

Nutritious Food Basket 2022 Report

To: Chair and Members of the Board of Health

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Recommendations

It is recommended that the Board of Health:

1. Share the Wellington-Dufferin-Guelph Nutritious Food Basket (NFB) survey results with the following groups to increase community awareness of the cost of healthy eating:
 - a. Consumers through Public Health's website and other communications vehicles as appropriate.
 - b. Local health and social service groups and officials.
2. Forward this report to the Association of Local Public Health Agencies and the Ontario Public Health Association to assist them in advocating for those who are food insecure.

Key Points

- Food insecurity is an important public health issue. Poor nutrition can lead to negative social, physical, and mental health outcomes in adults and children.
- To define this issue locally, 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) for 2022.
- The NFB tool is used by Wellington-Dufferin-Guelph Public Health (WDGPH) to identify which households may not be able to afford healthy food and help inform public health and community planning to address food insecurity locally.
- In 2022, the cost of the NFB in WDG for a reference household of four people is \$272.67 per week.
- During the pandemic food costs have increased and the NFB is now costlier than before the pandemic.
- Individuals and families with low incomes do not have enough money to pay for their basic needs, including shelter and healthy food.
- The highest risk groups for food insecurity include not only low-income households (including post-secondary students) but also households with limited assets (e.g., homeownership, savings), Indigenous households and other racial/cultural groups, female-led lone parent households and households reliant on income supports.
- Public health must continue to work with community partners to raise awareness about the root causes of food insecurity and advocate for effective policies that ensure families and individuals are not financially constrained and can afford adequate nutritious food.

Background

Food Insecurity Definition

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 and is a marker of material deprivation.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

Data from the Canadian Income Survey found that 16.1% of households in 2021 were food insecure in Ontario.²

Among children and young adults in 2021, the prevalence of household food insecurity was more than triple the prevalence for adults 75 and older in Canada.² Almost 20% of children under 18 years of age in the ten provinces (an estimated 1,388,000 children) lived in food insecure households.²

According to the 2017 Canadian Community Health Survey (CCHS), WDG regional prevalence rate for food insecurity was found to be 15% of households.³ More recent regional data from CCHS is not available. However, a local food insecurity survey conducted in 2020 among 600 residents in Guelph-Wellington (excludes Dufferin County) found that 1 in 8 (12%) households in Guelph-Wellington were food insecure.⁴

In the fall of 2019, a survey completed among University of Guelph students showed that 1 in 5 (20%) post-secondary students were food insecure.⁵ Even more concerning is that in the fall of 2021, Meal Exchange ran another survey and estimated prevalence of food insecurity among this population to be much higher than 20%.⁶ There are some differences in how each survey was designed, so it is difficult to compare numbers. Rising inflation rates and these survey findings suggest that food insecurity among students is likely to continue to increase.

WDGPH's Nutritious Food Basket

WDGPH has used the Nutritious Food Basket (NFB) survey tool since 1998 to monitor the cost and affordability of healthy eating. To reflect changes in dietary guidance and food habits, different versions of food baskets have been used in Canada.⁷ In 2019, Health Canada updated the National Nutritious Food Basket (NNFB).⁷ This prompted the Ontario Dietitians in Public Health (ODPH) to update the provincial NFB tool to reflect the most current national information leading to the development of a new NFB costing tool.^{8,9}

The new NFB costing tool and protocol was piloted by 27 health units, including WDGPH, between May 16 and June 24, 2022.⁹ The NFB data obtained in 2022 is of high quality and can help to inform community action on household food insecurity.

Discussion

NFB Methods

The NFB survey was conducted in May of 2022 by a WDGPH public health nutritionist and a trained health promotion specialist. Seven grocery stores were used for food pricing, including chain and independent stores across WDG. These stores were assessed using the new 2022 Ontario Dietitians in Public Health Nutritious Food Basket Guidance document.⁸ To compare incomes and expenses for the purchase of food and rental housing for families and individuals in a variety of scenarios, case scenarios were created for analysis (Appendix A). The average rental rates in the City of Guelph are used for the data in the income scenarios and were accessed from the Primary Rental Market Statistics for Guelph from the Canadian Housing Mortgage Housing Corporation.¹⁰ 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 since housing is a critical need.

