Monitoring Food Affordability 2024 Report

To:	Chair and Members of the Board of Health
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Recommendations

It is recommended that the Board of Health:

1. Receive the 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 2024.
- In 2024, the cost of the NFB in WDG for a reference household of four people is $315.47 per week, compared to $323.32 per week in 2023 (a decrease of 2 percent).
- Despite the cost of food remaining relatively stable in the past year, national rates of food insecurity are the highest on record. In 2023, 23 percent of households in Wellington-Dufferin-Guelph were food insecure.
- In Ontario, more than 30 percent of children were food insecure in 2023. Facing food insecurity early in life is associated with a variety of physical and mental health problems later in life.
- 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 people 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.[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 intake[2]

Prevalence of Food Insecurity

Food insecurity rates have reached an all-time high nationally, provincially and within WDG.[3,4] In 2023, 22.9 percent of Canadians lived in a food-insecure household.[3] The Canadian Consumer Price Index shows that there has been a 2.5 percent increase in all items listed in the index[5] and a 2 percent increase in the cost of food purchased in Canada from July 2023 to July 2024.[6]

In 2023, 24.5 percent of households in Ontario were food insecure.[3] This rate has risen more than 7 percent since 2019 (Table 1). Approximately 23 percent of WDG households were food insecure in 2023, which is just slightly below the provincial average and 11 percent higher since 2019 (refer to Table 1).[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
Ontario	17.0%	17.3%	16.0%	19.2%	24.5%
WDG	12.3%	19.2%	13.7%	20.6%	23.4%

Students and young adults are another population who have been shown to be at 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 just limited to just post-secondary students and are even higher among non-students of similar age.[8] Strategies to address food insecurity need to consider young adults as being among some of the highest risk groups.

Food Bank Usage

Feed Ontario found there were 5,888,685 visits to food banks in Ontario between April 1, 2022 and March 31, 2023, and 800,822 unique individuals were served.[9] This is a 38 percent increase compared to 2021-2022 and a greater than 60 percent increase since before the pandemic (2019-2020).[9] Precarious work continues to be a factor in food bank access. Food bank visitors are four times more likely to be in a contract or seasonal job and are almost three times more likely to be working part-time than the general population.[9] More than one in six visitors report “employment” as their primary source of income, a 37 percent increase over the previous year.[9] Households reliant on social assistance are accessing food banks in greater numbers as well.[9] There was a 17 percent increase of food bank usage by households reliant on Ontario Works or Ontario Disability Support Program over last year.[9]

The main reasons food bank clients cite as barriers to getting a job or working more include health conditions or disabilities (47.3 percent), taking care of children or other dependents (25.7 percent) and age (18.5 percent).[9] Many people experiencing food insecurity turn to family and friends before community supports. Thirty-four percent of food bank visitors report that they rarely or never have people they can depend on to help them when they really need it.[9]

Sixty-nine percent of food banks expressed concern about having enough food to meet demand, and 53 percent are worried they do not have enough funding to adequately sustain service.[9] Feed Ontario is calling on the government to act at all levels on issues relating to employment, housing and social assistance before the food bank system collapses.[9]

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.[10] The NFB data obtained in 2024 is of high quality and can help to inform community action on household food insecurity.[11]

In 2023, the dietary reference intakes for energy for certain population groups were updated to more accurately reflect the number of calories needed per day.[11] As a result, the estimated energy requirement (EER) increased by more than 100 kilocalorie/day for the following population groups[11]:

- Males 14-18; Females 14-18;
- Pregnant people (all age groups)
- Breastfeeding <19; and Breastfeeding 19-30

To be able to compare the 2024 data to past years, the same adjustments were made to data from previous years.[11] For this reason, costs for 2022 and 2023 will be higher than previously reported.

