



Position Statement: Household Food Insecurity

GUELPH & WELLINGTON TASK FORCE FOR POVERTY ELIMINATION / SEPTEMBER 2016

Position Statement

It is the position of the Guelph & Wellington Task Force for Poverty Elimination that a multi-pronged income-based response is required to effectively address household food insecurity.

Introduction

As a symptom of poverty, household food insecurity impacted over 3.2 million individuals in Canada in 2014 (Tarasuk, V., Mitchell, A. & Dachner, N., 2016). The health issues and associated health care costs as a result of household food insecurity are well documented, along with the impact household food insecurity can have on experiences of stigma, shame, stress, and social exclusion. While community-based charitable food assistance programs, such as food banks, play a role in addressing hunger, they are unable to reduce or eliminate poverty.

It is the position of the Guelph & Wellington Task Force for Poverty Elimination that a multi-pronged income-based response is needed to address the root causes of household food insecurity, which are financial constraints and financial vulnerability.

The position of the Poverty Task Force (PTF) is evidence-based and largely informed by the positions of experts in the field of household food insecurity, including the statements by Dietitians of Canada and the Ontario Society of Nutrition Professionals in Public Health (Appendix 1).

What is household food insecurity?

Household food insecurity is commonly defined as “inadequate or insecure access to adequate food due to financial constraints” (Dietitians of Canada, 2016a; Tarasuk, V., Mitchell, A. & Dachner, N., 2016). Experiences of household food insecurity “can range from concerns about running out of food before there is more money to buy more, to the inability to afford a balanced diet, to going hungry, missing meals, and in extreme cases, not eating for a whole day because of lack of food and money for food” (Tarasuk, V., Mitchell, A. & Dachner, N., 2016).

While poverty or low-income are often understood as the root causes, research suggests that household food insecurity is more accurately described as being caused by **financial constraints** and **financial vulnerability**. When households have low or unreliable income, there is often not enough money to purchase sufficient healthy food after paying for rent, utilities, and other critical expenses. Unexpected financial or budget shocks, such as a job loss, rising housing or energy costs, or an unexpected health expense, can increase financial vulnerability, resulting in episodes of household food insecurity. Based on this understanding, researchers have concluded that household food insecurity is “not solely the product of an inadequate income level, but instead a lack of consumption insurance to address budget shocks, which are unexpected decreases in income or purchasing power of income” (Dietitians of Canada, 2016b).

It is important to note, that while often used interchangeably, the terms ‘food insecurity’ and ‘hunger’ are not the same. Dietitians of Canada note that **hunger** is a physical symptom of severe food insecurity experienced by an individual, and not necessarily by everyone in the household (2016b). **Community-based charitable food assistance programs**, such as food banks and meal programs, are often the primary community response to hunger experienced by food insecure households.

How prevalent is household food insecurity?

The Annual Report on Household Food Insecurity reported that 12.0% of Canadian households¹ experienced some level of food insecurity in 2014. The report notes that, “this represents 1.3 million households, or 3.2 million individuals, including nearly 1 million children under the age of 18. More than 1 in 6 children under the age of 18 lived in households that experience food insecurity” (Tarasuk, V., Mitchell, A. & Dachner, N., 2016). The provincial rate of food insecurity prevalence for Ontario was 11.9%, and in Guelph it was 13.2% (Tarasuk, V., Mitchell, A. & Dachner, N., 2016).

Statistics demonstrate that household food insecurity is more prevalent among households with children (Tarasuk, V., Mitchell, A. & Dachner, N., 2016). Women, unattached adults, people who have a disability, Indigenous Peoples, the homeless, and some new immigrants/refugees are among those who “disproportionately experience a higher prevalence or risk of household food insecurity” (Dietitians

¹ The Annual Report on Household Food Insecurity utilized data from Statistic Canada’s annual Canadian Community Health Survey (CCHS). In 2013 and 2014, the CCHS Household Food Security Survey Module was optional and British Columbia, Manitoba, Newfoundland and Labrador, and Yukon chose not to include the measurement of food insecurity for their populations.

of Canada, 2016b). Households receiving pensions as their main source of income have the lowest prevalence of household food insecurity (Herbert Emery, J.C., Fleisch, V., & McIntyre, L., 2013).

