than self-sufficiency.</p> <p>Key themes: disability, income adequacy, rural access, uncovered health costs, food insecurity, stigma, transportation barriers.</p>

Sarah	<p>Sarah lives and works in a city, where rising rents have far outpaced her wages. Despite being employed, most of her income is devoted to housing costs, leaving little money for food or other basic necessities. Intense competition for affordable housing has made securing stable and reasonably priced accommodation increasingly difficult. Although Sarah has accessed food support services in the past, experiences of judgement and stigma have made her reluctant to return. On one occasion, she overheard comments suggesting that she could sell her coat to cover her needs, despite the fact that it had been purchased second-hand at minimal cost. Experiences like this have reinforced feelings of shame and social exclusion. As a result, Sarah now relies on free community meals and informal exchanges through online platforms to meet her needs, while hoping that seeking help can be understood as an act of resilience rather than personal failure.</p> <p>Key themes: housing affordability, working poverty, stigma, food insecurity, urban cost of living, social exclusion.</p>
Laura	<p>Laura is a single mother living in Guelph with her two children and works full time in a minimum-wage retail job. Despite being employed, rising housing and food costs make it difficult for her family to meet basic needs. To ensure her children have enough to eat, Laura often prioritizes their meals over her own, resulting in significant unintended weight loss over a short period of time. She regularly visits multiple food programs, sometimes travelling to several locations in a single day to piece together enough food for her household. While she is grateful for the availability of community supports, the process is time-consuming and emotionally taxing, contributing to stress and negative impacts on her mental health. Ultimately, Laura identifies stable, adequately paid employment as the most important factor in improving her family's financial security.</p> <p>Key themes: single parenthood, low-wage employment, food insecurity, caregiving, mental health impacts, transportation, income adequacy.</p>

Together, these vignettes highlight how poverty often develops through the interaction of multiple factors rather than a single event or condition. Across each example, individual circumstances are shaped by broader institutional, community, and policy, such as employment standards, access to supports, discrimination, and housing conditions. These overlapping influences can gradually increase financial strain and push individuals closer to, or below, the poverty line. Viewing these stories through a socioecological lens reinforces that poverty is not the result of personal failure, but of interconnected systems and conditions that shape individual opportunities over time.

3.0: Alignment with Ontario Public Health Standards (OPHS) and Broader Initiatives

3.1: Poverty Reduction and the OPHS

The Ontario Public Health Standards (OPHS) outline the roles, responsibilities, and minimum expectations for public health programs and services in Ontario. Together, the four foundational standards guide how public health units assess population needs, plan, deliver programs, and work toward improving health outcomes. While all four standards relate to poverty in some way, Population Health Assessment and Health Equity are particularly well aligned with poverty reduction efforts at the local, provincial, and federal levels.

Population Health Assessment

The Population Health Assessment standards focus on responding effectively to current and emerging population health issues through the ongoing collection and analysis of data. Surveillance activities support evidence-informed program planning, implementation, and evaluation. In the context of poverty, this standard recognizes that poverty is a dynamic and evolving issue that requires regular monitoring. Surveillance data help describe the extent and distribution of poverty, identify populations and communities most affected, and track changes over time. This information is critical for justifying the need for intervention and for assessing whether programs and policies are having their intended impact.

Health Equity

The Health Equity standard aims to reduce avoidable and unfair differences in health by ensuring that everyone has the same opportunity to achieve optimal health, regardless of social position or life circumstances.

Applied to poverty, this standard emphasizes identifying populations who experience higher risk, and ensuring their perspectives are meaningfully included in public health planning and decision-making. Addressing poverty through a health equity lens requires moving beyond identification, but including populations voices and perspectives to ensure program delivery is having an impactful and intended outcome.

Bringing the Two Standards Together

Population Health Assessment and Health Equity are closely connected and reinforce one another. Effective surveillance helps identify populations experiencing poverty or at increased risk, while a health equity approach ensures that responses are tailored, inclusive, and responsive to lived experiences. Together, these standards support public health action that address poverty not only as a social issue, but a key driver of health and wellbeing.