Discussion

NFB methods

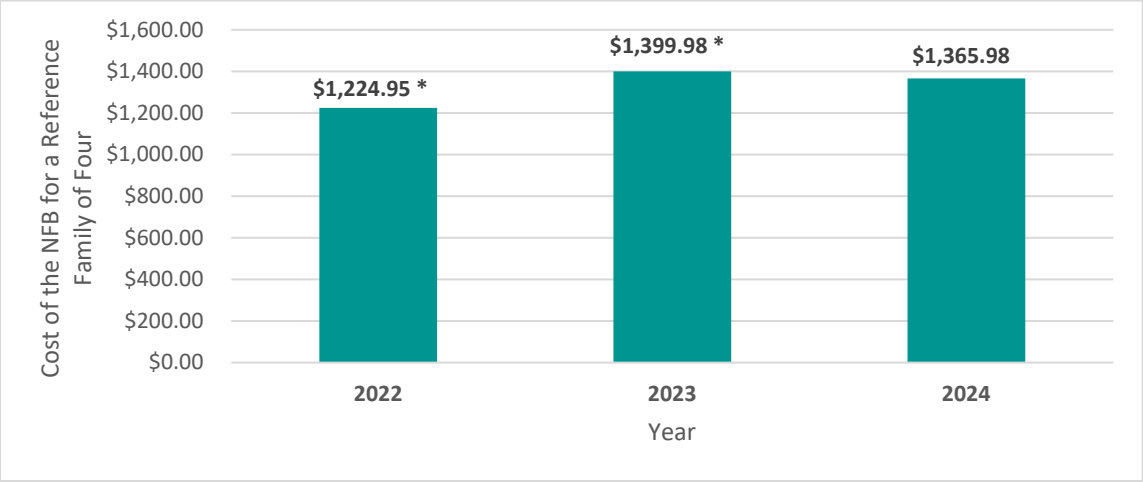
The NFB survey was conducted in May 2024 by a WDG Public Health nutritionist and a health promotion specialist. Seven grocery stores were used for food pricing, including chain and independent stores across WDG. These stores were assessed using the Ontario Dietitians in Public Health Monitoring Food Affordability in Ontario Methodology.[11] To compare incomes 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).[12] These estimated incomes 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 2023 Primary Rental Market Statistics for Guelph from the Canadian Housing Mortgage Housing Corporation.[13] 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 2024 NFB costing activity can be viewed in Appendix A. For a reference family of four, the cost of the NFB in WDG is $1365.98 per month (**$315.47** per week) (Table 2). When compared with the adjusted cost of the NFB in 2023 (i.e., $1399.98 per month or $323.32 per week), this is a 2 percent decrease.[14]

Figure 1: Comparison of monthly NFB cost for a Reference Family of Four 2022-2024



* Note that the NFB costs for 2022 and 2023 will be higher than previously reported due to adjustments to align with most recent estimated energy requirements as described above.[14]

The largest expense for most low-income residents is housing. Housing is considered affordable if it costs less than 30 percent of a household's income.[15] Housing costs are much higher than 30 percent (a range of 35-131 percent) in 12 out of the 13 income scenarios presented in Appendix A. This leaves very little money to purchase food and cover other basic expenses after rent is paid.

Social Assistance Income Scenarios

Of all income scenarios, a single person receiving Ontario Works (OW) fares the worst, requiring 131 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. A single person on OW would require 53 percent of their income to afford healthy food excluding other basic living expenses (Appendix A). If a single person on OW paid rent and purchased the NFB they would exceed their monthly income by $747 (Table 3). In all

income scenarios where individuals were dependent on social assistance (OW or Ontario Disability Support Program (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 was also the case for a family of four dependent on OW. In that scenario, a family would require an extra income of $145 to afford just rent and food alone. This demonstrates that relying on social assistance (especially for single people) puts these households at serious risk of being food insecure.

