



# Position Statement and Recommendations on Responses to Food Insecurity

Ontario Dietitians in Public Health (ODPH) is the independent and official voice of Registered Dietitians working in Ontario’s public health system. ODPH provides leadership in public health nutrition by promoting and supporting member collaboration to improve the health of Ontario residents through implementation of the Ontario Public Health Standards.

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## Table of Contents

Acknowledgements.....	v
Executive summary.....	6
Introduction .....	9
Defining food insecurity.....	9
The difference between food insecurity and hunger .....	10
Monitoring food insecurity in Canada and Ontario .....	10
Persistence and prevalence of food insecurity in Canada and Ontario.....	13
Food insecurity is an income problem.....	14
Population groups disproportionately affected by food insecurity.....	15
Black households .....	15
Indigenous households .....	16
Impact of food insecurity on health and healthcare use across the lifecycle .....	17
Prenatal, postnatal, and breastfeeding .....	17
Children and youth .....	18
Adults .....	19
Food programs: ineffective and counterproductive responses to food insecurity .....	20
Charitable food programs .....	20
Operational ineffectiveness of food charity .....	21
Ineffectiveness of food charity for clients .....	21
Ineffectiveness of diverting surplus food to food charity.....	22
Corporate influence on food charity.....	22
System-level problems associated with food charity .....	23
Food literacy programs .....	25
Reducing food insecurity with policies that improve household incomes .....	26
Increased social assistance rates .....	26
Implementation of a basic income guarantee .....	27
Jobs with livable wages and benefits.....	31
Affordable housing.....	32
Conclusion.....	34
Recommendations .....	35
Federal government.....	35
First Nation governments .....	35

Provincial government .....	35
Municipal governments and local community partners.....	36
Ontario boards of health.....	36
References .....	37

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## Executive summary

Ontario Dietitians in Public Health (ODPH) considers food insecurity to be an urgent public health problem and a serious human rights and social justice issue for all levels of government. To effectively reduce food insecurity, ongoing policy interventions are needed that reach low-income households and improve their financial circumstances. The foundation for achieving this involves monitoring the problem through regular measurement of and reporting on the prevalence and severity of food insecurity at both the national and provincial/territorial levels.

We encourage our members, public health units, community partners and municipalities within each public health unit's jurisdiction, as well as First Nation governments\* and provincial and federal governments, to work toward implementation of the following recommendations.



**Food insecurity – not having enough money to buy food – is an urgent public health problem in Ontario and Canada.**

### Federal government

- Commit to regularly measuring, analysing, and reporting the prevalence and severity of food insecurity in all provinces and territories in a timely manner. This process should include ongoing analysis of disaggregated race-based food-insecurity data, including Indigenous and Black Canadians.
- Establish targets for the reduction of household food insecurity and regularly report on progress toward their achievement as part of *Opportunity for All – Canada's First Poverty Reduction Strategy*.
- Implement policy interventions that have been shown to effectively reduce food insecurity, such as expansion of the Canada Child Benefit, and implement a basic income guarantee for Canadians aged 18–64 years as part of *Opportunity for All – Canada's First Poverty Reduction Strategy*.
- Develop a new definition of “affordable housing” that is not based on percentage of total income and considers other basic costs of living.
- Follow through on the commitment to support food security in northern and Indigenous communities as part of the *Food Policy for Canada*, emphasizing Indigenous food self-determination and reconciliation as guiding principles.

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\*In consideration of the advancement of [Indigenous Self-Government](#), ODPH continues to engage and consult with other Indigenous groups on recommendations for their governments.

## First Nation governments

- Advocate for and bring attention to First Nation-identified needs and assets around food insecurity and food systems.
- Implement First Nation-led strategic direction related to food insecurity and food systems that incorporates a poverty reduction lens.
- Seek support or collaboration as appropriate with other community partner organizations, including public health units.

## Provincial government

- Report on the results of the poverty reduction strategy consultation that closed on April 30, 2020.
- Develop a poverty reduction strategy that includes targets for reduction of food insecurity as well as policy interventions that improve the financial circumstances of very low income households.
- Set a minimum wage rate that more closely aligns with costs of living in Ontario.
- Establish a Social Assistance Research Commission, as recommended in bill 60, to determine evidence-based social assistance rates in communities across the province based on local/regional costs of living, including the cost of food informed by data collected by public health units.

## Municipal governments and local community partners

- Advocate for federal and provincial government policies and programs to ensure an adequate income for all Canadians.
- Facilitate local level initiatives that increase economic resilience for individuals/families living with very low incomes and for groups experiencing systemic racism (i.e., Black, Indigenous, and People of Colour), such as free income tax filing assistance and targeted support for access to and training for jobs with livable wages and benefits.

## Ontario boards of health

- Monitor and report on the prevalence (provincially and regionally or locally, if possible) and severity of food insecurity, its impact on health and root causes, and effective interventions to build awareness and knowledge about the problem and support for action.
- Encourage and enable all public health unit staff and board of health members to engage in ongoing awareness-raising, education, and training opportunities on causes and implications of structural racism and strategies for dismantling racist systems.
- Collaborate with community partners from various sectors, in particular racialized communities and organizations working to address oppression in racialized communities, to determine local priorities for action to address food insecurity and poverty.
- Support Indigenous cultural safety training offered on an ongoing basis to foster continuous awareness-raising, self-reflection, and learning among all public health unit staff and board of health members.

- Engage meaningfully with local Indigenous communities and organizations to understand what food security and food sovereignty mean to them, learn about diverse local assets and needs, and prioritize support for and collaboration around Indigenous-led food-related initiatives, while respecting the self-determination of each community and organization.

## Introduction

Ontario Dietitians in Public Health (formerly the Ontario Society of Nutrition Professionals in Public Health) released the *Position Statement on Responses to Food Insecurity*<sup>1</sup> in 2015. This position statement provided a foundation for consistent messaging by our members and Ontario public health units about the urgent problem of household food insecurity in Ontario and upstream responses to this problem.

The updated *Position Statement and Recommendations on Responses to Food Insecurity* draws on a significant body of newer research on food insecurity and its effects. This updated position statement addresses the exacerbation of food insecurity caused by the COVID-19 pandemic, as well as promising policy responses to this systemic problem.

ODPH encourages our members, public health units, community partners and municipalities within each public health unit's jurisdiction, First Nation governments\*, and the provincial and federal governments to champion the policy directions (pp. 22–28) and work toward implementation of the recommendations (see Executive Summary and pp. 31–32).

## Defining food insecurity

According to Statistics Canada, “food insecurity exists within a household when one or more members do not have access to the variety or quantity of food that they need due to lack of money.”<sup>2</sup> The definition of food insecurity used by Food Insecurity Policy Research (PROOF) is, “inadequate or insecure access to food due to financial constraints.”<sup>3</sup>

It is the position of Ontario Dietitians in Public Health (ODPH) that food insecurity is an urgent public health problem and a serious human rights and social justice issue for local, provincial, and federal policy agendas.

Food banks and other food-based programs are ineffective responses to food insecurity because they do not address the primary cause: inadequate income. They have been counterproductive because they contribute to enabling governments to abandon their responsibility to ensure income adequacy.

Policies that improve the income of vulnerable households are required to effectively address food insecurity.

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\*In consideration of the advancement of [Indigenous Self-Government](#), ODPH continues to engage and consult with other Indigenous groups on recommendations for their governments.

Ontario Dietitians in Public Health (ODPH) has adopted PROOF's definition of food insecurity. According to PROOF, although food insecurity is tightly linked to income (i.e., as a household's income declines, the risk of food insecurity increases), the relationship does not correlate exactly. Food insecurity reflects a household's broader material circumstances, taking into account income, homeownership, and other assets a household could draw upon.