3.2: Broader Poverty-Reduction Strategies

Federal Strategy: Opportunity for All

In 2018, the Government of Canada adopted the Market Basket Measure (MBM) as the country's first official poverty line. Building on this, the federal government launched *Opportunity for All*, a long-term poverty reduction strategy that was later formalized through the Poverty Reduction Act in July 2019.²⁵ The strategy established a national goal of reducing poverty by 50% by 2030, relative to 2015 levels, and committed to regular measurement, reporting, and accountability.²⁵

A key feature of *Opportunity for All* is its emphasis on accountability and lived experience. The strategy established the National Advisory Council on Poverty, which provides independent advice to the Minister of Families, Children and Social Development and reports publicly on progress toward poverty reduction goals. The Council includes members with lived experiences of poverty, as well as policy experts, community leaders, researchers, and practitioners working in the field.²⁵

Opportunity for All also builds on and strengthens a range of national income and social support programs that influence financial stability across the life course, including²⁵:

- Canada Child Benefit (CCB)
- Child Disability Benefit (CDB)
- Canada Workers Benefit (CWB)
- On-Reserve Income Assistance Program
- Old Age Security (OAS) and the Guaranteed Income Supplement (GIS)
- Canada Pension Plan (CPP)

Together, these programs help address poverty through income supports, employment incentives, and protections for children, seniors, and people with disabilities – factors that directly influence whether households can meet the cost of basic necessities captured in the MBM.

Provincial Strategy: Building a Strong Foundation for Success

At the provincial level, Ontario released *Building a Strong Foundation for Success: Reducing Poverty in Ontario* in 2020. This five-year strategy, which concluded in December 2025, focused primarily on increasing employment and economic participation among people receiving social assistance.²⁶ One of its stated targets was to increase the number of social assistance recipients moving into employment.

The strategy is structured by four pillars²⁶:

1. Encouraging job creation and connecting people to employment
2. Connecting people with the right supports and services
3. Making life more affordable and building financial resilience
4. Accelerating action and driving progress

Key initiatives supporting these pillars included²⁶:

- Short-duration training and micro-credential programs to support rapid entry into the workforce
- Investments in Better Jobs Ontario (formerly Second Career Ontario)²⁷
- Repairing and maintaining affordable housing through the Community Housing Renewal Strategy
- Providing financial support to low- and moderate-income families through the Ontario Child Benefit (OCB)
- Reducing childcare costs through the Ontario Child Care Access and Relief from Expenses Tax Credit
- Adjustments to the minimum wage in Ontario

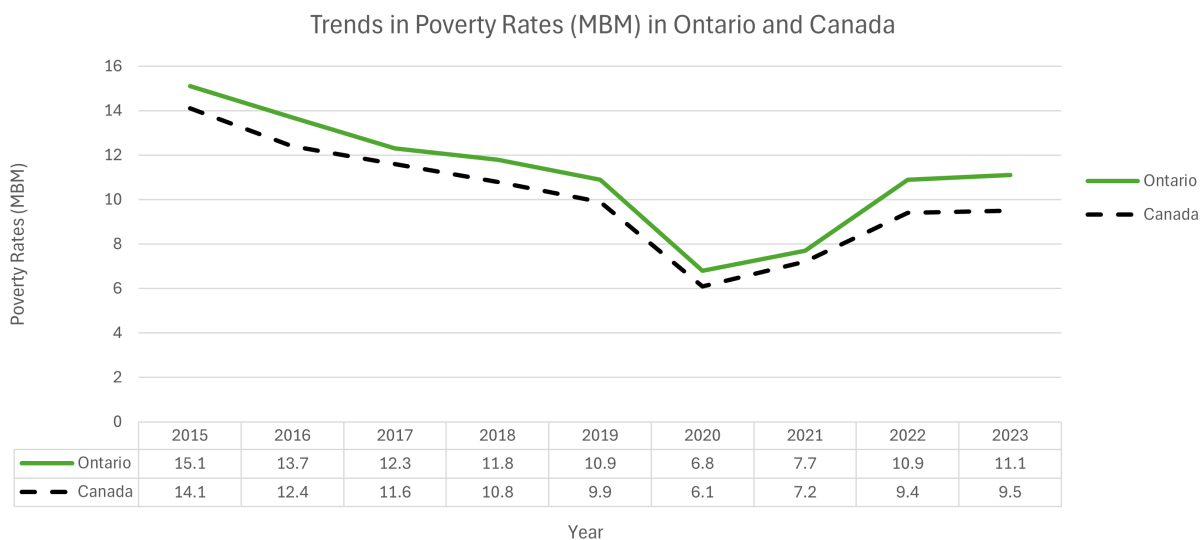
While the strategy placed strong emphasis on employment, it also acknowledged the importance of affordability, housing stability, and access to supports in helping people achieve and maintain financial security.