NFB Results

The results of the NFB costing activity can be viewed in Appendix A. For a reference family of four, the cost of the NFB in WDG is \$1180.70 per month (\$272.68 per week). The last WDGPH NFB report was completed in 2018 and revealed that the cost of the NFB in WDG at that time was \$909.69 per month (210.09 per week).¹¹ It is important to note that since there is a new NFB tool and protocol being used, comparisons cannot be made to previous NFB yearly costs. Despite not being able to compare to previous NFB results, the results clearly show that many people in WDG do not have enough income to afford healthy food. The largest expense for most low-income residents is housing. Housing is considered affordable if it costs less than 30% of a household's income.¹² The income spent on rent is much higher than 30% (37 percent to 108 percent) in six out of the seven income scenarios presented in Appendix A. This demonstrates that there is very little money left over to purchase food and cover other basic expenses after rent is paid.

Out of all the income scenarios, a single person on Ontario Works (OW) fares the worst, requiring 108% 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. A single person on OW would require 49% of their income to afford healthy food excluding other basic living expenses like rent (Appendix A).

It is estimated that a family of four with a median Ontario income would spend approximately 16% of its income on rent, 13% on food, and would have \$6,686.30 left over to cover other monthly expenses (Table 1). A family of four with a median Ontario income can afford rent and the nutritious food basket as this case scenario demonstrates. The situation fares far worse for families on Ontario Works (OW). The case scenario for a family of four on Ontario Works (OW) estimates it would cost about 53% of their income to afford rent and about 43% of their income to purchase healthy food. This scenario estimates that this family would have approximately \$123.30 left to cover all other expenses (e.g., utilities, transportation, clothing etc.) (Table 1). Single people on OW fare the worst in the income scenarios. If a single person on OW paid rent and purchased the NFB they would exceed their monthly income by \$497.88 (Refer to Table 1).

Table 1: Presentation of select income scenarios from Appendix A

Income Scenario	Percentage income required for rent	Percentage income required to purchase the NFB	Total percentage of income required for rent and the NFB	Money left for all other expenses
Family of four median income	16%	13%	29%	\$6686.30
Family of four on OW	53%	43%	96%	\$123.30
Single person on OW	108%	49%	157%	\$-497.88

A scenario that includes a family of four with two minimum wage earners is not included in the NFB tool in Appendix A. However, using the given scenarios one would estimate that even with two minimum wage earners a family would struggle to afford basic expenses.

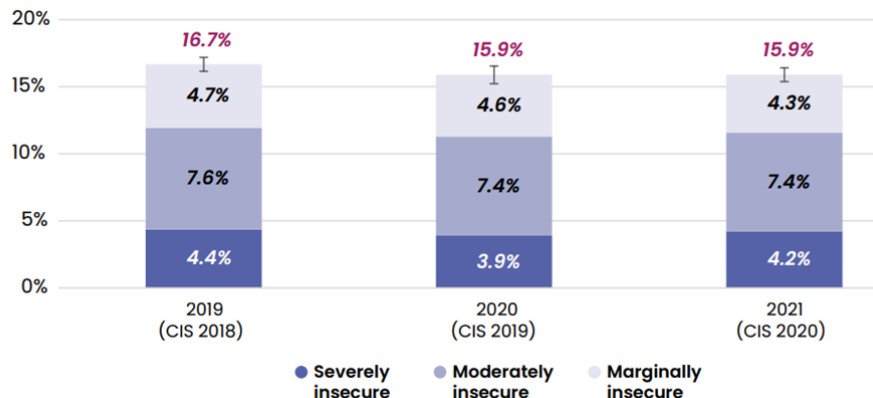
Based on the scenarios presented in Appendix A, families with adequate incomes can afford the nutritious food basket but families and singles dependent on social assistance cannot afford healthy nutritious food.

Food insecure individuals and households usually cope through strategies that manage income but many also must resort to strategies that manage food. To protect children when the family is threatened by food insecurity, mothers have cut back on their own food intake to feed their children.¹³ Other Canadian household strategies that attempt to make income go further include using coupons and or returning bottles, postponing bill payments, borrowing money, borrowing food, selling possessions, and buying food on credit.¹³ Households also consume cheaper foods, skip meals or eat less.¹³ Food insecure university students in Canada have used coping strategies such as applying for a loan or bursary, seeking employment or working more hours, and purchasing food using a credit card.¹³ In addition, problems with housing affordability can lead to undesirable sharing and crowding which can negatively impact personal space and privacy.¹⁴ People's quality of life and mental health have been shown to be significantly impacted by insecure renting arrangements.¹⁵ This is concerning, given local statistics which indicate that the average number of monthly OW beneficiaries in Wellington County in July 2022 was 3,042.¹⁶ The average number of monthly OW beneficiaries in Dufferin in Oct-Dec 2021 was 673.¹⁷

