

POVERTY AND FOOD SECURITY

CHAPTER 4: APRIL 2016

Highlights

- The prevalence of low income in the Eastern Health region decreased by 7.6% from 2003-2012; the prevalence of low income was highest for lone-parent families (32.4%).
- In 2011-2012, households in Newfoundland and Labrador had the lowest rate of food insecurity in the country, however food banks provided services to approximately 4.8% of the provincial population, the second highest in the country.
- Food insecurity decreases with increasing income and education levels.
- 61.3% of food secure residents of the Eastern Health region reported their perceived health as being excellent or very good compared to 45.7% of food insecure residents.
- Information presented in this report does not reflect the health impact of the recent provincial economic decline.

Poverty

Higher income is associated with better health. Income directly and indirectly affects the prerequisites for health, such as food, shelter, education, social support and access to health care¹. As a result, poverty can limit the attainment of these determinants of health, contribute to multiple morbidities, and negatively affect a person's quality of life¹. Significant income inequality can lead to an increase in poor social and health outcomes among the population as a whole². Disparities in income distribution may have a greater adverse effect on a society than the total personal income of individuals.

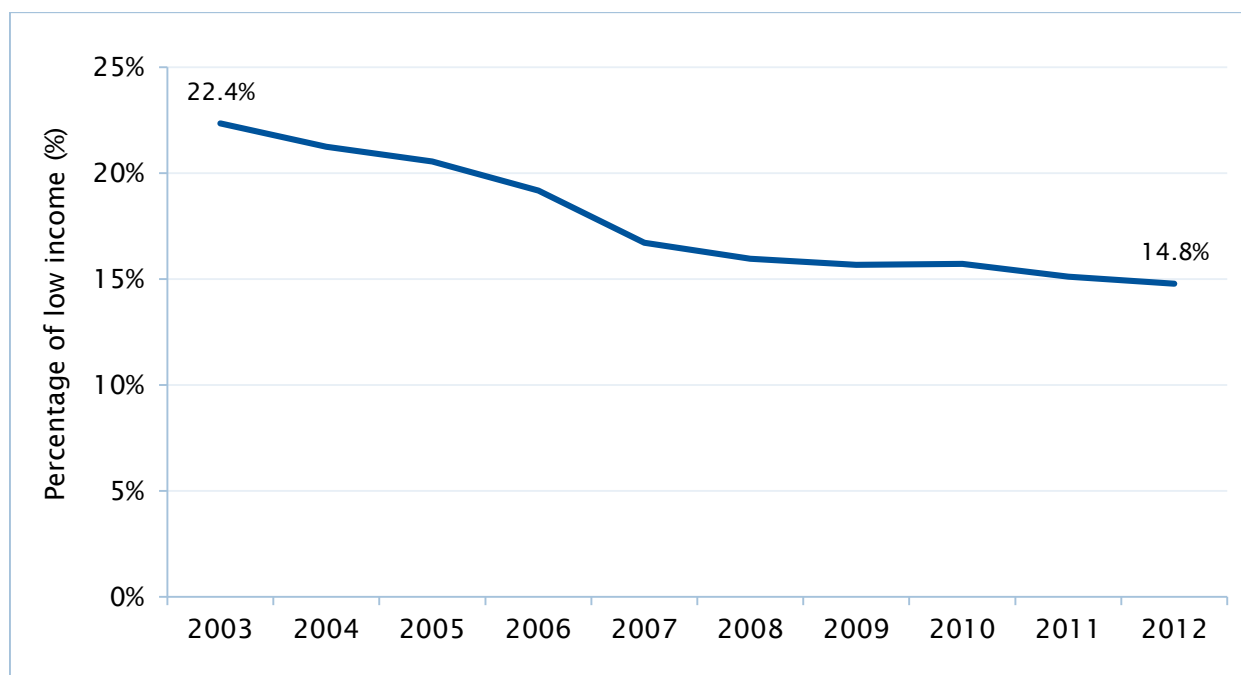
¹ The CSJ Foundation for Research and Education. (June 2002). *Poverty, Income Inequality, and Health in Canada*. Toronto, ON: Raphael, D.