In addition to federal and provincial efforts, a wide range of local strategies and initiatives are underway across Guelph, Wellington, and Dufferin to address poverty and its impacts. These locally led actions play an important role in representing to community-specific needs and priorities. However, the focus of this chapter is to provide a high-level overview of how poverty is understood, measured, and addressed through broader policy frameworks. Local strategies and initiatives will be explored in greater detail in subsequent chapters of this series.

3.3: Poverty Trends in Relation to Federal and Provincial Goals

Canada’s Poverty Reduction Strategy set a national goal of reducing poverty by 50% by 2030, relative to 2015 levels, using the Market Basket Measure (MBM) as the official poverty line. This would mean reducing poverty, at a sustained level, federally, to an MBM score of 7.05. As shown in Figure 5, poverty rates in Ontario and across Canada declined gradually in the years leading up to 2019, before dropping substantially in 2020. This decline coincided with the introduction of temporary federal pandemic-related income supports, including the Canada Emergency Response Benefit (CERB), which increased household incomes for many people experiencing financial vulnerability.²⁸ Based on the MBM, Canada’s national poverty rate in 2020 fell below half of its 2015 level, technically meeting the federal poverty-reduction target under *Opportunity for All*; however, this decline occurred under unique and time-limited circumstances that are largely related to the COVID-19 pandemic.

Figure 2: Trends in Poverty Rates (MBM) in Ontario and Canada, 2015-2023.



Note: this graph has been adapted by Maytree (2025).²⁸

Since 2020, poverty rates have risen again both nationally and in Ontario. By 2023, an estimated 11.1% of Ontario's population – roughly 1.7 million people – was living below the MBM poverty line, exceeding pre-pandemic levels. While poverty rates remain slightly lower nationally than in Ontario, the overall pattern suggests that earlier reductions in poverty were not sustained as temporary supports ended and cost-of-living pressures increased.

However, this reduction coincided with the introduction of temporary pandemic-related income supports, such as the Canada Emergency Response Benefit (CERB) which increased household incomes during that period.

These patterns show that short-term declines in poverty do not necessarily translate into lasting progress. They also demonstrate how changes in economic conditions and policy environments can affect poverty rates across the population. For public health, understanding these trends helps guide monitoring efforts, identify groups most affected, and support informed planning.

4.0: Looking Ahead

This chapter is the first in a multi-part series examining poverty in federal, provincial, and local contexts, with a particular focus on Wellington-Dufferin-Guelph. It provides a foundation by introducing poverty as a complex public health issue, outlining how poverty is commonly understood and measured, and summarizing key initiatives aimed at poverty reduction at a high level.

Subsequent chapters, to be released through 2026, will build on this foundation by exploring poverty in greater depth at the local level. Planned topics include:

- Who experiences poverty locally, including populations and places
- Poverty and core health outcomes across the life course
- Housing insecurity and cost-of-living pressures
- Work, income security, and social assistance
- Evidence-informed actions and recommendations to reduce poverty locally

Together, these chapters are intended to support a shared understanding of poverty, inform equity-focused planning, and strengthen public health and local community responses over time.

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