The experience of food insecurity ranges in severity<sup>3</sup>:

- Marginal food insecurity – worrying about running out of food and/or having a limited selection of food
- Moderate food insecurity – not eating an adequate quality or selection of food
- Severe food insecurity – not eating an adequate quantity of food or, at the most extreme, not eating for a whole day or more due to lack of money

## The difference between food insecurity and hunger

The term “hunger” is often used instead of “food insecurity” because its meaning is more commonly understood and elicits more emotion.<sup>4</sup> However, hunger and food insecurity are not the same thing. Food insecurity is a household-level *economic and social condition* of limited or uncertain access to adequate food. In contrast, hunger is an individual-level *physiological condition* that may or may not be a result of food insecurity.<sup>4</sup>

## Monitoring food insecurity in Canada and Ontario

Since 2005, Statistics Canada has been systematically monitoring food insecurity at the household level<sup>a</sup> using the Household Food Security Survey Module (HFSSM) in the Canadian Community Health Survey (CCHS).<sup>5</sup> The CCHS covers the population 12 years of age and over living in all provinces and territories. To be representative, a sample of 130,000 respondents is required on a two-year basis: 120,000 respondents to cover the population aged 18 years and over and 10,000 respondents to cover the population aged 12 to 17 years.

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<sup>a</sup> Because food insecurity is measured at the household level, the term is more accurately referred to as “household food insecurity.” For simplicity, the terms “household food insecurity” and “food insecurity” are used interchangeably in this Position Statement.



**Statistics Canada has been monitoring food insecurity through the CCHS since 2005.**

**However, it is not mandatory every year to collect data on food insecurity.**

Groups excluded from the survey's coverage include full-time members of the Canadian Forces, persons living on First Nation reserve communities, and the institutionalized population.<sup>6</sup>

The HFSSM includes 18 questions about food security in the household over the previous 12 months. Ten questions are specific to the experiences of adults in the household or the household in general (adult scale), and eight questions are specific to the experiences of children under the age of 18 years in the household (child scale).<sup>5</sup> While the CCHS is conducted every year in all provinces and territories, inclusion of the HFSSM in the survey has only been mandatory in the 2007–2008, 2011–2012, and 2017–2018 cycles.<sup>7</sup> In CCHS cycles when the HFSSM is not mandatory, provinces and territories can choose to include it. Ontario opted into the HFSSM in 2009–2010 and 2013–2014, but not in 2015–2016.

Statistics Canada had previously defined three categories of food security: food secure; food insecure, moderate; and food insecure, severe. These categories were used to describe the overall food security situation experienced by adults, children, and households based on the number of affirmative responses on the HFSSM. This approach to interpreting food insecurity data

was updated in 2020 to include a fourth category: food insecure, marginal. This new category reflects situations of “worrying about running out of food and/or limited food selection due to a lack of money for food.”<sup>8</sup>

Using the new approach, to be considered “food secure” at the household level, respondents cannot answer any of the 18 HFSSM questions affirmatively. However, the category of “food insecure, marginal” is not included in Statistics Canada’s prevalence estimates of food insecurity. Only “food insecure, moderate” and “food insecure, severe” are combined into the overall category of “food insecure” based on the rationale that they reflect disruptions in food consumption.<sup>8</sup> In contrast, PROOF includes marginal food insecurity in its prevalence estimates, reflecting evidence that it is associated with poorer health and greater use of health care.<sup>9</sup>

*Opportunity for All – Canada’s First Poverty Reduction Strategy*, announced in August 2018, established an official measure of poverty in Canada, specific targets for poverty reduction, and systems for measuring and tracking progress.<sup>10</sup> *Canada’s Official Poverty Dashboard*<sup>11</sup> identifies 12 indicators, including food insecurity, which are monitored and reported in the *Dimensions of Poverty Hub*<sup>12</sup>, but with no established targets for reduction. As of February 2020, the food insecurity indicator reflects data collected during the three CCHS cycles in which national data on food insecurity were collected: 2007–2008, 2011–2012, and 2017–2018.<sup>12</sup>

The Canadian Income Survey (CIS) is an annual cross-sectional survey examining income and income sources of Canadians, including individual and household characteristics. In 2019, the CIS began collecting food security information.<sup>13</sup> Beginning in 2021, the results will be used to monitor this indicator annually on the poverty dashboard.<sup>12</sup>

In 2020, Statistics Canada initiated the Canadian Perspectives Survey Series (CPSS)<sup>14</sup> to gain more rapid understanding of social issues affecting a sample of 4,600 Canadians living in the 10 provinces. The CPSS consists of a series of short online surveys administered at approximately monthly intervals from January 2020 to March 2021. Initially, the CPSS focused on topics related to impacts of the COVID-19 pandemic. In May 2020, the CPSS assessed food insecurity in the previous 30 days based on a scale of six adverse food experiences derived from the HFSSM, ranging from running out of food before there was money to buy more, to going hungry because there was no money for food.<sup>15</sup>

As set out in the *Poverty Reduction Act, 2009*<sup>16</sup>, Ontario is required to develop a five-year Poverty Reduction Strategy to inform and measure action in the province to reduce poverty. In addition to specifying a poverty reduction target and initiatives to improve economic and social conditions of individuals and families living in poverty, every new or modified poverty reduction strategy must include “indicators to measure the success of the strategy that are linked to the determinants of poverty, including but not limited to income, education, health, housing and standard of living.”<sup>16</sup>

Ontario released its first Poverty Reduction Strategy in 2008<sup>17</sup> and a second in 2014<sup>18</sup>. Various indicators for measuring progress have been included in both strategies; however, neither strategy has monitored the prevalence of food insecurity among Ontario households, adults, and/or children. In March 2020, ODPH provided input<sup>19</sup> on the consultation for developing a new poverty reduction strategy for Ontario, recommending the establishment of provincial targets for the reduction of household food insecurity in Ontario. To date, a report on the consultation has not been released.

## Persistence and prevalence of food insecurity in Canada and Ontario

In 2017–2018, 12.7% of Canadian households (1.8 million) had experienced some level of food insecurity during the previous 12 months. At 4.4 million individuals, including more than 1.2 million children under the age of 18 years, the total number of Canadians experiencing household food insecurity in 2017–2018 was higher than any previous national estimate.<sup>3</sup>

From 2005 to 2014, the prevalence of food insecurity in Ontario remained consistent at approximately 12% or one in eight households.<sup>20</sup> In 2017–2018, 13.3% of Ontario households experienced food insecurity, representing approximately 702,500 households or 1,719,300 Ontarians.<sup>21</sup> Approximately 17% of children under the age of 18 years in Ontario, representing 464,000 children, were living in households affected by food insecurity in 2017–2018.<sup>22</sup> While it appears that the prevalence of food insecurity in Ontario and Canada increased in 2017–2018 from previous years, comparing prevalence across these time periods is not straightforward due to changes in the CCHS sampling methodology in 2015.<sup>7</sup>

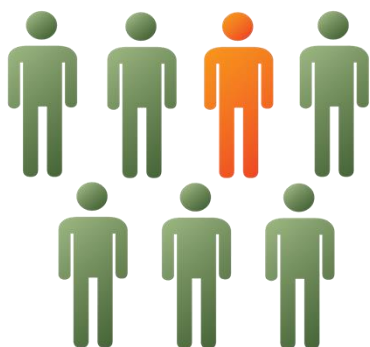
As of February 2020, *Canada's Official Poverty Dashboard*<sup>11</sup> indicated that 8.7% of households reported food insecurity according to the 2017–2018 CCHS, representing a 4.8% increase from the 8.3% reported in the 2011–2012 CCHS. Statistics Canada reported that 8.8% of Canadian households (approximately 1.2 million) experienced some moderate or severe food insecurity in 2017–2018 due to financial constraints.<sup>23</sup> These figures are lower than those estimated by PROOF because they do not include households categorized as “food insecure, marginal.” In addition, PROOF calculates the total number of people affected by food insecurity by counting all members of households classified as food insecure.<sup>21</sup>