It is important to note that while statistics from community-based charitable food assistance programs are often used to demonstrate need in a community, they are not a valid measure of household food insecurity. Research has consistently identified that “Although a considerable number of people go to food banks, they represent only a small proportion – about 25% - of those who experience food insecurity” (OSNPPH, 2015).

What are the impacts of household food insecurity?

Household food insecurity can lead to notable health issues among children and adults. Recent studies have reported that “the experience of hunger leaves an indelible mark on children’s physical and mental health, manifesting in greater likelihood of certain conditions, such as depression and asthma in adolescence and early childhood” (Tarasuk, V., Mitchell, A. & Dachner, N., 2016). Similarly, research has found that “adults in food-insecure households have poorer physical and mental health and higher rates of numerous chronic conditions, including depression, diabetes, and heart disease” (Tarasuk, V., Mitchell, A. & Dachner, N., 2016). Once a chronic condition is developed, health experts maintain that household food insecurity can interfere with the management of the condition (Dietitians of Canada, 2016b).

The health care costs of those living in food insecure households tends to be significant. Research has found that “compared to individuals from secure households, the odds of adults becoming a high cost user within the next 5 years were 46% greater for those living with food insecurity” (Dietitians of Canada, 2016b). Additionally, health care costs of food insecure adults “increased with the severity of food insecurity: 23%, 49% and 121% higher costs among adults from households with marginal, moderate and severe food insecurity respectively.” (Dietitians of Canada, 2016)

Aside from the health issues and the associated health care costs, individuals from food insecure households can experience stigma, shame, stress, and social exclusion (Dietitians of Canada, 2016b). This was confirmed in local research findings, which reported the main barrier to emergency food services in Guelph and Wellington was feelings of stigma (Dodd, W., Nelson, E., Cairney, K., Clark, J. & Cartaginese, A., 2013).

The charitable food assistance response

Food banks, the most common form of charitable food assistance, were crafted as temporary relief operations during the recession in the early 1980s. However, food banks and other charitable food assistance programs have increased considerably over the past 30+ years and have “become a well-established part of the fabric of many communities across Ontario and Canada.” (OSNPPH, 2015). As a result, “food banking has grown and evolved into an extensive charity-based secondary food distribution system specifically for impoverished people” (OSNPPH, 2015).

While community-based charitable food assistance programs are well-intentioned and help some individuals, a growing body of evidence suggests they are ineffective and inappropriate for addressing the root causes of household food insecurity. Dietitians of Canada point to a Canadian study that looked at coping strategies for child hunger over the course of a decade. Despite a growth in the number of food banks and other community resources, use of these services as a coping method to deal with hunger remained static (2016b). Other research concludes that “only about one-fifth of food insecure households go to food banks, and typically they receive no more than 3-5 days’ worth of food staples per month” (Dietitians of Canada, 2016).

The barriers that limit community-based charitable food assistance programs, such as food banks, in addressing household food insecurity are embedded in their very design. Primarily dependent on donations for supply, charitable food programs are “typically not able to meet the preferences, religious restrictions, nutritional or health-related dietary needs of clients” (OSNPPH, 2015). Others note that “limitations are rooted in the current ad hoc nature of community food programs, in that they tend to be small-scale programs arising at the community level, with limited and/or short-term funding and reliance on volunteers, and thus are inherently limited in capacity” (Loopstra, R. & Tarasuk, V., 2013).

Some charitable food assistance programs have moved to expand beyond simply providing emergency food, to focus on building food preparation and growing skills, nutritional knowledge, and creating opportunities for social inclusion. However, research findings remain consistent, pointing out that these programs “are not used by the majority of food insecure households” (Dietitians of Canada, 2016b). Additionally, research findings have debunked assumptions that food insecure households lack food preparation skills, knowledge or motivation, challenging “the idea that food skills alone might be an adequate mechanism for protecting households from food insecurity” (Dietitians of Canada, 2016b).