² *What Makes Canadians Healthy or Unhealthy?* (2013). Retrieved from the Public Health Agency of Canada (PHAC) website, <http://www.phacaspc.gc.ca/ph-sp/determinants/determinants-eng.php#unhealthy>

The Market Basket Measure (MBM) is used to compare the prevalence of low income among the provinces based on the cost of a market basket, which includes food, clothing and footwear, shelter, transportation, and other goods and services; together these represent the basic standard of living³. The Newfoundland and Labrador Market Basket Measure (NLMBM) is a provincially-tailored measure of low income, based on the cost of a market basket, which takes into account differences in the cost of living among various communities in this province. Under the NLMBM, families and individuals are deemed to be living below the low income threshold when available (i.e. disposable) income is less than the cost of the market basket in their community.

There has been a 7.6% decrease in the prevalence of low income families and individuals, in the Eastern Health region, from 2003 to 2012 (Figure 1). The prevalence of low income for all families⁴ in 2012 was 14.8% (n=20,780; Figure 1).

Figure 1: Prevalence of low income for all families, by year, Eastern Health region, 2003-2012



Source: Newfoundland and Labrador Market Basket Measure of Low Income (NLMBM) statistics provided by Small Area Administrative Data Division, Statistics Canada, based on methodology developed by the Newfoundland and Labrador Statistics Agency.

³ Statistics Canada. National Household Survey Dictionary. Retrieved December 23, 2015, from <https://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/pop165-eng.cfm>

⁴ All families includes couple families, lone-parent families, and persons not part of a census family.

Low income prevalence varies by family type. In 2012, 32.4% of lone-parent families and 24.8% of persons not part of a census family⁵ in the Eastern Health region were living below the low income threshold (Table 1). This is five and six times the number of couple families who were living below the low income threshold (4.7%), respectively (Table 1). Female-led, lone-parent families had nearly twice the prevalence of low income (35.3%) compared to male-led, lone-parent families (18.5%; Table 1).

Table 1: Prevalence of low income, by family type, Eastern Health region, 2012

Couple Families	Persons not part of a Census Family	Lone-Parent Families		
		Combined	Male Lone-Parent Families	Female Lone-Parent Families
4.7% (n=3,620)	24.8% (n=12,190)	32.4% (n=4,980)	18.5% (n=480)	35.3% (n=4,510)

Source: Community Accounts; Newfoundland and Labrador Market Basket Measure of Low Income (NLMBM) statistics provided by combining data from three Rural Secretariat regions (Avalon Peninsula, Burin Peninsula, and Clarendville-Bonavista region).