**13.3%**

**of households in  
Ontario experienced  
food insecurity in  
2017-2018.**

**1 in 7**  
**Canadians reported food**  
**insecurity during COVID-**  
**19.**



Results of the CPSS in May 2020 indicated that almost one in seven (14.6%) Canadians reported household food insecurity in the previous 30 days. This represents a significantly higher rate of food insecurity during COVID-19 compared to the 2017–2018 CCHS rating of 10.5%.<sup>b</sup> In addition, Canadians living in households with children were more likely to be food insecure (19.2%) compared to those with no children (12.2%). Canadians who were employed but absent from work due to business closure, layoff, or personal circumstances because of COVID-19 were also more likely to be food insecure (28.4%) than those who were working (10.7%).<sup>15</sup>

The food insecurity prevalence estimates from the CPSS are likely conservative based on studies showing that questionnaires using the 30-day timeframe tend to report a lower rate of food insecurity than do 12-month questionnaires. Also, evaluation of the CPSS sample found underrepresentation of groups known to be vulnerable to food insecurity, such as

those who are divorced/widowed/separated and those who live in rental housing.<sup>15</sup>

## **Food insecurity is an income problem**

Ontario has used the Nutritious Food Basket (NFB) survey tool since 1998 to monitor the cost and affordability of healthy eating. Public health units use the information from this survey in their education and advocacy on food insecurity.<sup>24,25,26</sup> Over the years, different versions of food baskets have been used in Canada, reflecting changes in dietary guidance and food habits.<sup>27</sup> Health Canada released an updated National Nutritious Food Basket in 2019.<sup>27</sup> ODPH and Public Health Ontario used this updated information to develop a new food costing tool and protocol for use by public health units beginning in 2021.

Ontario public health units monitor the cost of healthy eating and food affordability by locally costing the NFB. Using a cost analysis tool developed annually by ODPH, public health units can compare the monthly cost of food and the rental market housing rate to monthly incomes for various individual and family household scenarios. These cost analyses consistently and repeatedly illustrate that households with incomes from minimum wage employment and social assistance cannot afford the basic costs of

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<sup>b</sup> To arrive at a comparable prevalence estimate from CCHS 2017–2018, a subset of the sampling frame similar to that for the CPSS (i.e., just the 10 provinces) was determined, and then evaluated based on the responses to those same six questions. Considering the number of households with an affirmative response to any one of the six questions from CCHS 2017–2018 yielded the prevalence estimate of 10.5%.

living, including nutritious food.<sup>28,29,30,31,32</sup> This provides solid, real-life evidence that people living in poverty have inadequate incomes and supports the health equity mandate of public health units in Ontario and of ODPH.<sup>33</sup> Despite the requirement from 1998 to 2017 for public health units to annually submit data to the province on the cost of food locally using the NFB, these data have not been used to inform provincial policy development, such as setting evidence-informed social assistance rates.

## **Population groups disproportionately affected by food insecurity**

The risk of experiencing food insecurity varies according to household characteristics. Vulnerability is highest among low-income, female lone-parent households with children under the age of 18 years, households with employment insurance/workers' compensation or social assistance as the main source of income, those living in rental housing, and certain cultural/racial groups, most notably Black and Indigenous households.<sup>20</sup>

### **Black households**

A PROOF and FoodShare Toronto study reported that Black households are more likely than white households to be food insecure.<sup>34</sup> Similarly, analysis of HFSSM data from five cycles of the CCHS from 2005 to 2014 revealed that 28.4% of Black households were food insecure compared to 10% of white households. Households with children were even more vulnerable: 36.6% of Black children lived in food-insecure households compared to 12.4% of white children.

Food insecurity disparities between Black and white households were also found in terms of income source for seniors (i.e., white seniors are more protected), homeownership (i.e., white renters and Black homeowners have the same risk), and immigration status (i.e., white immigrants have a lower risk while risk is consistently high for Black individuals, whether born in

As a result of systemic anti-Black racism, Black Canadians are more vulnerable than white Canadians to food insecurity.

Ongoing analysis of disaggregated race-based data on food insecurity focused on Black Canadians is necessary to make anti-Black racism a part of the collective understanding of food insecurity for Black Canadians. Prioritizing the dismantling of white supremacy and anti-Black racism are key to challenging the over-representation of Black Canadians in food insecurity statistics.

“Community-based food organizations and governments tasked with finding solutions to food insecurity are often led by white people, making these sectors more prone to ineffective approaches rooted in white universalism. More meaningful pathways must be made available for Black Canadians to access positions of leadership at the decision-making tables in policy advocacy, policy-making, government, and community-based food organizations that work closely with Black individuals.”<sup>35</sup>

Canada or abroad). Anti-Black racism is the overriding factor determining vulnerability to household food insecurity.<sup>35</sup>

The underlying problem is “deep systemic racism that fuels racialized income inequality in Canada, sentencing Black communities to experience the debilitating struggle of food insecurity for generations to come.”<sup>36</sup>

### Indigenous households

Studies repeatedly demonstrate that Indigenous households in Canada, including Inuit, Métis, and First Nations living on- and off-reserve, are at high risk of experiencing food insecurity.<sup>37,38</sup> ODPH acknowledges this is a result of historical and ongoing colonization.

CCHS data from 2017–2018 indicate that 28.2% of Canadian households with a respondent identified as Indigenous were food insecure.<sup>21</sup> Other research shows that approximately 39% of households on-reserve in Ontario experience food insecurity.<sup>38</sup>

It is important to note that the CCHS measurement of household food insecurity in Canada is based on purchasing food and does not consider traditional Indigenous food procurement practices, such as fishing, hunting, and gathering. Almost three-quarters (73%) of households on-reserve in Ontario report they want to include more traditional foods in their diets.<sup>38</sup> However, colonization has created barriers to accessing traditional foods. These barriers include lack of financial resources, a hunter not being part of the household, government land regulations, natural resource industries, and the environmental impacts of climate change.<sup>38</sup> It has been well-documented that traditional foods and Indigenous food systems not only contribute to diet quality, but also have other important cultural benefits, such as reconnection to cultural identity, self-determination through the right to grow and share one’s food, revitalization of relationships within and among Indigenous families and communities, and more.<sup>38,39</sup>

The high cost of food in First Nation communities must also be acknowledged. Data collected using the National Nutritious Food Basket show that food costs in First Nation communities are much higher than in urban centres. This can make it difficult or impossible for low-income households in First Nation communities to purchase the food they need.<sup>38</sup>

ODPH recognizes the disproportionately high rates of food insecurity among Indigenous households on- and off-reserve across Canada are a result of historical and ongoing colonization.

Meaningful relationship building and ongoing engagement with Indigenous peoples, organizations, and communities, followed by action, are necessary for collaboration on locally identified responses to food security and food sovereignty.<sup>42</sup> Self-determined responses to food insecurity among Indigenous peoples must be respected<sup>40</sup> in order to move toward and support what food security and food sovereignty mean to Indigenous peoples in Ontario.

Accordingly, ODPH respectfully acknowledges the impacts of colonization on food insecurity among Indigenous households in Ontario, and that responses include, but extend beyond, income solutions. Self-determination among Indigenous peoples related to food insecurity and food sovereignty must be respected and supported.<sup>40</sup>

In 2019, the Government of Canada acknowledged the importance of strong and prosperous Indigenous food systems, the importance of food to Indigenous culture and well-being, and its support for Indigenous food self-determination as part of reconciliation with Indigenous peoples, with the launch of the *Food Policy for Canada: Everyone at the Table*.<sup>41</sup> Nevertheless, it remains to be seen whether the values outlined in the policy will be upheld, and if progress will be made in these areas.



**Food insecurity is associated with poor maternal mental health and early cessation of breastfeeding**

## Impact of food insecurity on health and healthcare use across the lifecycle

While food insecurity is associated with increased nutritional vulnerability in Canada,<sup>43</sup> its impact on health extends beyond diet and nutrition. Even after adjusting for well-established social determinants of health such as income and education, food insecurity has been found to negatively impact people's physical, mental, and social well-being and life expectancy. Food insecurity is a robust predictor of healthcare use and costs, resulting in considerable public spending on health care.