Case studies of participatory food assistance programs, such as community gardens, found that they were inaccessible and did not fit with the needs, interests and lives of participants (Loopstra, R. & Tarasuk, V., 2013). With the expansion of community gardens, community kitchens, and Good Food

Box programs in Canada, researchers have rebuked assumptions about the relevance of such programs to food insecure households. Leading national household food insecurity researchers argue that “while these programs aim to offer an alternative to charitable food assistance – something that was equally rejected by families in our study population – these findings highlight that community food programming may not be an accessible or efficient way for these families to meet their food needs.” (Loopstra, R. & Tarasuk, V., 2013).

Despite the limitations of community-based charitable food assistance programs, they continue to play a role in meeting the immediate need of some individuals in food insecure households. However, it is critical to not lose sight of the fact that charitable food programs “cannot themselves reduce or eliminate poverty through the redistribution of wealth” and are “ill-equipped to affect the structural inequities that perpetuate food insecurity” (Dietitians of Canada, 2016b).

The income-based response

Financial constraints and financial vulnerability are the root causes of household food insecurity, making income the strongest predictor. Research clearly demonstrates that “the probability of food insecurity rises as household income declines” (Tarasuk, V., Mitchell, A. & Dachner, N., 2016) (see Figure 1). Thus, to adequately address household food insecurity, income-based responses must be put in place to respond to income changes and household expenses (Dietitians of Canada, 2016b).

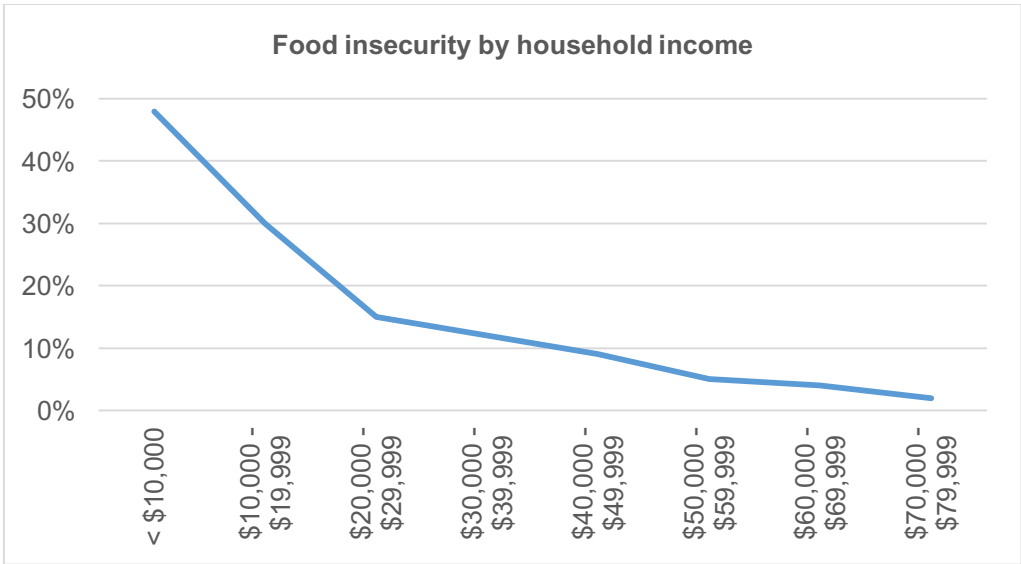


Figure 1: Food insecurity by household income. Adapted from Tarasuk, V., Mitchell, A., & Dachner, N., 2016.

In alliance with other organizations, such as Dietitians of Canada and OSNPPH, the PTF advocates for a multi-pronged income-based response to household food insecurity that includes:

1. Living Wage policies
2. Increased Social Assistance rates
3. Increased investment in subsidized, affordable and stable housing options
4. A Basic Income Guarantee

Living Wage Policies

Households reliant on wages, salaries or self-employment account for 62.2% of food insecure households in Canada (Tarasuk, V., Mitchell, A. & Dachner, N., 2016). Dietitians of Canada point out that “simply having an employed worker in the household does not necessarily ensure food security for a household. For the approximately one million Canadian adults who earn the minimum wage set for their region, full-time wages are not enough to raise their households above the poverty line” (Dietitians of Canada, 2016).

