
Food Insecurity Amongst Rural Seniors: An Exploratory Study in Huron, Perth, Bruce and Grey Counties

Key Findings from County and Stakeholder Analyses

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Project Overview:

During the summer of 2019, a research team worked in Southwestern Ontario to investigate Food Insecurity and Rural Seniors Living Independently. Professor Al Lauzon and Valencia Gaspard of the School of Environmental Design and Rural Development, University of Guelph, supervised two local students, Emma Warren from Listowel (a second-year medical student at Trinity College in Dublin) and Valerie Steckle from Zurich (an MSc Global Health student at McMaster University) as they worked on the research project. The study team interviewed healthcare professionals, service providers, home care staff and public health/government officials to determine the barriers that prevent seniors from accessing nutritious meals in Huron, Perth, Grey, and Bruce Counties.

We aimed to speak with 5 healthcare professionals, 5 service providers, 5 home care staff, and 5 public health/governance officials from each county (for a total of 80 interviews). By July 2019, a total of 76 interviews were successfully conducted. This included 17 healthcare professionals, 19 home care staff, 20 service providers and 20 public health/governance officials. Data collection was limited in Grey County, where only two healthcare professionals and four home care staff could be recruited. As a result, sixteen of the twenty originally planned interviews were successfully conducted.

After completing and transcribing the interviews, Valerie and Emma used online software (Dedoose) to code and analyze the data. Transcripts were analyzed based on county and stakeholder group (for a total of 8 analyses). This document contains summaries of the key trends for each county and stakeholder group. Readers will note that some themes are common amongst different counties and stakeholder groups, while others are unique to only one or two.

Emma and Valerie would like to thank the OMAFRA/University of Guelph partnership for funding this research project. This work would not have been possible without the exemplary supervision of Dr. Al Lauzon and Dr. Valencia Gaspard. We would also like to thank Gateway Centre of Excellence in Rural Health (CERH), a local not-for-profit organization that aims to improve the health and quality of life of rural residents through research, education and communication. Through the partnership between Dr. Lauzon and Gateway CERH, Valerie and Emma were able to complete the project locally at the Gateway office in Goderich. We would also like to extend a special thank you to Gwen Devereaux, Dan Stringer, Jay McFarlan, Dr. Barb Matthews, and Heather Klopp for their assistance with participant recruitment. Finally, thank you to all of the individuals who took the time to participate in the project. We hope you find the results interesting! If you have any comments or questions, please do not hesitate to contact Dr. Al Lauzon at allauzon@uoguelph.ca.

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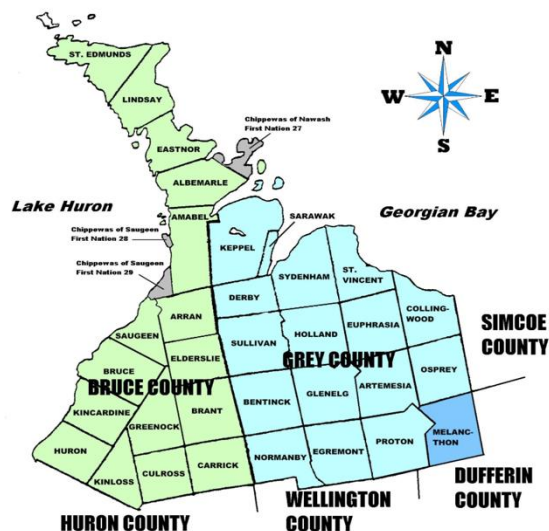
Bruce County

Towns/Villages: Kincardine, Wiarton, Port Elgin, Southampton, Tobermory, Lions Head, Walkerton, Sauble Beach, Ripley, Lucknow, Paisley, Chesley Mildmay, Teeswater

- Bruce County is home to two First Nation communities: the Chippewas of Nawash Unceded First Nation and the Saugeen First Nation.
- Bruce County is a premiere destination for many seniors who are looking to retire in picturesque communities alongside rocky peninsula shorelines and sandy beaches. However, when seniors move to retire, they are more likely to be distanced from their support networks, and left socially isolated.
- Bruce County has one of the lowest tax rates in Ontario, which it uses as an incentive to recruit Ontario residents to settle in the area. However, taxation is necessary to fund public services, and the low tax rate is resulting in a service deficit.
- People retiring to luxury houses are driving up housing costs and pricing the lower income residents out of communities.

Food costs in Northern communities are higher than their Southern counterparts, due to the physical isolation and the resulting travel costs. As such, many people on First Nations reserves cannot afford to buy food, especially perishable fresh produce such as fruits and vegetables. Both of the First Nation reserves are located 30 km from the nearest town, and 130 km from the nearest city centre. Low educational levels exacerbate the food security issue, and many are forced to resort to highly processed foods (which are more easily preserved), or more affordable food alternatives, which have low nutritional value¹. *“A lot of food is fast food - preserved, canned or prepackaged because it is cheap and goes a long way”* (Interviewee).

Over the centuries, the nutritional circumstances of populations have dramatically changed. In the past, people lived hunter gatherer lifestyles, eating wild seeds, grasses, and nuts; seasonal vegetables; roots and berries. However, currently, many Indigenous people live on reserves, and are classified as low-income¹. The foods that they’re able to access and afford are often processed, and high in calories, fat and carbohydrates. As a result, there’s a high rate of obesity and diabetes. *“The biggest challenge [on First Nation reserves] is managing chronic disease”* (Interviewee). To combat the diabetes epidemic, the federal government subsidizes a Good Food



Box filled with fruits and vegetables. The Good Food Box is provided once per month, and costs \$12 if the individual is diabetic, and \$20 if the individual is not. However, there are many barriers to improving food security for elders on First Nation reserves, and many are logistical. For example, the federal government provides private mileage for residents to travel to grocery stores. However, elders often do not have access to their own vehicle and mobility buses are hindered by a lack of volunteer drivers.

The participation of elderly individuals in society is frequently seen as a marker of dynamic and healthy aging and research indicates that social supports have a strong protective effect on health¹. Seniors, however, are among the most at-risk demographics for loneliness and social isolation¹. This may be due to a number of factors such as the increased likelihood of living alone, the death of family members or friends, retirement or poor health. Current trends suggest that seniors prefer to age in their homes, so the issue of social isolation is extremely important. *“Seniors who live in Grey or Bruce County may have less support than seniors in Perth or Huron County because of the high tourist population in Grey/Bruce. If retirees relocate to Bruce County, they are often left without family in the area”* (Interviewee). Many elderly people have a reduced social network because they have outlived family members and peers. *“Older adults in our area are an interesting group because there is a large population that comes here to retire. When they come in, they often come with a fair amount of financial capital but not a lot of social capital... If they lose a spouse or become sick, they don’t have the social capital that would be needed to ensure food is present/have food security”* (Interviewee). The lack of social capital, combined with the paucity of public transportation, and forfeiture of a driver’s licence, isolates seniors and contributes to their loneliness and immobility. Seniors in rural communities are profoundly at risk and often have heightened transportation issues during the winter when snow and icy roads can prevent supportive help (i.e. personal support workers) and family from arriving. The World Health Organization has identified transportation as a determinant of health because of the ways in which it shapes individuals’ independence and access to resources². Transportation issues presented themselves in almost all interviews, and when it is viewed as an access issue, it becomes even more important to this population. Programs for seniors (such as adult day camps, or caregiver respite programs) will be ineffective if seniors cannot access them.

Ultimately, *“there is a paucity of services in small towns [in Bruce County] and people are very limited with the activities they can participate in. That makes the frail elderly more vulnerable to food insecurity and social isolation in general”* (Interviewee). Interviewees suggested that the service deficit is a function of the low property tax rate in Bruce County. *“Politicians and upper/middle class citizens would rather donate to a food bank than increase tax rates”* (Interviewee). However, food banks are a band aid solution and address the symptoms rather than causes of food insecurity. Moreover, food banks rely on donations, and given the overwhelming demand for their services as well as their limited supply, food banks ration how much they provide to clients, often restricting services to a once-a-month hamper. The mandate to provide identifying information, and the associated stigma, also prevents many from accessing food aid services. National statistics indicate that only one in four hungry Canadians use food

banks¹. Henceforth, food banks provide temporary relief to individuals but do not help resolve the deeply rooted social issues such as affordable housing, employment, and access to social supports that are connected to food insecurity.

