



2018 Who's Hungry Report Key Findings

What

Who's Hungry is an annual report that provides a profile of food insecurity in Toronto and the inner suburbs. The data is collected over the course of a year by Daily Bread and North York Harvest, through client visit numbers and an in-person survey of 1400 food bank clients.

Who's Hungry is provided to the public, the policy community and government leaders to keep them informed as they shape and form new social policy around hunger and poverty.

2018 Findings

- The number of client visits between April 2017 and March 2018 was 914,000; it is a **14% increase from a decade ago**
- 2.7 millions clients served through meal programs over the course of a year
- Food bank visits have remained near the **1 million mark** for the past five years
- A majority of food bank clients (37%) are working age adults/seniors (45+); the majority a decade ago were 19 – 44 year olds
- Over two-thirds of food bank clients rely on provincial social assistance as their primary source of income
 - The most significant reason that people on social assistance depend on food banks is the amount of assistance they receive is inadequate
- Demand is moving to areas with fewer food banks – particularly, Scarborough and the inner suburbs
- The area of the city experiencing the highest increase since 2008 is Etobicoke (219%)
- Since 2008, there has been a 13% increase in food bank use by people who have lived in Canada for 10+ years
- Overall, 62% of food bank clients report to having a disability or a serious illness
- Single parents families experience poverty at nearly three times the rate of the average Canadian
- Top three reasons respondents missed a meal were to pay for rent (29%), phone bills (20%) and transportation (17%)
- Roughly 19% of adult survey respondents say they go hungry at least one day a week

Concerns

- Certain regions are more likely to be impacted then others – i.e Toronto's inner suburbs, such as Scarborough and the northern reaches of this city – are disproportionately impacted by food insecurity then those living in the core.

- These areas have few food banks, making it harder to respond to growth in demand
- As food insecurity begins to grow, as does the need to address it by policy makers. Yet recent changes to income supplements – such as OW and ODSP – have the potential to aggravate the concerns

According to our research, food insecurity disproportionately impacts:

- Newcomers
- Working age adults (45-64)
- Seniors
- People with disabilities
- Single parents
- Indigenous peoples

Where Do We Go From Here

To end hunger we need long-standing, sustained efforts by the community and government.

What's clear is that Toronto's social geography has changed. Hunger lives in new places, and in new numbers, but our services haven't been able to keep pace with these new pressures.

Visit www.dailybread.ca/whoshungry for the full report.

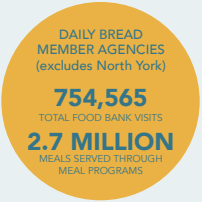
HUNGER BY THE NUMBERS

In the wake of the 2008 recession, we saw a surge in food bank use. What we hoped was a temporary spike has not gone away.

Over the last year, there were 914,470 visits to food banks run by Daily Bread Food Bank and North York Harvest Food Bank member agencies. While these numbers are down nearly 5% since last year, they remain 14% higher than they were in 2008, and more than double what they were in 1995. Before the recession, we had never seen a year with more than 800,000 visits. Since then, we have never seen a year with fewer than 870,000 visits.



2018 TOTAL CLIENT VISITS IN TORONTO



WHAT CAN YOU DO?

Stay informed about your city. Start with the Who's Hungry Report to learn the extent of hunger in Toronto, and the driving forces behind it.

Make your voice heard. Governments must take action to help fight hunger in our communities, and they need to hear that ending poverty is a priority for you. Connect with your city councillor, MPP, and MP, and make sure they know you want action on poverty in your community.

Donate. Many vulnerable people still need Daily Bread's services. With your help, we can provide food and other resources to those in need, and continue our research and advocacy to have an impact at all levels of government.

Volunteer. There are many opportunities to get involved at Daily Bread and other organizations feeding those in need.



dailybread.ca/whoshungry



Daily Bread is a registered charitable organization.
Registered Charity Number: 11888 1549 RR0001



Who's Hungry

A Profile of
Hunger in Toronto
2018

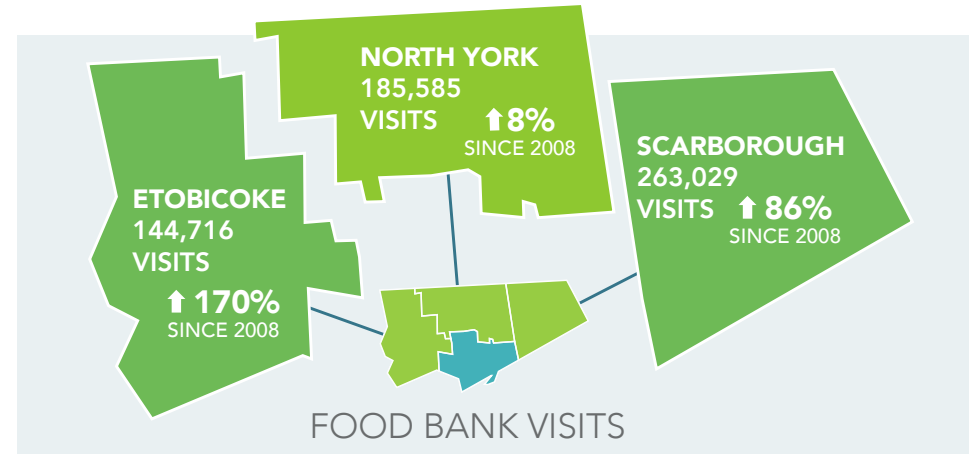




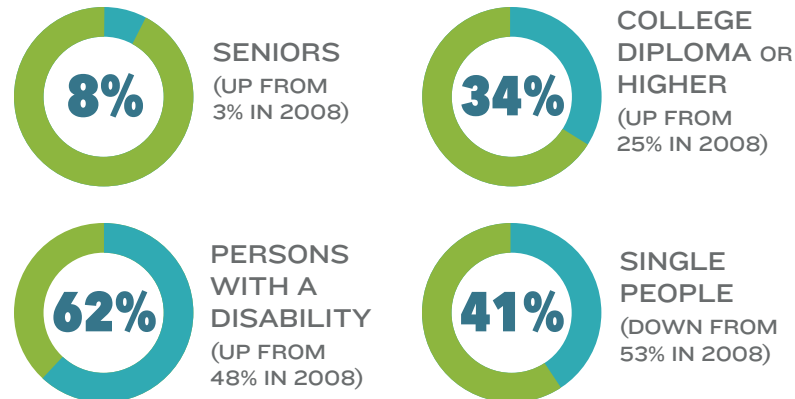
"My rent is \$1,136. My income is \$1,050. I essentially buy nothing."

~ Survey Respondent

THE CHANGING GEOGRAPHY OF HUNGER IN TORONTO



CHANGING FACE OF HUNGER IN TORONTO



FOOD INSECURITY IN TORONTO



WHY ARE PEOPLE HUNGRY?

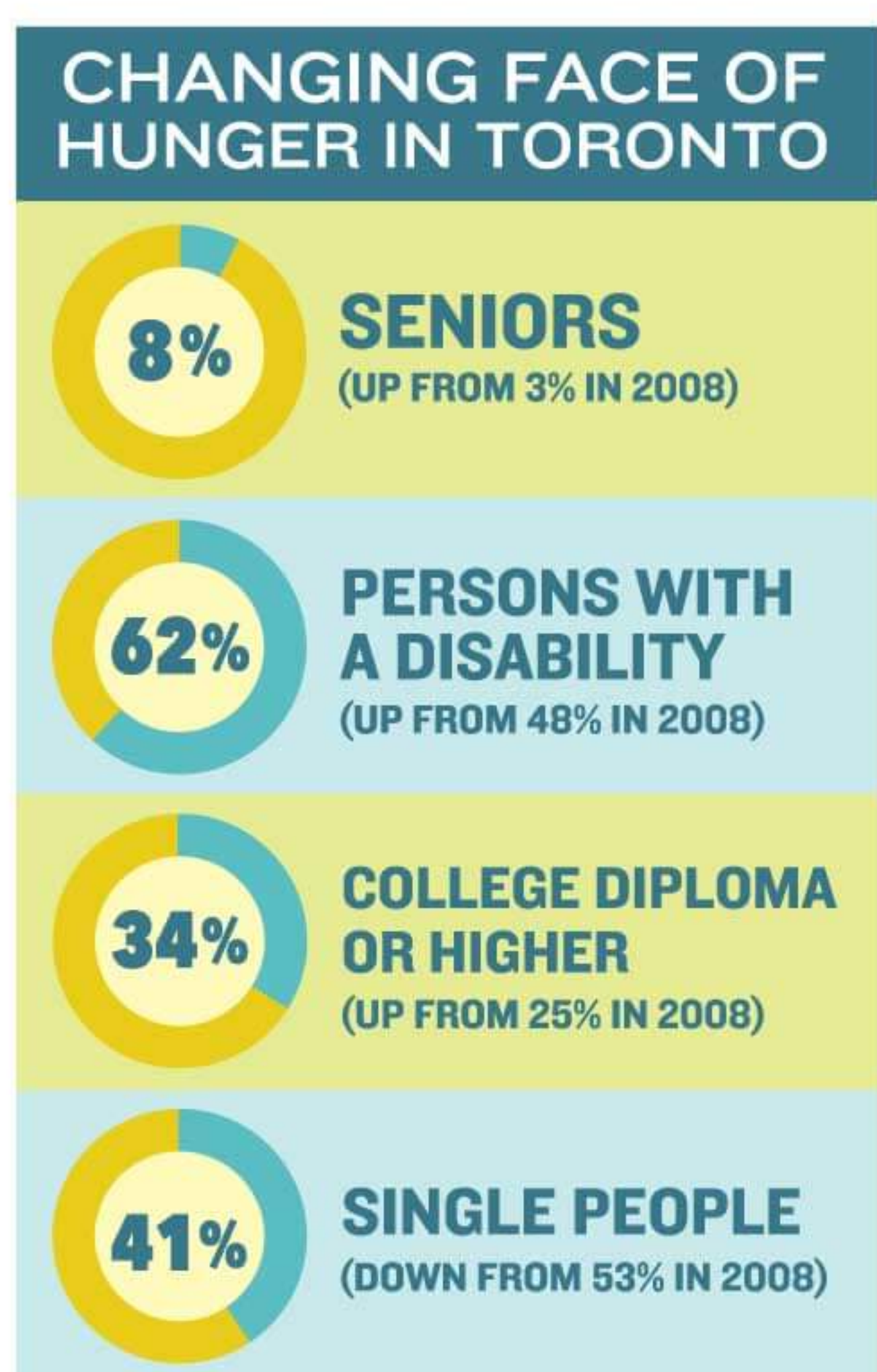
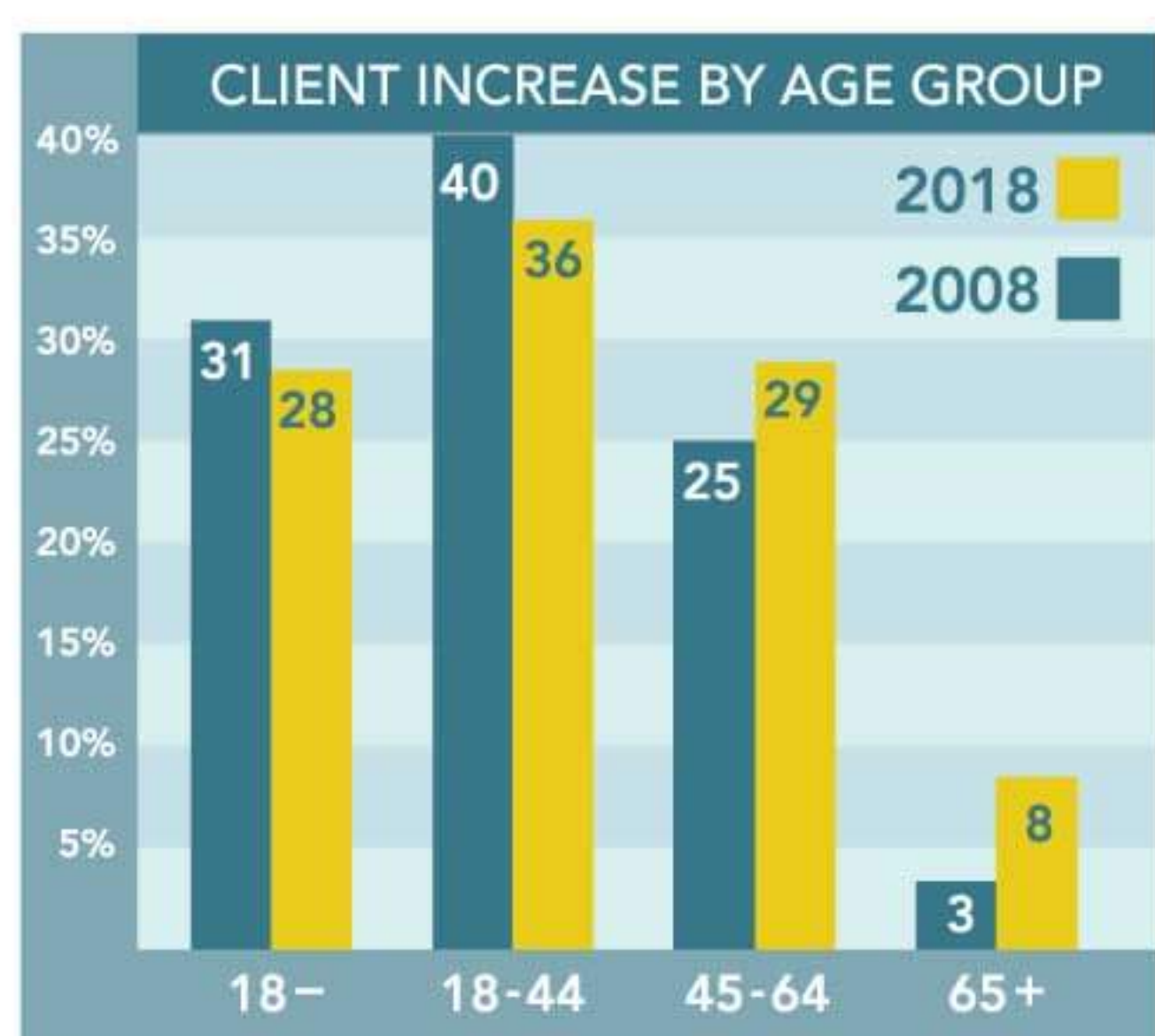
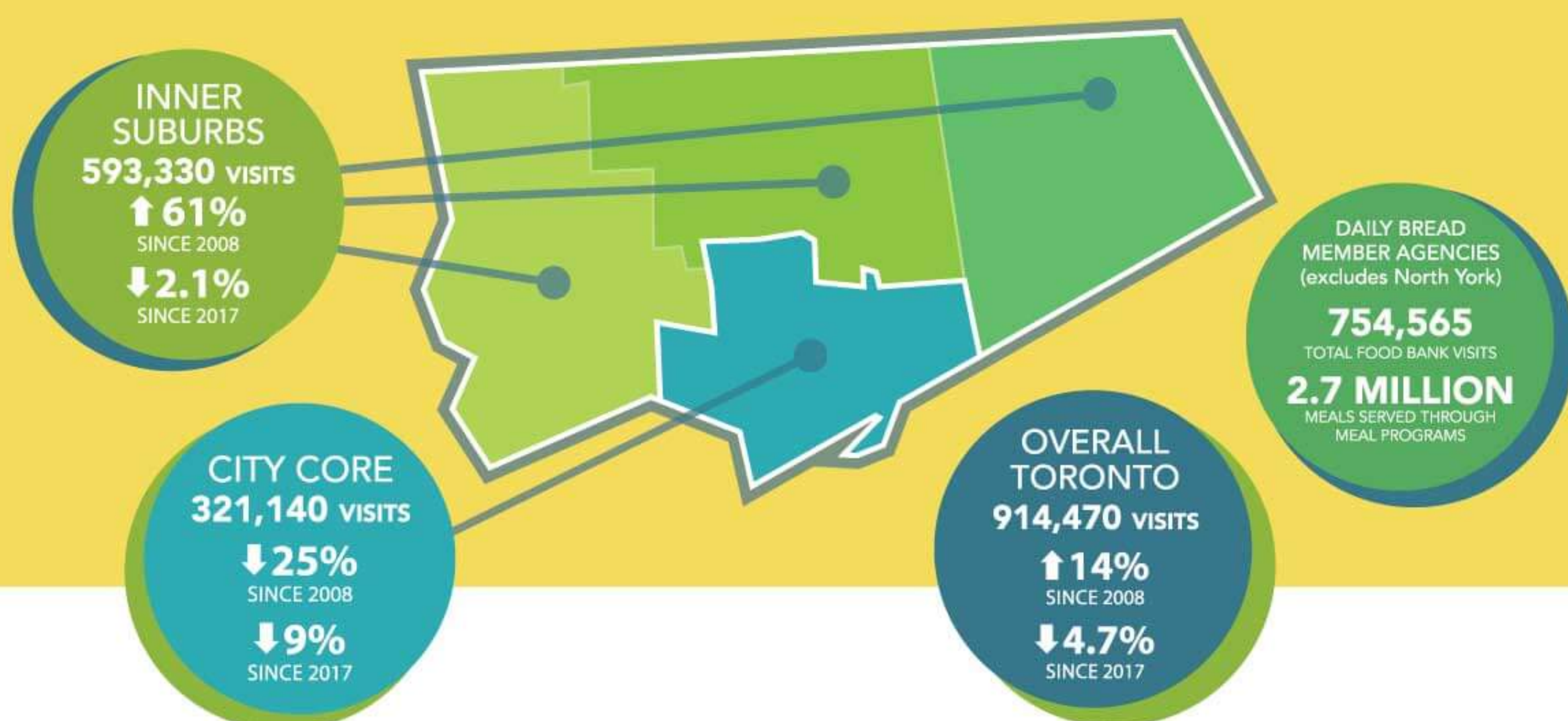
People can't afford enough to eat because of low incomes and increasing costs, especially rent.