### Prenatal, postnatal, and breastfeeding

The effects of food insecurity on health outcomes are particularly important during pregnancy. This is due to the increased nutritional requirements and potential negative effects of stress and compromised nutrition on maternal and infant health.<sup>44</sup> In addition, food-insecure women have worse mental health than the general population, and this has been found to be most pronounced during pregnancy.<sup>45</sup> The highest risks of poor mental health for food-insecure women, compared with food-secure women, were found before and during pregnancy rather than after pregnancy, which is concerning given potential negative impacts on child development.<sup>45</sup>

A study conducted in Ontario in 2020 examined the relationship between food-insecurity status of women during pregnancy and maternal and birth outcomes and health in infancy.<sup>46</sup> While food insecurity was not related to pregnancy complications or adverse birth outcomes, a significantly elevated risk of postpartum mental health disorders was found in the six-month postpartum period among women with moderate or severe food insecurity (26.8%) compared to women with no food insecurity (13.9%). This finding was consistent even after accounting for prior histories of mental illness. Maternal food insecurity also led to a greater likelihood of infants being treated in an emergency department.

Women with food insecurity tend to cease exclusive breastfeeding sooner than those without food insecurity.<sup>47</sup> Decreased breastfeeding duration among food-insecure women is problematic because it results in more expensive formula feeding.<sup>47</sup> Qualitative research suggests that mothers in food-insecure circumstances struggle to maintain an adequate supply of formula.<sup>47,48</sup>

In addition to nutritional and health benefits, breastfeeding can save mothers with food insecurity the high cost of infant formula, freeing up money for other necessities. A better understanding about the biopsychosocial determinants of breastfeeding among Canadian mothers experiencing food insecurity is necessary to develop effective interventions for the so-called “breastfeeding paradox”—women who can least afford to buy infant formula and whose babies can benefit most from breastmilk are least likely to breastfeed.<sup>49</sup>

Public health efforts must continue to support the physical, mental, and social well-being of economically vulnerable pregnant and postpartum women. In addition, population-based programs and policies must ensure that pregnant women have access to nutritious food.<sup>50</sup> Programs providing income supplements or financial incentives to low-income pregnant women and new mothers may help reduce household food insecurity and may thereby support healthy infant feeding practices; however, program evaluations are needed for confirmation.<sup>47,49,51</sup>

## Children and youth

Children and teenagers experiencing food insecurity are more likely to have poorer general health, be at greater risk for bone fracture, develop chronic conditions such as asthma, and develop mental health conditions including social anxiety, suicidal thoughts, and depression.<sup>52,53,54,55</sup> Children from food-insecure families are more likely to experience persistent anxiety, depression, hyperactivity, and inattention.<sup>54</sup> They are also more likely to have low self-esteem and lack the self-efficacy to make healthy lifestyle choices, such as healthy eating or being active.<sup>56</sup>

Persistent experiences of child and youth hunger leave an indelible mark on children’s well-being that has been noted as a “modifiable risk factor for depression and related suicide ideation in late adolescence and early adulthood.”<sup>57</sup> Depression remains elevated over time in youth experiencing persistent, severe food insecurity compared to those who have never experienced this type of food insecurity.<sup>58</sup>



**Children and youth experiencing food insecurity are more likely to have poor health and develop serious mental health conditions that persist into adulthood.**



**Adults in food-insecure households are more likely to suffer from chronic conditions such as diabetes, high blood pressure, metabolic syndrome, hyperlipidemia, anxiety, and chronic kidney disease**

## Adults

Adults in food-insecure households have poorer self-rated health, poorer mental and physical health, poorer oral health, and heightened stress. They are also more likely to suffer from chronic conditions such as diabetes, high blood pressure, metabolic syndrome, hyperlipidemia, anxiety, and end-stage renal disease with chronic kidney disease, as well as higher mortality.<sup>53,59,60,61,62,63,64</sup> The chronic conditions more prevalent among food-insecure adults (e.g., hypertension, heart disease, diabetes, and lung disease) also place them at high risk for developing severe complications from COVID-19.<sup>65</sup> Chronic diseases place a significant burden on the healthcare system, with the direct healthcare costs estimated to be \$10.5 billion a year in Ontario (2010 estimate in 2018 dollars).<sup>66</sup>

In adults reporting severe food insecurity, 23.4% of men and 47.1% of women indicate they have experienced mood or anxiety disorders.<sup>59</sup> Household food insecurity is also associated with an increased risk of reporting a range of adverse mental health outcomes, with significantly higher levels of food insecurity linked to higher risk.<sup>67</sup> The proportion of respondents reporting an adverse mental health outcome ranges from 5.3% reporting poor/fair mental health, to 19.7%

reporting suicidal thoughts in the past year and 19.9% reporting depressive thoughts. Equally concerning, the percentages are extremely high for respondents in severely food-insecure households, ranging from 25.5% reporting anxiety disorders to 41.1% reporting suicidal thoughts in past year.<sup>67</sup> Even marginally food-insecure adults show a nearly two-fold increase in the burden of mental health outcomes compared to food-secure adults.<sup>67</sup> In addition, the proportion of adults experiencing suicidal ideation significantly increases with the increasing severity of food insecurity.<sup>68</sup>

Due to scarce financial resources, food-insecure individuals may forego critical expenses like medication, which can further complicate their mental and physical well-being.<sup>3,69</sup> The relationship between food insecurity and some chronic conditions is believed to be bi-directional. In other words, the severity of food insecurity makes it more difficult to manage self-care and conditions through diet, which further compromises health.<sup>70,71,72</sup>

Being food insecure is also strongly associated with becoming a high-cost user of health care.<sup>73</sup> Total annual healthcare costs in Ontario increase as the severity of food insecurity increases. These costs are 121% higher for adults living in the most severely food-insecure households compared to food-secure households.<sup>74</sup> In addition, adults living in food-insecure households account for more than one in three hospitalizations due to mental health problems.<sup>75</sup>

Associations between food insecurity, poor health, and increased healthcare usage primarily rely on self-reported rather than clinical measures of health. In contrast, a study examined the association between food insecurity and healthcare usage among Canadian adults by using quantifiable measures (i.e., acute care hospitalization, same-day surgery, and acute care costs).<sup>76</sup> After adjusting for sociodemographic characteristics, the study found that severity of food insecurity is associated not only with a greater likelihood of being hospitalized in acute care, but also with higher odds of re-admission, longer stays, and higher expenditures once hospitalized.

This substantially advances understanding of the connection between food insecurity and measures related to hospitalization and establishes food insecurity as an independent social determinant of health.<sup>76</sup>

Premature mortality is the most critical health consequence of food insecurity. Canadian research has shown that severe food insecurity is consistently associated with higher mortality across all causes of death except cancers.<sup>77</sup> The association is highest for deaths from infectious-parasitic diseases, unintentional injuries, and suicides. On average, severely food-insecure adults die nine years earlier than those who are food secure.<sup>77</sup>

## Food programs: ineffective and counterproductive responses to food insecurity

### Charitable food programs

Food charity and providing food to people experiencing food insecurity are accepted and valued practices in many cultures. In Canada, food charity includes a variety of community-based programs, such as free meals and food banks.



**Healthcare costs are 121% higher for adults living in severely food-insecure households compared to those in food-secure households.**

Food banks are the primary community response to food insecurity. Originally intended as temporary food relief operations due to the recession in the early 1980s, the problems of poverty and unemployment did not diminish as the economy improved and food bank activity has continued to expand.<sup>78</sup> Food banks have evolved and become entrenched as an extensive charity-based secondary food distribution system for people living in poverty. However, the food charity response is ineffective and has been counterproductive in addressing food insecurity.