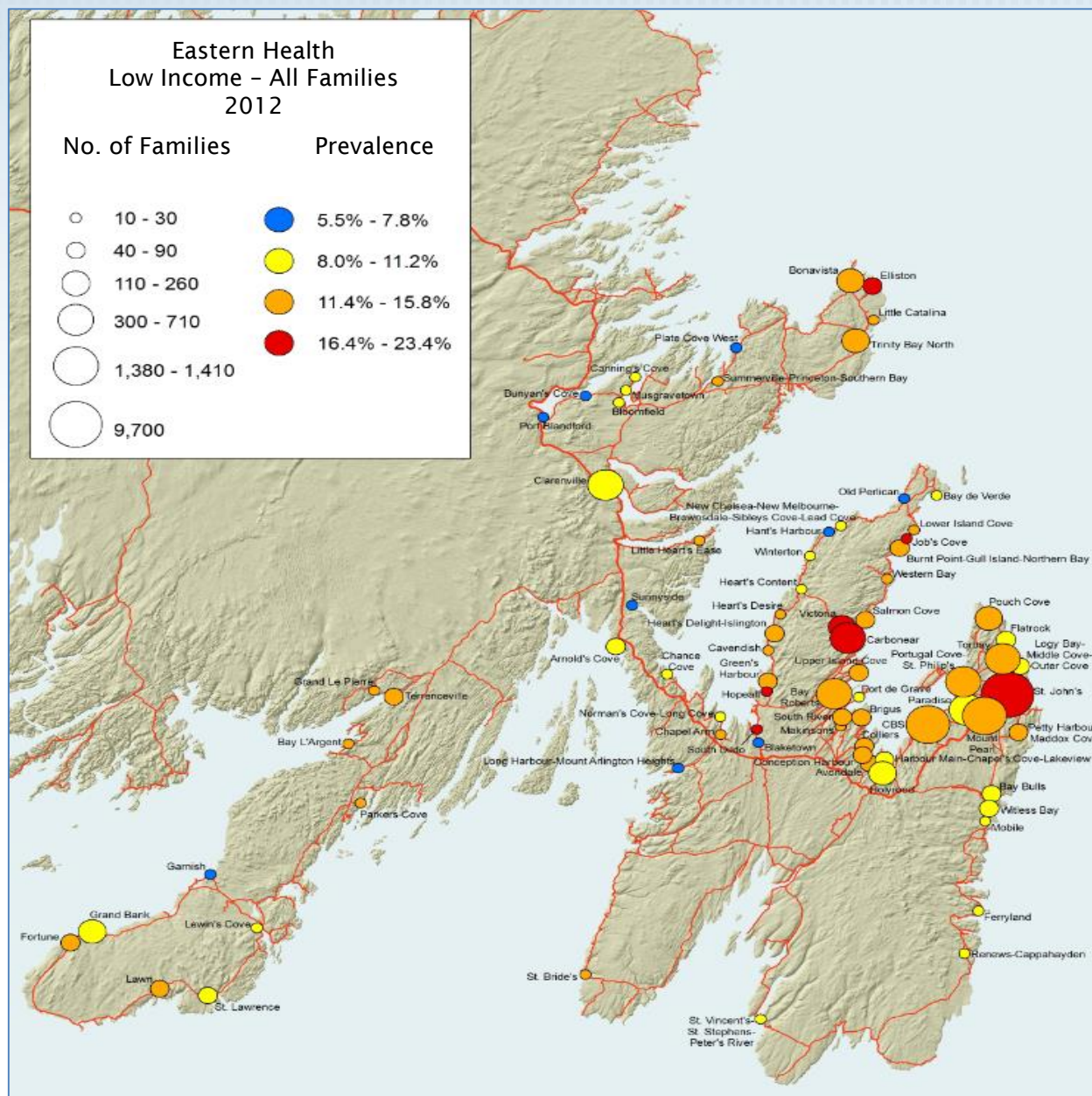
The prevalence of low income varies by community and may not necessarily reflect the number of families or individuals impacted. For example, the community of Elliston (Bonavista Peninsula), had the highest prevalence of low income of any community in the eastern region (23.4%), with 40 families living below the threshold. Conversely, the Municipality of Old Perlican had 20 families living below the low income threshold yet, because of their population size, had the lowest prevalence of low income of any community in the eastern region (5.5%; Figure 2).

The communities with the highest *number* of low income families were located within the St. John's Census Metropolitan Area⁶: St. John's (19.1% prevalence; 9,700 families), Mount Pearl (13.6% prevalence; 1,410 families), and Conception Bay South (13.1% prevalence; 1,380 families).

⁵ A person not part of a census family is an unattached individual who is not part of a couple family or lone-parent family who lives alone or with others.

