

# Feed Nova Scotia

## Policy advocacy survey report

### Background and objective

The objective of the policy advocacy survey is to get Feed Nova Scotia-supported food bank clients' perspectives on the underlying causes affecting their food insecurity. It focuses on three main factors—income, housing, and prescription medicine—tied to food insecurity, and inquires about the way and extent these factors affect people living with food insecurity.

The survey design mirrors the Canadian Community Health Survey questionnaire, particularly on the questions categorizing the severity of food insecurity. Prior to conducting the survey, it was pilot tested with 14 food bank clients to assess its accessibility and feasibility.

Given that all the respondents were clients of food banks, it can be surmised that all the respondents were also food insecure.

The survey is aligned with Feed Nova Scotia's aim to generate its own research and data to serve as evidence to influence policy decisions related to food security in the province.

### Survey method

The online survey was sent to 1,175 food bank clients on Feed Nova Scotia's Link2Feed database as representatives of the food insecure population. Over the course of 17 days, from April 14 to 30, 2022 the survey received a total of 366 complete responses, along with another 32 partial responses, to bring the overall number of responses to 398. The average time to complete the 27-question survey was five minutes and 22 seconds.

Participation in the survey was voluntary, while three \$150 gift cards were announced as prize draws to encourage participation. The participants were also informed that their responses would only be reported in group form, and they would not be identified individually.

### High-level findings

- The top three challenges in getting food were lack of income (54%), high cost of housing (23%) and disability (7%).
- 46% of respondents were receiving income support. The overwhelming majority (91%) said the amount received is inadequate.
- 85% of respondents were in core housing need (i.e., spend more than 30% of their income on housing). 46% of them spent more than 51% of their income on housing.
- 56% stated that they had to sacrifice expenditure on food to pay for prescription medications.

## Full survey results

### General demographic information

About 80% of respondents were from Central Zone (Halifax area, Eastern Shore and West Hants), while about 9% were from Eastern Zone (Cape Breton, Guysborough, and Antigonish areas).



The majority (37%) lived in a large town or small city, followed by urban areas (26%) and rural areas (18%).

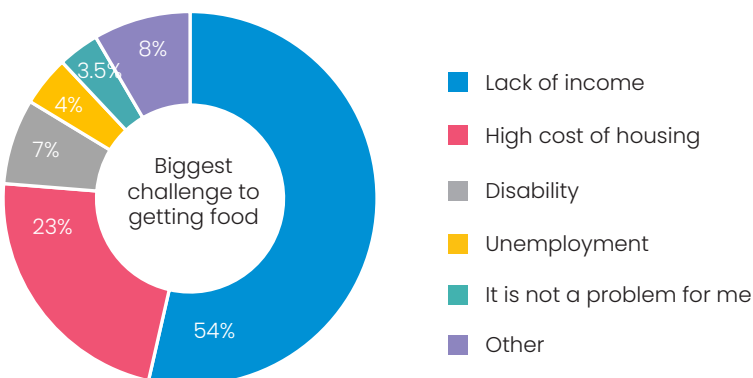
About 84% of respondents identified as women, while 2 individuals identified as non-binary.

The respondents were of diverse age groups with the majority (41%) of the 26-40 age group, followed by 29% of the 40-50 age group, and 24% of the 51-65 age group.

### The biggest challenge

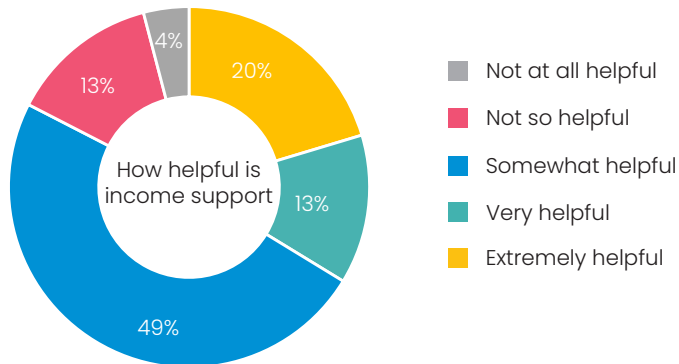
The lack of income is cited as the biggest challenge in getting food by the majority (54%). The high cost of housing was identified by 23% of respondents as the major factor behind food insecurity, while 5% identified the high cost of living expenses as the major barrier. Disability (7%) and unemployment (4%) were the other major challenges in being food secure.