### Operational ineffectiveness of food charity

Food banks operate under many constraints. For example, they rely on inconsistent food and monetary donations from the public and from corporate sponsors.<sup>78,79</sup> In addition, the demand for food at food banks always exceeds the supply of food available. A balance between supply and demand can be achieved only when the amount of food provided per visit and/or the frequency of visits is restricted.<sup>79,80</sup> Daily Bread Food Bank member agencies have identified how they cope when demand for food exceeds their supplies: 77% give less food than usual, 59% buy more food due to lack of donations, and 21% turn people away because there is no food left.<sup>81</sup> Food banks and other charitable food programs depend heavily on volunteer labour and often rely on donated space. Research shows that most operate at full capacity, doing what they can to provide as much food as possible to their clients; channeling more surplus food would further tax an already fragile system.<sup>79</sup>

### Ineffectiveness of food charity for clients

Because of supply limitations, food banks are typically not able to meet client preferences, religious restrictions, and nutritional or health-related dietary needs.<sup>78,80,82,83</sup> Access can be problematic due to limited operating hours, long line-ups, and lack of transportation to get to a food bank.<sup>82</sup> In addition, the experience of accessing food charity undermines people's dignity despite the best intentions of volunteers and staff.<sup>82,84</sup> These challenges may explain why only a minority of people in food-insecure households access food banks. Between April 2017 and March 2018, 501,590 people, including 167,000 children, visited food banks in Ontario<sup>85</sup>; the estimated number of Ontarians who experienced food insecurity during this period was more than 1.7 million.<sup>21</sup>

The likelihood of severely food-insecure households using a food bank is only 20.6%, second lowest only to pawning/selling possessions (19.6%). Other more likely coping strategies include asking for financial help from friends/family (59.1%), missing bill payments (47.7%), asking for help from an organization (29.5%), and missing a rent/mortgage payment (28%).<sup>88</sup>

Despite the inherent inadequacies, government websites, caseworkers, and healthcare providers routinely direct people experiencing food insecurity to charitable food programs. This practice is an

**Only about 20% of people who experience food insecurity use food banks; therefore, food bank usage statistics exceedingly underestimate the problem of food insecurity.**

**Using food banks does not relieve food insecurity for people who use them.**

example of “social prescribing,” an emerging trend for referring and supporting clients to access local, non-clinical services, including community and social supports.<sup>89</sup> In cases where social prescribing is considered for people experiencing food insecurity, income screening and intervention is the appropriate first-line response rather than referral to food charity and/or community food programs.<sup>90</sup>

### Ineffectiveness of diverting surplus food to food charity

Using surplus food<sup>c</sup> to feed people who cannot afford to buy food is deeply problematic and should be morally distressing to Canadians. While it provides the comforting illusion of a win-win response to food insecurity and reducing food waste, it does not address the underlying problems of lack of money for food or the dysfunctional global food system.<sup>86</sup>

Diversion of surplus food to food banks and other community food programs does little to reduce food waste.<sup>d</sup> An estimated 58% of all commodities entering the Canadian food system are either lost or wasted, the equivalent of \$49.5 billion.<sup>92</sup> The value of food distributed by food banks in Canada is estimated at \$25 million,<sup>93</sup> representing a trivial proportion of the total amount of surplus food that gets diverted from becoming food waste. Food banks are a common outlet for increasing volumes of surplus food. By handing out wasted food, they discourage addressing the underlying problems of over-production, over-baking, and over-stocking.<sup>91</sup>

Many influential actors, including corporations, food charity advocates, environmental agencies, and governments, support the diversion of surplus food to food charity programs. This further perpetuates the notion that surplus food redistribution is addressing food insecurity and the issue of food waste.<sup>91</sup>

### Corporate influence on food charity

The corporate sector benefits from and influences the food charity response. Corporations exert significant influence over charitable food organizations through participation on boards of directors at local, provincial/territorial, and national levels and by providing significant monetary and donations of surplus food.<sup>91</sup> Food and beverage corporations use food banks to dispose of their surplus products, which have served as the backbone of the food supply for food banks since their inception.<sup>91,94</sup> These actions are often framed as corporate social responsibility (CSR) initiatives and promoted as a means to divert surplus food.<sup>91,95</sup>

**Surplus food is a symptom of a dysfunctional global food system, whereas food insecurity is a consequence of income inequality, broken social safety nets, and neglected human rights.**

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<sup>c</sup> Surplus food means gleanings, excess food, spare food, additional food, food leftovers, unused food, food recovery, unsellable food, rescued food, food salvage, recovered food, donated food, recycled food, food abundance, uneaten food for distribution, edible food, food aid...**to the food bank.**<sup>91</sup>

<sup>d</sup> Food waste means food loss, wasted food, food leftovers, inedible food, unusable food, expired food, food scraps, unmarketable food, squandered food, thrown away food, discarded food, dumpster diving, binned food, uneaten food/not consumed...**to the landfill.**<sup>91</sup>

CSR initiatives have been defined as “voluntary activities undertaken by a company to operate in an economically, socially and environmentally sustainable manner.”<sup>96</sup> CSR initiatives can provide significant business benefits, such as maintaining competitive advantage and building strong relationships with communities.<sup>96</sup> Many food and beverage corporations focus their CSR initiatives on supporting food charity organizations.<sup>91,95</sup> In addition, corporate self-promotion of food charity philanthropy efforts and associated media coverage further promote the public perception that food charity is an adequate and effective response to food insecurity.

### System-level problems associated with food charity

Along with being ineffective at reducing food insecurity, food charity has also been counterproductive to advancing government policy on this problem. The growth of food charity has been linked to a reduction in social programs as governments abandon previously held responsibilities for the well-being of citizens and rely on community-based charities to fill the gap.<sup>78,84,97</sup> This has been demonstrated by the Canadian government’s response to food insecurity during COVID-19. To date, \$200 million has been made available to fund food banks and food organizations for expenses such as purchasing food and equipment, transportation and distribution of food, as well as the hiring of staff.<sup>98</sup> In addition, \$50 million was invested in the Surplus Food Rescue Program<sup>99</sup> to help manage and redirect existing food surpluses to organizations addressing food insecurity to ensure surplus foods were not wasted. Expanding food charity and redistributing surplus food will never solve an existing income-based problem that has been made significantly worse by a pandemic.

The Universal Declaration of Human Rights, upon which Canada’s human rights laws are based, identifies the fundamental human rights to be universally protected. Article 25 of the Declaration states that, “Everyone has the right to a standard of living adequate for the health and well-being...including food, clothing, housing and medical care and necessary social services....”<sup>100</sup>

**In a country as wealthy as Canada, it is immoral, unjust, and unconscionable to relegate the 4 million Canadians experiencing food insecurity to second-class citizenry by recommending that they eat the garbage no one else wants.<sup>86</sup>**

However, the entrenchment of food banks and the perception that they are an effective response to the problem of food insecurity allow governments to ignore increasing poverty and food insecurity and not fulfil their moral, legal, and political obligations, under international law, to the right to food.<sup>9</sup> The Ontario government's actions and policies also facilitate and reinforce the entrenchment of charitable food programs. For instance, the *Donation of Food Act* absolves donors of liability related to potential food contamination and associated injury that could arise from the consumption of donated food.<sup>101</sup> The *Local Food Act* provides a tax credit to farmers for donations made to community food programs, including food charity.<sup>102</sup> According to *Ontario's Food and Organic Waste Policy Statement*<sup>103</sup>, "the rescue of surplus food can be an effective means of redirecting nourishing, edible food that may otherwise not be used." *The Food and Organic Waste Action Plan*<sup>104</sup> identifies a provincial investment of \$600,000 for SecondHarvest<sup>e</sup> to build capacity for businesses to donate perishable surplus food and social service organizations to safely transport fresh and nutritious food for distribution. An investment in excess of \$5 million for the *Surplus Food Redistribution Infrastructure Program* aims to help food rescue organizations, First Nation communities, and Indigenous organizations across the province obtain surplus food from grocery stores, restaurants, farms, and other businesses and direct it to vulnerable communities impacted by COVID-19.<sup>105</sup> Ontario's *Better for People, Smarter for Business Act* introduced a relaxation of rules and regulations for equipment, infrastructure, and food handling for community food programs.<sup>106</sup> In addition, a reference document provides support to food donors and community food programs with guidance for donating and distributing food safely.<sup>107</sup>