A 2005 housing assessment showed that the population of Bruce County is aging steadily, and the number of seniors is increasing throughout the area. However, despite this increase, very little new housing has aimed to meet the growing range of needs among these seniors³. Many seniors on a fixed income have few housing options. Stakeholders identified that many senior homeowners are faced with increasing utility and maintenance costs, but have insufficient incomes to meet these costs. Additionally, increasing physical difficulties impair aging seniors from coping with the demands of homeownership. *“About 60% of affordable housing units (i.e. 420 units) are occupied by seniors. This statistic shows the predominance of low-income seniors in Bruce County” (Interviewee)*. Worsening the housing situation are wealthy residents who are buying luxury homes, further driving up the housing costs. *“In Tobermory, 85% of people own their own home and for 65% of these people, this is their second home/cottage” (Interviewee)*.

Bruce County is recognizing that seniors are a vulnerable cohort profoundly affected by food insecurity. Recently, grocery stores in several small towns have closed, forcing individuals to travel up to 25 km (each way) to the nearest food outlet. To combat this issue, the county is working to establish a system of mobile food trucks to deliver food to isolated communities. Bruce County government and public health officials are also working to collaborate with the Poverty Task Force and with local, grassroots initiatives to link seniors across the county with appropriate services. *“Bruce County is an agricultural area, with an abundance of food produced locally. The problem is harnessing the food to ensure everyone can access what they need” (Interviewee)*.

Emergent Trends:

- Bruce County ranks among the top destinations in Ontario for retirees, and its economy is driven by tourism. However, wealthy seniors retiring in the area are driving up the housing costs, and many seniors are decreasing their food budgets to compensate. Interviewees also suggested that seniors in the area are more prone to social isolation, as they may have moved away from family and social supports to retire in smaller Bruce County communities.
- The geographic borders of Bruce County extend to isolated northern regions. Due to low population density, far distances and the challenges of inclement seasonal weather, services aimed towards addressing food insecurity are often lacking. Service deficits are heightened on First Nation reserves, where communities are struggling with intergenerational trauma and high rates of chronic disease. They are also heightened in and in northern municipalities of Bruce, due to low rates of taxation. Without adequate taxation, money is not available to pay for necessary public services.

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Grey County

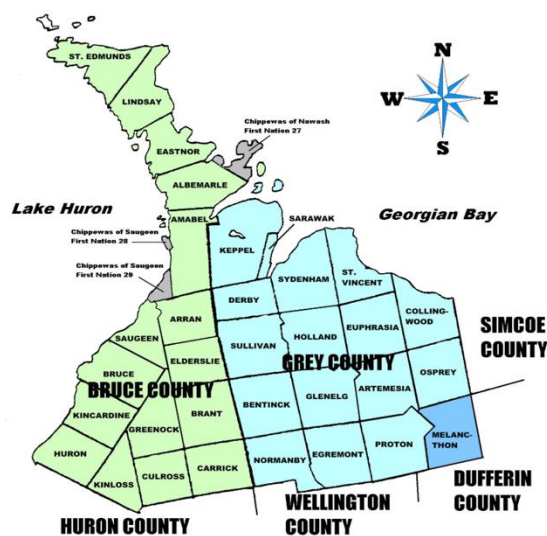
Towns/Villages: Owen Sound, Flesherton, Markdale, Meaford, Durham, Neustadt, Normanby, Hanover, Collingwood, Thornbury, Chatsworth, Dundalk

- Tourism is a central economic driver in Grey County, and many people find careers in the service industry. As such, seasonal work predominates and precarious employment is common. As individuals age and retire, they are left without substantive pensions and have limited retirement savings.
- One of the age cohorts most vulnerable to food insecurity in Grey County is males aged 55-65.
- The vacancy rate in Grey County is only 1.2%, and seniors are struggling to find affordable housing. To meet their shelter needs, many seniors are decreasing their more flexible food budget and are becoming food insecure.

Precarious employment is defined as any work that does not pay well enough to meet basic expenses¹. In the recent decades, Ontario's economy has shifted from manufacturing to service based (i.e. fast food, and retail). The vast majority of new jobs being created are minimum wage service jobs. As a consequence of this shift, more people are either falling out of the middle class and into working poverty or are surviving by taking on multiple jobs. When these individuals retire, they are often left without pension plans or retirement savings, making them vulnerable to food insecurity¹.

"The cost of food is going up and income isn't going up proportionally" (Interviewee).

According to interviewees, the most vulnerable cohort in Grey County is males between the ages of 55-65 who spent their careers doing manual labour in a factory or on a farm, and are now unable to do strenuous work due to physical or situational limitations. These citizens are too young to qualify for government pension plans. *"The 55+ year old man who has worked without benefits his whole life, and has never had dental care, may not have a lot of teeth left and won't be hired in customer service or as front of store staff"* (Interviewee). Thus, unsuited for the retail sector, where the majority of job growth is, these men are facing situations of precarious employment.



The only community in Grey County that offers multiple daily dining programs is Owen Sound. *“Technically, if you lived in the city of Owen Sound, even without a car, you could eat brunch at 10:30am, go over to the homelessness program for toast and a muffin in the afternoon, and then go to the Soup Kitchen for dinner”* (Interviewee). However, seniors in other Grey County municipalities are limited to the weekly, or more commonly, monthly meals hosted by local churches. Interviewees described a 211 call centre that has been developed in Grey and Bruce Counties to help seniors locate and connect with social, health and government services. *“In 2018, 4% of all calls received were related to meal programs”* (Interviewee). 211 keeps an online calendar of where free and low-cost meals can be found every day of the month. However, seniors are often not technologically adept, and have often forfeited their driver’s licences. So, accessing services, even when they know about them, remains a challenge. There is still so much to be done and *“municipalities must work to support intercommunity transportation hubs, and the expansion of meal delivery services to more vulnerable communities”* (Interviewee). Unfortunately, meal delivery services and congregate dining programs have limited funding. This makes it difficult for them to deliver services at full capacity or consider expanding, even though they are highly successful when used. For example, in Holstein (a town *“so small it literally consists of a sign on the highway”*), 63 frail seniors came to the local church for its first congregate dining service in May 2019. *“There are pockets of hunger even in the smallest communities”* (Interviewee).

Due to the minimum wage increase in 2018, the prices of meal delivery services in Grey County have increased. Moreover, in rural areas, local restaurants are often contracted to prepare meals, but these restaurants have a high overhead. These realities are affecting program accessibility, and *“for the first time in the last ten years, seniors are unable to afford the Meals on Wheels program”* (Interviewee). Some interviewees also discussed how low-income seniors are getting “priced out” as grocery stores and restaurants undergo gentrification to cater to the higher income populations that are moving into communities surrounding Georgian Bay. This is also exacerbating the housing crisis in Grey and Bruce Counties.

Housing is typically considered affordable if housing-related expenses account for less than 30% of the household budget. In Grey County, a quarter of renters spend half of what they make on shelter and utilities². A number of factors have led to a shortage of affordable housing units in Grey County, including aging housing stock and lack of appropriate unit types in certain areas. These factors are driving seniors to the brink of food insecurity, as they have to choose whether to pay their rent, buy their groceries or keep their power on. *“Seniors are struggling to have the dignity that they think they will have in their older years. The dignity to afford healthcare, housing and food”* (Interviewee).

Currently, 1200 people are on the waitlist for affordable housing in Grey County. To combat the issue, Grey County is supporting the Bruce Grey Poverty Task Force and United Way in lobbying the Ontario government to stabilize utility rates for low-income individuals. In their 10-year plan, Grey County also committed to building 200 new affordable housing units, and renovating 300

houses by 2024². However, the majority of these housing units are being built in small communities, which are far distances from grocery stores.

To make communities more age friendly, Grey County has developed a Council on Aging (COA), which aims to deal with transportation issues, access to care, and housing affordability. The COA is creating a matching community with communal housing options (where highly functioning seniors live with their less able-bodied counterparts).