\$808.29	AVERAGE MONTHLY INCOME
68%	RECEIVE SOCIAL ASSISTANCE AS MAIN SOURCE OF INCOME
68%	AVERAGE SHARE OF INCOME SPENT ON RENT AND UTILITIES
\$8.04	AVAILABLE PER PERSON PER DAY AFTER RENT IS PAID

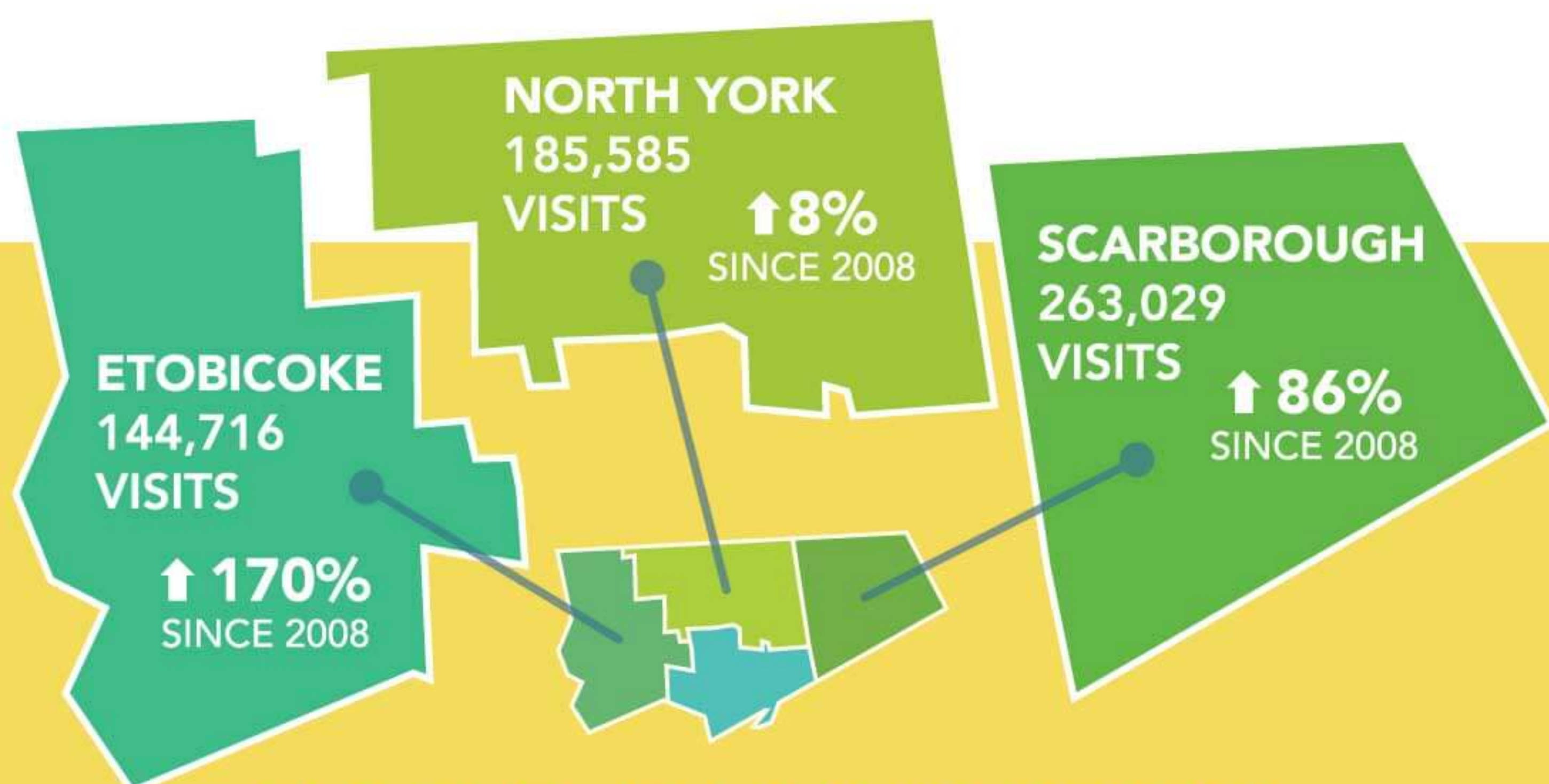
Our research shows that the safety net is failing. For the majority of our clients who rely on social assistance, there is not nearly enough to cover food, rent and other necessities. The current rate for a single person receiving OW is up to \$733 per month, and for a single person receiving ODSP it is up to \$1,169 per month. This year's cost-of-living increase was below inflation.

Who's Hungry

2017/18 TOTAL CLIENT VISITS IN TORONTO



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FOOD BANK VISITS (INNER SUBURBS)



Daily Bread
Food Bank

dailybread.ca/whoshungry

FOOD INSECURITY

Public health experts blame Ontario government for gap in food insecurity data

The province's decision to halt collection for a survey for 2015 and 2016 will impact program planning for the region's most vulnerable families, critics say

RICHA SYAL

PUBLISHED JUNE 30, 2017UPDATED NOVEMBER 12, 2017

Public health experts in Ontario are alarmed by the provincial government's decision to opt out of an annual survey that measures the number of households struggling to get enough to eat.

The province chose not to monitor food insecurity as part of the Canadian Community Health Survey for 2015 and 2016. As a result, food security experts say there are no indications of how many families have inadequate access to food for those years – and this will impact planning for programs that address a problem that affects close to 600,000 households.

The CCHS, issued by Statistics Canada, is the only government-mandated method of tracking food insecurity numbers provincially. Ontario has been compliant in submitting data since 2005, when the topic was added to the survey.

The decision comes as a disappointment to public health workers in the province, who found out about it in May.

"From what we can figure out, people in public health were absolutely blindsided by this. People didn't know they had opted out. We didn't know until we gained access to the data and then realized that Ontario wasn't there," said Dr. Valerie Tarasuk, a nutritional sciences professor at the University of Toronto and lead researcher at PROOF, a research team investigating household food insecurity in Canada.

"It's very odd that they would decide to do it now given that their own provincially paid public health staffers are routinely using that information for planning and programming at local levels," she said.

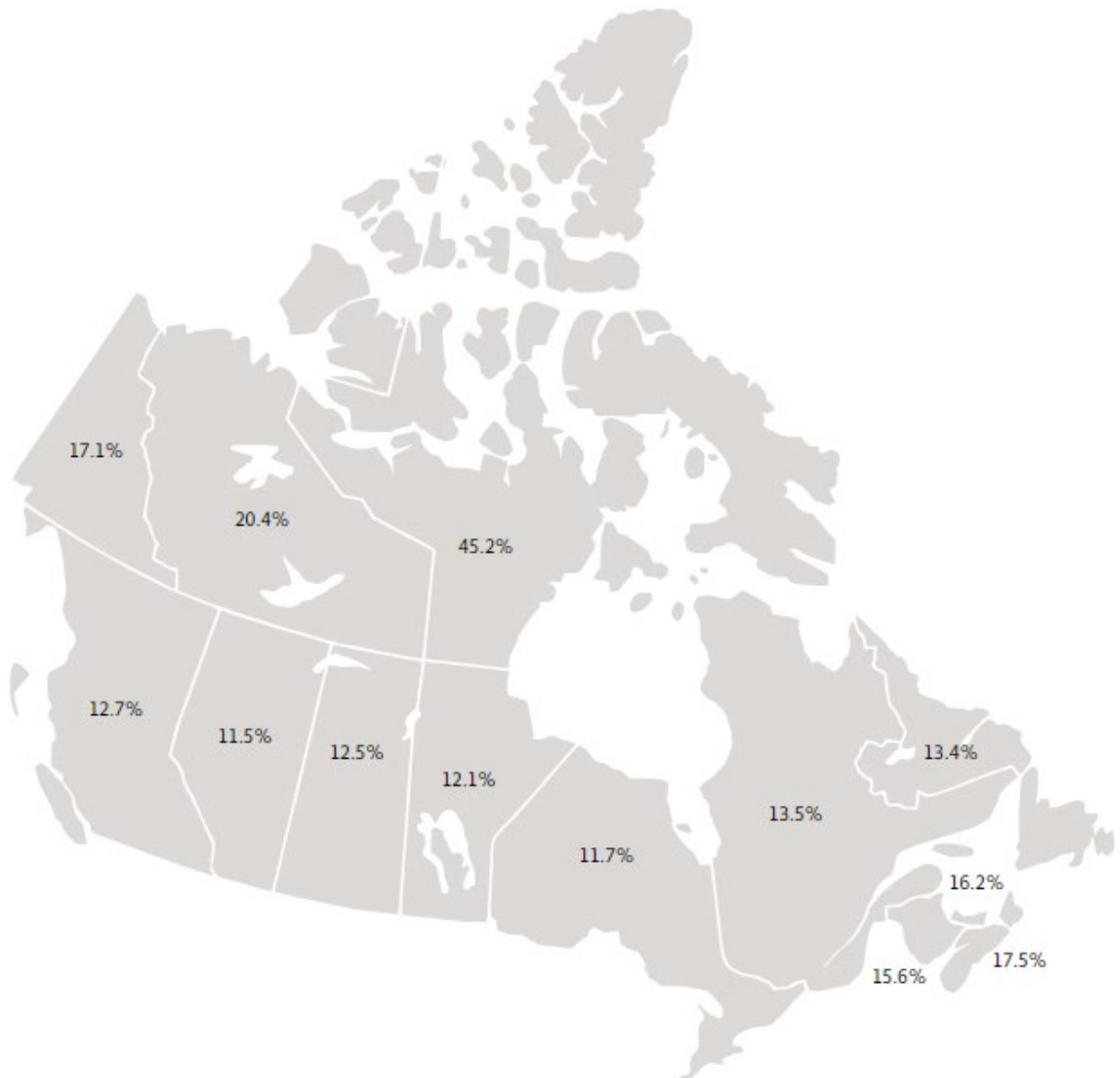
A household is considered food insecure when its members do not have adequate access to food because of financial constraints. Food insecurity within adults puts them at risk of a number of poor health outcomes, from depression to heart disease. Children are especially vulnerable to chronic conditions, including asthma.

As the most populous jurisdiction, Ontario is home to the largest number of food insecure households in the country.

Source: <https://www.theglobeandmail.com/life/health-and-fitness/health/food-insecurity-ontario/article35510687/>

Household food insecurity in Canada

The map below indicates the rate of household food insecurity by province and territory in 2012, which was the last year it was mandatory to submit data.



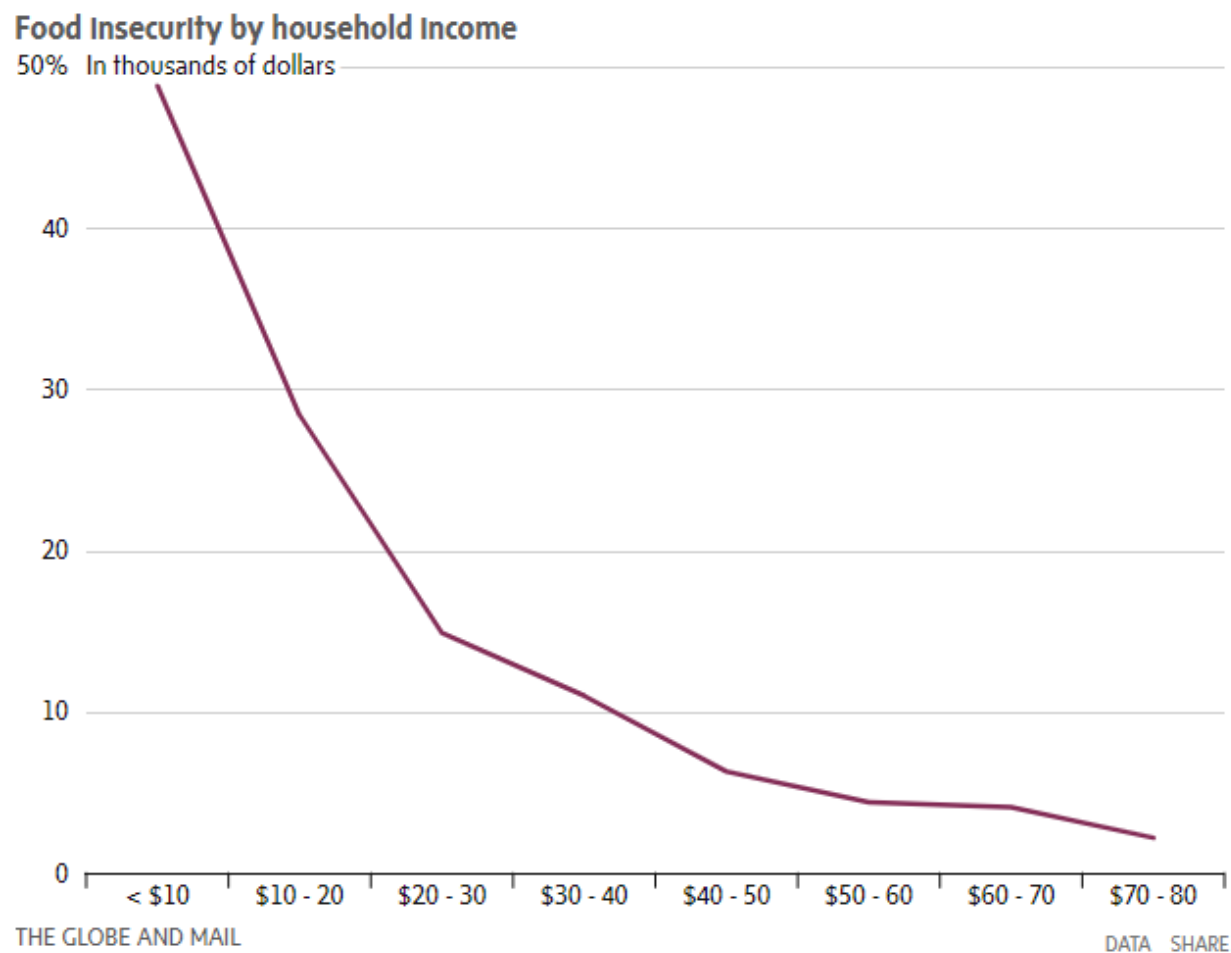
Data source: Statistics Canada, Canadian Community Health Survey, 2012.

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Source: <https://www.theglobeandmail.com/life/health-and-fitness/health/food-insecurity-ontario/article35510687/>

"One of the things that is problematic about Ontario not being part of that data-set is that Ontario comprises 38.5 per cent of the population, and so when we want to release national statistics on food insecurity, for us to be missing more than a third of the population really messes things up," Prof. Tarasuk said.

But public health units across Ontario worry that this gap in data will mean lost credibility when it comes to analyzing policies such as the basic income pilot, a three-year study providing a minimum level of income to people living on low incomes, and the food security strategy, an initiative proposed as part of the poverty reduction strategy to create access to food for families impacted.



Household income group	Marginal moderate or severe food insecurity
< \$10	48.80
\$10 - 20	28.40

\$20 - 30	14.90
\$30 - 40	11.00
\$40 - 50	6.30
\$50 - 60	4.40
\$60 - 70	4.10
\$70 - 80	2.20

FOOD INSECURITY BY HOUSEHOLD INCOME
[DOWNLOAD CSV](#)

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Earlier this year, the Ontario government announced the basic income pilot project to measure outcomes in certain key areas, including food security. In May, the provincial government also sought public input for Ontario's first food security strategy.

"In our consultations to develop our poverty reduction strategy, we heard a large number of people express support for our ongoing participation in the CCHS food security module going forward," said Myriam Denis, press secretary for Housing Minister Chris Ballard in an e-mail. Ballard is responsible for the poverty reduction strategy. "We will be working with the Ministry of Health to revisit the possibility of more frequent data collection under our food security strategy."

The CCHS operates on two-year cycles. The household food security survey module alternates between mandatory and optional, with the 2015-16 cycle being optional. The next cycle for 2017-18 will require mandatory responses on food insecurity from all provinces and territories.

A spokesperson for the Ministry of Health and Long-Term Care said in an e-mail that Ontario has continued to follow the same consultation process for "optional" topic selection for the CCHS. The process involves discussions with public health units, local health integration networks, various researchers and ministry staff to decide which optional topics to answer. As a result, food insecurity was not a topic chosen for the 2015-16 cycle.

"As with the selection process for CCHS cycles, choosing optional topics is a balancing act. Factors considered included emerging population health issues, data gaps, data needs and data availability," wrote Ministry spokesperson David Jensen.

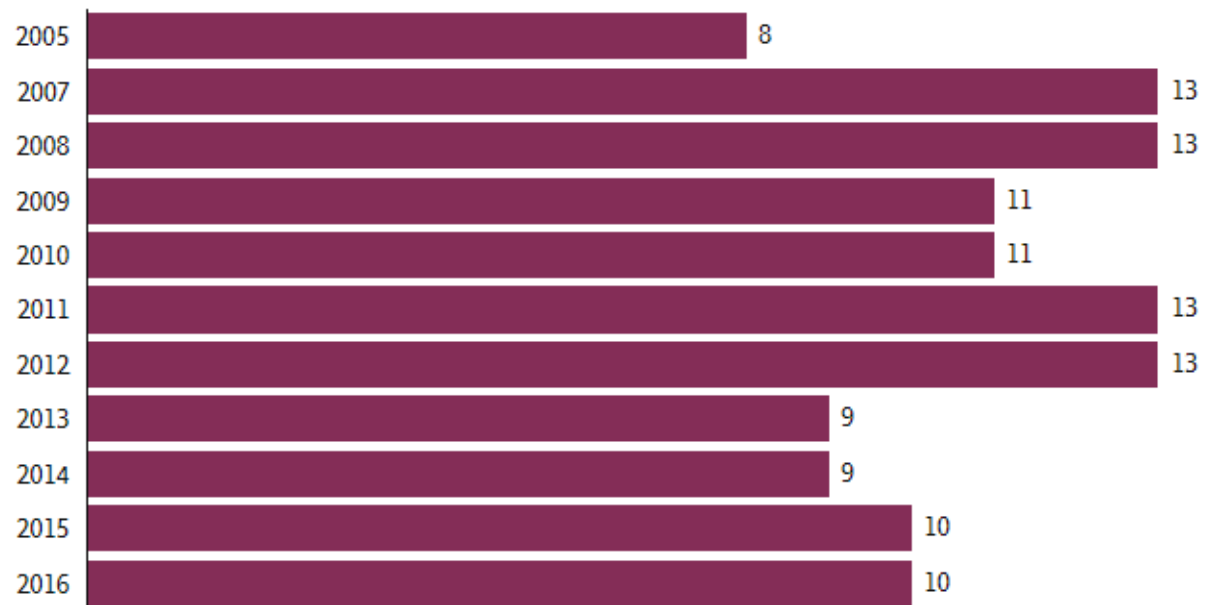
Yukon and Newfoundland and Labrador also chose not to monitor food insecurity for those years. Both regions have opted out before.

Source: <https://www.theglobeandmail.com/life/health-and-fitness/health/food-insecurity-ontario/article35510687/>

Number of provinces and territories reporting food insecurity statistics, by year

Number of provinces and territories reporting food insecurity statistics, by year

Out of a total of 13 combined provinces and territories



THE GLOBE AND MAIL, SOURCE: STATSCAN

DATA SHARE

Year	Reporting
2005	8
2007	13
2008	13
2009	11
2010	11
2011	13
2012	13
2013	9
2014	9
2015	10

Source: <https://www.theglobeandmail.com/life/health-and-fitness/health/food-insecurity-ontario/article35510687/>

**NUMBER OF PROVINCES AND TERRITORIES REPORTING FOOD INSECURITY STATISTICS,
BY YEAR**

DOWNLOAD CSV

Since 2005, Ontario's rate of household food insecurity has hovered around 12 per cent. Nationally, Nova Scotia has the highest rate of food insecurity at 15.4 per cent among the provinces and Nunavut had the highest rate overall at 46.8 per cent. In Ontario, Peterborough has the highest rate at 17.6 per cent in 2013-14, affecting over 1 in 6 households.

"The CCHS data is showing that we are higher than the provincial average. Without this overall Ontario data, we can't drill down to what this means in our local areas," said Caroline Doris, a Peterborough member of the Food Security Workgroup for the Ontario Society of Nutrition Professionals in Public Health (OSNPPH). "It's like telling an old story without knowing how things are changing."

"This is a serious, serious problem that a lot of people think is being taken care of. But it's not, and we're just trying to expose it. Having all of this data is key to that," said Mary Ellen Prange, co-chair of the food security working group for the OSNPPH.

The OSNPPH have sent recommendations to Health Canada and Statistics Canada to make the household food security survey module mandatory for the CCHS going forward.