Table 3: Select 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 mothy rent and the NFB	Money left for all other monthly expenses
Family of four median income (two income earners)	18%	14%	32%	$6624.02
Family of four on OW	58%	47%	105%	**-($145)**
Single person on OW	131%	53%	184%	**-($747)**
Single person on ODSP	103%	32%	135%	**-($511)**
Single pregnant person on ODSP	100%	33%	133%	**-($502)**

Minimum Wage Income Scenarios

The twelve low-income scenarios in Appendix A are highlighting income scenarios of households that are likely to be at very high risk of food insecurity. It is not an exhaustive list of all income scenarios who may be at high risk of food insecurity. A scenario that includes a family of four with two minimum-wage earners is not included in the NFB tool in Appendix A. However, estimating a scenario with two minimum-wage earners, such a family would struggle to afford basic expenses. The Canadian Centre for Policy Alternatives released a 2022 report stating that for most Census Metropolitan areas in Canada, average rent far exceeds income based on the minimum wage.[16]

Different household characteristics significantly impact a household's total income and ability to afford other expenses (Table 4). The following chart shows various scenarios involving one full-time minimum wage earner per household. For example, a family of four refugee claimants with one full-time minimum wage earner has significantly less income ($185 monthly) to afford all other expenses after paying for food and rent when compared to other scenarios. Refugee claimants would not be eligible to receive Canada's Child Health Benefit resulting in much less income despite all scenarios having a full-time minimum wage earner. The Canada Child Health Benefit decreases probability of experiencing food insecurity among households with children by about 3 percent.[17]

Table 4: Comparison of three income scenarios with one full time minimum wage earner 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 mothy rent and the NFB	Money left for all other monthly expenses
Family of four, full time minimum wage earner	38%	30%	32%	$1454
Single parent household with two children, full time minimum wage earner	35%	17%	48%	$2213
Family of four refugee claimants, full time minimum wage earner	52%	42%	6%	$185

Low-income Households at highest risk of food insecurity

These scenarios illustrate that many low-income households – particularly those dependent on social assistance – cannot afford healthy, nutritious food. This is concerning since local statistics indicate the average number of monthly OW beneficiaries in Wellington County (including Guelph) between January and August 2024 was 2041, a 9 percent increase from 2023.[18] The average number of monthly ODSP beneficiaries in Wellington County (including Guelph) from January and August is 4850, a 1 percent increase over 2023.[18] The average number of monthly OW beneficiaries in Dufferin from January and August was 582, a 22 percent increase over the previous year.[18] The average number of monthly ODSP beneficiaries in Dufferin

County from January and August is 1169, a 5 percent increase over 2023.[18] It is important to note the beneficiaries of OW include various family structures but are primarily single individuals without children (69% of cases in Wellington County, 70 percent in Dufferin County) and single individuals with children (26 percent of cases in both Wellington and Dufferin County).[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.[19] Other strategies households use to make income go further include using coupons, returning bottles, postponing bill payments, borrowing money, borrowing food, selling possessions and buying food on credit.[19] Many households also consume cheaper foods, skip meals or eat less.[19] 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.[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

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] Food insecurity takes a significant toll on the health care system and health system costs.[23,24] 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).[25,26]

Some of the key negative health outcomes associated with food insecurity include:

- Higher rates of chronic conditions including mental health disorders (e.g., depression and suicide ideation) and non-communicable diseases (e.g., heart disease, stroke and diabetes).[25, 27-33]
- Higher rates of being diagnosed with infections.[34-36]

- Increase in difficulties managing chronic conditions (e.g., inability to afford healthy food or medications) leading to increased chance of negative disease outcomes, hospitalization and, in worst cases, premature death.[36-39]
- Higher incidence rates of pain-driven emergency department visits.[40]

The rates of food insecurity among children under 18 are extremely concerning. In Canada, 28.4 percent of children under the age of 18 lived in a food insecure household in 2023.[3] In Ontario, 30.7% of children lived in a food insecure household in 2023. There has been a dramatic increase (30.7 percent in 2023 versus 20.6 percent in 2021) in food insecurity among children under 18 in Ontario since 2019 (Table 5).