⁶ St. John's Census Metropolitan Area (CMA) includes St. John's and 12 neighbouring communities (Conception Bay South, Mount Pearl, Paradise, Torbay, Portugal Cove-St. Philip's, Logy Bay-Middle Cove-Outer Cove, Pouch Cove, Flatrock, Bay Bulls, Witless Bay, Petty Harbour-Maddox Cove, Bauline)

Figure 2: Low income prevalence by community as measured by NLMBM, all families, Eastern Health region, 2012

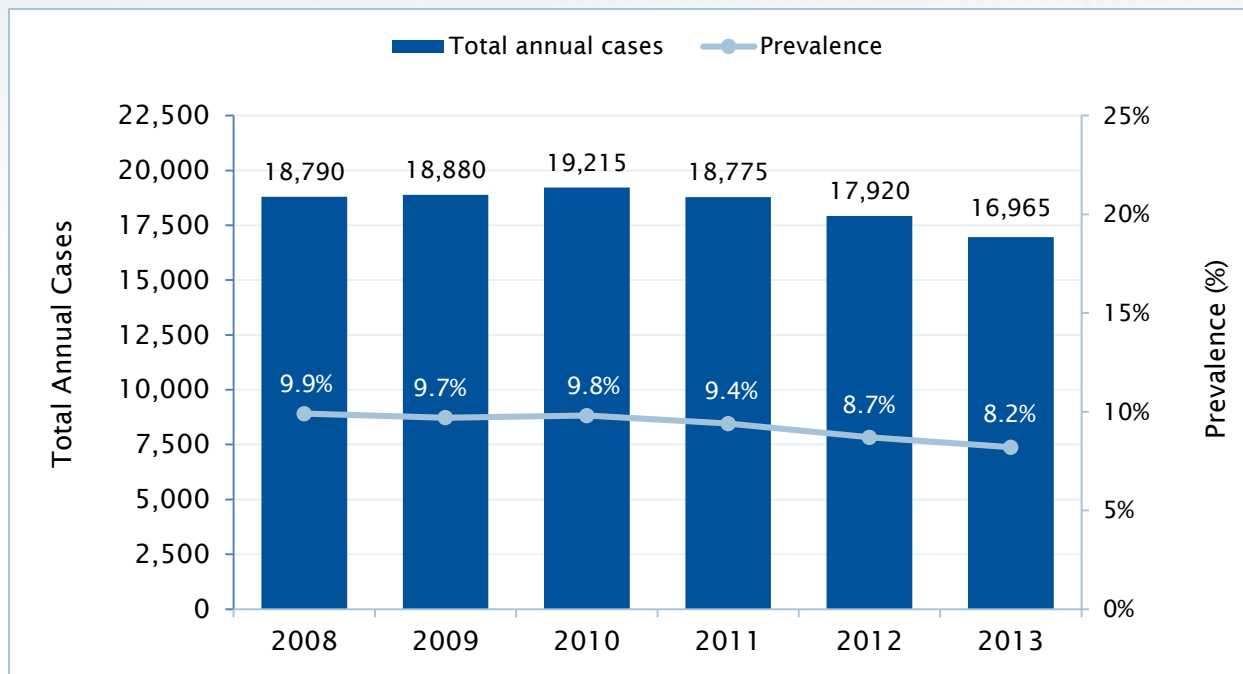


Source: Department of Finance, Newfoundland and Labrador Statistics Agency, Community Accounts

The provincial Income Support Program provides eligible individuals or families financial support for basic and non-basic needs such as food, shelter, and limited medical care. In 2013, 8.2% of the population in the Eastern Health region received income support at some point during the year, a

decrease of 1.7% from 2008 (Figure 3). The Government of Newfoundland and Labrador launched a poverty reduction strategy in 2006 to alleviate, reduce and prevent poverty. According to their 2014 progress report⁷, the total annual number of families or individuals, in the Eastern Health region, receiving benefits from the provincial Income Support Program has dropped by 2,250 since 2010 (Figure 3).