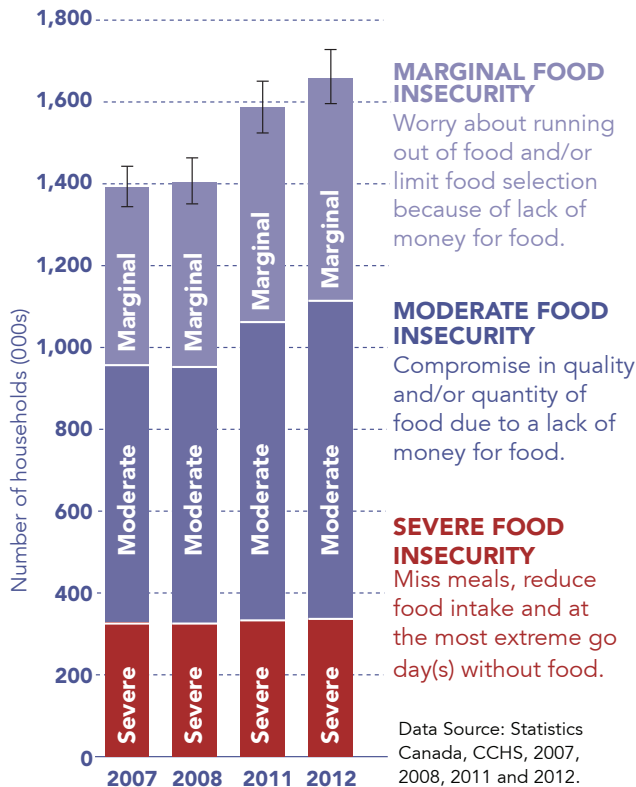


Monitoring Food Insecurity in Canada

Food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our healthcare system considerably.

Statistics Canada began monitoring food insecurity in 2005 through the Canadian Community Health Survey (CCHS). Since then, food insecurity has persisted across Canada, with over 4 million Canadians living in food insecure households.

Household food insecurity in Canada



Data on food insecurity are collected through the Canadian Community Health Survey (CCHS), a cross sectional survey administered by Statistics Canada that collects health-related information from about 60,000 domiciled Canadians per year.

However, the CCHS excludes individuals living on First Nations reserves or Crown Lands, full time members of the Canadian Forces, persons in prisons or care facilities, and the homeless.

Household Food Security Survey Module (HFSSM) on the CCHS consists of 18 questions regarding the presence of food insecure situations in the household over the last 12 months. These situations range from worrying about running out of food to going for whole days without eating, due to inadequate finances.

Depending on the number of positive responses, households are classified as food secure or **marginally**, **moderately**, or **severely** food insecure.

Although the CCHS is conducted every year, some provinces and territories opt out of monitoring food insecurity on the survey cycles (2 years) when the food security survey module is not mandatory.

National estimates are available for the 2007-2008 and 2011-2012 cycles. They will not be available again until the 2017-2018 cycle because **Ontario, Newfoundland and Labrador**, and **Yukon** opted out in 2015 and 2016.

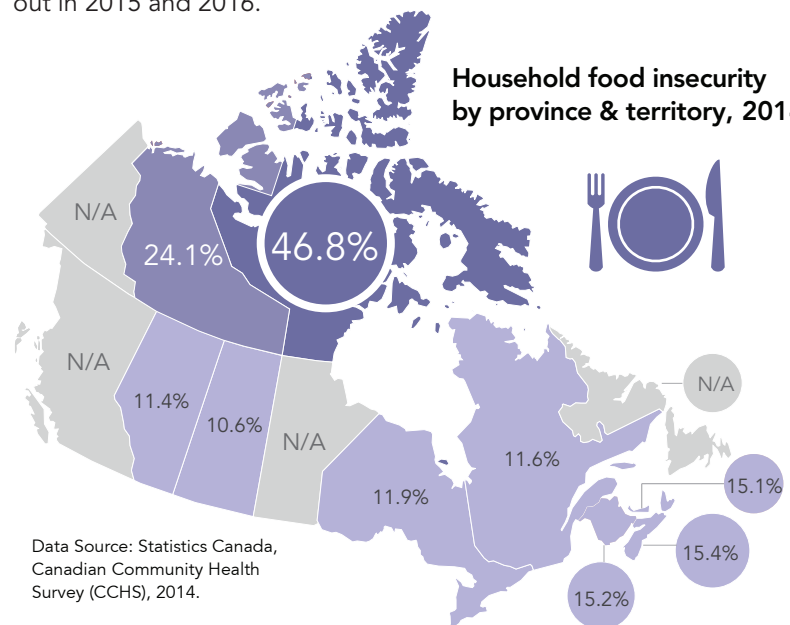
In 2013 and 2014, **Yukon, British Columbia, Manitoba, and Newfoundland and Labrador**, chose not to monitor food insecurity. As a result, there are no national estimates for those years.



Among the provinces and territories surveyed in 2014, there were no significant drops in food insecurity prevalence, and even indications of an upward trend in the already vulnerable North.

The inclusion of the HFSSM on the CCHS enables monitoring of food insecurity. As a serious public health problem, it is crucial that provinces and territories participate in all cycles of measurement.

Household food insecurity by province & territory, 2014



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FOOD INSECURITY
POLICY RESEARCH

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For more information, see our series of annual reports, *Household Food Insecurity in Canada*, available at: proof.utoronto.ca





Food Insecurity and Social Assistance

Food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our healthcare system considerably.

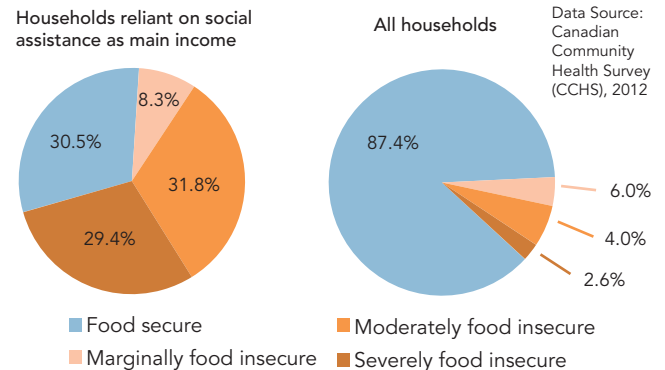
Statistics Canada began monitoring food insecurity in 2005 through the Canadian Community Health Survey (CCHS). Since then, food insecurity has persisted across Canada, with over 4 million Canadians living in food insecure households.

Social assistance programs* vary among provinces and territories, and food insecurity rates among recipients fluctuate from year to year within jurisdictions. However, being on social assistance anywhere in Canada poses an extremely high risk to food insecurity.¹

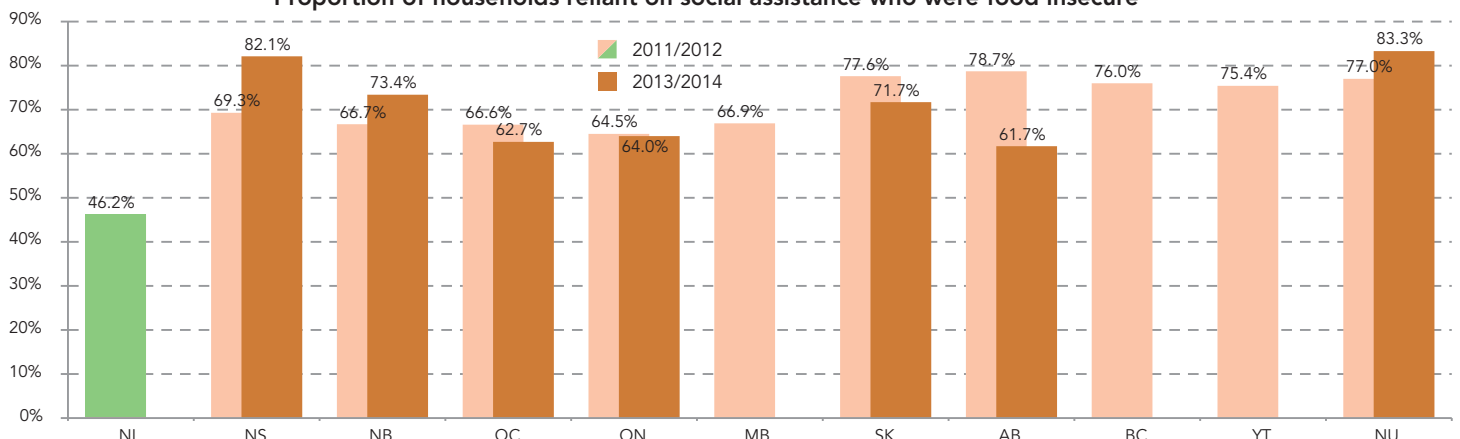
Nearly **one third** of households reliant on social assistance as their main source of income are **severely food insecure**, indicating serious levels of food deprivation. The rate of severe food insecurity among social assistance recipients is **11 times** higher than the rate nationally.¹

The high rates of food insecurity among households reliant on social assistance suggest that these support programs are failing to enable recipients to meet their basic needs.

Food Insecurity in Canada, 2012¹

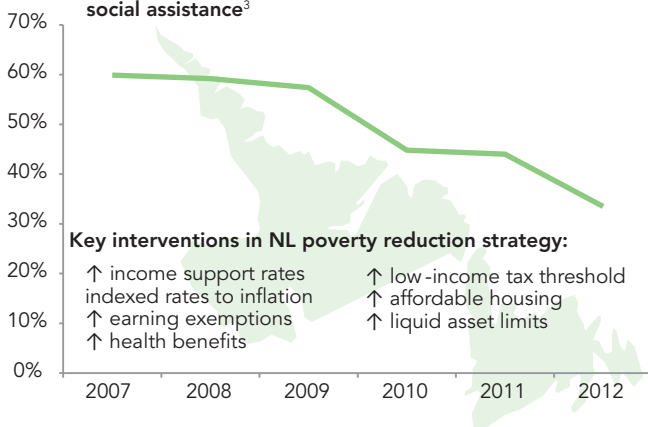


Proportion of households reliant on social assistance who were food insecure^{1, 2}



Data Source: Canadian Community Health Survey, 2011/2012 and 2013/2014. NL, MB, BC and YT did not participate in the food security module of the 2013 and 2014 CCHS. PE and the NT were excluded due to small sample size.

Prevalence of food insecurity among households in Newfoundland and Labrador reporting any income from social assistance³



The notably lower rate of food insecurity among social assistance recipients in Newfoundland and Labrador is linked to the impact of policy reforms introduced as part of their poverty reduction strategy in 2006.³

Further evidence of the sensitivity of food insecurity among social assistance recipients to policy changes is the temporary drop in rates in British Columbia, following a one-time increase in income support in 2006.⁴

Given the extreme vulnerability of social assistance recipients and the evidence that policy interventions can reduce their food insecurity, provincial and territorial governments need to reform current programs to ensure that recipients can meet their basic needs, tracking food insecurity rates to assess the success of program changes.

*The data available from CCHS do not allow us to differentiate people on disability support programs from those receiving general welfare assistance

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¹ Tarasuk, V, Mitchell, A, Dachner, N. (2014). Household food insecurity in Canada, 2012. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <http://proof.utoronto.ca>

² Tarasuk, V, Mitchell, A, Dachner, N. (2016). Household food insecurity in Canada, 2014. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <http://proof.utoronto.ca>

³ Loopstra, R., Dachner, N., & Tarasuk, V. (2015). An exploration of the unprecedented decline in the prevalence of household food insecurity in Newfoundland and Labrador, 2007-2012. Canadian Public Policy, 41(3), 191-206

⁴ Li, N., Dachner, N., & Tarasuk, V. (2016). The impact of changes in social policies on household food insecurity in British Columbia, 2005-2012. Preventive Medicine, 93, 151-158.



The Spending Patterns of Food Insecure Households

Household food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our health care system considerably.

Statistics Canada began monitoring household food insecurity in 2005 through the Canadian Community Health Survey (CCHS).¹ The most recent national prevalence estimate from 2012 showed that 1 in 8 households in Canada are food insecure. This amounts to over 4 million Canadians, including 1.15 million children, living in homes that struggle to put food on the table.

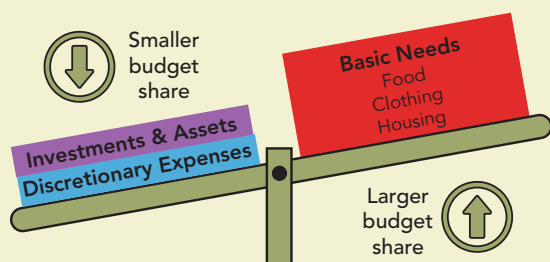
In 2010, food insecurity was measured in the Survey of Household Spending, which collected detailed information on the expenditures of more than 9000 households living in the ten provinces. Analyses of these data show that the spending patterns of food insecure households differ markedly from those of food secure households.²

Food insecure households spend substantially less than food secure households on everything.

As the severity of household food insecurity increases, spending decreases because households have fewer economic resources.

Food insecure households prioritize spending on basic needs above all else.

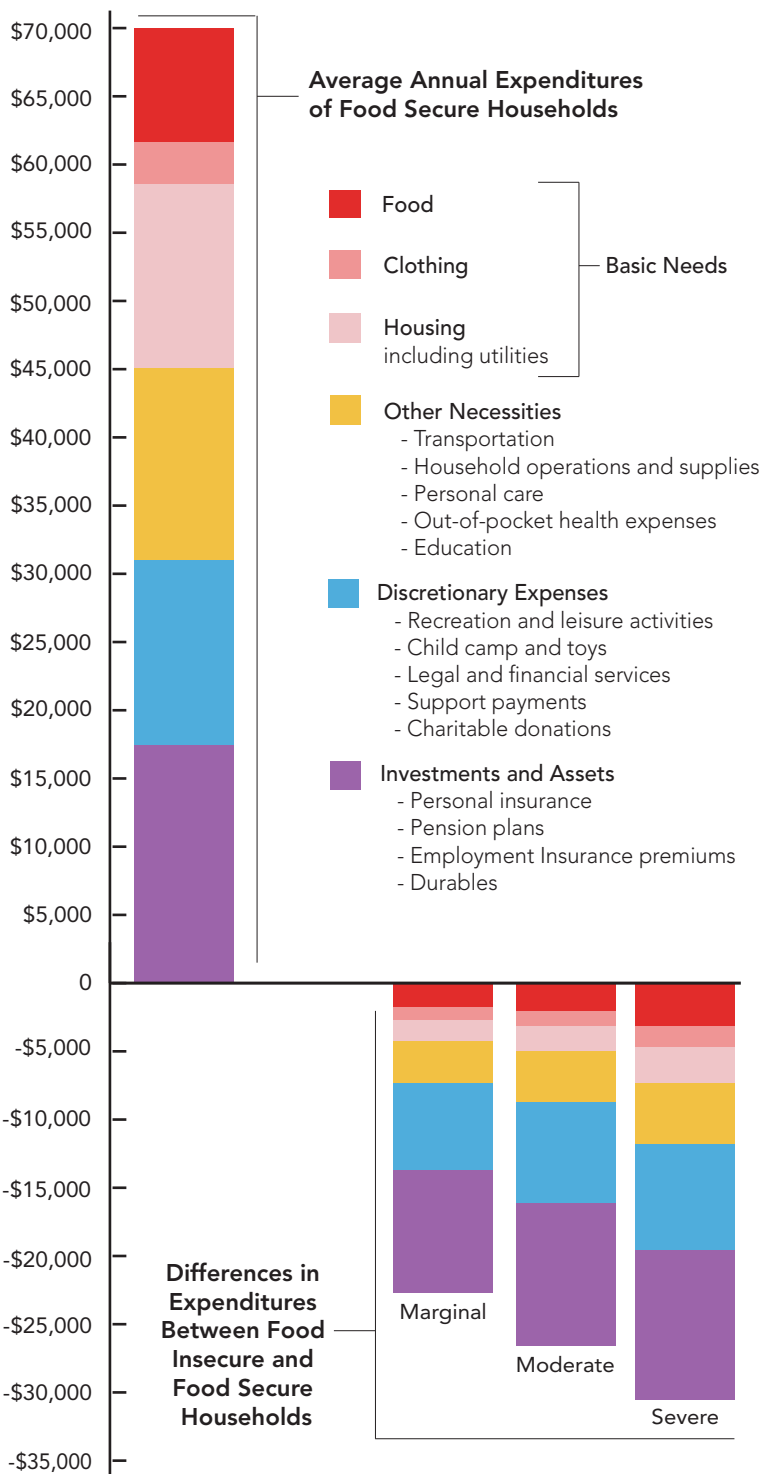
Compared to food secure households, food insecure households spend a larger proportion of their budget on basic needs (food, clothing, and housing). This is achieved by allocating fewer resources to discretionary expenses, investments, and assets.



These findings, together with previous research,³ indicate that given more money, food insecure households will spend more on basic needs. This adds to the growing body of evidence that improving the economic resources of vulnerable households will reduce food insecurity.⁴⁻⁹

PROOF FOOD INSECURITY POLICY RESEARCH

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¹ Tarasuk, V., Mitchell, A., Dachner, N. (2014). Household food insecurity in Canada, 2012. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <http://proof.utoronto.ca>.

² Fafard St-Germain, A.A., & Tarasuk, V. (2018). Prioritization of the essentials in the spending patterns of Canadian households experiencing food insecurity. *Public Health Nutrition*, published online ahead of print.

³ Jones, L.E., Milligan, K.S., & Stabile, M. (2015). Child cash benefits and family expenditures: evidence from the national child benefit. NBER Working Paper no. 21101. Cambridge, MA: National Bureau of Economic Research.

⁴ Loopstra, R. & Tarasuk, V. (2013). Severity of household food insecurity is sensitive to change in household income and employment status among low-income families. *Journal of Nutrition*, 143, 1316-1323.

⁵ McIntyre, L., Pow, J., & Emery, J.C. (2015). A path analysis of recurrently food-insecure Canadians discerns employment, income, and negative health effects. *Journal of Poverty*, 19(1), 71-87.

⁶ Loopstra, R., Dachner, N., & Tarasuk, V. (2015). An exploration of the unprecedented decline in the prevalence of household food insecurity in Newfoundland and Labrador, 2007-2012. *Canadian Public Policy*, 41(3), 191-206.

⁷ Li, N., Dachner, N., & Tarasuk, V. (2016). The impact of changes in social policies on household food insecurity in British Columbia, 2005-2012. *Preventive Medicine*, 93, 151-158.

⁸ McIntyre, L., Dutton, D.J., Kwok, C. et al. (2016). Reduction of food insecurity among low-income Canadian seniors as a likely impact of a guaranteed annual income. *Canadian Public Policy*, 42(3), 274-286.

⁹ Ionescu-Iltu, R., Glymour, M.M., & Kaufman, J.S. (2014). A difference-in-differences approach to estimate the effect of income-supplementation on food insecurity. *Preventive Medicine*, 70, 108-116.



Food Procurement, Food Skills & Food Insecurity

Food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem, with over 4 million Canadians living in food insecure households. It negatively impacts physical, mental, and social health, and costs our healthcare system considerably.

Statistics Canada began monitoring food insecurity in 2005 through the Canadian Community Health Survey (CCHS). In 2012 and 2013, questions were included on the CCHS to assess the food skills and practices of adults with sample of 10,000 Canadians for each year. This factsheet summarizes the findings from a recent study using that data.¹

Food Purchasing



The vast majority (84%) of adults in food insecure households report shopping with a budget on how much they can spend on food, but only 43% of adults in food secure households say they do this.