Governments neglect their obligations to the poorest members of society and lack public accountability when food insecurity is de-politicized and social rights are abandoned.<sup>91</sup> In the 2012 mission to Canada, the United Nations Special Rapporteur on the Right to Food advised that reliance on food banks is "symptomatic of a broken social protection system," serving only as a "moral safety valve" for the state.<sup>108</sup> It is a serious concern that the charitable sector facilitates governments abandoning their responsibility to provide social programs and meet obligations to ensure people's right to food is fulfilled. The right to food<sup>109</sup> provides a framework to overcome barriers to food access by acknowledging government responsibility to respond with a systems approach: "Doing so removes the current dependence on charity fueled models like food banks."<sup>36</sup>

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<sup>e</sup> SecondHarvest is Canada's largest food rescue organization operating in Toronto and has created FoodRescue.ca. See: <https://secondharvest.ca/>.

## Food literacy programs

Community gardens, community kitchens, and cooking groups are examples of community food programs that have traditionally been presented as “food security” programs. Positioning these types of community food programs as responses to household food insecurity perpetuates the misconception that improved food knowledge and budgeting skills can mitigate food insecurity. To the contrary, evidence indicates that food skills, a component of food literacy,<sup>110</sup> do not differ significantly by household food-insecurity status<sup>111</sup> or by employment status.<sup>112</sup>

Food-insecure households are more likely to use food budgets<sup>111</sup> and have demonstrated resourcefulness in applying strategies to best use a limited food budget.<sup>113</sup> Although this evidence suggests that food-insecure populations demonstrate similar food literacy as food-secure populations, experiencing food insecurity may be a barrier to demonstrating food literacy proficiency.<sup>114</sup> As one study states, “While these initiatives may offer some benefits to their participants, preliminary research suggests that any food-based solution to an income-based problem will have limited reach to food-insecure households and limited impact on participants’ experience of HFI (household food insecurity).”<sup>115</sup> Similarly, another study found that 43.5% of food-secure households used home or community gardens, while only 29.4% of adults in food-insecure households used them.<sup>111</sup>

Although these types of community food programs can help support certain aspects of food literacy, such as food access, food knowledge, cooking self-efficacy, and dietary behaviours,<sup>110</sup> evidence shows they do not improve household food insecurity.<sup>116,117</sup> Food literacy helps people maximize limited resources, but it is not the income solution needed to address household food insecurity. This has led experts to suggest that community-based food programs be positioned as “food literacy programming” rather than “food insecurity programming.”<sup>116,118</sup>



**Food knowledge and budgeting skills do not mitigate food insecurity.**

**Programs aimed at increasing food literacy are not effective at reducing food insecurity.**

## Reducing food insecurity with policies that improve household incomes

### Increased social assistance rates

Social assistance recipients across Canada are particularly vulnerable to food insecurity.<sup>119</sup> In 2017–2018, 59.0% of Ontario households that relied on social assistance—Ontario Works (OW) or the Ontario Disability Support Program (ODSP)—were food insecure.<sup>21</sup> Food affordability monitoring conducted by Ontario public health units clearly demonstrates the insufficiency of OW and ODSP rates, particularly for single adults without children.<sup>28,29,30,31,32</sup>



**59%**  
of Ontario  
households that rely  
on social assistance  
are food insecure.

A notable reduction in the prevalence of food insecurity was achieved in Newfoundland and Labrador when policy reforms to social assistance were introduced in 2006 as part of a households receiving social assistance (from 59.9% in 2007 to 33.5% in 2012) occurred with the implementation of various income-related interventions, such as:<sup>120</sup>

- increasing income support payments by 5% in 2006
- indexing income support payments to inflation in subsequent years
- increasing earning exemptions
- increasing liquid asset limits

An expert panel<sup>f</sup> report, *Income Security – A Roadmap for Change*, released in November 2017, offered several recommendations to improve social assistance and the broader income security system in Ontario.<sup>121</sup> While none of the report’s recommendations specifically target the problem of food insecurity, establishing a minimum income standard (to be achieved over a 10-year period) would effectively address income inadequacy and reduce food insecurity. Specifically, a minimum income standard would provide “enough resources to cover essential living costs such as housing, nutritious food, transportation, disability related costs and other necessities, so people can avoid poverty, protect well-being and focus on employment goals and social inclusion”<sup>121</sup>.

Implementation of reforms to social assistance in Ontario announced in early 2018,<sup>122</sup> based on the roadmap’s recommendations, were curtailed after the election of a new Ontario government in June 2018.<sup>123</sup> In November 2018, the Ontario government announced several changes to social assistance programs.<sup>124</sup> However, many of the proposed changes were subsequently cancelled or postponed.<sup>125</sup> An

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<sup>f</sup> The Income Security Reform Working Group was established by the provincial government in June 2016; see <https://news.ontario.ca/mcys/en/2016/6/ontario-establishing-income-security-reform-working-group.html>. Two additional working groups representing First Nations and urban Indigenous perspectives were later added.

announcement about social assistance reform in Ontario was made in September 2020, but without details on how and when changes will be implemented.<sup>126</sup>

Bill 60, which calls for the establishment of a Social Assistance Research Commission, was introduced in late 2018. The commission would make recommendations about social assistance rates and policies and include members with expertise on socioeconomic policy and research related to poverty, the costs of living in Ontario, and the challenges faced by members of vulnerable groups living in poverty. In May 2019, bill 60 passed second reading and was referred to the Standing Committee on the Legislative Assembly, but to date hearings on the bill have not taken place.<sup>127</sup> In response to a consultation on the development of Ontario's next Poverty Reduction Strategy, ODPH recommended increasing social assistance rates based on the cost of living for necessities in defined regions across Ontario through the establishment of a Social Assistance Research Commission, as proposed in bill 60.<sup>128</sup>

Because their incomes are so low, people receiving social assistance have faced more significant impacts as a result of the COVID-19 pandemic. The Ontario government made additional resources available to enable OW and ODSP caseworkers to provide discretionary benefits for needs such as cleaning supplies, transportation, food, or clothing.<sup>129</sup> However, a large proportion of social assistance recipients was denied the benefits or did not receive them due to inability to reach a caseworker or not knowing about the benefits.<sup>130</sup>

### Implementation of a basic income guarantee

The 2015 *Position Statement on Responses to Food Insecurity*<sup>1</sup> presented evidence and a rationale for implementing a basic income guarantee (BIG) as an effective policy response to poverty and food insecurity. Federal and provincial/territorial governments were called on to investigate this policy.<sup>1</sup> Since 2015, awareness and support for the concept of a BIG for working-age Canadians has garnered significant attention. Several key reports and books on this topic have been released in Canada within the past few years.<sup>132,133,134,135</sup>

The Basic Income Canada Network (BICN) identifies important principles of a well-designed basic income program for Canada, ensuring everyone has an adequate income to meet basic needs, and live with dignity, regardless of work status.<sup>131</sup>

ODPH supports BICN's principles.