Figure 3: Prevalence of and total annual number of families or individuals who received income support benefits, Eastern Health region, 2008-2013



Source: Compiled by the Community Accounts Unit; information provided by the Department of Advanced Education and Skills

⁷ Newfoundland and Labrador Ministry of Advanced Education and Skills. (June 2014). *Newfoundland and Labrador Poverty Reduction Strategy: Progress Report*. Newfoundland and Labrador: Author

Food Security

Food security exists when all members of a household⁸ have access to enough safe and nutritious foods, at all times, to support a healthy lifestyle. When a household cannot purchase healthy foods due to low income they are said to experience food insecurity⁹. Income-related food insecurity (a.k.a. food poverty) is increasingly recognized as a public health problem. Food insecurity is impacted by social status, family structure, education level, housing, and physical, mental, and self-rated health¹⁰. It has been associated with chronic disease¹¹, poorer health, and increased healthcare cost and utilization¹².

According to the 2011/2012 Canadian Community Health Survey, 7.9% of households in the Eastern Health region experienced food insecurity compared to 7.8% of households in Newfoundland and Labrador, and 9.4% of households in Peer Group C¹³ (Table 2). In 2011/2012, Newfoundland and Labrador had the lowest food insecurity of any province or territory in Canada⁹.

Residents of the Eastern Health region who reported being food secure were more likely to perceive their health as being excellent or very good (61.3%) compared to residents who reported being food insecure (45.7%; Table 2). The same trend was seen with Newfoundland and Labrador (Table 2).

⁸ A household refers to a house and its occupants, either a person living alone or a group of persons such as a census family, two or more families, or a group of unrelated persons.

⁹ Statistics Canada, *Health at a Glance. Food Insecurity in Canada*. Retrieved November 4, 2015, from <http://www.statcan.gc.ca/pub/82-624-x/2015001/article/14138-eng.htm#n3>

¹⁰ Tarasuk, V., Mitchell, A., Dachner, N. Household Food Insecurity in Canada. (2013). *PROOF*. Retrieved November 18, 2015, from <http://nutritionalsciences.lamp.utoronto.ca>

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

¹² Tarasuk, V., Cheng, J., de Oliveira, C., et al. (2015). Association between household food insecurity and annual health care costs. *CMAJ*, 187(14), E429-E436.

¹³ Peer Group C is a group of health regions in Canada with similar socio-economic and demographic characteristics to that of Eastern Health.

Table 2: Percentage of the population, aged 12 years and older who reported excellent or very good perceived health, by food security status, Eastern Health region and Newfoundland and Labrador, 2011/2012

Food Security Status	Perceived Health Excellent or Very Good (%)	
	Eastern Health	Newfoundland and Labrador
Food Secure	61.3%	61.5%
Food Insecure	45.7% ^E	44.2%

Source: Canadian Community Health Survey, Share File, 2011/2012

The breakdown of food insecurity data by family type, education, and income level is shown in Table 3 for Newfoundland and Labrador and Peer group C. This breakdown was not available for the Eastern Health region.

Food insecurity in Newfoundland and Labrador was greater in lone-parent family households (18.5%) than in couple family households (5.0%; Table 3)⁹. Female-led, lone-parent family households in this province were almost four times more likely to experience food insecurity than couple family households (Table 3). Data from Peer Group C showed a similar trend. Eastern Health, provincial, and peer group data for male-led, lone-parent family was too variable to present. However, according to national data, 10% of male-led, lone-parent families experienced food insecurity compared to 19.5% of female-led, lone-parent families (data not shown).

Food insecurity decreased as income increased. In Newfoundland and Labrador, 19.8% of households with an annual income of less than \$30,000 experienced food insecurity compared to 6.3% of households with an annual income in the next income bracket (\$30,000-\$59,999). The same trend was seen with Peer Group C (Table 3).

The percentage of households experiencing food insecurity also decreased with increasing levels of education. In Newfoundland and Labrador, approximately 10% of households, where the highest education level of a household member was less than high school, experienced food insecurity. In contrast, food insecurity was only 6.3% for households where the highest level of education of a household member was post-secondary (Table 3).