Among respondents from the rural areas, a higher percentage (71%) identified income as the major challenge, followed by the high cost of housing (11%).



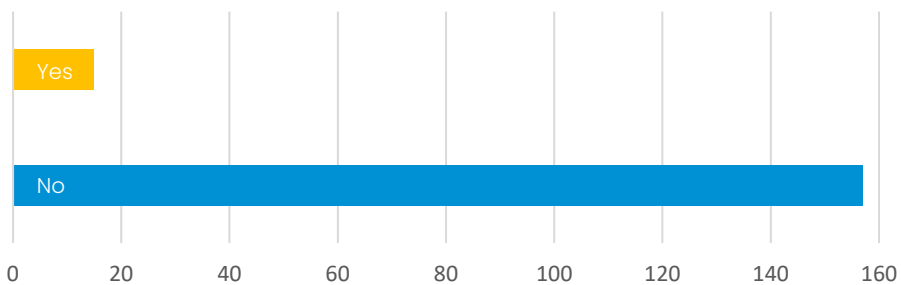
## Income support

46% of respondents were assisted by income support, among whom 48% received the Standard Household Rate through the provincial Income Assistance program. The other major types of support received were Nova Scotia Child Benefit (27%) and disability support (16%). However, a lesser percentage of respondents from rural areas (33%) were receiving income support, which might be due to their issues with accessibility. In terms of age group, the majority (65%) of the 50-65 age group were receiving income support.



49% of recipients found the support received moderately helpful, while 34% were quite satisfied with the support. On the other hand, 17% of respondents did not find it substantially helpful to address their food insecurity.

### Do you find the amount of income support received enough?

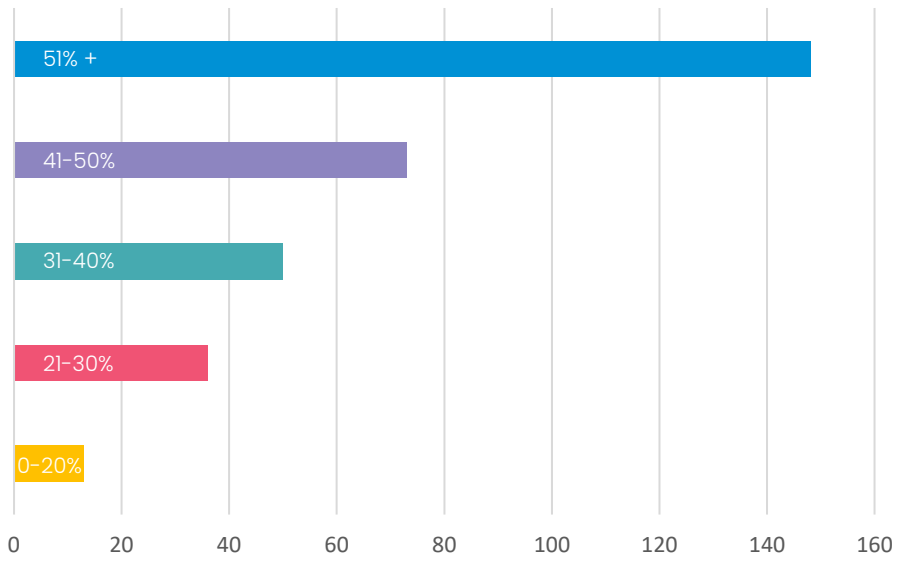


However, the overwhelming majority (91%) found the amount of income support received to be inadequate. Interestingly, when given the option for the preferred increase in the amount of income support received, 68% opted that an increase of \$500 to \$1,000 per month would be necessary, compared to 20.38% requiring an increase of \$1,001-\$2,000 per month.