Ultimately, Grey County has shown a political commitment to tackle food insecurity. The county is currently working to transition to a community food centre, but guidelines require 88,000 people in a radius area before it can be funded.

Emergent Trends:

- The vast majority of job opportunities in Grey County are minimum wage service jobs. When individuals working these jobs retire, they are often left without sufficient retirement savings and become food insecure. Males aged 55-65, who are physically unable to work are the most vulnerable.
- The shortage of affordable housing units in Grey County has caused many seniors to become food insecure as they have to choose whether to pay their rent, buy their groceries or keep their power on.
- As more high income individuals move to Grey County to purchase their second homes, shops are becoming gentrified and seniors are getting priced out.

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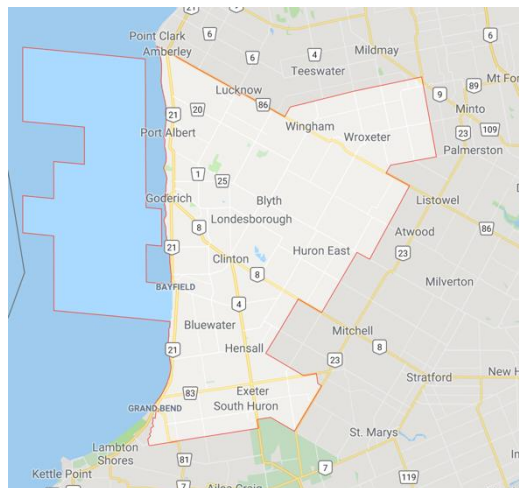
Huron County

Towns/Villages: Goderich, Exeter, Seaforth, Brussels, Clinton, Bayfield, Wingham, Amberly, Blyth, Walton, Zurich, Wroxeter

- Although Huron County is home to many wealthy retirees, there are also many seniors who are strictly dependent on their Canadian Pension Plan/Old Age Security and have trouble affording groceries.
- Seniors face barriers to procuring food from grocery stores due to factors at the individual (ex. low mobility, lack of drivers' licence or car) and community levels (i.e. lack of public transportation, expensive and widespread taxis).
- There were 17,626 visits to Huron County Food Banks in 2018, and 10% of clients were seniors.

Huron County is a vibrant community located along the shores of Lake Huron. The area is well known as an agricultural powerhouse and represents Ontario's most agriculturally productive county. Census data from 2016 show that the value of agricultural sales in Huron County was over \$1.2 billion – about the same as all counties in Central Ontario, combined¹.

Additionally, Huron County currently has one of the lowest unemployment rates in the province, with only 4% of citizens relying on governmental employment insurance. The Huron County Economic Development Committee has recently declared an immediate labour shortage in the region because employers cannot find people to work¹. Given the role of Huron County as a leading food producer for people all across Canada and the plentiful opportunities for employment, it may seem surprising that food insecurity is an issue in the region. However, for senior citizens in Huron, there are various factors contributing to food insecurity that are beyond labour economics.



In our interviews, we found that the primary factor contributing to food insecurity amongst Huron County seniors was a lack of available funds to purchase healthy foods. This is primarily due to pensions that have not kept up with the inflation of food and housing costs over the last decade. *“Housing, fuel, heating, food costs... pensions aren't rising to the same percentage, so*

pension money is not going as far” (Interviewee). Interviewees also discussed how some seniors held jobs throughout their working years that did not pay a high wage or offer a pension plan, which restricted their ability to build a “nest egg” to supplement their pension plan. This, coupled with high food costs in rural areas, restricts seniors’ ability to afford healthy foods and makes them vulnerable to food insecurity. *“Because it’s rural, the grocery stores are quite expensive. Most towns have one grocery store. There’s nobody for them to compete against. This is especially an issue for those who can’t get out of town to another store” (Interviewee).*

Food access was also a key issue discussed during interviews. Geographically, Huron County is primarily composed of farms, hamlets and villages, which can be food deserts without a nearby grocery store². Interviewees identified that people without access to a vehicle or a driver’s licence are especially limited in their ability to access grocery stores, because there is no public transportation. Many noted that while taxis and private transportation services are somewhat available, they are often cost prohibitive. *“Travel and food are two big issues because of the financial situation and the living situation. The fact they don’t have any family around to help them get somewhere. If they had more money, they could hire a taxi, but even in that case, it’s so far spread” (Interviewee).*

Mobility was another a key issue discussed by stakeholders, with many touching on the idea that *“Age is not the determining factor – it is frailty” (Interviewee).* Frail seniors have trouble walking, carrying groceries, and doing tasks associated with meal preparation when they do not have additional support. Some interviewees suggested grocery delivery services as a solution to this problem. While some seniors can rely on neighbours, family and friends to take them to the grocery store, or deliver groceries to their house, or prepare meals for them, some are not as fortunate.

Social isolation is a key issue in the senior population, and without a wealth of personal connections, people can have a hard time procuring food, preparing food, and eating. *“Being socially isolated has the same mortality risk as being a smoker. We need more senior-friendly strategies” (Interviewee).* Seniors living alone often experience a lack of motivation to prepare nutritious meals for themselves, especially those who are widowed. *“When a spouse passes away, they cook less. They buy food that is ready for them. For a lady whose husband has died, she feels like there is no point in making meals anymore because it’s too much to eat for one person. For the man who lost his wife, it’s common that they never had to cook for themselves before, so they also have a hard time” (Interviewee).*

Meals on Wheels was discussed as an important service that sees hot, nutritious meals delivered to the doorsteps of seniors. However, it was clear from many stakeholders that the social aspect of eating is still a large barrier in Huron County. Congregate dining programs (ex. Dining for Seniors) do exist, but these are challenging to access for seniors with low mobility or cognition. It

was suggested that socially isolated, low mobility seniors in Huron could benefit from more in-home social programming. A program called Lonely No More was discussed as an example of a program targeting social isolation amongst seniors with low mobility, although this program is not specifically related to the issue of food security. *“Lonely No More was a cool project that some of my patients enjoyed. They weren’t able to go out, but they did like that they could call in” (Interviewee).*

Home care was discussed as a means to help seniors age in their homes and maintain independence. Some stakeholders suggested that home care in Huron is very prescriptive, and support is only assigned for specific tasks for a set number of hours per week, meaning that it is difficult for seniors to access home care for the purpose of meal preparation or socialization. *“Home care in our area is very prescriptive. You can qualify for x minutes per week for x activity... seniors need help with more than bathing and dressing. It’s hard to make home care work individually for each patient. There is a big PSW shortage, so lots of people wait 3-5 months for a PSW, which is not suitable for frail people” (Interviewee).*

Home and community care services are currently provisioned by Ontario’s Local Health Integration Networks (LHINs). The LHINs are responsible for deciding who receives government subsidized home support, the level of care they need, and for how long³. Home care workers in Huron County said that meal preparation was part of their duties for some of their senior clients, but it was not the primary purpose for their visits. Most stakeholders suggested that seniors do not have enough subsidized home care available to them, especially for meal support. This most negatively impacts seniors without family in the area. For those with family in the area to serve as caretakers, a lack of respite services was identified as a key issue contributing to caregiver burnout. *There’s a lack of respite care in our community. Caregivers need relief... Respite care in long-term care facilities allows you to check your loved one in for a week or weekend so you can get a break from caregiving. It is hard to get a bed organized in our community for that” (Interviewee).*

A final point that was commonly discussed by Huron stakeholders was that seniors lack an understanding of the importance of healthy eating. *“People have heard a lot of different things about what they should or shouldn’t be eating. Dr. Oz, the news... It’s rare to have someone who has a good understanding of what they should be eating” (Interviewee).* Stakeholders identified the importance of dietitians in promoting healthy eating amongst seniors through educational initiatives. However, access to a dietitian is a current barrier in many healthcare clinics, because funding for an in-house dietitian is contingent on the type of clinic model. *“A lot of places don’t have a dietitian... if people don’t have that, who are they going to learn from? Family health teams may have a dietitian... lots of diabetes teams have a dietitian. But the average family doctor in full practice? There’s no access to dietitian that way. There’s often an out of pocket cost that way, which would deter people from wanting to see one” (Interviewee).*

From these interviews, it is clear that stakeholders in Huron County view food insecurity amongst seniors as an issue of both healthcare and rural development. On the healthcare side, better access to dietitians and more home care support would allow for more nutritional education, support with meal preparation, and social interaction related to eating. On the rural development end, there is a need for innovative transportation options that are financially accessible to low-income seniors and physically accessible to low mobility seniors.