Table 3: Percentage of households' experiencing food insecurity, by family type, income level, and education level, Eastern Health region, Newfoundland and Labrador, and Peer Group C, 2011-12

		Eastern Health	Newfoundland and Labrador	Peer Group C ¹³
Family Type	Overall	7.9%	7.8%	9.4%
	Couple Families (%)	–	5.0% ^E	5.3%
	Lone-Parent Families (%)	–	18.5% ^E	19.4% ^E
	Female Lone-Parent	–	19.0% ^E	21.0% ^E
	Male Lone-Parent	–	–	–
Income	<\$30,000	21.3% ^E	19.8%	22.7%
	\$30-59,999	–	6.3% ^E	7.3% ^E
	\$60,000+	–	–	2.0% ^E
Education	< High School	–	10.3% ^E	12.9%
	High School	–	–	8.7% ^E
	Post-Secondary	6.6% ^E	6.3% ^E	7.9%

Source: Canadian Community Health Survey, Share File, 2011-12.

E = Data with a coefficient of variation from 16.6% to 33.3% were identified with an (E) and should be interpreted with caution.

“–” = Data with a coefficient of variation greater than 33.3% were suppressed (–) due to extreme sampling variability.

Most food banks provide up to five days' worth of food to individuals and families in need¹⁴. The type of people who use food banks are diverse but share a common problem – they struggle to put food on the table. Food Banks Canada uses the month of March as a snapshot to capture food bank usage across Canada each year.

There were 35 food banks in Newfoundland and Labrador who reported into the HungerCounts survey¹⁵ in March 2015; 17 food banks were located within the Eastern Health regional boundary and were referred to as the Eastern District¹⁶. Food banks in the Eastern District served approximately 90% of all individuals and 84% of all households assisted by food banks across the province (Table 4). In March 2015, 22,616 people in the Eastern District were assisted by food banks (Table 4), down 7% from 2014. Although there has been a consistent overall reduction in food bank use in Newfoundland and Labrador since 2010, 38% of province-wide food banks, and 29% of food banks in the Eastern District, observed an increase in use^{17,18}. Food banks, in the Eastern District, provided services to approximately 7% of the population in the Eastern Health region. Approximately, 4.8% of the provincial population was assisted by food banks, the second highest level in the country¹⁷.

In the Eastern District, lone-parent families had the greatest food bank use (37%), followed by single person households (27%), two-parent families (25%) and couples with no children (11%; Table 4). The Eastern District had the lowest percentage of single persons and the highest percentage of single parents accessing food banks of any province in Canada¹⁸. The same trend was seen for Newfoundland and Labrador.

In March 2015, 71% of food bank users received social assistance, 71% lived in social housing, and 38% were under 18 years of age¹⁸. Nearly three times more food bank users in the Eastern District lived in social housing than any other province. The same was seen for Newfoundland and Labrador. Approximately, 9% of food bank users in the Eastern District were working¹⁸.

¹⁴ Food Banks Canada. *HungerCount 2013: A comprehensive report on hunger and food bank usage in Canada, and recommendations for change*. Retrieved from <http://www.foodbankscanada.ca/FoodBanks/MediaLibrary/HungerCount/HungerCount2013.pdf>

¹⁵ The HungerCount survey is an annual national survey that collects information on food bank, soup kitchen and other food program use across Canada.

¹⁶ The Community Food Sharing Association supports 54 food programs in St. John's and their reported data included all those programs.