Impact of COVID-19 on Food Insecurity

Data from the Canadian Income Survey (CIS) indicates that household food insecurity remained fairly stable from 2019 - 2021 (Figure 1). From 2019 - 2020 there was a slight decrease that was maintained in 2021 but food insecurity continues to be a major problem in Canada.² Caution needs to be taken when looking at the trends of food insecurity during COVID-19. During the pandemic there were economic disruptions, various income supports that were newly implemented, new wage subsidies and other short-term government interventions to support households through the pandemic.² More research will need to be analyzed as it becomes available to truly understand the impacts of the pandemic on food insecurity.²

Figure 1: Prevalence of household food insecurity in the ten provinces, 2019-2021



Source: Household Food Insecurity in Canada 2021 PROOF report²

The following are some of the findings (including national and local data) that help provide insight about the impact COVID-19 had on food insecurity:

- Individuals in Canada who were employed but absent from work because of business closures, layoffs or other personal circumstances due to COVID-19 were found to be more likely to experience food insecurity (18.4% food insecure) than others who were working (10.7% food insecure).¹⁵
- Forty percent of households who were dependent on pandemic benefits or employment insurance were food insecure.²
- A local representative survey of 600 individuals conducted in Guelph-Wellington (excludes Dufferin) during the pandemic found 1 in 8 (12%) households in GW were food insecure and almost two-thirds (63%) reported this as a new experience since the pandemic began.⁴
- The pandemic may have caused further disparities and disproportionately impacted food insecure households. Food insecure households were already struggling to meet basic needs and the pandemic may have made circumstances even more challenging.^{19,20}
- The pandemic also strained the emergency food services ability to serve community members seeking their support. Some of the challenges include physical distancing requirements, public space closures, changing demands leading to shifting service delivery models, changing inventory and adjusting hours to meet client needs.²¹⁻²³

- School food programs had to be cancelled or altered in their delivery due to school closures during the pandemic. These food programs help to feed many low-income families in the region.²⁴

Health Equity Implications

Poverty and a lack of material necessities such as housing and income that food insecure households experience leads to its own negative health outcomes. Previous WDGP reports on poverty and health demonstrate that “there is a clear and robust relationship between income and health. Extensive and robust research has demonstrated a direct link between socioeconomic status and health. People living in poverty have the greatest burden of illness.”²⁵ For food insecure households, putting food on the table is a constant struggle and source of significant stress.¹³

Food insecurity is associated with inadequate intake of key nutrients²⁶ and poor health outcomes. Being diagnosed with chronic conditions including mental health disorders (e.g., depression and suicide ideation)²⁷⁻³⁰ and non-communicable diseases^{31,32} (e.g., heart disease, stroke and diabetes) are much higher in people who are experiencing food insecurity than those who are food secure. Infections are also diagnosed more in people living with food insecurity than those that are food secure.³³⁻³⁵ Food insecurity has significant negative health outcomes on a child’s wellbeing including increased risk for asthma, depression and suicidal ideation in adolescence and early adulthood.^{36,37}

Chronic conditions are also more difficult to manage when someone is experiencing food insecurity (e.g., inability to afford healthy food or medications) leading to increased chance of negative disease outcomes,^{38,39} being hospitalized⁴⁰ and in worst cases dying prematurely.³⁵ This also takes a significant toll on the health care system and health system costs.^{40,41} Not surprisingly, children and adults who experience higher degrees of food insecurity (i.e., severe food insecurity) have an increased likelihood of severe adverse health outcomes.^{29,42}

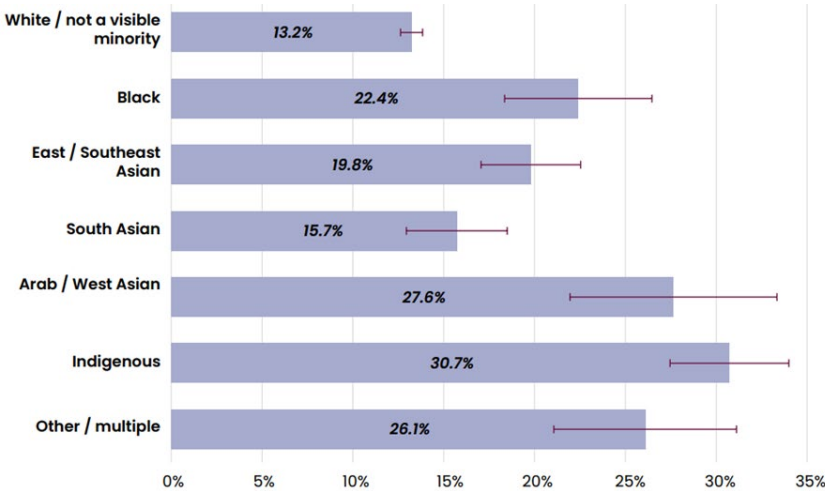
Individuals particularly at risk for food insecurity include:

- Low-income households
- Households with limited assets
- Indigenous households and other cultural/racial groups (See Figure 2)
- Female-led lone parent households
- Households reliant on income supports (other than public pensions)²

Canada’s long history of colonialism and systemic racism have contributed to the racial disparities in food insecurity that have led to serious health consequences.⁴³

Certain cultural/racial groups are at higher risk to food insecurity. White individuals are at the lowest risk when compared to other cultural/racial groups in the population who have much higher rates of food insecurity (refer to Figure 2). Indigenous populations are at the highest risk. Almost 31% of off-reserve Indigenous Peoples in the ten provinces were food insecure in 2021.²

Figure 2: Percentage of individuals living in food insecure households by racial/cultural identity and indigenous status, 2021



Source: Household Food Insecurity in Canada 2021 Proof report²

Addressing Root Causes of Food Insecurity

A national food recovery network called Second Harvest reports there are four times more food charities (i.e., churches, temples, mosques, senior centres, schools, or social programs) than there are chain and independent grocery stores across Canada.⁴⁴ In 2020 an estimated 33 billion dollars in food was provided by charities to people in Canada.⁴⁴

In Guelph-Wellington there are 39 food access programs trying to aid households who are struggling to access foods.⁴⁵ It is interesting to note that the University of Guelph alone has five programs that help students access healthy foods due to their high rates of food insecurity.⁴⁶ In addition, local research found that of the community members

who were surveyed and identified as food insecure, only 25% access these services due to a variety of barriers (e.g., transportation, food variety, hours of operation, etc.).⁴⁵

WDGPH, Our Food Future and Toward Common Ground conducted a local survey with 22 food and social service providers in Guelph Wellington to ask about the impact of the pandemic on their services and clients.⁴ The results show that organizations faced operational and logistical challenges to providing emergency food.⁴ Service providers shared ideas about how to improve immediate access to food and acknowledged that addressing the root causes of food insecurity would require income-based policy solutions.⁴ Individuals experiencing food insecurity also report that income-based solutions would be the most effective interventions to help them access nutritious foods.⁴⁵

Rising inflation is likely to cause food insecurity to worsen in WDG.² Having more effective income-related policies for areas such as housing, employment and public income supports will help families meet their basic needs and support their well-being.⁴⁷⁻⁴⁹ It is critical that evidence-based policy interventions to reduce food insecurity are considered as a response to this issue.

Conclusion

The 2022 NFB data and income scenario analysis clearly shows that many individuals and families with low incomes in WDG do not have enough money to purchase nutritious food on a consistent basis especially after housing costs and other basic living expenses are considered. The fact that food insecurity impacts all areas of health (i.e., mental, physical, social) demonstrates it is a critical public health issue. The highest risk groups for food insecurity include not only low-income households (including post-secondary students) but also households with limited assets, Indigenous households and other racial/cultural groups (see figure 2), female-led lone parent households and households reliant on income supports.

Food access programs provide support to some food insecure individuals, but they are unable to address the root causes of why households are financially constrained. Inflation is a major concern for future if measures are not taken to address the underlying reasons households lack the financial means to afford basic living expenses and keep up with the rising costs of living.² WDGPH needs to continue to monitor food costs and affordability trends through the NFB protocol annually to identify who in WDG

is at highest risk and raise awareness of the issue of food insecurity in WDG as a critical public health issue. It is also recommended that WDGPH continue to work with local and provincial groups working to address poverty and food insecurity such as Guelph and Wellington Task Force for Poverty Elimination, Centre Wellington Community Foundation, Dufferin County Equity Collaborative, Our Food Future Guelph-Wellington, the Ontario Dietitians in Public Health's Food Security Work Group and Headwaters Food and Farming Alliance. It is important that WDGPH and community partners work with all levels of government to ensure food insecurity is addressed with income-based solutions (e.g., guaranteed basic income, adequate social assistance rates, and reduced precarious employment conditions) and that effective policy changes are considered to support adequate incomes and the additional factors (i.e., structural and systemic racism) that limit household's ability to afford healthy food.⁴⁷⁻⁴⁹

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

2023 WDGPH Strategic Directions

People & Culture: We will maximize relationships through meaningful in-person interaction. Further integrate equity, diversity, and Inclusion objectives throughout the organization and equip ourselves for change.

Partner Relations: We will strategically collaborate with partners to address priority health issues in the community, re-engage with community partners and work with a range of partners to achieve positive health outcomes.

Health System Change: We will ensure we are positioned to be an agent of change within the broader health sector, advance the work of Ontario Health Teams and lead change in public health.

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Appendices

Appendix A: NFB Income Scenarios