Emergent Trends:

- Difficulty affording healthy foods is a primary factor contributing to food insecurity amongst Huron seniors. This is due to a lack of finances as well as high grocery prices in some rural areas.
- Socially isolated seniors do not have personal support from family and friends to help them with meal preparation or to eat with them, both of which contribute to food insecurity. More home care services could help Huron seniors to be more food secure and less socially isolated.
- Greater access to dietitians could increase health monitoring from a nutritional perspective, and help educate seniors about the importance of diet in maintaining good health.

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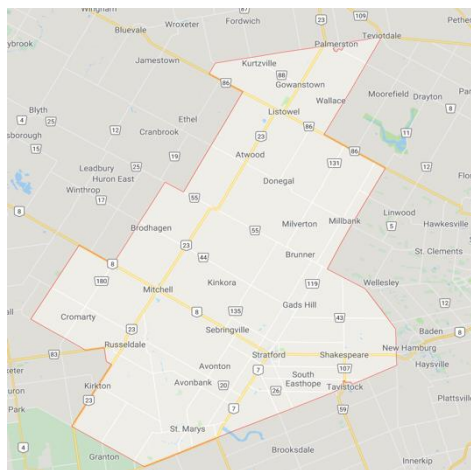
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Perth County

Towns/Villages: Listowel, Atwood, Monkton, Gowanstown, Sebringville, Avonton, Kirkton, St. Mary's, Shakespeare, Milverton, Millbank, Mitchell, Dublin, Stratford

- Seniors in Perth County are at a substantial transportation disadvantage.
- Many Perth County residents are living below the living wage, and retire without sufficient savings.
- The premiere economic driver in Perth County is the agricultural industry. However, many farmers do not have retirement savings or pensions as they age.
- Perth County is home to one of the largest Old Order Amish populations in Canada and the community's rejection of modern conveniences leaves them vulnerable to nutritional deficits.

Perth County is one of Ontario's most productive agricultural regions and is comprised of more than 200,000 hectares of prime agricultural land. The agricultural industry accounts for 16% of the county's labour force, generates \$730 million in cash farm receipts and employs over 4000 people annually¹. When agricultural workers retire, however, they are often without formal retirement or succession plans. By nature of their employment, farmers are protected from food insecurity during their working years. However, as they become physically unable to harvest their own food, they can become vulnerable to food insecurity.



In Perth County, the majority of interviewees believe that *“income drives and underpins a lack of access [to healthy food]”* (Interviewee). An estimated 9% of Perth County residents, or about 7000 people, are living with food insecurity². When these individuals retire, they have no savings and often struggle to survive off of Ontario's Disability Support Plan (ODSP), Old Age Security (OAS) or the Canadian Pension Plan (CPP). For example, recipients of ODSP receive only \$12,000 to \$14,000 a year in benefits (based on family size, age of dependants, geographic location, and the individual circumstances of the applicant). In contrast, OAS pensions are determined by how long you have lived in Canada after the age of 18 years. The OAS program provides a base upon which individuals can add income from other sources (i.e. CPP, personal savings or retirement pensions). The OAS program also provides a Guaranteed Income Supplement (GIS) to low-

income residents³. The public consensus, however, is that old age and/or disability supports are not enough to live on, especially given the current housing crisis in Ontario (and the meagre monthly rental allowance of \$500 to \$600 a month³). *“My standpoint is that no number of food banks or meal programs are going to be able to lift people out of food insecurity. It is an income issue. We are fooling ourselves to say that amount of support is pulling someone out of food insecurity” (Interviewee)*. Thus, there is a need to reform social assistance rates, and both economists and government officials have previously proposed replacing provincial social assistance with a guaranteed basic income³. However, for seniors, the difficulty is *“how do you ensure income security for those who are not in the workforce?” (Interviewee)*.

As seniors age they face physical, mental, and economic limitations, which are exacerbated in rural areas when personal vehicles are the primary, and oftentimes only mode of transportation. This is the case in Perth County because only the city of Stratford has public transportation. Seniors in rural regions view cars as a symbol of personal freedom. For many seniors, the loss of a licence signifies a loss of autonomy, as well as independence, and it can even compromise quality of life (leading to social isolation or increased elder abuse)⁴. To satisfy their personal and social needs, seniors in Perth County may continue to operate personal vehicles despite being physically or cognitively unfit. Unsurprisingly, many Perth County healthcare professionals said that a lack of public transport leads seniors to continue driving beyond the point when it is safe for them to do so. Interviewees from Perth County also raised the issue of farm safety, as *“many seniors still have vehicular access in an agricultural setting when their licence is taken away” (Interviewee)*.

Declining social ties and children leaving rural areas to seek educational and employment opportunities may also limit seniors’ ability to receive rides and necessitate innovative transportation solutions. Economic factors also limit seniors’ access to transportation. Many seniors rely on limited or fixed incomes, and the cost of owning and operating a personal vehicle can be unaffordable. *“Smaller communities have mobility buses, but they are costly” (Interviewee)*. *“Taxi services are also expensive, difficult to access, and there are very few taxis to service a large population” (Interviewee)*.

Without reliable access to transportation, seniors in Perth County often shop in bulk. Shopping in bulk, however, makes it much more difficult to buy fresh produce (because it will expire). Thus, canned goods (including fruits and vegetables) are commonly purchased as an alternative to fresh foods, but these items are often rich in sugar and/or salt.

Additionally, Perth County is home to one of the largest Old Order Anabaptist settlements in the nation. From the time the Old Order Amish migrated to this region in the early 1800's, attempting to escape persecution and preserve their cultural practices, they have been inseparably tied to agriculture. Their distinctive socio-religious beliefs and practices, including their desire to remain separate from the larger society, has resulted in a unique constellation of atypical risk factors. The Old Order Amish do not have hydro, and thus cannot buy large

quantities of fresh food (because they cannot refrigerate items). The Old Order Amish always butcher, and grow the majority of the foods they consume, but rely heavily on salt-rich preservation processes. *“Salted meat curing predominates and thus, the nitrate and the sodium intake [in Perth County seniors] is very high, with bologna, salami, and ham being the main meat sources” (Interviewee).*

Improving transportation options could help to limit social isolation, improve health outcomes, and allow seniors to stay in their homes longer (which in turn, can reduce healthcare costs). Health care specialists, service providers and all levels of government must develop creative solutions to address the paucity of transport in Perth County. Possible solutions could include subsidized shuttle services for seniors, or scheduling unused school buses for weekly grocery or shopping runs for seniors⁵. Some small communities within Perth County have subsidized transport options for seniors that are funded by local grocery stores. In the last eighteen months, a monthly mobile market has also begun, which is funded by the Local Community Food Centre in Stratford. The monthly mobile market travels to rural areas in Perth County, and provides subsidized food options.

Ultimately, to mitigate the negative consequences of food insecurity in Perth County, income security must be ensured, and there must be an increased investment in public services. The challenge with providing services in Perth County is *“trying to be cognizant of dignity while still providing support” (Interviewee).*

Emergent Trends:

- Perth County is one of the largest and most productive agricultural communities in Ontario. The agricultural industry employs 4000 people, and endows them with the skills, support and income to purchase or grow their own food. However, when farmers retire, or become physically unable to grow their own food they are often vulnerable to food insecurity (left without a pension or retirement savings).
- An estimated 9% of Perth County residents, or about 7000 people, are living with food insecurity². When these individuals retire, they have no savings and struggle to survive off Ontario's Disability Support Plan (ODSP), Old Age Security (OAS) or the Canadian Pension Plan (CPP).
- There is a paucity of public transportation in Perth County. The transportation deficit arises as a function of income, limited social connections, and a lack of public services. To meet their personal and social needs, rural seniors often continue personal vehicle operation (on farms and roads) despite being physically or cognitively unfit.
- The Old Order Amish population is dependent on curing and canning processes that are sodium-dependent. The Old Order Amish harvest their own food, and thus their struggle is not accessing food, but storing food safely without compromising their nutritional requirements.