The two groups do not differ when it comes to other shopping behaviours, like planning meals before shopping, using a written grocery list, or using Canada's Food Guide.

Food Preparation Skills



Adults in food insecure households do not report having lower food preparation skills than those in food secure households.

In fact, most Canadian adults, regardless of food insecurity status, considered themselves highly skilled at various aspects of food preparation.

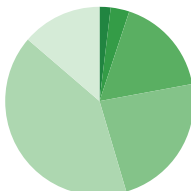
Cooking Ability

The cooking abilities of adults in food insecure households are similar to those in food secure households. In fact, very few Canadian adults, regardless of food insecurity status, report not knowing where to start when it comes to cooking.

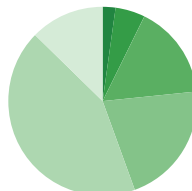


Self-rated cooking ability by household food insecurity status

Food Secure



Food Insecure



- Don't know where to start when it comes to cooking
- Can do things such as boil an egg or cook a grilled cheese sandwich
- Can prepare simple meals but nothing too complicated
- Can cook more dishes if I have a recipe
- Can prepare most dishes
- Frequently prepare sophisticated dishes

Recipe Adjustment

Almost two-thirds of Canadian adults report adjusting recipes to make them healthier by reducing fat, salt, or sugar, and those in food insecure households are not any less likely to do so.



Gardening



Although Canadian adults in food insecure households are less likely to garden for food than those in food secure households, there is no indication that gardening for food protects households from food insecurity.

Reducing Food Insecurity

Canadian adults in food insecure households do not have poorer food skills than those in food secure households. There is no indication that food insecurity is rooted in a lack of food skills or that gardening for food protects households from food insecurity.

While interventions designed to increase food skills and promote gardening for food are important in reaching other public health goals like increasing fruit and vegetable consumption, the findings here suggest that such interventions are unlikely to impact food insecurity rates in Canada.



Children in Food Insecure Households

Food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our healthcare system considerably.

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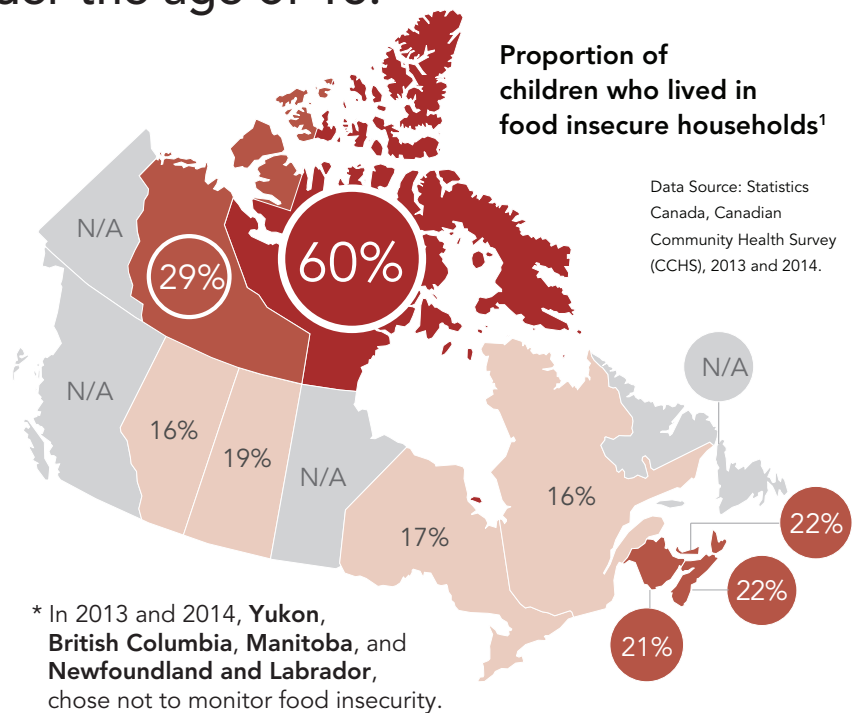
Household food insecurity affects 1 in 6 Canadian children under the age of 18.

Food insecurity is more prevalent among households with children under the age of 18, particularly those headed by single mothers.¹

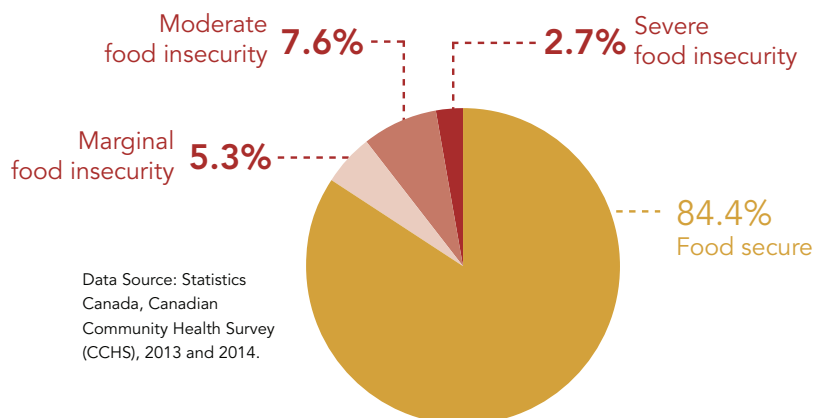
Exposure to severe food insecurity leaves an indelible mark on children's wellbeing, manifesting in greater risks for conditions like asthma, depression, and suicidal ideation in adolescence and early adulthood.^{2,3}

Among the provinces and territories that monitored food insecurity in 2013-2014:

- 17.2% of children lived in households affected by food insecurity.
- Two-thirds of these children were in moderately or severely food insecure households.
- Over half the children living in Nunavut lived in food insecure households, the highest rate in Canada.
- The Northwest Territories had the second highest prevalence of children living in food insecure households at 29%.
- The Maritime provinces, Prince Edward Island, Nova Scotia, and New Brunswick had rates above 20%, meaning more than 1 in 5 children were affected in these provinces.
- The lowest prevalence of children in food-insecure families was found in Quebec and Alberta, both at 16%, but even in these cases, almost 1 in 6 children were affected.



Households with children by household food security status¹



¹ Tarasuk, V, Mitchell, A, Dachner, N. (2016). Household food insecurity in Canada, 2014. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <http://proof.utoronto.ca>

² Kirkpatrick, S. I., McIntyre, L., & Potestio, M. L. (2010). Child hunger and long-term adverse consequences for health. Archives of Pediatrics & Adolescent medicine, 164(8), 754-762.

³ McIntyre, L., Williams, J. V., Lavorato, D. H., & Patten, S. (2013). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. Journal of Affective Disorders, 150(1), 123-129.

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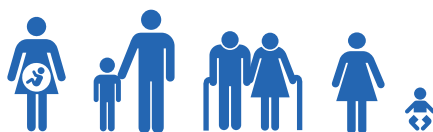


The Impact of Food Insecurity on Health

Food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our healthcare system considerably.

Statistics Canada began monitoring food insecurity in 2005 through the Canadian Community Health Survey (CCHS). Since then, food insecurity has persisted across Canada, with over 4 million Canadians living in food insecure households.

Food-insecure individuals, both adults and children, are likely to have poorer health.



Food-insecure adults are more vulnerable to chronic conditions, with the risk increasing with the severity of food insecurity.¹

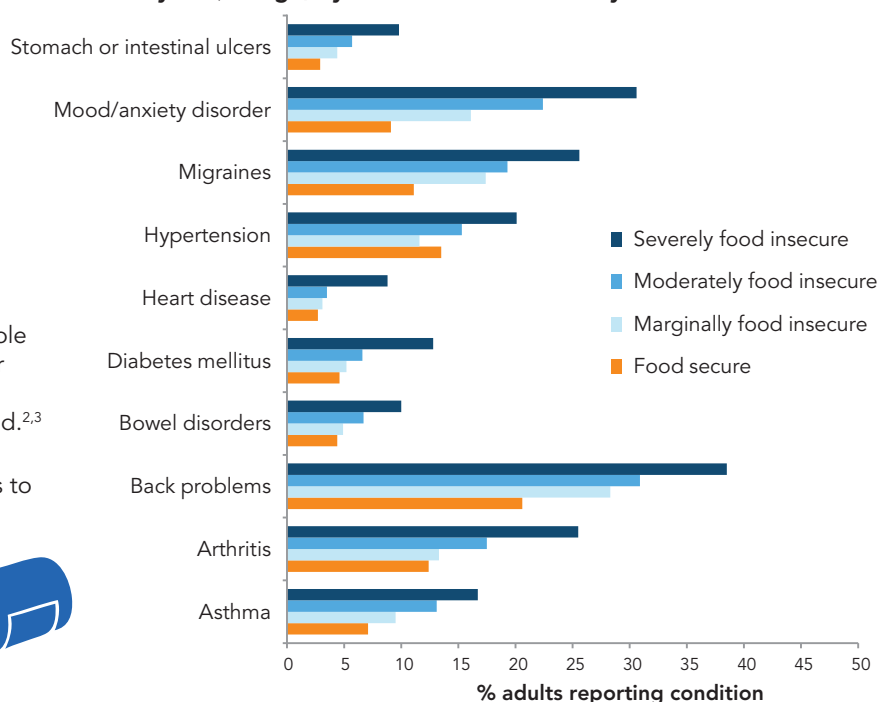
Exposure to severe food insecurity leaves an indelible mark on children's wellbeing, manifesting in greater risks for conditions like asthma, depression, and suicidal ideation in adolescence and early adulthood.^{2,3}

Food insecurity also makes it difficult for individuals to manage existing chronic health problems, such as diabetes and HIV.^{4,5}

Due to scarce resources, food insecure individuals may forego critical expenses like medication.

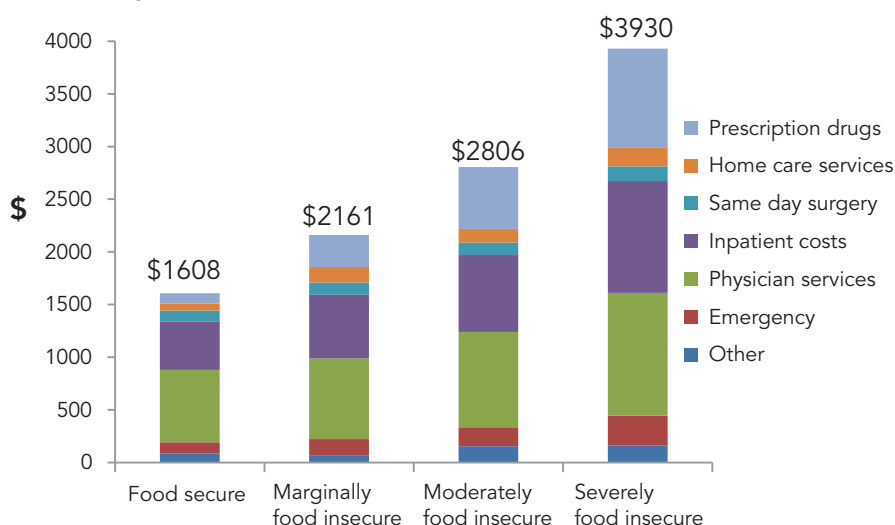


Prevalence of chronic conditions among Canadian adults, (18-64 years) of age, by household food security status⁶



Health care costs

Average health care costs incurred over 12 months by Ontario adults (18-64 years of age), by household food insecurity status⁷



Household food insecurity takes a tremendous toll on the health care system.⁷

After adjusting for other well-established social determinants of health, such as education and income levels, total annual health care costs in Ontario were:

23% higher for adults living in marginally food insecure households than in food secure households

49% higher for adults living in moderately food insecure households than in food secure households

121% higher for adults living in severely food insecure households than in food secure households

These findings imply that addressing food insecurity through targeted policy interventions would reduce the associated health care costs and improve overall health.

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¹ Vozoris, N. T., & Tarasuk, V. S. (2003). Household food insufficiency is associated with poorer health. *J Nutr*, 133(1), 120-126.

² Kirkpatrick, S. I., McIntyre, L., & Potestio, M. L. (2010). Child hunger and long-term adverse consequences for health. *Arch Pediatr Adolesc Med*, 164(8), 754-762.

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⁴ Chan, J., DeMelo, M., Gingras, J., Gucciardi, E., Challenges of Diabetes Self-Management in Adults Affected by Food Insecurity in a Large Urban Centre of Ontario, Canada. *Int J Endocrinol*, 2009; 32(12), 2218-2224

⁵ Anema, A., Vogenthaler, N., Frongillo, E. A., Kadiyala, S., & Weiser, S. D. (2009). Food insecurity and HIV/AIDS: current knowledge, gaps, and research priorities. *Current HIV/AIDS Reports*, 6(4), 224-231.

⁶ Tarasuk, V., Mitchell, A., McLaren, L., & McIntyre, L. (2013). Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *J Nutr*, 143(11), 1785-93

⁷ Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., & Kuryak, P. (2015). Association between household food insecurity and annual health care costs. *Can Med Assoc J*, 187(14), E429-E436.



Food Insecurity and Mental Health

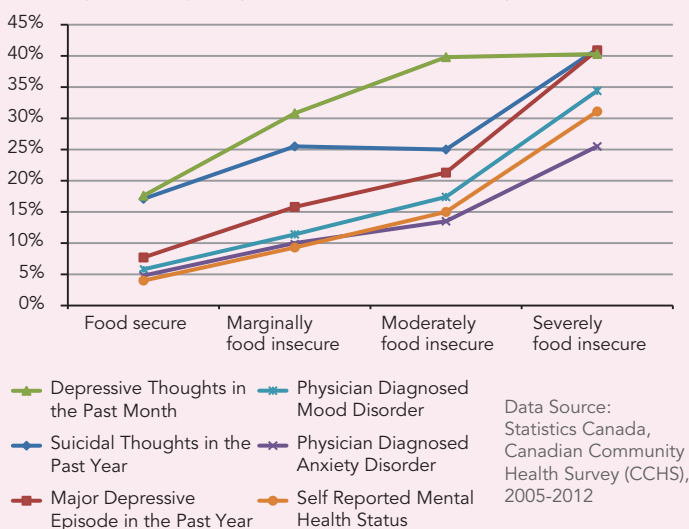
Household food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our health care system considerably.

Statistics Canada began monitoring household food insecurity in 2005 through the Canadian Community Health Survey (CCHS). Since then, it has persisted across Canada. From the most recent national estimate, 1 in 8 households in Canada is food insecure, amounting to over 4 million Canadians, including 1.15 million children, living in homes that struggle to put food on the table.

Household food insecurity is strongly related to mental health. Canadians living in food insecure households are at greater risk of poor mental health than those living in food secure households and this risk increases with the severity of food insecurity.^{1,2} The health consequences of food insecurity take a large toll on our health care system.^{3,4}

Adults living in food insecure households are more likely to experience a wide range of adverse mental health outcomes, compared to those living in food secure households.²

Adverse mental health outcomes reported by Canadian adults (18-64 years of age), by household food insecurity status²



For children, living in a food insecure household is associated with childhood mental health problems like hyperactivity and inattention.⁵

Experiences of hunger during childhood have a serious and lasting impact on mental health, manifesting in greater risks of depression and suicidal ideation in adolescence and early adulthood.^{6,7}

The co-existence of food insecurity and mental health problems is highly detrimental. Food insecurity makes it difficult for individuals to manage chronic mental health problems, while mental illness can impede their ability to become food secure.⁸

Food insecurity can be reduced through public policies that improve the financial circumstances of low-income households, such as increased social assistance benefits or guaranteed annual income like the public pensions afforded to seniors.^{9,10}

Research has shown that receiving a guaranteed annual income can alleviate mental health problems and the burden on our healthcare system.^{11,12} An evaluation of Mincome, the guaranteed annual income project in Manitoba during the 1970s, found decreased mental health care utilization following its implementation.¹²

Evidence from Ontario shows that adults living in food insecure households put a large burden on mental health care services.⁴



While **1 in 8** households in Ontario is food insecure, adults living in food insecure households account for more than **1 in 3** hospitalizations due to mental health problems.

More severe food insecurity is associated with higher odds of mental health care service utilization and this relationship remains even after accounting for prior care for mental health reasons.

Household food insecurity among Ontario adults (18-64 years of age)⁴



Ontario adults (18-64 years of age)

Mental health care service use over 12 months by Ontario adults (18-64 years of age), by household food insecurity status⁴



Primary care visit



Outpatient psychiatry visit



Emergency department visit



Hospitalization

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Food secure Marginally food insecure Moderately food insecure Severely food insecure

Data Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2005-2012

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¹ Tarasuk V, Mitchell A, McLaren L, McIntyre L. Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *J Nutr*. 2013;143(11):1785-93.²

² Jessiman-Perreault G, McIntyre L. The household food insecurity gradient and potential reductions in adverse population mental health outcomes in Canadian adults. *SSM - Population Health*. 2017;3:464-72.

³ Tarasuk V, Cheng J, de Oliveira C, Dachner N, Gundersen C, & Kurdyak P. The association between household food insecurity and annual health care costs. *Can Med Assoc J*. 187(14), E429-E436.

⁴ Tarasuk V, Cheng J, Gundersen C, de Oliveira C, Kurdyak P. The relation between food insecurity and mental health care service utilization in Ontario. *Can J Psychiatry*. 2018. DOI: 10.1177/0706743717752879

⁵ Melchior M, Chastang J, Falissard B, Galera C, Tremblay R, Cote S, et al. Food insecurity and children's mental health: a prospective birth cohort study. *PLoS One*. 2012;7(12):e52615.

⁶ McIntyre L, Williams J, Lavorato D, Patten S. Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *J Affect Disord*. 2012;150(1):123-9.

⁷ McIntyre L, Wu X, Kwok C, Patten S. The pervasive effect of youth self-report of hunger on depression over 6 years of follow up. *Soc Psychiatry Psychiatr Epidemiol*. 2017;52:537-47

⁸ Lent M, Petrovic L, Swanson J, Olson C. Maternal mental health and the persistence of food insecurity in poor rural families. *J Health Care Poor Underserved*. 2009;20(3):645-661.

⁹ Loopstra R, Dachner N, & Tarasuk V. (2015). An exploration of the unprecedented decline in the prevalence of household food insecurity in Newfoundland and Labrador, 2007-2012. *Canadian Public Policy*, 41(3), 191-206

¹⁰ McIntyre L, Dutton D, Kwok C, Emery J. Reduction of food insecurity in low-income Canadian seniors as a likely impact of a Guaranteed Annual Income. *Can Pub Pol*. 2016;42(3)

¹¹ McIntyre L, Kwok C, Emery J, Dutton DJ. Impact of a guaranteed annual income program on Canadian seniors' physical, mental and functional health. *Can J Public Health*. 2016;107(2):e176.

¹² Forget E. The town with no poverty: the health effects of a Canadian guaranteed annual income field experiment. *Can Pub Po*. 2011;37(3):283-305



Public Policy and Food Insecurity

Food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our healthcare system considerably.

