

# Food Insecurity in Leeds, Grenville & Lanark 2019

## There are people in Leeds, Grenville & Lanark who cannot afford nutritious food

Each year, the Leeds, Grenville & Lanark District Health Unit conducts Nutritious Food Basket costing. The results show that individuals and households living with a low income struggle to buy enough nutritious food after paying rent, bills, and other living expenses.

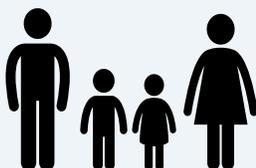
From the 2017 Canadian Community Health Survey, 9.4% or 6449 households in Leeds, Grenville and Lanark reported some level of food insecurity. Food insecurity is not having enough income to buy healthy food<sup>1</sup>. When money is tight there is less money for food. This leads to skipped meals, poor mental, physical and oral health and a greater risk of chronic disease.

We hope you will share this resource to raise awareness of:

- the importance of all people having an adequate income;
- the challenge of accessing healthy food while living on a low income;
- to consider what you can do so all community members have access to healthy food.

### Family of 4

Ontario Works  
Monthly Income



**Monthly Income - Rent = for everything else**

**\$2623\* - \$1114 = \$1509**

#### Everything else includes<sup>2</sup>:

- Food (estimate \$959/month)<sup>3</sup>
- bank fees
- basic phone & internet
- birthday presents
- child care
- clothing & footwear
- emergency money
- family outings (for example to museums & cultural events)
- furniture
- household supplies
- hydro
- laundry
- life & critical illness insurance
- minimal recreation & entertainment
- modest family vacation
- over-the-counter medications
- parent education
- reading materials
- school supplies & fees
- sports and/or arts classes for the children
- tenant insurance
- toiletries & personal care
- transportation

*\*Includes basic allowance, maximum shelter allowance, and assumes that the previous year's income taxes were filed in order to apply for Canada Child Benefit, GST/HST credit & Ontario Trillium Benefit.*

# Households with low incomes

Below are seven scenarios, outlining monthly expenses and income. Individuals and families with low-incomes often live in rental housing so an estimate of rental costs is included this year.

Scenarios		Total monthly income	Average monthly rent* (% of income needed for rent)	Monthly cost of Nutritious Food Basket (% of income needed for a Nutritious Food Basket)**	Funds remaining each month (for hydro/heat, childcare, transportation, clothing, school supplies and everything else)
	<b>Family of Four</b> Ontario Works 2 adults ages 31-50 and 2 children age 8 and 14	\$2623.00 <sup>a</sup>	3-bedroom \$1114.00 (42% of income)	\$959.10 (37% of income)	<b>\$549.90</b>
	<b>Family of Four</b> Full-Time Minimum Wage Earner 2 adults ages 31-50 and 2 children age 8 and 14	\$3633.00 <sup>b</sup>	3-bedroom \$1114.00 (31% of income)	\$919.65 (25% of income)	<b>\$1599.35</b>
	<b>Family of Four</b> Median Income 2 adults ages 31-50 and 2 children age 8 and 14	\$ 7983.00 <sup>c</sup>	3-bedroom \$1114.00 (14% of income)	\$959.10 (12% of income)	<b>\$5909.90</b>
	<b>Single Parent</b> Ontario Works 1 adult age 31-50 and 2 children age 8 and 14	\$2401.00 <sup>d</sup>	2-bedroom \$959.00 (40% of income)	\$725.17 (30% of income)	<b>\$716.83</b>
	<b>One Person</b> Ontario Works 1 adult age 31-50	\$825.00 <sup>e</sup>	bachelor \$872.00 (106% of income)	\$322.15 (39% of income)	<b>\$-369.15</b>
	<b>One Person</b> Ontario Disability Support Program 1 adult age 31-50	\$1272.00 <sup>f</sup>	1-bedroom for accessibility \$912.00 (72% of income)	\$322.15 (25% of income)	<b>\$37.85</b>
	<b>One Person</b> Old Age Security/ Guaranteed Income Supplement 1 adult age 70+	\$1727.00 <sup>g</sup>	1-bedroom \$912.00 (53% of income)	\$234.96 (14% of income)	<b>\$580.04</b>

\* New this year we used an average of the market rental information from the Counties of Leeds & Grenville and from Lanark County. These numbers may or may not include heat, hydro, parking, and hot water.