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Discussion Across Counties

Seniors aged 65 and older account for a large proportion of the population in each of the four counties. Grey County has the largest proportion of seniors (24.1%), while Perth has the lowest proportion (18.6%). Stakeholders made it clear that many factors are implicated in the complex issue of food insecurity amongst rural seniors in Huron, Perth, Grey and Bruce. The primary common factor identified across all four counties was a lack of expendable income to purchase healthy foods. Seniors without retirement savings are solely reliable on government pensions, which are not enough to afford the basic costs of living, especially if they are living alone. Another key factor identified was a lack of public transportation. Across the four counties, the only places with public transportation were Owen Sound (in Grey County) and Stratford (in Perth County). Owen Sound has a population of 22,032, which represents 23.5% of the Grey County population, whereas Stratford has a population of 31,053, which represents 40.4% of the Perth County population (Table 1). The proportion of seniors living in Stratford and Owen Sound is similar to the proportion of the total county population that lives in these cities (Stratford: 44.9% vs. 40.4%, Owen Sound: 24.0% vs. 23.5%).

	Huron	Perth	Grey	Bruce
Total Population	59,297	76,796	93,830	68,147
Total Senior Population (65 and over)	13,455 (22.7%)	14,320 (18.6%)	22,630 (24.1%)	16,075 (23.6%)
Urban Population*	0 (0.0%)	31,053 (40.4%)	22,032 (23.5%)	0 (0.0%)
Senior Urban Population	0 (0.0%)	6,425 (44.9%)	5,435 (24.0%)	0 (0.0%)

*Huron and Bruce were excluded as there are no urban settlements or public transportation in either county

Table 1) Comparison of total population, total senior population, urban population, and senior urban population across Huron, Perth, Grey and Bruce Counties. Percentages for total senior population and urban population are expressed as a proportion of the total population. Senior urban population is expressed as a proportion of total senior population. Table created using data from the Statistics Canada 2016 Census.

For the majority of seniors living outside of urban areas, transportation is a key issue that impedes access to grocery stores and other sources of nutritious foods. They often must rely on expensive private transportation services or family and friends if they cannot drive themselves. Stakeholders from all counties identified that socially isolated seniors are most vulnerable to access issues because they cannot rely on social supports to help in accessing stores or services in nearby towns/cities.

There were clear distinctions between Grey-Bruce and Huron-Perth in terms of economic characteristics. In Grey-Bruce, the economy is primarily driven by tourism, whereas the economy

is primarily driven by agriculture in Huron-Perth. Grey-Bruce stakeholders discussed that people who spent their careers working in the service industry may have had low paying jobs that did not allow them to save for retirement. Stakeholders also discussed that wealthy seniors are coming from urban regions of Ontario to retire in Grey-Bruce. While Huron County is also located along the coast of Lake Huron, an influx of wealthy retirees to the area was not a trend discussed by Huron stakeholders. Retirees are often attracted to Grey-Bruce by the beautiful landscapes and low property taxes. These factors have consequences for low-income individuals in the region, as housing is becoming less available and more expensive. For some, this extra spending on housing, coupled with high food costs, results in an inability to afford foods.

Stakeholders in Grey-Bruce talked at length about Ontario 211, a free helpline that connects people to local community, health, and social services. They noted that Ontario 211 has an online calendar showing where free and low-cost meals are offered every day. Although Ontario 211 is also available and documents services in Huron-Perth, none of the stakeholders from this region mentioned it when discussing local services. Some interviewees in Huron-Perth discussed that it would be great to develop a list of all the aid agencies and services offered in the region, information that is already accessible through Ontario 211. Fragmented and duplicated services were identified as challenges in both Grey-Bruce and Huron-Perth. Ontario 211 is an excellent resource that stakeholders from aid agencies could utilize to help inform the provisioning of services. By increasing awareness of what is available from other organizations in the community, duplication of services can be avoided and limited resources can be used more efficiently. Furthermore, stakeholders from public health/governance, aid agencies, healthcare, and home care could help to increase awareness of Ontario 211 amongst their senior clients.

Healthcare Professionals

Interviewees: Nurse practitioners, dietitians, registered nurses and physicians

- The degree of social history taking varies among different healthcare providers.
- Rural seniors are stoic and often not forthcoming about their physical or cognitive health for fear of losing independence.
- Universally, healthcare providers believe that food insecurity is a complex issue, and there are more food insecure seniors than “anyone knows”.

To gain the perceptions of healthcare stakeholders, we spoke with 17 healthcare professionals across the four counties. All interviewees worked with senior patients as part of their career in a healthcare setting, which was predominantly in primary care. This included individuals from family health teams, community health centres, and private medical practice.

Many healthcare stakeholders openly discussed the challenges they face when caring for senior patients. Most often, interviewees discussed a lack of care coordination within the healthcare system as a pertinent issue. *“I work independently, and it limits the amount of case management that I can provide. I don’t have a team of professionals to deal with the concerns as they come in”*

(Interviewee). This included things such as a lack of home care services for senior patients, extensive waiting lists for long-term care, and a lack of available respite care in the local community.

Additionally, access to a dietitian was a key barrier identified by physicians and nurse practitioners. *“We are lucky to have dietitians on board... A lot of places don’t have a dietitian, people may not have that... so who are they going to learn from?”**(Interviewee)*



In Ontario, many dietitian services are not covered by OHIP unless they are provisioned within a community health centre, family health team, or as part of a Diabetes Education Centre in an acute or community care setting¹. Interestingly, we found only nurse practitioners and physicians from community health centres and select family health teams discussed having access to an in-house dietitian for their patients. For those in other family health teams or private practice, linking patients with free dietitian care was sometimes identified as a challenge due to the logistics of referring outside of the clinic.

Both nurses and physicians identified dietitians as important members of an interdisciplinary healthcare team. Of all healthcare interviewees, dietitians most commonly reported discussing diet with their senior patients, and the majority of nurses and physicians said that a large change in weight or health status would be the only indicator to spark an in-depth discussion about diet with their senior patients. Physicians and nurse practitioners noted that time constraints can limit discussions about diet, unless nutritional concern is the primary reason for the appointment. *“If I am seeing the person for weight loss or if they are identified to have malnutrition, we would discuss [diet]... but I probably wouldn’t go into ‘what are you eating’ unless that was the key original issue or a lot of weight loss happened” (Interviewee).*

It has been reported that approximately 20% of all visits to Canadian primary care physicians are for nutrition-related conditions such as diabetes, yet in Ontario, the ratio of dietitians to patients is only 1 per 20,000⁴. Furthermore, recent data from the Canadian Malnutrition Task Force showed that half of all seniors are malnourished upon entry to hospital⁵. Without consistent funding mechanisms to support the delivery of nutrition services as part of primary health care, rural seniors will continue to be negatively impacted by the health consequences of food insecurity.

When discussing barriers to food security amongst senior patients, a lack of expendable income, inaccessible healthy foods, low mobility, and social isolation were identified as key themes. *“Mobility and income are the largest barriers to food” (Interviewee).* When discussing the financial aspect, healthcare providers in Grey and Bruce Counties also highlighted that high food prices are part of the issue, emphasizing, *“grocery stores in small communities are often expensive” (Interviewee).* Access issues that were identified primarily related to a lack of public transportation, high prices of private transportation options, and the reality of seniors losing their driver’s licences with increasing frailty. With declining mobility, seniors become reliant on others to assist them with grocery shopping, and this often includes family members. Multiple stakeholders identified that seniors with small social networks (i.e. lack of family or friends in the area) are especially vulnerable to food insecurity. *“Seniors are especially vulnerable if they do not have their licence anymore, or they don’t have family members in the area to assist them. They often don’t have the access to services that other patient subgroups do, often because of social isolation” (Interviewee).* One healthcare provider also touched on the accessibility issues that frail seniors may face when trying to access local food banks, saying, *“people who access the food banks are higher functioning. I don’t know much about how a frail, cognitively impaired person would go to the food bank to get food. It tends to be higher functioning people who have a car or other transportation to get to the food bank.”*

In addition to mobility, some healthcare providers discussed how other characteristics of health status might contribute to food insecurity amongst seniors. In particular, dietitians discussed

issues related to dental health. One dietitian said, *“Low-income adults can’t afford to take care of their teeth or their teeth are rotting so they can’t eat healthier vegetables and proteins, which are more difficult to chew. Some cannot afford dentures because they aren’t covered by insurance and they cost about \$3000”* (Interviewee). Other healthcare providers identified that a lack of nutritional literacy can be a key barrier to healthy eating amongst senior patients and that many do not have a good understanding of what they should be eating in relation to their chronic health conditions. *“When patients are ill, nutrition isn’t primary priority because they are often nauseous and have food aversions. Patients often don’t understand the connection between diet and chronic disease or wound healing”* (Interviewee).