Evidence supporting the potential of a BIG for reducing the prevalence and severity of household food insecurity is presented in *Implications of a Basic Income Guarantee for Household Food Insecurity*, a research paper prepared for the Northern Policy Institute.<sup>137</sup> The most direct evidence comes from research on low-income unattached seniors who, after the age of 65, have half the rate of food insecurity compared to those under the age of 65. This is due to the Old Age Security and Guaranteed Income Supplement (a form of basic income) that they receive through Canada's public pension

system.<sup>138</sup> Extending a guaranteed income to all working-age Canadians through a BIG could be an effective strategy to drastically reduce poverty and food insecurity.<sup>138</sup>

Additional evidence of the potential effectiveness of modest income supplements on reducing the prevalence of food insecurity comes from a study using data from 2005 to 2014. The study assessed changes in household food insecurity in Ontario after the 2007 introduction of the Ontario Child Benefit and the 2008 implementation of Ontario's first poverty reduction strategy. Although the provincial prevalence of food insecurity remained relatively stable over the study period, food insecurity declined significantly among families who received the Ontario Child Benefit in 2009–2010 and 2011–2012 compared with 2005.<sup>139</sup>

Following the introduction of the Canada Child Benefit (CCB) in 2016, the rate of severe food insecurity dropped by one-third among low-income families, providing further evidence that improving household incomes effectively reduces food insecurity.<sup>140</sup> While the CCB did little to affect food insecurity overall, it disproportionately benefited families most susceptible to food insecurity.<sup>140</sup> Other research has demonstrated that income supplements provided to the lowest income families allow them to spend more on necessities such as food.<sup>141</sup>

A three-year pilot study to test a basic income program in Ontario began in April 2017. The first phase to enroll participants was completed in April 2018, with full participation in both the study and control groups across three pilot sites.<sup>142</sup>

Participant surveys to be conducted at points throughout the study were designed to measure changes in markers such as household food security, mental health, healthcare usage, housing stability, education and training, and employment and labour market participation.<sup>142</sup> With the election of a new provincial government in June 2018, the pilot was terminated early and no data were collected from participants beyond the baseline survey conducted during the enrollment period. A preliminary analysis of the baseline data published in July 2018 revealed that 70% or more of the pilot study participants reported moderate or severe food insecurity.<sup>143</sup>

A survey prepared by Basic Income Canada Network (BICN) was distributed between December 2018 and mid-January 2019 to Ontario pilot study participants who, when they signed a petition to save the pilot, agreed to be contacted in the future. A report on the results of this survey revealed that 28% of the 424 respondents stopped using food banks, 55% purchased food that they usually could not afford, and 74% made healthy food choices. Less than 10% of respondents reported no changes related to food insecurity.<sup>144</sup>

A study conducted by McMaster University with participants from one of the three pilot sites in Ontario showed food insecurity declined markedly for most of the respondents, with almost all reporting they were able to eat regular meals.<sup>145</sup> Food bank usage also declined considerably for those who were using food banks before the pilot study. In addition, most respondents reported improved diets and an increase in the frequency of eating vegetables and fruit during the pilot study.<sup>145</sup>

In 2018, the Parliamentary Budget Officer (PBO) estimated the annual gross cost of expanding the Ontario Basic Income Pilot over a five-year period for all working-age Canadians (18–64 years).<sup>146</sup> A report from BICN, *Basic Income: Some Policy Options for Canada*,<sup>147</sup> released in early 2020, presented three options for structuring and funding a basic income based on a benefit of \$22,000 per year per individual. The net costs within these estimates vary depending on which current programs remain in place and which ones are replaced by a basic income program.

Soon after the World Health Organization declared COVID-19 a global pandemic on March 11, 2020, the Government of Canada implemented economic relief programs, including the Canada Emergency Response Benefit (CERB). The CERB provided a taxable benefit of \$2,000 every four weeks for up to 28 weeks to eligible workers who stopped working or whose work hours had been reduced due to COVID-19.<sup>148</sup> While the CERB served as an important stopgap that provided economic relief for many Canadians at the beginning of the pandemic, not all working individuals were eligible.<sup>130</sup>



**Participants who received a basic income guarantee in the Ontario pilot study showed markedly decreased rates of food insecurity and were able to buy foods they previously could not afford.**

In the early months of the pandemic, several groups, including ODPH<sup>149</sup> and the Chronic Disease Prevention Alliance of Canada,<sup>150</sup> called on the Canadian government to introduce a basic income program for working-age Canadians. In addition, 50 members of the Senate of Canada from across affiliations and regions wrote a letter to the prime minister, deputy prime minister, and finance minister, encouraging “restructuring the CERB to ensure greater social and economic equity as well as greater efficiency.”<sup>151</sup> A brief prepared by BICN to the Standing Committee on Social Affairs, Science and Technology to address the socioeconomic impacts of COVID-19 included the recommendation “that the federal government establish a basic income guarantee for 18–64 year-olds comparable to the CERB monthly amount of \$2000....”<sup>152</sup>

In July 2020, the Standing Senate Committee on National Finance released an interim report, *COVID-19 Relief in times of Crisis*.<sup>153</sup> The report made 16 recommendations, including, “that the Government of Canada, with provinces, territories and Indigenous governments, give full, fair and priority consideration to a basic income guarantee.” In addition, a motion submitted to the House of Commons by MP Leah Gazan in August 2020 called on the government to convert the CERB into a permanent guaranteed livable basic income.<sup>154</sup> At the same time, the PBO released a report on the estimated cost of a basic income program during the COVID-19 pandemic to ensure all working-age Canadians would have income for the last six months of the fiscal year 2020–2021.<sup>155</sup>

Despite speculation about an announcement in September 2020 on a national basic income program, the federal government instead announced a transition from the CERB to a flexible and more accessible Employment Insurance (EI) program, as well as three new temporary recovery benefits to support Canadians unable to work for reasons related to COVID-19.<sup>156</sup>

A report from the Broadbent Institute<sup>157</sup> highlights that transitioning the CERB into a basic income is not straightforward given that the CERB was designed to stabilize income for workers and not to address poverty among those already struggling before the pandemic. It argues that a transition from a program such as the CERB to a progressive basic income program would require thorough review of current policies and programs to determine what is working well, what could be fixed, and what should be replaced.<sup>157</sup>

The report, *A Federal Basic Income Within the Post COVID-19 Economic Recovery Plan*,<sup>158</sup> makes the case for an “inclusive economic recovery” where poverty is also effectively addressed. The authors

It is time for Canada to plan and deliver a robust basic income guarantee that protects working-age citizens from falling below an income floor that is adequate to meet basic needs.

“People who have money... have the opportunity to spend that money however they think best, and people always know better than bureaucrats or charities what their family needs most.”<sup>134</sup>

recommend the introduction of a BIG close to the Market Basket Measure,<sup>g</sup> paid monthly to residents of Canada between the ages of 18 and 64. According to this proposal, those with no income would receive the full benefit and those with income sources would receive the benefit reduced in proportion to their other income. To date, there has been no action on establishing a federal basic income program.

### Jobs with livable wages and benefits

In 2017–2018, 63% of food-insecure households in Canada reported employment as their primary source of income.<sup>21</sup> The high prevalence of household food insecurity among those in the workforce is a function of precarious<sup>hh</sup> and low-paying jobs and multi-person households with a single-income earner.<sup>137</sup>

A study of food insecurity in the Canadian labour force showed that working households experiencing food insecurity are more likely to include earners reporting multiple jobs and higher job stress.<sup>159</sup> In addition, workers who are members of visible minority groups with comparable education levels experience higher rates of food insecurity than workers who are not visible minorities.<sup>159</sup>



**Households experiencing food insecurity are more likely to have earners with multiple jobs and higher job stress.**

Minimum wage is the minimum hourly rate all employers must pay employees and is set by the provincial government.<sup>160</sup> Under Ontario's *Fair Workplaces, Better Jobs Act, 2017*, the general minimum hourly rate, the rate that applies to most employees, increased from \$11.60 to \$14 on January 1, 2018.<sup>161</sup> The minimum hourly rate was scheduled to increase to \$15 on January 1, 2019 but was repealed with the *Making Ontario Open for Business Act, 2018*, which froze the minimum wage until at least October 2020.<sup>162</sup> As of October 1, 2020, the minimum wage increased to \$14.25 per hour.<sup>163</sup> However, even the adoption of a \$15 minimum wage will not be sufficient to reach the income level required to meet basic living needs.<sup>137</sup>

In contrast to a minimum wage, a living wage is the hourly rate workers need to earn to cover their basic expenses and participate in their community. A living wage affords individuals and families a basic level of economic security. Communities across Ontario use a national framework to calculate their local living wage rate.<sup>164</sup> In November 2019, 20 communities in Ontario announced living wage rates for 2019,

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<sup>g</sup> The Poverty Reduction Strategy<sup>10</sup> sets an official measure of poverty, the Market Basket Measure, as Canada's official poverty line, based on the cost of a basket of goods and services that individuals and families require to meet their basic needs and achieve a modest standard of living in communities across the country.