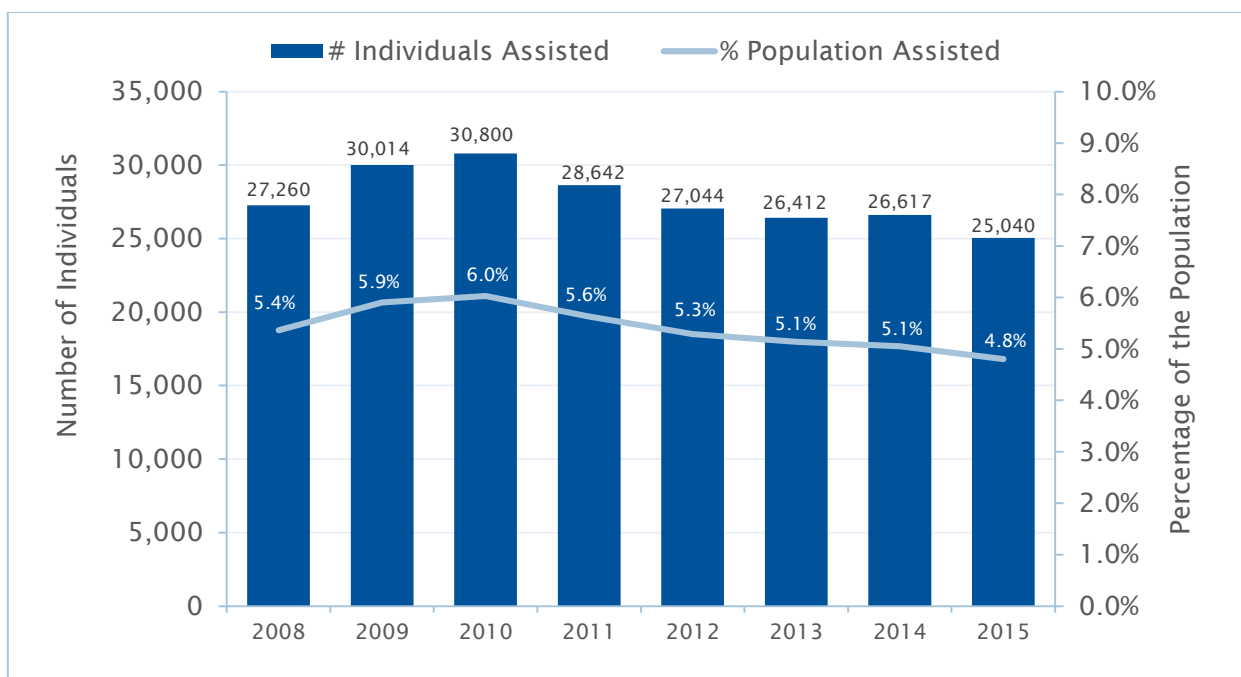
¹⁷ Food Banks Canada. *HungerCount 2015: A comprehensive report on hunger and food bank usage in Canada, and recommendations for change*. Retrieved from https://www.foodbankscanada.ca/getmedia/cd7534f7-e411-4aed-bbe4-ea72e791dfd6/HungerCount2015_singles_1.pdf.aspx?ext=.pdf

¹⁸ Food Banks Canada. *HungerCount Survey, 2015*, personal communication, Feb 25, 2016.

Table 4: Food bank usage, Eastern District and Newfoundland and Labrador, March 2015

	Eastern District	Newfoundland and Labrador
Number of Individuals	22,616	25,040
Number of Households	7,313	8,725
Two-Parent Families (%)	25.0% (n=1,828)	24.4% (n=2,129)
Lone-Parent Families (%)	37.0% (n=2,706)	35.0% (n=3,054)
Couples with No Children (%)	11.0% (n=804)	11.2% (n=977)
Single Persons (%)	27.0% (n=1,975)	29.4% (n=2,565)

Source: HungerCount Survey 2015, produced by Food Banks Canada

Figure 4: The number and percentage of the population assisted by food banks, Newfoundland and Labrador, 2008-2015

Source: HungerCount 2015: A comprehensive report on hunger and food bank usage in Canada, and recommendations for change. Food Banks Canada

Please note: The most recently available data as of February 2016 was included in this report.