Another key theme raised by healthcare providers was the concept of stoicism amongst their senior patients. *“Living alone can be overwhelming but seniors are often resistant to change, and balancing their health with their desire to remain independent is challenging”*. Some stakeholders said they felt senior patients may be compelled to hide their problems from their primary care provider, for fear of losing independence. But, without knowing the facts about how patients are managing activities of daily living, providers cannot advocate effectively for the supportive services seniors need to stay in their homes as they age. Stakeholders also discussed how stoic attitudes can prevent seniors from accessing food aid services. One provider simply said, *“Some people are too proud to ask for help, but they do need it”*.

Many healthcare providers also emphasized the importance of taking social histories of their senior patients in order to establish care plans that will work for the individual. However, stakeholders identified that taking social histories can be difficult when senior patients have cognitive decline. One physician said, *“I have several elderly male patients whose licence is gone, who have no kids, and who suffer from dementia. Understanding that these patients do not have the cognition to adequately relay their social situation and also don’t have the family support to access nutritional foods is fundamental to establishing care plans”* (Interviewee). A few physicians discussed that house calls can be especially informative for assessing activities of daily living: *“Doing house calls on the elderly who live alone is one of the best indicators of a senior’s health status... you can check their medicine cabinet, peek in the fridge...”* (Interviewee).

In summary, stakeholders from healthcare primarily framed food insecurity as a health issue throughout their interviews. There was extensive discussion about the challenges of Ontario’s healthcare system, and how senior patients are negatively impacted by limited access to dietitians, home care, respite care, and long-term care. These realities of the healthcare system make seniors more vulnerable to food insecurity as they age at home. Although there are additional factors that need to be addressed, like income insecurity and transportation issues, there is opportunity to improve the food security of rural seniors by improving access to healthcare and home care services.

Emergent Trends:

- Dietitians are often the most well-versed healthcare providers with regards to diet and nutrition, but seniors can face systematic barriers to accessing dietitian services free of charge.
- Barriers to food security can include: lack of expendable income, inaccessible foods/grocery stores (due to far distance or lack of public transportation), low mobility, and social isolation.
- Rural seniors can have stoic attitudes that prevent them from seeking out and accepting help, both from their healthcare providers and food aid agencies.

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Home Care Professionals

Interviewees: Privately and publicly funded personal support workers, occupational therapists, case coordinators and nurses

- There is a critical home care shortage in rural regions.
- Government subsidized home care has strict eligibility criteria, and visits are very prescriptive (focusing on medical and personal care but not the activities of daily living).
- Private home care is available, but it is often cost prohibitive.
- Ultimately, substantial differences exist between privately and publicly funded home care. Privately funded home care workers have more flexibility and are able to provide housekeeping, transportation and meal preparation services.

Home care is often touted as the best way to keep seniors out of hospitals and long-term care facilities, while reducing institutional costs, catering to patient desires and lessening caregiver burden. *“The goal of home services is to treat [seniors] at home and keep patients out of the hospital” (Interviewee).*



However, the critical underfunding of home care in Ontario has resulted in growing waitlists, fewer personal support workers (PSWs) and nurses, higher rates of caregiver burnout and hospital overcrowding. As of 2019, the home care sector receives 5% of the provincial healthcare budget, which equates to \$2.7 billion annually. In Ontario, approximately 28,000 people work in home and community care, providing support to over 730,000 individuals¹. With the home care worker-to-senior ratio being so high, PSWs face challenges meeting the demands required of them. In rural regions especially, PSWs are hard to recruit and retain, often due to the difficulties of distance traveled between clients. There is a *“big PSW shortage and lots of people wait 3-5 months for a PSW”* (Interviewee). Restricted health care budgets and cost-cutting measures have contributed to the undermining of home care credentials and remuneration. Home care is vulnerable to this trend due to privatization and competition in the industry, but also because of society's tendency to undervalue work situated in the home².

Government sponsored home care services are available to all Ontario residents with an Ontario Health Insurance Plan (OHIP) and are organized through Local Health Integration Network (LHIN) Homecare Services. Care coordinators at the LHIN conduct home visits and use a standardized Residential Assessment Instrument (RAI), to scientifically guide the development of a care plan. Once a senior's needs have been identified, they are linked with support services in the home and/or community. However, even when seniors receive government subsidized home care services, they must have a backup system in place because time is not rescheduled if a home care worker cancels or is unable to provide the planned service (i.e. because of illness or inclement weather). Private agencies can be called in for backup, but cost is a limiting factor. The home care eligibility criteria have also become increasingly restrictive over the last decade, and reports have suggested that seniors often have to wait until they are in crisis and admitted to hospital before being matched to home-based services². *"Home care in our area is very prescriptive. You can qualify for x minutes per week for x activity but seniors need help with more than bathing and dressing. It is hard to make home care work individually for each patient"* (Interviewee). With the majority of home care dollars often going to provide care for seniors with complex medical issues in the period following hospital discharge, there are fewer resources to support non-hospitalized seniors with the tasks of daily living (i.e. meal preparation, and grocery shopping). *"I am so broken-hearted by the gaps and the [unmet] needs in our community"* (Interviewee).

Following the 2016 provincial pay raise, time budgets with senior clients have been substantially reduced for government funded nurses and PSWs (Laucius, 2018). *"Home visits are typically only 45 minutes"* (Interviewee). Unfortunately, *"[government funded] PSWs cannot be contracted solely to provide meal support"* (Interviewee). If seniors have several chronic conditions that must be managed, then assisting with meal preparation becomes a secondary task, only done *"out of the goodness of our hearts"*(Interviewee).

In contrast, private nurses and PSWs can be contracted to prepare meals, perform housekeeping tasks, or provide transportation (if insured). *"[Private] caregivers have a 2-3 hour minimum with clients and often see only 1-2 clients per day. Their philosophy is to never rush the client"* (Interviewee). Private services, however, are costly. Cost, and service fragmentation are the two most commonly cited barriers to home care acquisition³. *"A registered practical nurse (RPN) visit costs \$50/hour and a registered nurse visit costs \$70/80 hour. The cost is not dependent on the type of service received, just on the type of nurse who is conducting the visit"* (Interviewee). Private PSW care costs approximately \$35/hour.

Thus, if they are unable to afford private home care, many seniors rely on family or neighbours for informal and unpaid caregiver support. In 2012, 8 million Canadians provided care to a family member or friend with a long-term health condition, a disability or issues associated with aging⁴. However, in rural areas family members may not always be available, as young adults leave to seek education or employment opportunities in more urban centres, or seniors leave family supports to retire in smaller communities. Thus, the seniors that are most vulnerable to food

insecurity are those who are socially isolated, unable to afford private home care, and left waiting for government subsidized support.

Emergent Trends:

- Government subsidized home care is critically underfunded in Ontario, with unfavourably long waitlists. Currently, home care is teetering with the support of private agencies and unpaid family caregivers.
- Government funded home care visits are limited to approximately 45 minutes, while private home care appointments are a minimum of 2-3 hours.
- Private nurses and PSWs can be contracted to prepare meals, perform housekeeping tasks, or provide transportation, while government funded home care is often designated for seniors with complex medical issues.
- Low-income seniors who are waiting for government funded home care and unable to afford private assistance in the interim are vulnerable to food insecurity (especially if they lack family support).