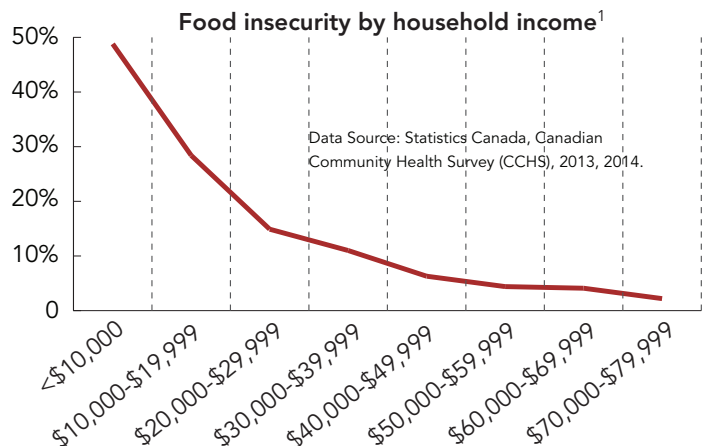
Statistics Canada began monitoring food insecurity in 2005 through the Canadian Community Health Survey (CCHS). Since then, food insecurity has persisted across Canada, with over 4 million Canadians living in food insecure households



Despite discussions and initiatives in some jurisdictions, the reduction of food insecurity rates has not been an explicit goal of public policies in Canada.

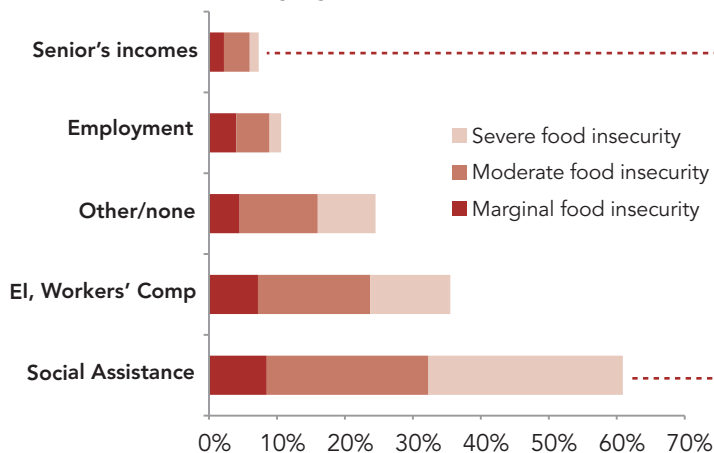
Food insecurity is rooted in material deprivation, with low income being the strongest predictor.

Research has demonstrated reductions in food insecurity where social policies have improved the material circumstances of vulnerable households.



The impact of social policy on food insecurity

Food insecurity by main source of income, 2014¹



Data Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2014.

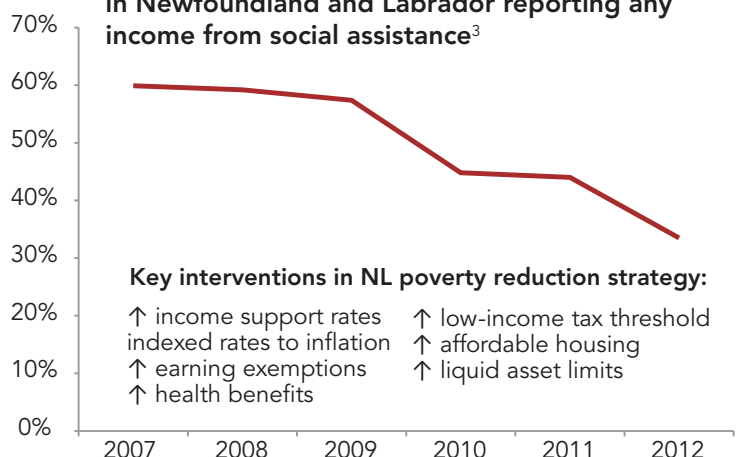
The low rate of food insecurity among Canadian seniors reflects the protection afforded by the guaranteed annual income they receive. Extending a guaranteed income to all Canadians through a policy like Basic Income could be an effective way to reduce food insecurity across the country.²

Being on social assistance in Canada poses an extremely high risk to food insecurity. Social assistance recipients are more likely than not to be food insecure, suggesting that these programs are not designed in ways that enable recipients to meet their basic needs.¹

While many provinces have enacted poverty reduction strategies, Newfoundland and Labrador stands out as a key example of how policy interventions can reduce food insecurity in low income households by improving their material circumstances.

Food insecurity among social assistance recipients in that province dropped by almost half between 2007 and 2012, following the rollout of a new poverty reduction strategy in 2006 that tackled the depth of poverty through interventions like increasing income support rates and indexing rates to inflation.

Prevalence of food insecurity among households in Newfoundland and Labrador reporting any income from social assistance³



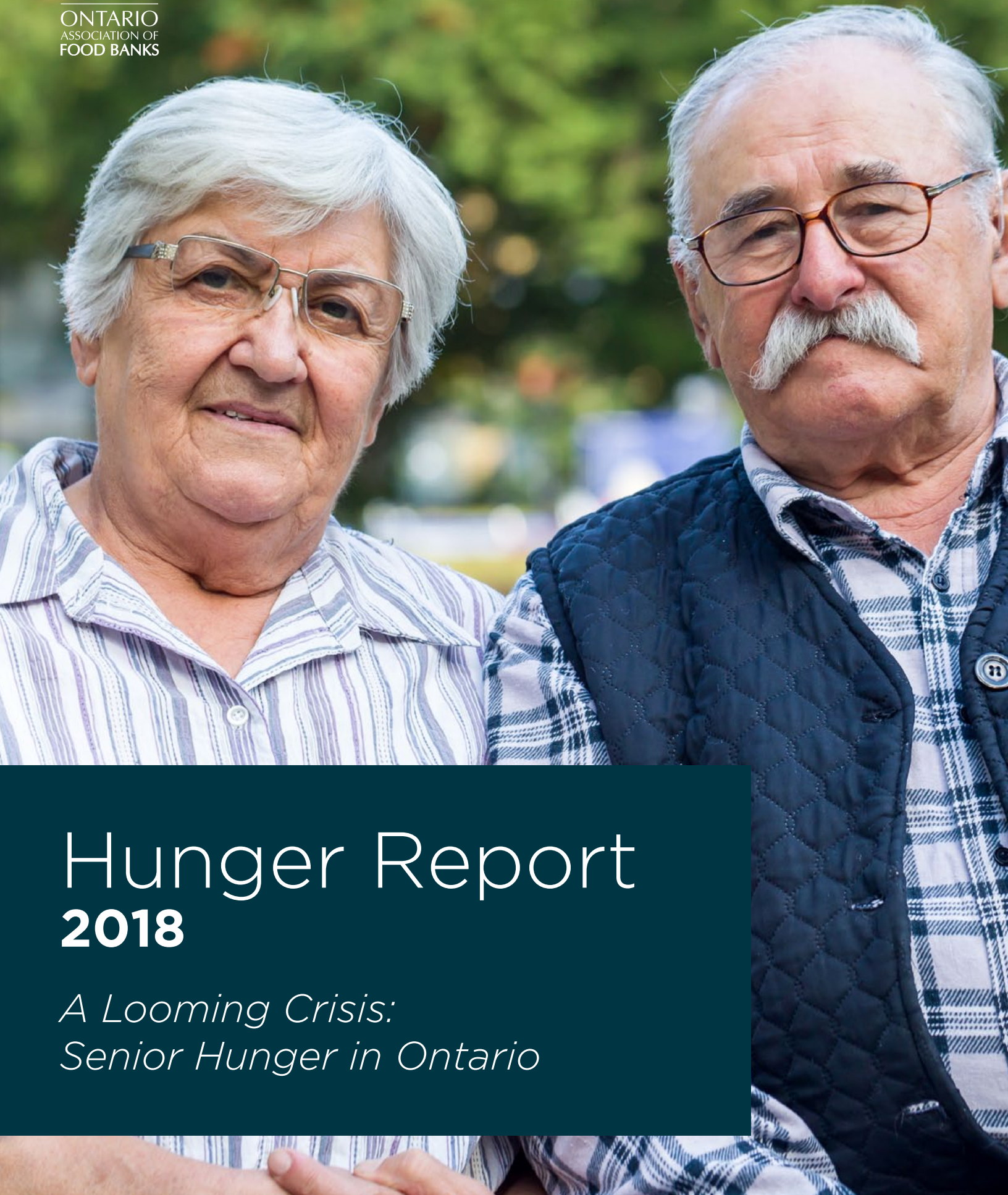
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¹ Tarasuk, V, Mitchell, A, Dachner, N. (2016). Household food insecurity in Canada, 2014. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <http://proof.utoronto.ca>

² Emery, J. C., Fleisch, V., & McIntyre, L. (2013). How a guaranteed annual income could put food banks out of business. SPP Research Paper, (6-37).

³ Loopstra, R., Dachner, N., & Tarasuk, V. (2015). An exploration of the unprecedented decline in the prevalence of household food insecurity in Newfoundland and Labrador, 2007-2012. Canadian Public Policy, 41(3), 191-206



Hunger Report **2018**

*A Looming Crisis:
Senior Hunger in Ontario*

In This Report

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Who We Are

The Ontario Association of Food Banks is a province-wide network of 130 direct member food banks and over 1,100 affiliate hunger-relief agencies that are united in their work to address and prevent hunger and poverty.

Through emergency food support, innovative programming, and a commitment to investigating long-term solutions to poverty, the provincial food bank network works tirelessly to improve the health and well-being of the adults and families it serves, while making recommendations to provincial leaders to invest in programs that help achieve its vision of a hunger-free Ontario.

Every year, the Ontario Association of Food Banks secures and distributes more than 5 million pounds of fresh and non-perishable food for the network, including 1 million litres of fresh milk and over 2 million servings of protein. On the frontline, Ontario's food banks provide direct support and programming to more than half a million adults, children, and families facing hunger. While our network works hard to meet the increasing daily demand for our services, we believe that these efforts cannot replace an adequate social safety

net or ongoing investments into poverty reduction by the province.

The 2018 Hunger Report details the data gathered through the Ontario food bank network's client intake system, Link2Feed, between April 1st, 2017 - March 31st, 2018. This report also includes a special feature on Ontario's senior population and the challenges that they face when trying to balance living on a fixed income with the rising cost of housing and basic living expenses.

The Ontario Association of Food Banks would like to thank the countless staff and volunteers of its member agencies for all of their hard work in surveying those they serve, and for their tireless efforts in addressing hunger and poverty across the province every single day.



Who Uses Food Banks?

An individual or family is considered food secure when they have access to sufficient, safe, nutritious and culturally appropriate food that meets their dietary needs. In a province like Ontario, this should be a standard that is experienced by every household – and yet, living with hunger is a reality for far too many.

In Canada, household food insecurity has been measured by Statistics Canada using the Household Food Security Survey Module (HFSSM) on the Canadian Community Health Survey (CCHS). This survey consists of 18 questions about the food security status of the household over the previous year, and focuses on the self-reports of uncertain, insufficient, or inadequate food access due to limited financial resources, and the impact that this had on the household's eating patterns.¹ The experiences reported by the households are then categorized under three categories:²

- **Food Secure:** Household experienced either 'no indication' or 'one indication' of difficulty in accessing their preferred quantity and quality of food, due to income.
- **Moderate Food Insecurity:** Household had to compromise the quality or quantity of their food choices, due to insufficient income.

- **Severe Food Insecurity:** Household had disrupted eating patterns, due to insufficient income. This may have included eating less than needed, skipping meals, or going one or more days without food.

In 2012, when the survey last collected national data on household food insecurity, the CCHS found that 8.3 percent, or almost 1.1 million, Canadian households experienced food insecurity. Of these households, almost 70 percent were considered moderately food insecure, and 30 percent were considered severely food insecure.³ When comparing the Ontario CCHS data on Household Food Insecurity to the data being collected by the provincial food bank network, there are a number of strong alignments that both help illustrate food insecurity's broad spectrum, and the role that food banks play in assisting families in need.

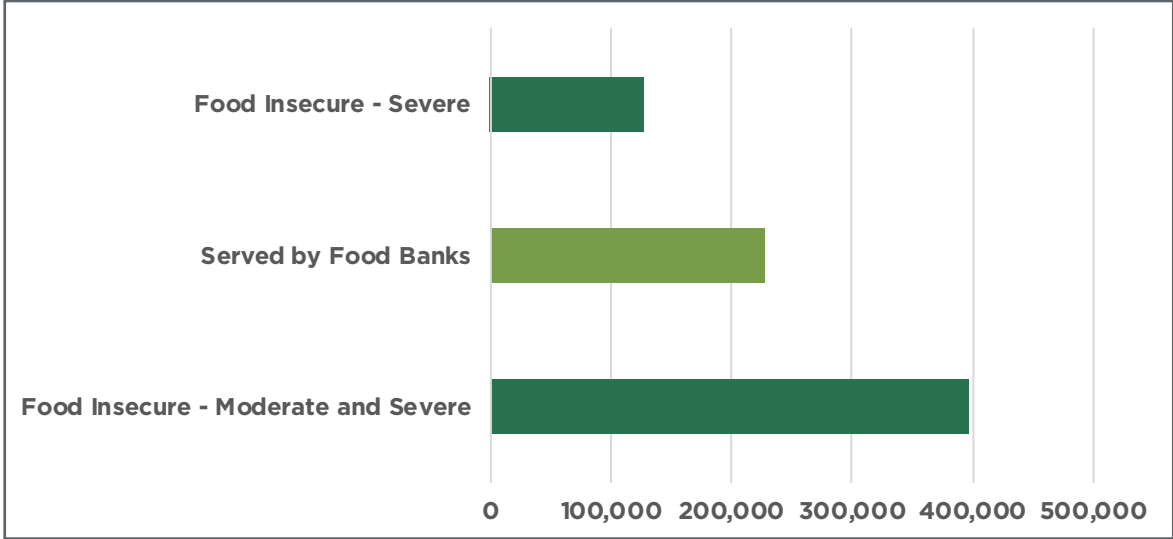
Between April 2017 and March 2018, Ontario’s food banks provided support to 227,321 households, inclusive of 501,590 adults, children, and seniors. This is a staggering number, and equivalent to over 100 percent of households categorized as severely food insecure, and 57 percent of the total number of households categorized as experiencing either moderate or severe food insecurity in Ontario.⁴

It is commonly assumed that all households experiencing any degree of food insecurity would visit a food bank, but in actuality food banks are most-often visited on an emergency basis and after all other coping mechanisms have been exhausted. This may include, for example, downsizing a home, extending a credit limit, or using savings to pay for basic expenses.

Once these options run out, adults and families often have no other choice but to access a local food bank for support.

When considering the broad spectrum that the Household Food Insecurity categories span, the statistics make sense. Households that are on the marginal to moderate end of the food insecurity spectrum can generally manage using coping strategies such as budgeting more strictly, choosing less expensive options, or occasionally going without. However, when adults and families experience moderate to severe food insecurity, those options are no longer sufficient, leaving them with no other choice but to turn to a food bank to help bridge the gap. This is clearly illustrated in the graph below, which shows that the

FIGURE 1.1: HOUSEHOLD FOOD INSECURITY RATES VS HOUSEHOLDS USING FOOD BANKS⁵



number of households accessing food banks in Ontario falls between the number of households experiencing severe food insecurity and the total number of households experiencing moderate to severe food insecurity. Food banks were never intended to be a complete solution to food insecurity. Rather, their role is to provide emergency food and support services to those who are experiencing the most severe levels of hunger and poverty.

“Food banks were never intended to be a complete solution to food insecurity. Rather, their role is to provide emergency food and support services to those who are experiencing the most severe levels of hunger and poverty.”

What this shows is that the majority of individuals that are accessing food banks are not doing so on a regular basis, but rather because they are facing an immediate crisis that has left little or no money to put food on the table. This is further illustrated by the most common reasons that clients give for visiting a food bank, which include: changes to their income level, not enough hours of work, unexpected expenses, or a lost job.

For families and individuals that are trying to balance already tight budgets, an unexpected expense or change in income can be devastating to their stability and dramatically impact their ability to afford all of their basic needs in a given month.

The number of times that an individual or family might visit a food bank throughout the year varies, depending on their personal circumstance and need. In the last year, Ontario’s food banks were visited 2,935,376 times by just over half a million people. Of these individuals, 26 percent visited only once, 49 percent visited three times or less, and 14 percent visited 12 or more times per year.

By the Numbers

April 2017 - March 2018



501,590
INDIVIDUALS ACCESSED A FOOD BANK IN ONTARIO



2,935,476
VISITS WERE MADE TO A FOOD BANK IN ONTARIO



33%
WERE CHILDREN

FIGURE 1.2: VISITS BY MONTH

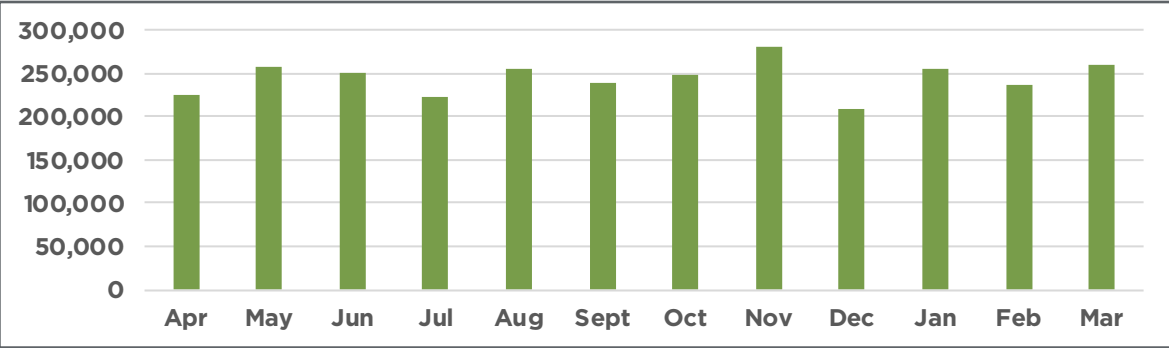


FIGURE 1.3: FREQUENCY OF VISITS

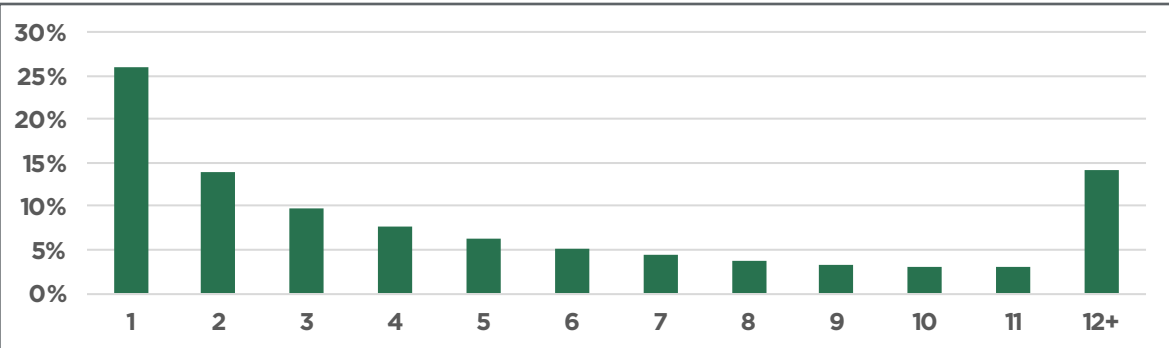


FIGURE 1.4: HIGHEST LEVEL OF EDUCATION COMPLETED

Some Elementary or High School	32.7%
High School Diploma	32.5%
College Diploma	12.9%
Some Post Secondary	9.8%
University Degree	8.6%
Trade Certificate/Professional Accreditation	2.0%
Master's Degree/PhD	1.7%

FIGURE 1.5: HOUSEHOLD COMPOSITION

Single Person	52.8%
Single Parent Families	19.0%
Two Parent Families	14.1%
Couples, No Children	6.9%
Other	7.3%

FIGURE 1.6: HOUSING TYPE

Private Rental	73.0%
Social Housing	16.1%
Own Home	4.6%
With Family / Friends	3.8%
Emergency Shelter	1.4%
Band Owned	0.6%
On The Street	0.4%
Youth Home	0.2%

FIGURE 1.7: REASON FOR VISITING

Benefit/Social Assistance Changes	35.0%
Low Wages/Delayed Wages/Not Enough Hours	16.8%
Relocation (Immigration/Moving)	11.4%
Unexpected Expense	11.0%
Unemployed/Recently Lost Job	7.5%
Sickness/Medical Expense	7.3%
Homeless	4.7%
Debt	3.7%
Unexpected Housing Expense/Natural Disaster	3.3%
Benefit/Social Assistance Delays	2.4%
Family Breakup	1.4%

FIGURE 1.8: PRIMARY SOURCE OF INCOME

Disability-Related Benefits	30.1%
Social Assistance	29.4%
No Income	12.8%
Other	10.4%
Employment Income	8.5%
Old-Age Pension	6.3%
Employment Insurance	1.8%
Student Loans or Scholarships	0.8%

Figures calculated excluding clients who indicated “unknown” or “undisclosed” in client profiles.