<sup>h</sup> Precarious employment is a term used to describe workers who score the highest on the Employment Precarity Index (EPI) available from <https://pepso.ca/tools>. It also refers to work that does not conform to the standard employment relationship (SER), such as temporary, seasonal, and casual employment, self-employment without any employees, and permanent part-time work. The EPI is a more precise way of measuring precarity given that some workers in other forms of employment are included in the precarious category using the EPI.

ranging from \$16.20 per hour in London to \$22.08 in Toronto.<sup>165</sup> Living wage rates demonstrate fair remuneration for employees and the inadequacy of minimum wage employment.

Emerging evidence shows a significant association between higher minimum wages at the provincial level and lower likelihood of food insecurity.<sup>166</sup> In response to the consultation on Ontario's next Poverty Reduction Strategy, ODPH recommended increasing the minimum wage to \$15 per hour.<sup>128</sup>

## Affordable housing

Housing costs can exert significant pressure on the resources available to purchase food in low-income households. The cost of housing, usually the largest proportion of monthly living expenses, is typically fixed and inelastic. Conversely, expenditures on food and other necessities are more elastic and can be adjusted depending on available financial resources.

According to the Canada Mortgage and Housing Corporation, housing is considered “affordable” if it accounts for less than 30% of a household's before-tax income.<sup>167</sup> Affordable housing can include housing provided by the private, public, and non-profit sectors, as well as all forms of housing tenure (i.e., rental, ownership, and co-operative ownership).<sup>167</sup> Federal, provincial/territorial, and municipal/regional levels of government in Canada are all engaged in social housing programs that aim to make housing more affordable for lower-income households.<sup>168</sup> A community housing renewal strategy was introduced in Ontario in 2019, with the goal of stabilizing and growing community housing across the province.<sup>169</sup>

The notion that affordable housing can mitigate household food insecurity among low-income households by freeing up income for food has not been substantiated and brings into question the definition of affordable housing.<sup>170</sup> Canadian studies that have assessed food-insecurity status among social housing residents have revealed a disturbingly high vulnerability to food insecurity.<sup>171,172</sup> Even when social housing is available to low-income households, the proportion of income available after all housing-related expenses are accounted for (e.g., utilities, parking) is not sufficient to ensure adequate resources for food.

Still, access to housing at costs that can be accommodated as part of essential household expenses is important. In addition, affordable housing must be accompanied by income-based interventions, including adequate social assistance, minimum wage, and pension and child benefit rates, along with implementing a BIG to protect against food insecurity.<sup>170,171,172</sup> The National Housing Strategy's (NHS)<sup>i</sup> goal is to ensure that Canadians can access housing that meets their needs and that



**While affordable housing is important, it does not ensure a household has enough money for food.**

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<sup>i</sup> Canada's first-ever National Housing Strategy (NHS), announced in November 2017, is a detailed, 10-year, \$40 billion plan to build more affordable, accessible, inclusive, and sustainable homes. With new investments announced in [Budget 2019](#),

they can afford. This strategy presents a unique opportunity to better integrate housing and income-based policies to alleviate food insecurity among social housing residents.<sup>172</sup>

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Canada's NHS is now a 10-year, \$55 billion+ plan. The primary focus will be on meeting the needs of vulnerable populations, such as women and children fleeing family violence, seniors, Indigenous peoples, people with disabilities, individuals dealing with mental health and addiction issues, veterans, and young adults. See <https://www.placetocalhome.ca/>.

## Conclusion

The evidence presented in this position statement demonstrates that charitable food programs are entrenched and sustained by community, corporate, and government investments despite being ineffective and counterproductive responses to food insecurity. In contrast, policy interventions that improve the financial circumstances of very low income households can significantly reduce household food insecurity. Yet, food insecurity prevalence rates continue to increase and have undoubtedly worsened with the economic downturn due to the COVID-19 pandemic. Federal and provincial governments must take ownership of this problem by setting targets to reduce food insecurity and regularly report on progress toward its reduction. The foundation for achieving this goal involves monitoring the problem through regular measurement of the prevalence and severity of food insecurity at both the national and provincial levels.

## Recommendations

The following recommendations reflect the discussion and evidence presented. ODPH encourages our members, Ontario boards of health, and our national, provincial, and local community partners to join us in advocating for these recommendations. They are not exhaustive; we recognize that much more can be done at all levels to address food insecurity.

### Federal government

- Commit to regularly measuring, analysing, and reporting the prevalence and severity of food insecurity in all provinces and territories in a timely manner. This process should include ongoing analysis of disaggregated race-based food-insecurity data, including Indigenous and Black Canadians.
- Establish targets for the reduction of household food insecurity and regularly report on progress toward their achievement as part of *Opportunity for All – Canada’s First Poverty Reduction Strategy*.
- Implement policy interventions that have been shown to effectively reduce food insecurity, such as expansion of the Canada Child Benefit, and implement a basic income guarantee for Canadians aged 18–64 years as part of *Opportunity for All – Canada’s First Poverty Reduction Strategy*.
- Develop a new definition of “affordable housing” that is not based on percentage of total income and considers other basic costs of living.
- Follow through on the commitment to support food security in northern and Indigenous communities as part of the *Food Policy for Canada*, emphasizing Indigenous food self-determination and reconciliation as guiding principles.

### First Nation governments

- Advocate for and bring attention to First Nation-identified needs and assets around food insecurity and food systems.
- Implement First Nation-led strategic direction related to food insecurity and food systems that incorporates a poverty reduction lens.
- Seek support or collaboration as appropriate with other community partner organizations, including public health units.

### Provincial government

- Report on the results of the poverty reduction strategy consultation that closed on April 30, 2020.
- Develop a poverty reduction strategy that includes targets for reduction of food insecurity as well as policy interventions that improve the financial circumstances of very low income households.
- Set a minimum wage rate that more closely aligns with costs of living in Ontario.
- Establish a Social Assistance Research Commission, as recommended in bill 60, to determine evidence-based social assistance rates in communities across the province based on local/regional costs of living, including the cost of food informed by data collected by public health units.

## Municipal governments and local community partners

- Advocate for federal and provincial government policies and programs to ensure an adequate income for all Canadians.
- Facilitate local level initiatives that increase economic resilience for individuals/families living with very low incomes and for groups experiencing systemic racism (i.e., Black, Indigenous, and People of Colour), such as free income tax filing assistance and targeted support for access to and training for jobs with livable wages and benefits.

## Ontario boards of health

- Monitor and report on the prevalence (provincially and regionally or locally, if possible) and severity of food insecurity, its impact on health and root causes, and effective interventions to build awareness and knowledge about the problem and support for action.
- Encourage and enable all public health unit staff and board of health members to engage in ongoing awareness-raising, education, and training opportunities on causes and implications of structural racism and strategies for dismantling racist systems.
- Collaborate with community partners from various sectors, in particular racialized communities and organizations working to address oppression in racialized communities, to determine local priorities for action to address food insecurity and poverty.
- Support Indigenous cultural safety training offered on an ongoing basis to foster continuous awareness-raising, self-reflection and learning among all public health unit staff and board of health members.
- Engage meaningfully with local Indigenous communities and organizations to understand what food security and food sovereignty mean to them, learn about diverse local assets and needs, and prioritize support for and collaboration around Indigenous-led food-related initiatives, while respecting the self-determination of each community and organization.

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