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Service Providers

Interviewees: Food bank employees, private meal preparation/delivery personnel, Meals on Wheels directors, representatives from food distribution centers and local community food centers, food cupboards/food share employees, and soup kitchen directors

- Service providers are attempting to bridge the resource gap through mobile markets, private delivery, subsidized access markets, food banks and soup kitchens.
- The main barriers to service provision are lack of awareness, income, and access.
- Food banks are the primary form of support for food insecure seniors in rural regions, but individuals are hesitant to use services because of the invasive data collection, and the stigma associated with usage.
- Government services are critically underfunded, and service rollout is hampered by a lack of volunteer workforce and public support.

According to the service providers interviewed, a common thread amongst seniors who need food assistance is a feeling of humiliation. *“There is a huge stigma attached to accessing support services and the stigma is worse in a small town, compared to urban areas, because there is less anonymity”* (Interviewee).



Many critics of food banks believe that they only serve to reinforce a social/class-based hierarchy. Food banks consign users to a space that is separate from mainstream society, calling attention to individuals in need. This stigmatizes food bank users and can even discourage people from taking advantage of services, for fear of being identified as poor. *“They do not want families to know they are struggling and without money”*

(Interviewee). *“For every one person who goes to the food bank, there are three others who should go that don’t”* (Interviewee). The personal and financial information that food banks collect about their clients was also described as *“invasive”* by some interviewees, and some stakeholders said that seniors are uncomfortable disclosing this information.

A lack of mobility and/or transportation also prevents many seniors from reaching food banks. Liabilities, as well as concerns about volunteer safety, prevent most food banks from delivering items to clients’ homes. *“There isn’t transportation here and many of our [clients] are seniors using canes to walk, so it’s quite a problem for them to get down to the church hall to receive*

food (at least 2 bags usually) and then make that trip home” (Interviewee). To our knowledge, the Feed My Sheep Food Bank in Bayfield (located in Huron County) is the only food bank within the four counties that delivers directly to clients’ homes. Delivery is possible because of the small user population of this food bank (only 50 people a year). However, several other organizations have recognized the need for more accessible support services. For example, the Huron County Food Bank Distribution Centre (HCFBDC) has piloted a mobile food bank that serves two low-income communities in need of support because they lack both a grocery store and a food bank. *“[There was a] woman in [a small town] who checked herself out of the hospital to get to the mobile food bank because that was her food for the month” (Interviewee).* There is a critical need for grocery stores and supportive services in every community, regardless of size. However, emergency food aid should remain just that; food banks are only meant to provide a one-week supply of food, not replace grocery stores. Unfortunately, food banks are becoming a permanent fixture for low/fixed income seniors, and yet, they don’t address the root causes of food insecurity (i.e. income, and housing). *“[I] feel kind of helpless sometimes, these people worked their whole lives, had a job, and afforded food. Now, [seniors are] turning to the food banks that they once gave to” (Interviewee).* Moreover, in rural areas, food banks are the primary form of support for individuals struggling with food insecurity, and yet the food they provide is often highly processed and nutrient deficient. Thus, to ensure food security for rural residents *“more work must be done with food banks/food bank donors to give out higher quality food – which is not as carbohydrate heavy” (Interviewee).* In an effort to improve the quality of food at food banks and aid agencies, Huron County developed the HCFBDC, which accepts and stores large amounts of food donated by corporate donors and farmers, as well as food bought at bulk prices from distributors. The HCFBDC has a large warehouse, including refrigeration and freezer space, where they can store large quantities of food – quantities that small local food banks do not have the capacity to store. *“Other models like this are in cities - we don’t know of any other rural models” (Interviewee).* The HCFBDC currently delivers to surrounding food banks in Huron, Perth and Middlesex Counties.

To combat food insecurity in Huron, Perth and Bruce Counties, a mobile grocery store has been developed, inspired by a Swiss model that delivers to remote communities in the Alps. Called *The Fresh Express*, this mobile grocery store is filled with local food and delivers to adult living communities and residential areas.

To fill the gaps of Meals on Wheels, local catering companies have also taken up delivery services to distribute fresh and frozen lunches and dinners to rural senior residents. Particularly in Perth County, the demand for private meal delivery services is high because Meals on Wheels has a very limited radius, and hot meals are only provided to residents within town borders. *“In Perth County, there are pockets where Meals on Wheels is not delivered” (Interviewee).*

Unfortunately, technological unfamiliarity exacerbates geographic isolation, and serves as a barrier to service acquisition among seniors. Most service providers stated that social media and online advertising were their primary forms of marketing. However, *“seniors are a vulnerable*

population. They aren't technologically adept, and this leads to isolation, and prevents them from knowing about services" (Interviewee).

Interviewees who organized congregate dining programs (often in churches) were especially aware of the link between isolation and food insecurity. They believe their clients access services not just because of need but also because *"they are alone at mealtime and coming out allows them to have someone to connect with. That social connection is valuable" (Interviewee).*

The two largest city centres within the study area were Stratford (in Perth County) and Owen Sound (in Grey County). As a function of their size, these cities can support a Local Community Food Centre (LCFC) and a Soup Kitchen, respectively. The LCFC hosts three weekly community meals; daily cooking classes (focused on healthy meals on restricted budgets), a community garden, and a low cost community access market. The LCFC in Stratford was launched in 2012 and was one of two pilot sites developed to test the feasibility of such a service in rural communities. The LCFC serves low-income communities in Stratford and surrounding areas through a mobile market, and has recently extended its reach, opening a low cost access market in St. Mary's in 2019. Currently, Grey County is looking to attract funding for a local community food centre but cannot because the government requires *"88,000 people in a radius area for funding" (Interviewee)*. Despite not having a LCFC, Owen Sound has a soup kitchen, *The Owen Sound Hunger and Relief Effort (OSHaRE)*, which provides hot meals Monday-Friday at supper time and bagged lunches on Saturdays. Stratford and Owen Sound both have affordable public transit, to transport residents to these services. However, intercommunity transportation hubs are still critically needed to link smaller communities with these resources.

Ultimately, service providers recognize the food insecurity issue among rural seniors and are working to bridge the resource deficit. However, rural regions face high service delivery costs because of lower population densities and the long distances that must be travelled by service users and service providers. Unfortunately, the senior demographic is increasing, and government funding for services is limited. Thus, universal programs, such as the *Good Food Box* lack the volunteer force, and public support to ensure adequate service rollout. The services that are available now are compartmentalized, and while they can pacify the need, they often act alone. Thus, a concerted plan is needed across all sectors to ensure a reduction in the prevalence of food insecurity.

Emergent Trends:

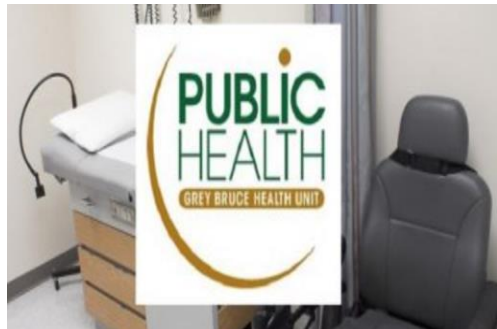
- Rural regions face high service delivery costs because of lower population densities and the long distances that must be travelled by service users and service providers.
- Southwestern Ontario is an agricultural area, and there are many rural food markets, and meal/aid programs. The main barriers to seniors accessing these services are mobility, transportation, stigma and a lack of awareness.
- Cities and larger towns serve as hubs for support services, and seniors living outside town borders are often isolated, without the necessary transportation to access services in these larger population centres.
- Current resources often act alone and an integrated model of service provision is needed, along with increased government funding.

Public Health & Governance Officials

Interviewees: Representatives from municipal and county levels of government (i.e. Chief Administrative Officer, Mayor, Director of Community/Social Services, Councillor), county public health units (ex. Public Health Dietitian, Community Developer, Medical Officer of Health, Public Health Manager, Public Health Nurse), and members of local non-governmental organizations

- There are various coalitions and non-governmental organizations throughout the four counties that are working to advocate about income and food insecurity issues.
- Food aid organizations are somewhat fragmented and better collaboration could be facilitated by public officials.