\*\* Food costs are based on sex and age

<sup>a</sup> Includes total basic allowance for recipient and spouse, maximum shelter allowance and, assuming previous year's income taxes were filed, also includes Canada child benefit, GST/HST credit, Ontario Trillium benefit

<sup>b</sup> Income from employment, Canada child benefit, GST/HST credit, Ontario Trillium benefit, working Income Tax Benefit (EI & CPP deducted)

<sup>c</sup> Income from employment based on median after-tax income- couples with children; EI & CPP contributions (deducted) calculated using median total income- couples with children; assumes dual income family with a split of 65% / 35% between partners; Canada child benefit included

<sup>d</sup> Includes basic allowance, maximum shelter allowance and, assuming previous year's income taxes were filed, also includes Canada child benefit, GST/HST credit, Ontario Trillium benefit

<sup>e</sup> Includes basic allowance, maximum shelter allowance and, assuming previous year's income taxes were filed, also includes GST/HST credit, Ontario Trillium benefit

<sup>f</sup> Includes basic allowance, maximum shelter allowance and, assuming previous year's income taxes were filed, also includes GST/HST credit, Ontario Trillium benefit

<sup>g</sup> Includes Old Age Security/Guaranteed Income Supplement, Ontario Guaranteed Annual Income System and, assuming previous year's income taxes were filed, also includes GST/HST credit, Ontario Trillium benefit

# Not being able to afford nutritious food can affect health

## Infants and children

Energy, vitamins and minerals from healthy food are vital for healthy pregnancies and babies born with a healthy weight.<sup>4</sup> Low birth weight babies are at a higher risk of developing health problems and disabilities than babies born with a healthy weight.<sup>5</sup> Low intakes of folic acid (or folate) prior to and during pregnancy can increase the chance of having a baby with a neural tube defect (NTD) such as spina bifida.<sup>4</sup> Children who experience hunger have a greater risk of depression and thoughts of suicide in adolescence and early adulthood.<sup>6,7</sup>

## Adults

Lack of healthy food over time contributes to chronic conditions such as diabetes, high blood pressure, and, mood and anxiety disorders.<sup>8,9</sup>

Addressing food insecurity will likely decrease use of the health care system. In 2015, Tarasuk and colleagues published the following findings in the Canadian Medical Association Journal<sup>10</sup>:

“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.”



## Beyond food banks

While food banks play an important role in reducing food insecurity, they are not a permanent solution to this problem. Food bank operators work hard to increase food access facing several challenges in the process.

- Individuals and families may find it difficult or embarrassing to have to go to a food bank.
- Some food banks may have a limited selection of food since they rely on donations and drives.
- Food banks do not always have the facilities to store fresh food such as vegetables, fruit, dairy products, eggs, fish and meat.
- Food banks may restrict the number of times recipients use their services, because their supply is limited.

## References

- <sup>1</sup>Ontario Society of Nutrition Professionals in Public Health. OSNPPH. Position Statement on Responses to Food Insecurity. 2015. <https://www.osnpnh.on.ca/upload/membership/document/2016-02/position-statement-2015-final.pdf> accessed 20190911
- <sup>2</sup>Ontario Living Wage Network. 2018. Calculating the Living Wage in Communities Across Ontario – Leeds, Grenville Lanark 2018 [https://healthunit.org/wp-content/uploads/Calculating\\_the\\_Living\\_Wage\\_in\\_Ontario\\_LGL\\_Report\\_2018.pdf](https://healthunit.org/wp-content/uploads/Calculating_the_Living_Wage_in_Ontario_LGL_Report_2018.pdf) accessed 20190911
- <sup>3</sup>Leeds, Grenville & Lanark District Health Unit. Nutritious Food Basket. 2019
- <sup>4</sup>Dietitians of Canada, PEN: Practice-based Evidence in Nutrition Pregnancy Background. (2017). By subscription <https://www.pennutrition.com/KnowledgePathway.aspx?kpid=13703&trcatid=38&trid=26156> accessed 20190911
- <sup>5</sup>Canadian Institute for Health Information, Too Early, Too Small: A Profile of Small Babies Across Canada (Ottawa, Ont.: CIHI, 2009). [https://secure.cihi.ca/free\\_products/too\\_early\\_too\\_small\\_en.pdf](https://secure.cihi.ca/free_products/too_early_too_small_en.pdf) accessed 29101018
- <sup>6</sup>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.
- <sup>7</sup>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
- <sup>8</sup>Vozoris, N. T., & Tarasuk, V. S. (2003). Household food insufficiency is associated with poorer health. *J Nutr*, 133(1), 120-126
- <sup>9</sup>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
- <sup>10</sup>Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., & Kurdyak, P. (2015). Association between household food insecurity and annual health care costs. *Can Med Assoc J*. 187(1)