Children

While a number of investments have been made by both the provincial and federal governments in reducing child poverty in Canada, children continue to be one of the largest groups of food bank users in the province. Between April 2017 and March 2018, Ontario’s food banks were visited by more than 167,000 children, representing 33 percent – or 1 in 3 – of all individuals accessing hunger-relief services.

This statistic is deeply troubling, as studies have shown that childhood hunger is linked to negative academic and health outcomes, including impaired learning and decreased productivity, a higher risk of depression and mental health

challenges, and chronic conditions such as asthma.⁶

Beyond the impact that hunger has through childhood, studies have shown that the impact of childhood hunger can create a ripple effect that ultimately makes it more difficult for children who grew up in poverty to escape poverty as adults.⁷ For example, a child that does not have access to sufficient nutrition is less likely to do well in school, which can impact their ability to obtain post-secondary education, secure quality employment, afford all of their basic expenses as an adult, and consequently save adequate income for retirement. In addition to addressing income security for adults, the continued investment into preventing childhood hunger today is essential to decreasing adult and senior poverty in the future.

FIGURE 1.9: POTENTIAL FINDINGS ASSOCIATED WITH FOOD INSECURITY AND HUNGER⁸

Infant	Increased risk of weakened attachment to parents
Child	Poor performance on language comprehension tests Inability to follow directions over the first five years of age Delays in socioemotional, cognitive and motor development Higher level of hyperactivity/inattention and poor memory Higher frequency of chronic illnesses Increased risk of childhood obesity
Youth	Depression and suicidal ideation Mood, behaviour and substance abuse disorders
Maternal	Increased risk for maternal depressive disorders Mothers of severely hungry school-age children are more likely to have a lifetime diagnosis of post-traumatic stress disorder or substance abuse Higher likelihood of unresponsive caregiving practices

Single-Person Households

flexibility provided by an additional income source, it is increasingly difficult for a single person to adjust to unexpected changes to a tight budget.

For single-person households, the impact of an unexpected expense or loss in income can often be felt even more severely. Single person households, or unattached adults, represent 52 percent of all households served by Ontario food banks, with over 89 percent being rental or social housing tenants, and 65 percent citing social assistance as their primary source of income.

Part of the challenge faced by single-person households is that there is only one income to cover all monthly expenses. Without the

The chart below illustrates how challenging, or even impossible, it can be for a single person receiving social assistance or a minimum wage income to balance their monthly budget when compared to the average cost of a few basic necessities, such as housing, utilities, personal and health care items, and transportation.

With this in mind, it is no surprise that single person households are disproportionately represented amongst food insecure households and those accessing food banks.

FIGURE 1.10: SINGLE PERSON HOUSEHOLD EXPENSES

		Ontario Works	Ontario Disability Support Program	Full-Time Minimum Wage
Monthly Income		\$733.00 ⁹	\$1,169.00	\$1,598.00 ^{10,11}
Basic Expenses ¹²	Rent ¹³ <i>Bachelor Apartment</i>	\$897.00	\$897.00	\$897.00
	Bills/Utilities <i>Electricity, Phone, Internet</i>	\$179.08	\$179.08	\$179.08
	Personal Care Items <i>Clothing, Cleaning Supplies, Toiletries</i>	\$191.17	\$191.17	\$191.17
	Health Care <i>Medication, Health Care Supplies and Equipment</i>	\$113.58	\$113.58	\$113.58
	Transportation	\$150.00	\$150.00	\$150.00
	Total	\$1,530.83	\$1,530.83	\$1,530.83
Income Left For Food and All Other Expenses		(\$797.83)	(\$361.83)	\$67.17



Feature:
Senior Citizens

For decades, the future for Canadian seniors seemed bright. From the 1970s until the mid-1990s, senior poverty rates declined rapidly, and Canada had one of the lowest poverty rates amongst industrialized countries.¹⁴

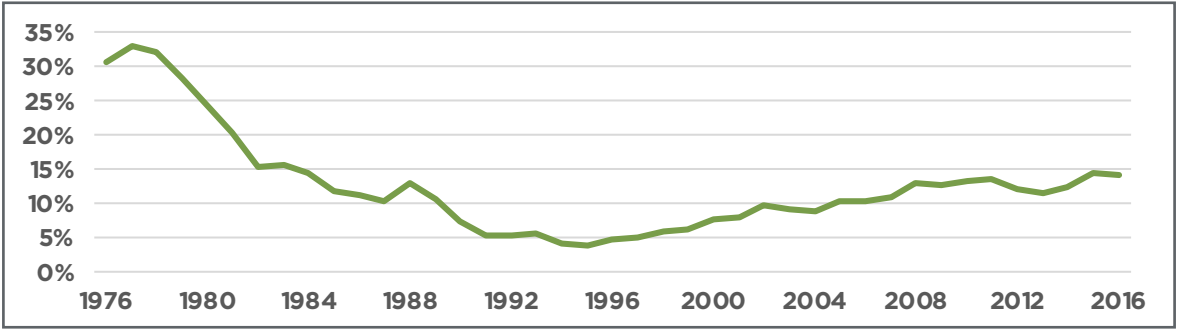
Canada introduced a number of key initiatives, like Old Age Security (OAS) in 1952 and the Guaranteed Income Supplement (GIS) in 1967, to ensure the country's elderly would not fall into poverty. At the same time, many Canadian employers were providing strong private pensions to their workers to reward them for their years of service.

However, significant trends have started to emerge that signify a looming crisis for those entering retirement, and that could ultimately result in a dramatic increase in the number of seniors falling into poverty.¹⁵ Since the mid-1990s, the senior poverty rate has been increasing, with over 12 percent of Canadians over the age

of 65 now falling below the low-income measure (LIM).¹⁶ With baby-boomers entering or approaching their retirement years, this trend is extremely concerning, as senior citizens are expected to comprise 24 percent of the population by 2041,¹⁷ and no longer have the same access to income support that ensures they will not fall into poverty as they age.

This increase in senior poverty is already being reflected in Ontario's food bank data, with the number of seniors accessing hunger-relief services increasing more than 10 percent over the previous year, a rate nearly three times faster than the growth of Ontario's senior population.¹⁸

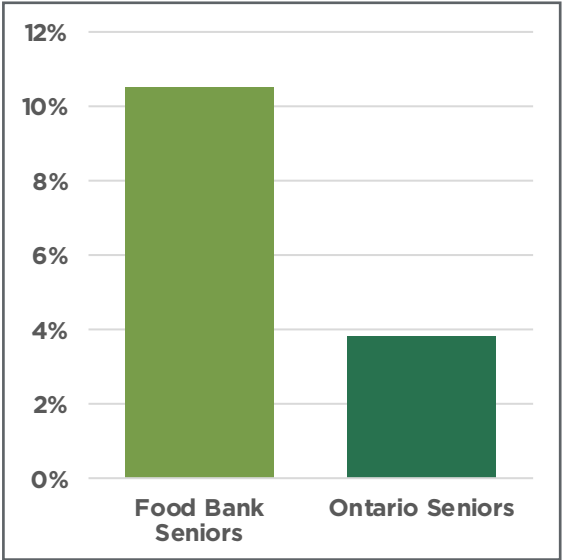
FIGURE 2.1: SENIORS FALLING UNDER THE LOW INCOME MEASURE¹⁹



What is even more troubling is that Ontario’s seniors are twice as likely to need help from their food bank on an ongoing basis, with 25 percent of seniors visiting a food bank more than 12 times in a year, compared to only 13 percent of those under 65 years of age. On the frontline, food banks have expressed concern that these staggering statistics actually underestimate the number of elderly people who are going hungry, due to the stigma around asking for help or barriers that might prevent seniors from accessing a food bank.

The question then becomes, what has changed and what can be done to ensure Ontario’s seniors have sufficient income to support their retirement years and do not run the risk of falling into poverty?

FIGURE 2.2: SENIOR POPULATION GROWTH: ONTARIO’S FOOD BANKS VERSUS GENERAL POPULATION, 2017-2018



I. The Decline in Pensions

The comfortable retirement that so many Canadians thought they could look forward to is typically funded by multiple sources, which is often referred to as the “3-legged stool”: employer pensions, personal savings, and government benefits. Unfortunately, for Ontario’s seniors this stool is becoming increasingly more unstable.

For many decades, the social contract between workers and companies dictated that if an employee worked hard, contributed to the success of the organization, and demonstrated many years of loyalty, they would be repaid with a generous company pension upon retirement. Yet for many Canadian workers, this is no longer the case. As of 2017, only 34 percent of Canadian workers were covered by an employer pension plan, a 21 percent decrease from 1982.^{20,21}

Moreover, those who are fortunate enough to have an employer pension are finding that its value is decreasing. In 1996, the vast majority of employer pensions were ‘defined benefit’ plans, which guarantees a regular monthly income for life and has the employer assume the risks instead of the individual. Only

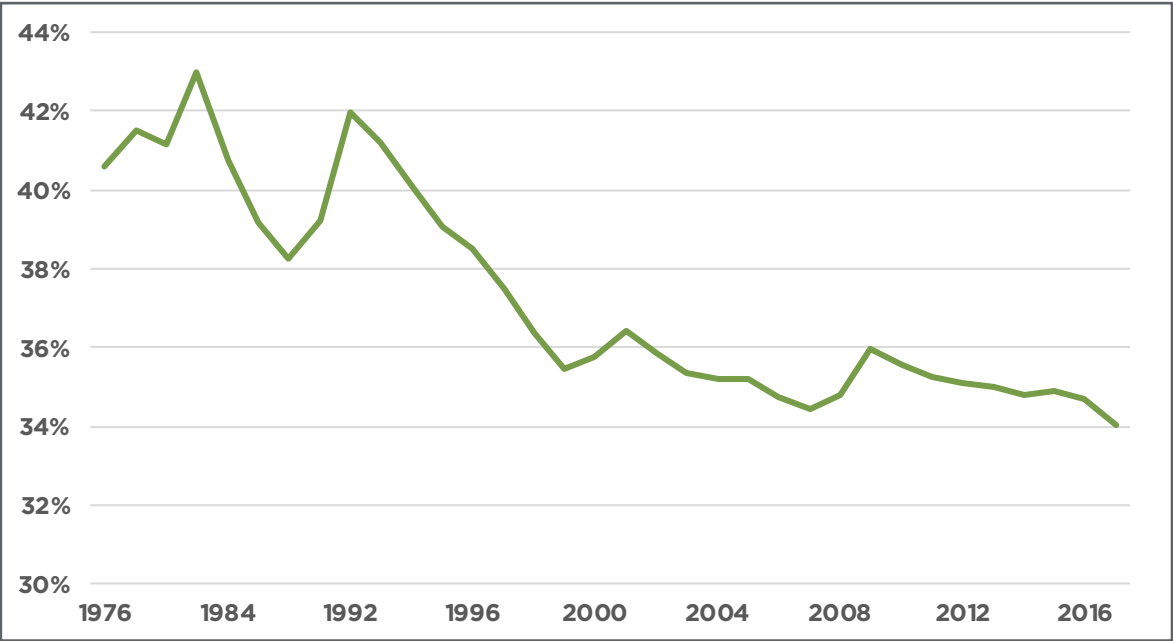
a small percentage were ‘defined contribution’ plans, which do not guarantee income and are more vulnerable to downturns in the market, especially if the downturn happens close to the recipient’s retirement age. In the last 20 years, employer pension plans have shifted significantly from defined benefit

plans to defined contribution plans, with the proportion of workers covered by defined benefit plans decreasing by 24 percent.²² While providing any pension plan is better than none at all, employer pension plans are following a growing trend of reduced income security.

FIGURE 2.3: PENSION PLAN TYPES, 1996 VS 2016, PERCENT OF TOTAL²³

	1996	2016	% Change
Defined Benefit Plans	88.0%	67.1%	-23.8%
Defined Contribution Plans	10.5%	18.0%	+71.0%

FIGURE 2.4: CANADIAN WORKERS COVERED BY A REGISTERED PENSION PLAN, 1976-2016^{24,25}



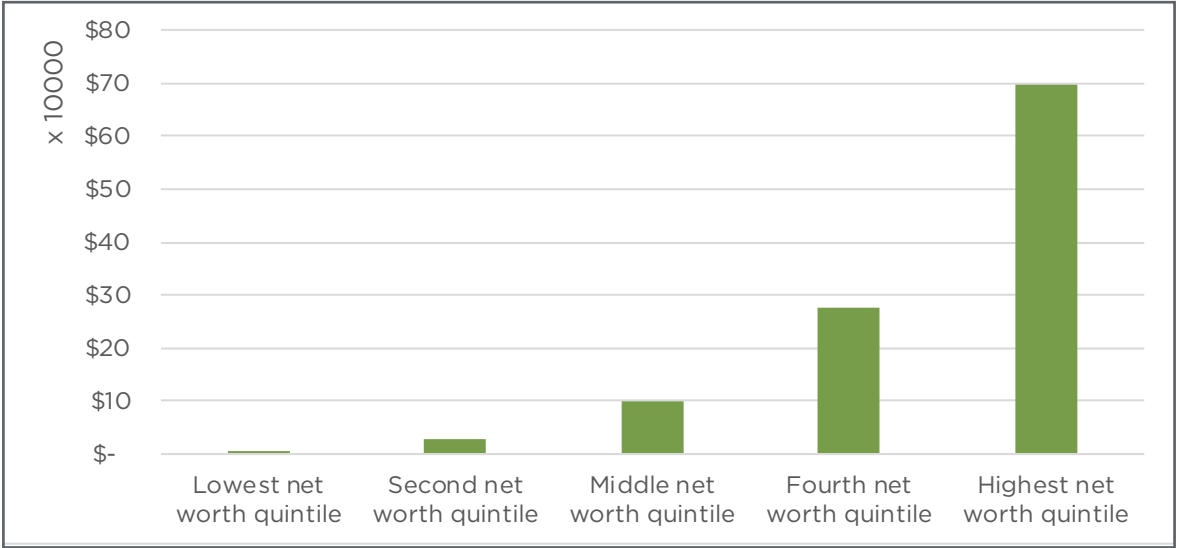
II. The Decline in Personal Savings

Outside of employer-provided pensions, many retirees depend on their personal savings for income, yet 1 in 3 Canadians are not financially prepared for retirement.²⁶ According to a recent poll by CIBC, 32 percent of Canadians between 45 and 65 years of age have nothing saved for retirement.²⁷ What makes this especially troubling is that it is estimated that the average amount of personal savings a Canadian needs to retire comfortably is \$756,000. This is an insurmountable amount for many people, as the average amount saved for retirement is only \$184,000, and

19 percent of respondents have saved less than \$50,000, representing a savings gap of 94 percent.²⁸

While Canadians understand the importance of putting money away for the future, a changing job market and a rising cost of living has made saving for retirement a challenge. Precarious work, contract employment, and stagnant income mean more Canadians are spending their savings during rough patches.²⁹ When coupled with the rising cost of housing and basic living expenses, it becomes difficult to afford even day-to-day basic needs, much less contribute to retirement savings, with the lowest net worth quintile of Canadians having saved only \$5,248 for retirement.³⁰ Similar to the impact of childhood poverty, living with a low income as an adult creates a ripple effect that negatively impacts one's retirement future.

FIGURE 2.5: PRIVATE PENSION PLAN ASSETS BY NET WORTH QUINTILE, 2016³¹



III. The Decline in Government Benefits

The last leg of the retirement stool is the variety of benefits provided by the government to seniors. The Government of Canada provides three core benefits to seniors:³²

- **Canada Pension Plan (CPP):** A contributory benefit that is managed by the government. The amount received is dependent on the recipient's contributions to the plan, and is adjusted for age and other benefits being received.
- **Old Age Security (OAS):** A public pension that was created as a safety net for seniors, and is earned based on the number of years that the recipient has resided in Canada.
- **Guaranteed Income Supplement (GIS):** An income support that was created as a means-tested complement to OAS for low-income seniors.

When all of the criteria for each benefit is met by the recipient, these programs work fairly well. The average CPP payment, for example, is \$673.10 per month.³³ For those that meet all of the criteria of GIS and OAS, this amount is then eligible for an additional combined, maximum payment of \$1,470.27 per month.³⁴ Together, this provides a benefit of \$2,143 per month, or just below the 2016 before-tax low-income measure of \$2,150 per month.³⁵

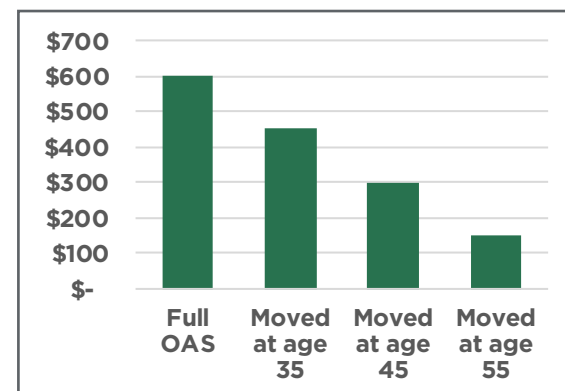
The real concern is for the individuals that do not meet the criteria that ensures the maximum amount of each benefit. For example, total benefits through CPP are determined based on the income acquired during an individual's working years. If a recipient had a primarily low income as an adult, or stayed home to raise children, they will not receive as significant an income from CPP in their retirement years.

FIGURE 2.6: AVERAGE ANNUAL PENSION INCOME, BY GENDER³⁶



This can be further compacted by looking at OAS, where the benefits are calculated based on the recipient's years of residence in Canada. This means seniors that may have immigrated to Canada as adults or spent time working abroad, for example, are only eligible for partial OAS payments.³⁷

FIGURE 2.7: OAS MONTHLY PENSION, BY AGE MOVED TO CANADA³⁸



Finally, accessing GIS can be an additional hurdle for Ontario's seniors. While the federal government did make enrolment into GIS automatic earlier this year, the supplement is based on the household income indicated on an individual's tax filings. This can be a challenge for many seniors who experience significant barriers to filing their taxes, such as insufficient access to clinics or services, not being able to afford tax help, or mental health barriers.³⁹ In the same way that childhood hunger can create a ripple effect that extends into adulthood, those that struggle financially as adults are more likely to continue to struggle as seniors.