Table 5: Percentage of children under the age of 18 living in food insecure households in Ontario, 2019-2023

Region	Year				
	2019	2020	2021	2022	2023
Ontario	22.4%	22.8%	20.6%	24.6%	30.7%

There are unique health outcomes specific to a child's wellbeing for those who are experiencing food insecurity including increased risk for asthma, depression and suicidal ideation in adolescence and early adulthood.[41,42] An Ontario study revealed that children and adolescents living in households that are experiencing food insecurity have a greater use of health services for mental health and substance use disorders than children and adolescents living in food secure homes.[43]

Adverse childhood experiences (ACEs) have also shown to increase the risk of food insecurity later in life.[44] Research has found that food insecurity was present in 45.3 percent of adults who experienced three or more ACE's versus 15.5 percent among those adults with no ACEs.[44] Additional research also showed that caregivers with depressive symptoms and greater than four ACEs reported much higher rates of household food insecurity.[45] Canadian research found that odds of food insecurity were significantly elevated among adolescents who identified as black or indigenous, those living with a single parent, those living with a greater number of children aged 5 years or less or 12-17 years, those in rented accommodation, those in households with only

secondary school education or those in households reliant on social assistance.[46] This research highlights the need for policy interventions that address the risk factors for food insecurity.[46]

Addressing root causes of food insecurity

A national food recovery network called Second Harvest reported there are four times more food charities than there are grocery stores across Canada.[47] Examples of food charities include churches, temples, mosques, senior centres, schools or social programs.[47] In 2024, around 50 emergency food services in Wellington-Dufferin-Guelph were serving food insecure households.[48-50] Five on-campus student food access programs have been established due to University of Guelph's high rate of food insecurity.[51] It has been estimated that only about 25 percent of food insecure households access these emergency services due to a variety of barriers (e.g., transportation, food variety, hours of operation).[52-53]

Emergency food service providers locally and provincially have acknowledged that, to reduce rates of food insecurity and address the root causes of food insecurity, income-based policy solutions need to be considered.[9,54] This is consistent with local findings that income-based solutions would be the most effective interventions to help them access nutritious foods.[54]

To address the root causes of food insecurity, strategies need to focus on effective policy interventions including 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.[55-59] It is critical that evidence-based policy interventions to reduce food insecurity and protect vulnerable households are considered to address food insecurity in WDG.

Conclusion

Food insecurity has significant implications for a community and impacts all areas of health (i.e., mental, physical, social) of community members, both food insecure adults and children. The prevalence of food insecurity (23 percent of households) in WDG region is at a record high. It is critical public health issue that needs to be addressed. The 2024 NFB data and income scenario analysis shows that many people with low

incomes in WDG do not have enough money to purchase nutritious food on a consistent basis after housing and other living expenses are considered.

Emergency food services in the region are working hard to support community members, but they are unable to address the root financial causes of food insecurity. It is critical that efforts to alleviate food insecurity focus on the underlying financial barriers otherwise many households will continue to experience food insecurity and the related health consequnces.[2] WDG Public Health will continue to monitor food costs and affordability trends to identify who in WDG is at highest risk and raise awareness of food insecurity and its related health and social impacts.

Policies need to focus on adequate incomes and the additional factors that limit household's ability to afford healthy food.[16, 55-59] WDG Public Health and community partners need to continue to work with all levels of government to ensure food insecurity is addressed with effective policy solutions (e.g., guaranteed basic income, adequate social assistance rates and reduced precarious employment conditions) so that households can afford healthy food and reduce health inequities associated with food insecurity. WDG Public Health continue 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. This report also highlights the connection between food insecurity and adverse childhood experiences and demonstrates the importance of WDG Public Health's strategic focus on children's health, including supporting the community partners who focus on children's health such as the Community Resilience Coalition of Guelph & Wellington.

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