All interviewees discussed that lack of income was a primary factor contributing to food insecurity amongst seniors in the four counties. One public health interviewee said, *“Older adults are less flexible when it comes to influencing their income. They often can’t go back to work. Whatever money is saved up or whatever income they’re set at is going to be what is available. [This] can be very comfortable, or [it] can be very reliant on the social safety net that we have put in place and whether that is sufficient”* (Interviewee). To further discuss this concept, some interviewees talked about the need for seniors to have a “living wage”. In the literature, the



concept of a living wage is often discussed in relation to minimum wage, the legal minimum rate that all employers must pay¹. Given that most of the seniors are retired, and unable to work due to declining mobility and health, it was interesting that some stakeholders discussed a need for the establishment of a “living wage” amongst seniors. It was clear across public health and government stakeholders that the Canadian Pension Plan (CPP) and Old Age Security (OAS) do not suffice to cover the daily financial needs of seniors, and that *“old*

age pensions are a fairly limited budget” (Interviewee). When discussing seniors who are most vulnerable to food insecurity, one stakeholder described them as, *“...those without family in the area, those with disability and mobility issues, those with cognitive and mental health decline... those without retirement savings who are just living on Canadian Pension Plan...”* (Interviewee). Sole reliance on a government pension was the most commonly identified factor that contributes to food insecurity amongst seniors. *“The cost of living is rising and fixed income for seniors is not. Affordable housing and lower food costs are central to mitigate the food security issue. Seniors are struggling to have the dignity that they think they will have in their older years – the dignity to afford healthcare, housing and food”* (Interviewee).

Although a lack of expendable income was identified as the root cause of food insecurity amongst seniors, other key issues like transportation and social isolation were brought forth as contributing factors. One stakeholder said, *“I think we share this issue in common with many rural communities. We don’t have infrastructure to connect people to sources of food in the same way that a more urban area would... more delivery, social support, and a broader array of not necessarily government but also non-government support networks. Some people are also very far away from family support, especially elderly folks”* (Interviewee). Stakeholders from Grey-Bruce also discussed the additional barriers faced by seniors who live in subsidized housing, given that *“subsidized/affordable housing is often in more rural areas which are a greater distance from grocery stores”* (Interviewee). Government and public health officials made it very clear that food insecurity has many factors and that *“it’s a big circle of one thing connecting to the other”* (Interviewee).

Interestingly, public health stakeholders were more apt than governmental stakeholders to discuss food insecurity as a healthcare issue. One public health stakeholder said, *“I think it is a healthcare issue more broadly. If we are just talking about dealing with the consequences rather than the cause, primary care is the most important thing as well as emergency care and also long-term care, those kinds of services. We have a good network of healthcare, probably in better shape than other rural communities. But we do need more investment in long-term care in our community and more access to those services”* (Interviewee). Another discussed how *“seniors want to age in-home but lack services to age healthily in their homes”* (Interviewee). Stakeholders made it clear that a lack of supportive home care makes seniors more vulnerable to physical and mental health complications, and that declining health status is both a factor contributing to and a consequence of food insecurity. *“If you’re unhealthy, for whatever reason, there is a risk you’ll be more vulnerable. Diabetes, heart disease, arthritis... that’s not an unusual combo of things to have. You are less able to look after yourself. You’re in a situation where you can’t get out as much and if you do, you have to be careful what you do”* (Interviewee).

Across all stakeholders, there was high awareness of available services in the region. Stakeholders spoke highly of these services, as well as the efforts of community members to provision them, given that many are run on a volunteer basis. Some government stakeholders suggested that there could be better mobilization of services, and coordination between different service groups. One said, *“there are many services, but public officials must work to organize and leverage what is available... it’s such a large geographic area, and there often isn’t an awareness of what services are available. The duplication of services is also a frequent occurrence”* (Interviewee). Mapping food security initiatives and other aid agencies was discussed as a potential solution to this problem.

A few public health interviewees described current interventions as “band aid solutions” to an underlying income problem. One interviewee said, *“Food banks are a necessity for a lot of people. They were meant to help people top up, not be something that people need to rely on”* (Interviewee). Stigma was identified as a key issue with food banks, and food banks were

described as “*not solving the problem of food insecurity*” (Interviewee). It was also discussed that the current framing of community initiatives as food security programs “*relieves decision makers of the responsibility to do something that is more lasting and sustainable and actually reduces food insecurity in our community*” (Interviewee). The perspectives of public health interviewees implied that it is the responsibility of government officials to fix the problem of inadequate income, which is the root cause of food insecurity.

Emergent Trends:

- Income is the underlying cause of food insecurity. Solutions that provide food aid without addressing the issue of lack of income are not sustainable and will not solve the problem of food insecurity.
- More infrastructure to connect people to sources of food would help solve access and mobility barriers that contribute to food insecurity amongst seniors. Examples could include public transportation, mobile grocery stores, and grocery store delivery services.

References

1. Financial Accountability Office of Ontario. (2019). Expenditure estimates 2019-20: Ministry of health and long-term care. Retrieved from <https://www.fao-on.org/en/Blog/Publications/estimates-health-2019>

Discussion Across Stakeholders

Each stakeholder group viewed the issue of food insecurity through different lenses. Healthcare practitioners, public health officials and home care workers believe food insecurity among rural seniors arises because of healthcare fragmentation. In contrast, service providers and public governance officials framed the issue as more of an infrastructural deficit in rural areas.

Unsurprisingly, each stakeholder group had slightly different perceptions about the barriers to food security (Figure 1). The stakeholder groups unanimously believed that the three main barriers were income, access, and social isolation. Mobility, rising food costs and lifestyle choices were the fourth most commonly cited barrier mentioned by healthcare professionals, service providers/public governance, and home care workers, respectively.



Figure 1) The top four barriers reported by healthcare professionals (A), homecare workers (B), service providers (C), and public health/governance officials (C). The fourth-most reported barriers are at the bottom of the pyramid in the blue boxes, with the top reported barriers at the top in the gold boxes.

Home care workers were the only group that did not cite income as the primary barrier to food security among rural seniors, and instead, cited social isolation. We hypothesize this divergence may exist because home care workers are more intimately familiar with seniors' home settings and witness firsthand the details that seniors may be hesitant to share with other stakeholders.

To ensure healthcare practitioners receive a comprehensive social history of their senior patients, we suggest that a standardized set of questions should be developed and flagged in patients' electronic medical records. These questions should address grocery access (i.e. transportation, family support, and mobility) as well as meal preparation ability (i.e. cognition, food literacy, and the frequency of hot meals). Physicians interviewed unanimously agreed that house calls are the best way to monitor nutritional status in seniors. However, efficiency and other commitments often prevent practitioners from visiting their senior patients in-home. We recommend that a routine checklist or nutritional inventory be developed by healthcare providers to assess nutrition in the home during house calls or home care visits. This questionnaire would assess characteristics like meal frequency, meal support, proximity to

grocery stores, and foods visible in the home. This inventory could be given to any visiting provider (i.e. personal support worker, nurse, occupational therapist, community care access centre case manager), to ensure that nutritional status is assessed at home. However, Ontario is currently facing a severe home care shortage (and specifically, a PSW shortage). PSWs are currently underpaid, overworked, and under supported. Home care is unable to keep up with the growing aging population, and the eligibility criteria has become increasingly restrictive over the last decade, with many seniors having to wait until they are in a medical crisis before being matched to home-based services. Thus, solutions must be devised to ensure that seniors receive the at-home support they require. Potential possibilities could include partnerships with local university or high school students, wherein visiting seniors at home fulfills course credit requirements or community service hours.

Service providers are also essential to bridging the gap in the care continuum. Service providers believe that food insecurity among rural seniors arises as a product of inadequate income and a lack of awareness of services. However, given the meagre social assistance program for seniors, many service workers believe the income issues are unsolvable, and their services are cornerstones of society, not just temporary emergency relief. They ultimately advocate for increased service awareness and suggest a communal effort between healthcare providers to advocate for services in primary care offices, in an effort to increase awareness and improve access. Public health and public governance also believe there must be better service coordination and integration. They universally believe there must be an increase in the Ontario government's guaranteed income supplement and living wage, increased funding for services, and a rallying of the volunteer workforce.