IV. Balancing Income vs Expenses

In addition to the challenges with meeting the criteria for each benefit's maximum payment, the fixed income provided by the government has not kept pace with the rising cost of living. Since 2002, the value of government transfers to seniors has remained stagnant, while the cost of living has continued to climb. As a result, more seniors have started to fall below the poverty line. The insufficiencies of these benefits are echoed in Ontario's food bank data, which shows that over 46 percent of the seniors that require the support of a food bank also cite old age pension as their primary source of income.

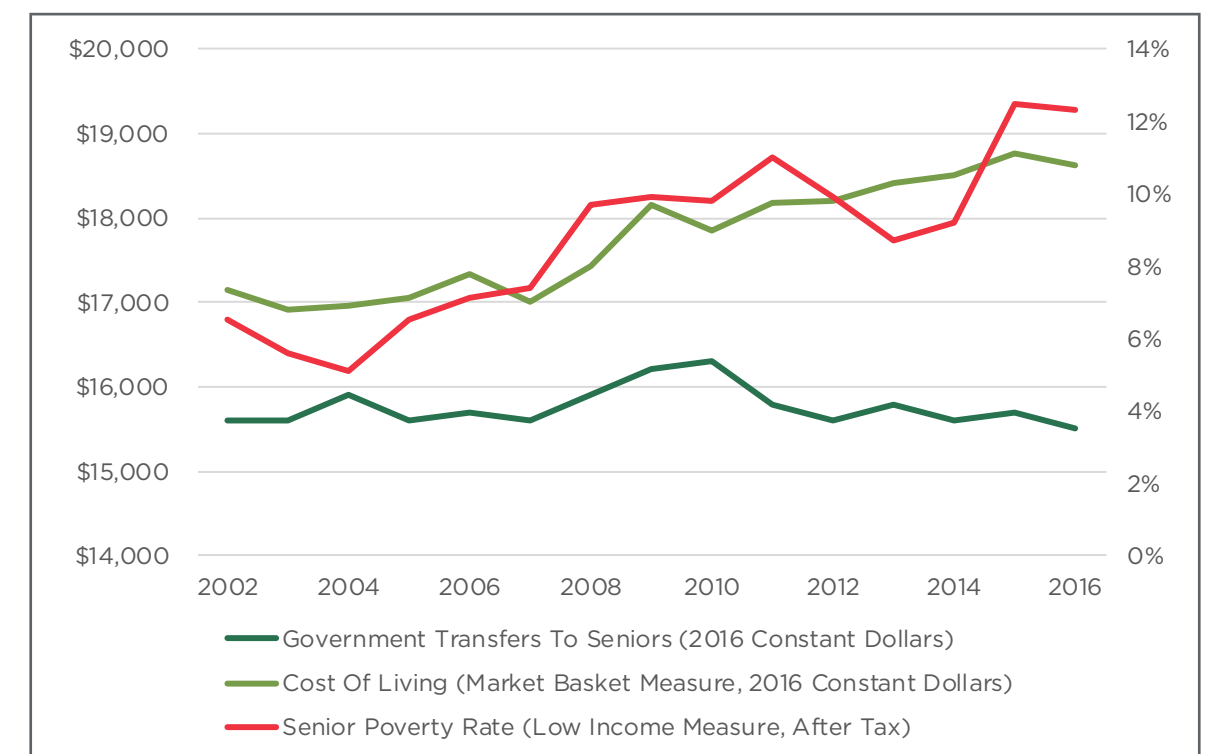


With this new reality of an uncertain financial future, more and more seniors are returning to, or staying in, the workforce longer to help fill the gaps. As of 2015, one in five seniors, or 20 percent, report working part or full time, the highest proportion since 1981.⁴⁰ While some seniors remain in the workforce by choice, there are many others that do so only out of necessity. This is particularly true for seniors without private retirement income who are both more likely to continue working after the age of 65 and to be doing so on a full-time basis.⁴¹ Without an adequate social safety net or the ability to save sufficient income, many seniors simply cannot afford to retire.

One of the most challenging expenses for low-income adults and seniors is the rising cost of housing. Although it is commonly believed that older adults are more likely to own their home and consequently not have to worry about rent or mortgage payments, the proportion of senior-led households who are spending more than 30 percent of their income on housing costs is in fact higher than that of non-senior led households.⁴²

What's more, for low income seniors, particularly those that struggled throughout adulthood, home ownership is even less likely. Not only do low-income seniors

FIGURE 2.8: SENIOR POVERTY RATE⁴³ AND COST OF LIVING⁴⁴ INCREASING AS GOVERNMENT TRANSFERS TO SENIORS⁴⁵ REMAIN STAGNANT



tend to have lower rates of home ownership compared to their higher-income counterparts, the security and equity of ownership for this demographic has been on a decline since 1971.⁴⁶ This is illustrated in Ontario's food bank data, which shows that only 10 percent of seniors that access hunger-relief services own their home, compared to 77 percent of seniors in the general population.⁴⁷ Further, it shows that 74 percent of food bank clients over the age of 65 are rental or social housing tenants, making them particularly vulnerable to skyrocketing rental rates, as they try to afford monthly housing expenses on a fixed income.

While many seniors eventually hope to reside in a seniors' residence that helps provide meals and medical care on an ongoing basis, the cost is often far out of reach. As of June 2018, the average monthly rent for a standard space in an Ontario seniors' residence had reached over \$3,600,⁴⁸ a rate that is 167 percent higher than the maximum payment provided by CPP, OAS, and GIS combined.

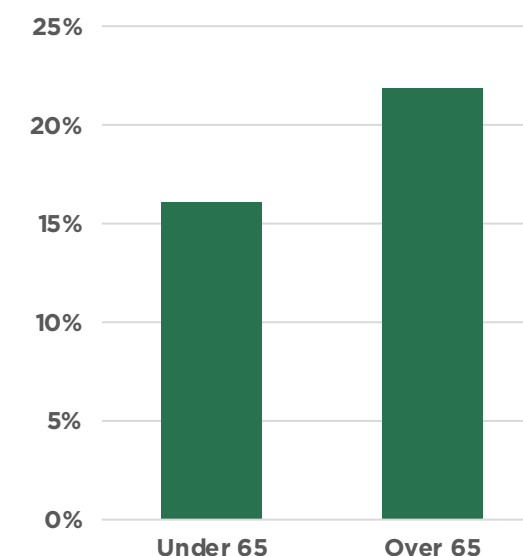
It is, therefore, not surprising that more seniors are turning to social housing to make ends meet. This is illustrated in Ontario data that shows the population of seniors living in social housing is nearly equal to those living in the entire long-term care system.⁴⁹ In terms

of those accessing food banks, the proportion of seniors living in social housing is 37 percent higher than food bank clients under 65 years of age. Yet despite the large population of older adults in social housing, this system is ill-equipped

“...the population of seniors living in social housing is nearly equal to those living in the entire long-term care system.”

to meet their needs, simply because it was not designed for this purpose. While supportive housing and retirement homes were created to provide support services to their tenants, social housing was designed for those that are capable of living independently.⁵⁰ Further, despite being home to a growing number of aging adults and seniors, social housing providers do not receive any core funding to assist these tenants.⁵¹ Food banks have expressed significant concern about some of the unique challenges that their senior clients are facing, such as decreased mobility and a reduced ability to prepare meals. This has led to many food banks developing specific programs, such as delivery services, prepared meals, and assistance with government forms, to help low-income seniors access the support they need.

FIGURE 2.9: PROPORTION OF FOOD BANK CLIENTS LIVING IN SOCIAL HOUSING, BY DEMOGRAPHIC



With a 10 percent increase in the number of senior citizens accessing food banks over the previous year, and in understanding the current trends affecting the lives and incomes of seniors, it is clear that Ontario is on the verge of a crisis. As the baby boomer generation continues to move into retirement age, it will become imperative that the provincial and federal governments begin to implement basic income guarantees that ensure senior citizens have sufficient income to afford monthly necessities, like safe and clean housing, medical care, and nutritious food.

Ann's Story

When I was 28, my husband and I moved to Canada from the United Kingdom. It was 1981 and he was offered a job that we thought would help us build a foundation for a great life together.

However, after only a few months in our new home, the recession of the 1980s hit and my husband lost his job, after only a few months of work. It was during this time that we found out I was pregnant with our first child. This put significant stress on our marriage until he eventually found a new job working the night-shift.

My first son was born later that year, and we decided I would stay home to raise our child. As often happens with children, number one became number two, who we lost in the hospital, and number two became number three – another little boy in 1985. I guess God wasn't finished with us, because although we were not planning to have any more children, I got pregnant again.

In 1987, we welcomed our third son and decided that the little semi-detached home we lived in just wasn't big enough, so we found a place in a small rural community that had an acre of land and lots of

space for the kids to run. It was a good place to raise children, but it was not a good place for me.

My husband was gone all day, the kids were in school, and while I worked part time in a flower shop, the isolation was too much for me. I started to suffer from depression that ultimately sent me to hospital. My husband, frustrated by my illness, was not very empathetic.

“At times, I thought about getting away, but the finances just weren't there. I didn't have enough income. I couldn't go anywhere.”

I decided that because I had come from a dysfunctional family, that I was not going to walk out on my kids. I was going to stick it out – and that's what happened for the next 15 years. There were a series of hospitalizations, and my husband became more emotionally abusive.

At times, I thought about getting away, but the finances just weren't there. I didn't have enough income. I couldn't go anywhere.

After struggling for almost two decades, I started to receive counselling and was put on the community list for a subsidised apartment. I still lived with my

husband, but he wanted nothing to do with me, and would not support me in anyway. By this time, my kids were young adults and one was married.

I continued to see the counsellor every week, but things continued to go from bad to worse, in terms of my mental health. The counsellor got in touch with my local council to see if I could be put on the priority list, because my mental health was not good.

“The rent-geared-to-income (RGI) apartment was a godsend. I was on ODSP, which doesn't provide very much, but because it was RGI my rent was only a third of my income.”

Within a week, I got a notice that I had been approved for the priority list, and a week after they offered me a rent-geared-to-income apartment in Orangeville. My husband was out of the country, and I moved while he was gone.

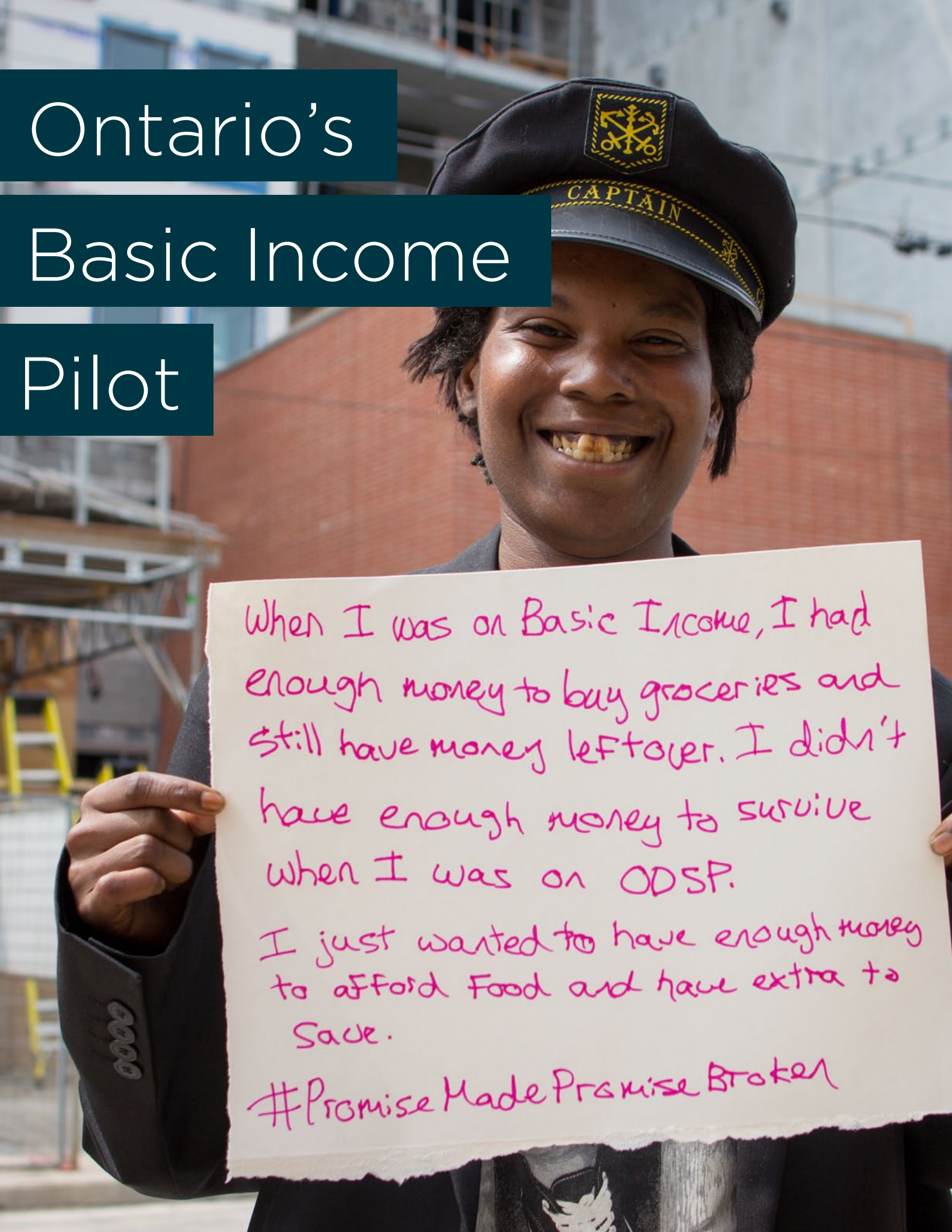
The rent-geared-to-income (RGI) apartment was a godsend. I was on ODSP, which doesn't provide very much, but because it was RGI, my rent was only a third of my income.

While I still had to be careful, I had a roof over my head and could afford a bowl of cereal every day.

Over the last year, I started going to the Orangeville Food Bank, who have been very helpful in filling in government forms – particularly after I turned 65 and transitioned from receiving ODSP to OAS and GIS. Because I have only been in Canada for 38 years, I cannot access the full OAS benefit. Having the food bank's support has saved me a lot of heartache.

I have had a very good experience with the Orangeville Food Bank, who has just started a pilot program in my building, because the number of seniors were increasing at the food bank. The response has been phenomenal. People line up, and are excited to see fresh pears, grapes, and frozen dinners that were prepared by the local high school. They work hard to accommodate the seniors and their special diets.

I consider myself lucky. I got away from an abusive relationship. I'm working on myself. Sometimes it's easier said than done, but it's ok.



Ontario's Basic Income Pilot

When I was on Basic Income, I had enough money to buy groceries and still have money leftover. I didn't have enough money to survive when I was on ODSP.

I just wanted to have enough money to afford food and have extra to save.

#PromiseMadePromiseBroken

In April 2017, the Government of Ontario launched a Basic Income Pilot program in four communities across the province: Thunder Bay, Lindsay, Hamilton, and Brantford.⁵² The purpose of this project was to investigate the provision of a basic income as a viable and long-term solution to poverty and trends related to a significantly changing job market.

This project provided 4,000 low-income individuals in the test communities with an annual income of \$16,989 for unattached adults and up to \$24,027 for couples,⁵³ so that researchers could study the impact that a steady and increased income would have on the health and livelihoods of these participants. The initial reports from the project were extremely positive, with many of the participants indicating that they had used the additional support to take advantage of opportunities that were not available before, such as: going back to school to upgrade skills, enrolling their children in activities, obtaining apartments in safer neighbourhoods, or even starting a new business.⁵⁴

While the Basic Income Pilot was intended to be a three-year study, expected to conclude in 2020, it was announced in July 2018 that the Government of Ontario had decided to terminate the project, and would be winding down payments to participants by March 2019.⁵⁵ For those

Results From Past Basic Income Pilots:

- Decline in hospitalizations, specifically for accidents, injuries and mental health diagnoses (Dauphin, Manitoba)⁵⁶
- Lowered instances of behavioural and emotional disorders among children, reduced alcohol consumption (Great Smoky Mountains, North Carolina)⁵⁷
- Improvements in school performance and nutrition, increases in new business openings and personal savings (Madyha Pradesh, India)⁵⁸

participating in the program, this announcement was devastating, as many reported that the income issued through the pilot had already been allocated to long-term costs, such as tuition or the lease of a safer home, that will extend far beyond the program's final payment. This has led to potentially harmful implications for these participants, as they struggle to rebalance budgets and terminate contracts or plans that they had made under the belief that the funding available through the program would be available for its intended three years.

In response to the cancellation of the Basic Income Pilot, the Ontario Association of Food Banks issued the following statement on August 1st, 2018:

Yesterday afternoon, the Government of Ontario announced its plans to terminate the Basic Income Pilot, as well as reduce the planned increase to Ontario's social assistance programs by 50 percent. The Ontario Association of Food Banks is disappointed and alarmed by these unexpected changes and is concerned about the impact that it will have on low-income Ontarians.

Food banks across the province have long advocated for increases to Ontario's social

assistance programs and the continuation of the Basic Income Pilot as an evidence-based solution to poverty in our province. The enactment of these cuts would be a step backwards in our collective effort to create a healthier and hunger-free Ontario.

This sentiment was echoed by food banks across the province, as well as by many community partners and agencies. It is the recommendation of the Ontario Association of Food Banks that the Government of Ontario reconsider its decision to terminate the program, or that the Government of Canada assume oversight of the Basic Income Pilot for its intended three year term before it officially ends in March 2019.

Letter from the Mayors

In September 2018, the mayors of the Basic Income Pilot test cities (Brantford, Hamilton, Kawartha Lakes, Thunder Bay) wrote a joint letter to The Honourable Jean-Yves Duclos, Minister of Families, Children and Social Development, to request that the federal government assume oversight of the cancelled Basic Income Pilot.

The full text is reproduced below:

Dear Minister Duclos,

As you are aware, on July 31, 2018 the Government of Ontario announced that it was ending the Basic Income Pilot Program just three months after it was fully subscribed. Neither local participants nor our municipal governments were consulted prior to this decision.

When the program was initially announced by the previous provincial government in April, 2017, we were gratified that our communities were chosen as the pilot test sites. Ontario's pilot is very much at the centre of a growing international interest in the concept of basic income. Jurisdictions from around the world were observing the Ontario pilot with great

interest: our communities received delegations from the United Kingdom, Japan, South Korea and the United States interested in learning from our experience.

The Ontario government's cancellation of the pilot is distressing to participants and discouraging to all seeking a better way to assist vulnerable citizens. The Minister of Community Social Services indicated that the pilot was a disincentive to work, and yet ignored the reality that two-thirds of pilot participants are currently working (some perhaps at part-time jobs) but seemingly very interested in contributing to the community and enhancing their skills.

While the pilot was well into its first of three years, surveys had not been completed to determine its level of success. However, the pilot participants had themselves identified important changes in their lives as a result of the Basic Income Pilot Project. Many used their participation in the project to stabilize their housing, improve their diets, and look for opportunities to improve skills and go back to school.