Providing an adequate income helps support households to be food secure. A living wage is defined as “the hourly rate at which a household can meet its basic needs, once government transfers have been added to the family’s income (such as the Universal Child Care Benefit) and deductions have been subtracted (such as income taxes and Employment Insurance premiums” (Living Wage Canada, 2015). It is calculated based on a modest budget, which provides an estimate of what that family needs to earn to meet basic living expenses, support the healthy development of their children, and fully participate in work, family life, and community activities. In Guelph & Wellington, the living wage is \$16.50/hour and food expenses account for 13% of overall household expenses (Ellery, R., 2015).

Living Wage employers recognize that paying a living wage constitutes a critical investment in the long-term prosperity of the economy by fostering a dedicated, skilled and healthy workforce (Guelph & Wellington Task Force for Poverty Elimination, 2015). By paying a living wage, employers can play a critical role in helping households combat food insecurity.

Increased Social Assistance Rates

While the proportion of food insecure households is lower for households receiving social assistance (15.7%) compared to households reliant on wages and salaries (62.2%), the prevalence is much higher (Tarasuk, V., Mitchell, A. & Dachner, N., 2016). In fact, “the prevalence of food insecurity amongst households living on social assistance is two to four times higher than for households whose main source of income is employment” (Dietitians of Canada, 2016). In 2014, food insecurity impacted 60.9% of households reliant on social assistance (Tarasuk, V., Mitchell, A. & Dachner, N., 2016).

Despite recent increases by the Government of Ontario, advocates continue to point out that social assistance rates remain grossly inadequate. Recently, the Income Security Advocacy Centre pointed out that, “with fruit and vegetable prices up 12% to 18% last year, the lack of significant investment in incomes means people on social assistance will continue to rely on food banks and suffer from health problems associated with poor diets” (2016).

As part of an official review of social assistance in Ontario, it was recommended that the adequacy of rates be improved so that recipients “can obtain nutritious food, secure housing and other basic necessities” (Lankin, F. & Sheikh, M., 2012). Local feedback from Guelph & Wellington strongly supported this recommendation and the PTF has actively advocated for an immediate increase in social assistance rates, along with indexing that would ensure rates keep up with the cost of living (Guelph & Wellington Task Force for Poverty Elimination, 2013). By responding to these recommendations, the Government of Ontario can play a critical role in helping households combat food insecurity.

Increased investment in subsidized, affordable and stable housing options

Households struggling to make ends meet are often faced with the dilemma of having to prioritize basic needs. Research indicates that “most food insecure households cannot spend adequate amounts of money on healthy food because they must prioritize a substantial portion of their budget for housing and utility costs” (Dietitians of Canada, 2016b). Canadians who rent their homes are at particular risk of being food insecure, with 24.5% of rental households reported as being food insecure, compared to 6.2% of homeowners (Tarasuk, V., Mitchell, A. & Dachner, N., 2016). The situation can be even more difficult for individuals experiencing homelessness, whose food insecurity can be “compounded by

multiple complex concurrent problems such as addictions, mental and physical health problems” (Dietitians of Canada, 2016b).

A 2015 report from Federation of Canadian Municipalities called for federal tax incentives, investments in social housing, and investments and collaborations across governments “to ensure that rental subsidies are made available [and] to ensure that persons and families exiting from homelessness can be affordably stabilized in permanent housing.” Similar calls to action were directed at the Government of Ontario by local stakeholders in Guelph & Wellington as part of the province’s renewed Long-Term Affordable Housing Strategy (County of Wellington, Guelph & Wellington Task Force for Poverty Elimination, Wellington-Guelph Housing Committee, 2015). By responding to these recommendations, the federal and provincial government can play a critical role in helping households increase their after-shelter income and offset their probability of being food insecure.

A Basic Income Guarantee

A Basic Income Guarantee, also known as a Guaranteed Annual Income, is an unconditional cash transfer from government to individuals or families to provide a minimum annual income (Lamman, 2015). The Basic Income Canada Network notes that a BIG “ensures everyone an income sufficient to meet basic needs and live with dignity, regardless of work status” (2015). In April 2016, the Poverty Task Force endorsed the following position statement on a Basic Income Guarantee:

“It is the position of the Guelph & Wellington Task Force for Poverty Elimination that poverty is an urgent human rights and social justice issue for local, provincial, and federal governments. A Basic Income Guarantee (BIG) is required as part of a coherent strategy to effectively eliminate poverty.”

Proponents of a BIG often point to Canada’s low rates of poverty among seniors, as the result of its public pension system. The system includes the Old Age Security (OAS) program, the Guaranteed Income Supplement (GIS), and the contributory Canada Pension Plan (CPP). Research has demonstrated that food insecurity prevalence rates fall by half at age 65, largely as a result of a change in income sources, from employment to the public pension system (see Figure 2). This has led researchers to conclude that “the introduction of a GAI at age 65 that provides consumption insurance reduces food insecurity risk” (Herbert Emery, J.C., Fleishch, V., & McIntyre, L, 2013).

A BIG has the potential to dramatically reduce food insecurity by addressing the root causes – financial constraints and financial vulnerability. While a BIG would provide additional income that would support

those facing chronic household food insecurity, it is understood that poverty is not always a “product of inadequate income, but rather a lack of consumption insurance to address budget shocks” (Herbert Emery, J.C., Fleishch, V., & McIntyre, L, 2013). A BIG would provide consumption insurance to allow liquidity-constrained households to adjust to small but frequent budget shocks, reducing the need for reactive interventions, such as food banks (Herbert Emery, J.C., Fleishch, V., & McIntyre, L, 2013). By working in partnership to design and implement a BIG, all levels of government have the opportunity to effectively eliminate poverty, thereby drastically reducing household food insecurity.

The PTF calls on:

- Municipal governments to support local living wage movements to ensure that working families and individuals can be food secure.
- The Government of Ontario to
 - increase social assistance rates to ensure recipients have access to a full basket of supports essential to maintaining health, including adequate income and nutritious food; and
 - consult and work in partnership with key stakeholders, including community-based anti-poverty initiatives like the Poverty Task Force, to design and implement a Basic Income Guarantee.
- The Government of Canada to expedite investigation of a Basic Income Guarantee as part of a National Poverty Strategy.
- For all levels of government to work in partnership to increase investments in subsidized, affordable and stable housing options.
- Social and health service providers, community organizations, local businesses, the education sector, faith-based organizations, and emergency services to become aware of and promote a multi-pronged income-based response to household food insecurity.
- Community-based charitable food assistance programs to join advocacy efforts that support a multi-pronged income-based response to food insecurity.

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Appendix 1 – Position Statements on Household Food Insecurity

“It is the position of the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) that food insecurity is an urgent human rights and social justice issue for local, provincial and federal public policy agendas. Food charity is an ineffective and counterproductive response to food insecurity because it does not address the root cause which is poverty. An Income response is required to effectively address food insecurity.” – *Ontario Society of Nutrition Professionals in Public Health*

“It is the position of Dietitians of Canada that household food insecurity is a serious public health issue with profound effects on physical and mental health and social well-being. All households in Canada must have sufficient income for secure access to nutritious food after paying for other basic necessities.

Given the alarming prevalence, severity and impact of household food insecurity in Canada, Dietitians of Canada calls for a pan-Canadian, government-led strategy to specifically reduce food insecurity at the household level, including policies that address the unique challenges of household food insecurity among Indigenous Peoples. Regular monitoring of the prevalence and severity of household food insecurity across all of Canada is required. Research must continue to address gaps in knowledge about household vulnerability to food insecurity and to evaluate the impact of policies developed to eliminate household food insecurity in Canada.” – *Dietitians of Canada*