Many participants reported feeling better and regained self-esteem, dignity, and confidence. Their stress levels reduced because they were able to afford their rent; their health improved because they have been able to afford healthy food and

they have become active members of our communities because they could afford to participate in modest civic activities and volunteer. We believe the results of the Ontario Basic Income Pilot would have provided crucial information that could enable not just the Ontario Government, but other jurisdictions around the country to determine the efficacy of such a program on a larger scale.

“The provincial government’s decision has very much resulted in a financial crisis for our 4,000 residents who in good faith agreed to participate in the pilot. We fear that as a result of this ill-conceived provincial decision, many of the pilot participants will inevitably fall into situations of homelessness and significant financial distress through no fault of their own.”

The sudden provincial decision to cancel the pilot is distressing for local pilot participants, many of whom

are some of the most vulnerable residents of our communities. Many pilot participants had planned ahead for the three-year time period to which the provincial government had committed. Many had moved to safer, more accessible rental accommodations and are now locked into tenancy agreements they cannot afford; other participants pre-paid to upgrade skills or go back to school and now have no means to cover these additional costs.

The provincial government’s decision has very much resulted in a financial crisis for our 4,000 residents who in good faith agreed to participate in the pilot. We fear that as a result of this ill-conceived provincial decision, many of the pilot participants will inevitably fall into situations of homelessness and significant financial distress through no fault of their own. Others who had had challenges with mental health will need additional supports as a result of the decision to cancel the program.

It is for these reasons that we, the Mayors of Brantford, Hamilton, Kawartha Lakes and Thunder Bay, would request consideration that the Federal Government assume oversight of the Ontario Basic Income Pilot project in our communities for years two and three of the planned project.

There are several reasons why we

believe our request is practical and beneficial:

- The pilot’s infrastructure and many of the up-front costs are already in place with participants chosen, an evaluation team working, and timelines and project staff in place
- The Federal Government would benefit greatly from the information that would be generated by this pilot – the largest such test in the world currently underway and the first in Canada since MINCOME in the 1970s – a partnership of the Government of Manitoba under Edward Schreyer and the Government of Canada under Prime Minister Pierre Trudeau
- The provincial cost of the project was slated at \$150 million over three years, at least one third of that allocation has already been invested in the pilot and will otherwise be lost

Minister, when the program was launched, you said that you would be watching it closely and looked forward to seeing the results - as did we. Federal oversight of the Ontario Basic Income Pilot project would be the best option to revive the critical information that will be generated,

protect pilot participants from crisis who entered into the program in good faith and ensure the funds that have already been spent on this program are not wasted.

We look forward to discussing this exciting possibility with you. The previous provincial government in Ontario showed great leadership in initiating the project and we are hopeful that your government will consider seeing through the Basic Income Pilot.

Sincerely,

Chris Friel
Mayor, City of Brantford

Fred Eisenberger
Mayor, City of Hamilton

Andy Letham
Mayor, City of Kawartha Lakes

Keith Hobbs
Mayor, City of Thunder Bay

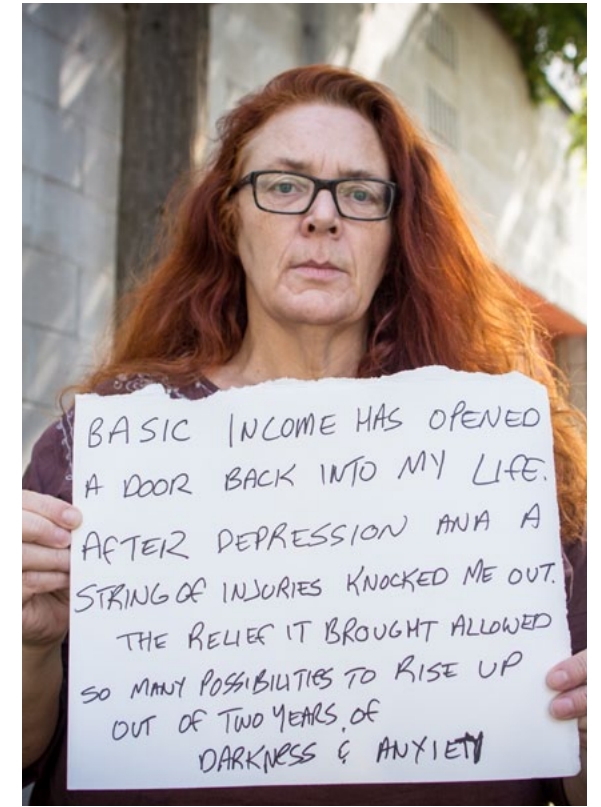
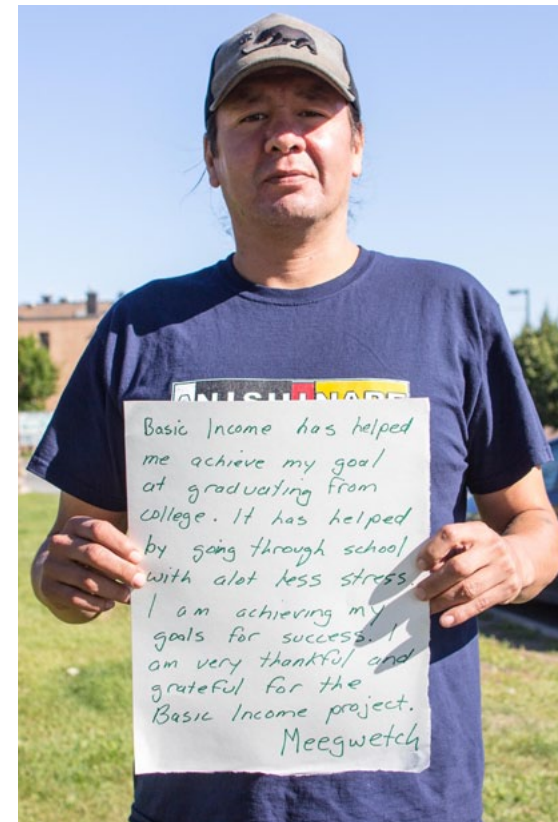
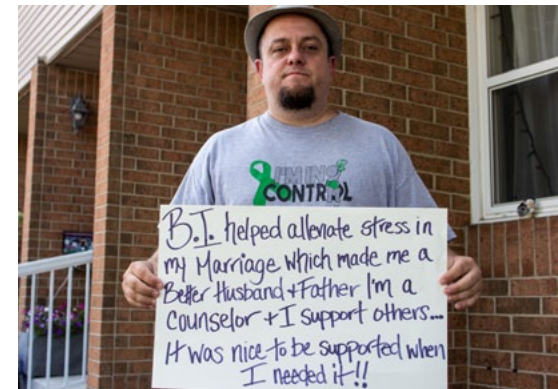


Humans of Basic Income



Humans of Basic Income is putting a human face on a political issue, by amplifying the stories of the people who were recipients of the prematurely cancelled Basic Income Pilot Project in Ontario. These stories expose very deep flaws in Ontario's social welfare system that keep people in poverty, but also showcase the resilience of the recipients, who are determined to survive despite the cancellation. Photographer Jessie Golem is a recipient of the Basic Income Pilot, and used her knowledge of the power of visual storytelling to affect change as the inspiration for this portrait series.

To see more photos in the series, please visit twitter.com/humansbasic



Letter to the Editor

Jaden Calvert
Golden Town Outreach,
Meaford

Along with many Ontarians, I was disappointed to hear that the Government of Ontario made the unfortunate announcement that it will be terminating the Basic Income Pilot, as well as reducing the planned increase to Ontario's social assistance programs from 3 percent to 1.5 percent, meaning it will no longer coincide with inflation.

As the Coordinator of the Golden Town Outreach, I work with people living in poverty, and have a glimpse into the world they face. Each individual is unique, and unique in the challenges they face and why they are faced with poverty. I believe that everyone deserves the right to live a dignified life, and that communities have the ability to ensure this. Part of living a dignified life is ensuring that everyone has enough to meet their basic needs. In today's world, this means that people need to have enough monetary income. There are many factors that impact mental and physical health, and these are called the social determinants of

health. Having enough income is a social determinant of health, and is linked with other social determinants, such as housing, food, transportation, and access to education and health-care services.

Although there was no final report on the 'Mincome' experiment in Manitoba during the 1970s, University of Manitoba economist Evelyn Forget conducted an experimental analysis that compared health outcomes of Dauphin residents with other Manitoba residents. From 1974 through 1978, about 30 per cent of the population of Dauphin was provided with a 'Mincome', which the guaranteed level of income came to be called. Evelyn Forget found that hospital visits dropped 8.5 percent, with fewer incidents of work-related injuries, and fewer emergency room visits from accidents and injuries, that hospitalizations for mental health issues were down significantly, and that teenagers stayed in school longer as a result of the initiative. Evelyn said that her research suggests that people appear to live healthier when they don't have to worry about poverty - makes sense, right?

How can someone succeed, and pursue their goals and dreams, if they are constantly worried about bills, food, and the costs of living? Having enough consistent income to meet your basic needs means

that one is living a life with a greater sense of abundance, and has more control over their life with a more predictable platform on which to make life choices. It can help to pull one out of poverty, and give one more time to better their lives and contribute positively with their gifts to the economic landscape.

The Government of Ontario's decision to scrap Ontario's Basic Income Pilot project was made before any results could be gleaned from the program, making it impossible to determine whether

"What I have found is that most clients of the Food Bank want to share their gifts and be 'independent contributors to the economy' - everyone has a purpose, and a gift to share."

it was a success. It was said that the government decided to end the program after being informed by ministry officials that it was failing to help people become "independent contributors to the economy." I think that it is short-sighted to think that the Basic Income Pilot should be cancelled, after not yet a year of running, because it is thought that it was failing to help people become

"independent contributors to the economy". The Basic Income Pilot has the potential to do so much more than that, such as decreasing mental health issues, as was found in Dauphin. Over the course of the past year, approximately 22% of the clients of the Golden Town Outreach Food Bank who are over the age of 18, who chose to report their employment status, were either employed part- or full-time. If the number of individuals who were unable to work due to disabilities were not included, the percentage of those working part- or full-time would be much higher. What I have found is that most clients of the Food Bank want to share their gifts and be "independent contributors to the economy" - everyone has a purpose, and a gift to share. Some people can use help and guidance, and the Golden Town Outreach helps to lift people up towards meeting their goals, including finding employment, and to contribute their gifts and talents to the world.

I call on the Ontario Government to provide support for their decision to scrap Ontario's Basic Income Pilot, and to reconsider their decision to scrap the Basic Income Pilot altogether and to reduce the planned increase to Ontario's social assistance programs from 3 percent to 1.5 percent.

This letter was originally published in The Meaford Independent on August 10, 2018.



Recommendations for Change

There are over half a million adults, children, and seniors in Ontario that do not have sufficient income to afford all of their basic necessities, like rent, hydro, transportation and food. It is for this reason that the Ontario Association of Food Banks is calling on the Government of Ontario to make significant investments in good public policy that addresses the root causes of hunger and poverty in our province.

While it is understood that the provincial government has prioritized increasing efficiencies and cost savings in the provincial budget, it is perhaps not widely known that investments in poverty reduction are actually essential to achieving this objective.

In 2008, the Ontario Association of Food Banks released ‘The Cost of Poverty: An Analysis of the Economic Cost of Poverty in Ontario.’ This report found that poverty ‘costs’ the provincial and federal governments up to \$13 billion per year (\$15.1 billion when indexed to inflation) due to poverty-induced medical costs, the criminal justice system, and lost productivity. It also found that investments made into poverty reduction have the potential to save the provincial and federal government billions of dollars per year.

By investing in solutions that not only help Ontarians afford their most basic necessities, but help

to move them out of poverty, the Government of Ontario will be investing in the overall health and wellbeing of both the province and its citizens. The Ontario Association of Food Banks would like to put forward the following three recommendations for change:

1. Invest in affordable housing through construction, repairs, and a portable housing benefit

Over 89 percent of food bank clients are rental or social housing tenants who spend more than 70 percent of their income on rent. As a fixed expense and non-negotiable cost, paying for housing often leaves little left for other necessities, like hydro, transportation, and food.

In April 2018, the Government of Ontario signed the National Housing Strategy bilateral agreement,

which included matched funding for social and affordable housing, modern flexible housing supports, and the creation of new affordable housing options. This partnership will be supported by long-term and predictable funding starting on April 1st, 2019.

As details of the strategy and its implementation are being finalized, the Ontario Association of Food Banks would like to echo the recommendations made in *Income Security: A Roadmap for Change* and *Canada's National Housing Strategy: A Place to Call Home*:

- Introduce a housing benefit to assist all low-income people with the high cost of housing
- Invest in the construction and repair of affordable housing, including the preservation of at least 130,000 community housing units, the development of 100,000 new housing units, and the repair of more than 300,000 housing units over the next 10 years
- Develop a provincial, three-year action plan, beginning in 2019-2020, setting targets and outlining how the Government of Ontario will use federal and cost-matched funding to achieve the desired outcomes

2. Improve the support programs and benefits available to senior citizens

While the Government of Canada has made significant investments into the health and wellbeing of its senior population, senior poverty and food bank use is still on the rise. This is an indication that the programs and benefits being offered to seniors are insufficient or inaccessible to those that need them most.

The Ontario Association of Food Banks recommends removing barriers to accessing the full funds available through the Canada Pension Plan (CPP), Old Age Security (OAS), and the Guaranteed Income Supplement (GIS). Solutions to the challenges that these programs possess may include: increasing the survivors benefit from 60 percent to 100 percent for those that are not receiving other CPP benefits; decreasing the number of years in Canada needed to access the full OAS benefit from 40 years; and increasing access to GIS by removing barriers that seniors encounter when trying to file their taxes.

With the number of seniors accessing food banks growing three times faster than the senior population itself, it has become imperative that the provincial and

federal governments investigate and implement basic income guarantees that ensure Ontario's vulnerable senior population has sufficient income to afford all of their basic necessities, like rent, heat, hydro, medical care, and nutritious food.

3. Reinstate Ontario's Basic Income Pilot for its intended duration

In April 2017, the Government of Ontario launched a Basic Income Pilot in four communities across the province. With considerable evidence demonstrating its potential to decrease healthcare costs, remove barriers that keep individuals trapped in poverty, and enabling recipients to source improved employment through training or skill development, it was believed that the pilot could help form a foundation for a long-term solution to poverty. What's more, it was predicted that this solution would cost less than what is currently being spent on Ontario's social assistance programs, housing, poverty related healthcare costs, and the justice system.

In September 2018, the Mayors of the four test pilot cities – Thunder Bay, Lindsay, Hamilton, and Brantford – issued a letter to the Government of Canada stating that the termination of the pilot has led

to a financial crisis for the 4,000 low-income residents who agreed, in good faith, to participate in the program. Further, the Mayors stated, "We fear that as a result of this ill-conceived provincial decision, many of the pilot participants will inevitably fall into situations of homelessness and significant financial distress through no fault of their own." The Mayors requested that the federal government assume oversight of the Ontario Basic Income Pilot project in their community for years two and three of the planned project.

The Ontario Association of Food Banks would like to echo this request and is calling on both the Government of Ontario and the Government of Canada to reinstate Ontario's Basic Income Pilot for its intended duration. Ensuring the complete investigation of this program is an invaluable opportunity and one that could serve as a foundation for building a more equitable society where all citizens have access to sufficient income for their basic needs and where no one goes hungry.



Beyond The Table

Food banks recognize that hunger is a symptom of a much larger problem: poverty. It is for this reason that over 96 percent of food banks in the provincial food bank network provide services beyond emergency food support.

This includes rent and hydro subsidies, housing and shelter programs, income tax help, assistance with social assistance forms, financial literacy workshops, accredited training programs, and much more.

Food banks strive to provide their community with the best support possible, and often develop specific programs for those they serve. With the increasing number of senior citizens accessing food banks, for example, many have started offering delivery services to seniors that cannot leave their homes, community cafés to help address isolation and loneliness, assistance with income tax filing so that seniors do not miss out on benefits, and specialized food hampers that provide nutritious options for seniors with diabetes or similar health challenges.

On the provincial level, the Ontario Association of Food Banks is working hard to ensure that food banks have a variety of fresh and non-perishable food to support the adults, children, and seniors relying on their help. Last year alone, the OAFB provided the equivalent of

5,000,000 meals to food banks and the families they serve, as well as over \$195,000 to specialized local food programs and capacity building initiatives.

LAST YEAR, THE ONTARIO
ASSOCIATION OF FOOD BANKS
PROVIDED OVER

\$195,000

TO LOCAL ORGANIZATIONS
TO INCREASE HEALTHY
FOOD ACCESS, SUPPORTING
INITIATIVES SUCH AS:



community
gardens

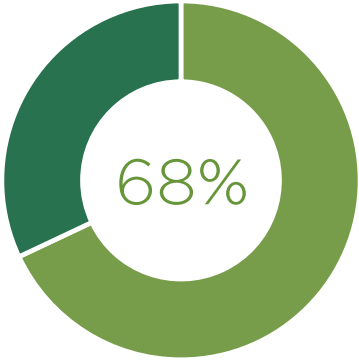


healthy
snacks for
rural kids

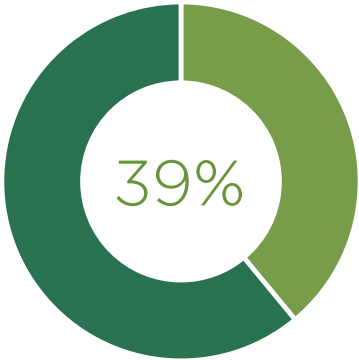


capacity
building

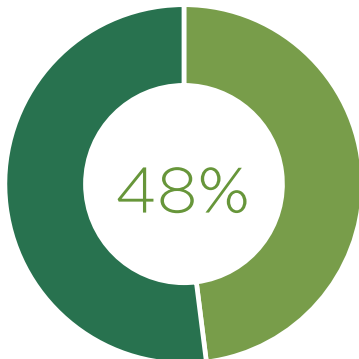
**FOOD BANKS IN ONTARIO
THAT OFFER AT LEAST ONE:**



Food-Focused
PROGRAM



Skill-Building
PROGRAM



Social Service
PROGRAM

This included the growth of the 'Rural Kids Program', which provides increased programming for low-income children in rural communities, as well as the 'Community Garden Program', which helps food banks implement and sustain community gardens, including seed, soil, and raised garden beds for senior citizens who want to participate.

While the provincial food bank network is working hard to address an immediate need, this effort should not replace an adequate social safety net or ongoing investments by the municipal, provincial, and federal governments into poverty reduction and strong public policy that ensures long-term change.

Ontario's food banks work tirelessly to serve half a million adults, children, and seniors every year, but they cannot do it alone. We believe that our vision of ending hunger and poverty in Ontario is shared by all levels of government, and that this problem can be solved by working together.

Through immediate investments in income security and the commitment to long-term change, we believe that we can start to move the needle on poverty towards a future where no one goes hungry.



Feed the

Change

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Authors

Amanda King
Ashley Quan

Research Assistance and Editing Support

Monika Saini
Carolyn Stewart

Design

Ashley Quan



ONTARIO
ASSOCIATION OF
FOOD BANKS

Ontario Association of Food Banks

99 Yorkville Avenue
Suite 200
Toronto, Ontario, M5R 1C1

www.oafb.ca | 416-656-4100