## Housing

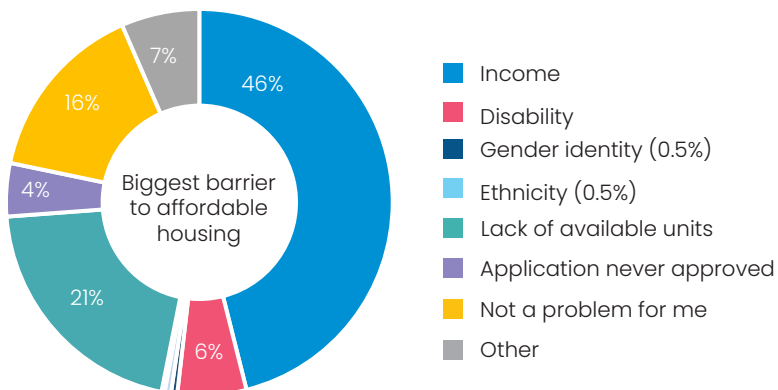
Most respondents (57%) lived in private rental spaces, followed by social rental housing (20%). 13% owned their home, while 6 respondents were without any residence. In the rural areas, a larger portion of respondents (26%) owned their own homes.

Approximately what percentage of your income goes to rent/mortgage and utilities?



A staggering 85% of respondents were in core housing need (i.e. spending more than 30% of their income on housing). Among them, 46% spent more than 51% of their income on housing.

What is the biggest barrier in accessing affordable housing for you?



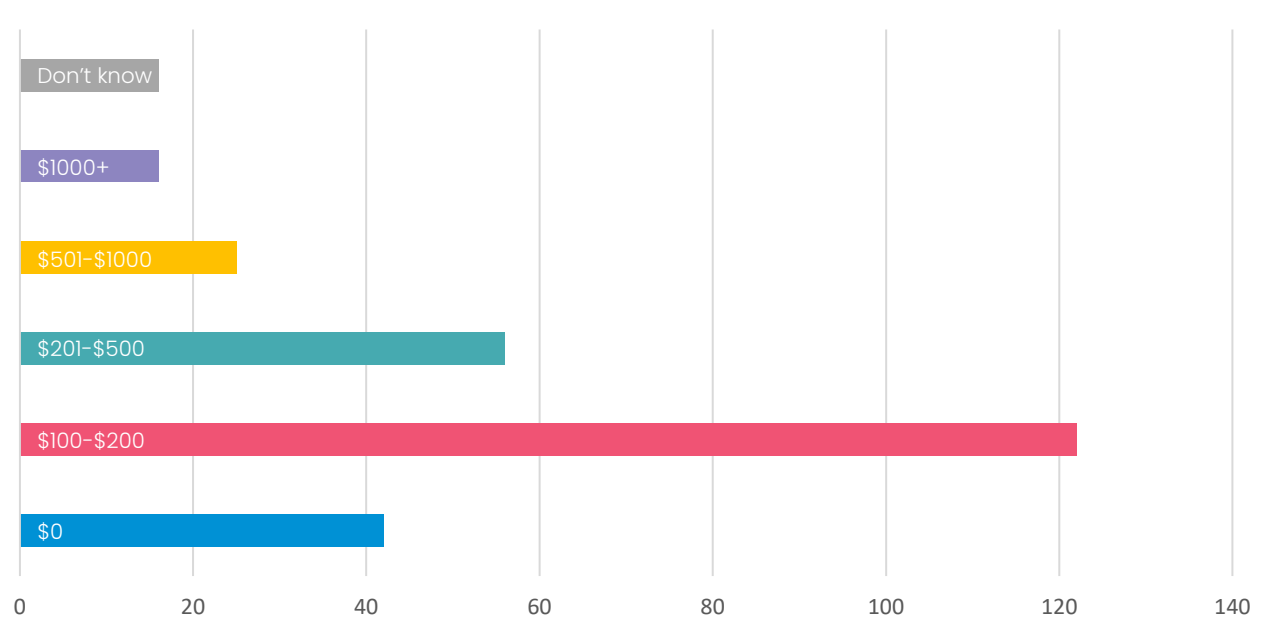
Most (46%) identified the lack of income as the biggest barrier to accessing affordable housing, while the lack of available units (21%), disability (6%), and non-approval of application (5%) were the other major barriers.

Among respondents who received the Canada-Nova Scotia Targeted Housing Benefit, (7%), the majority (62%) found it helpful in dealing with rent. However, only 1 respondent from the rural area received the benefit.

## Prescription drug affordability

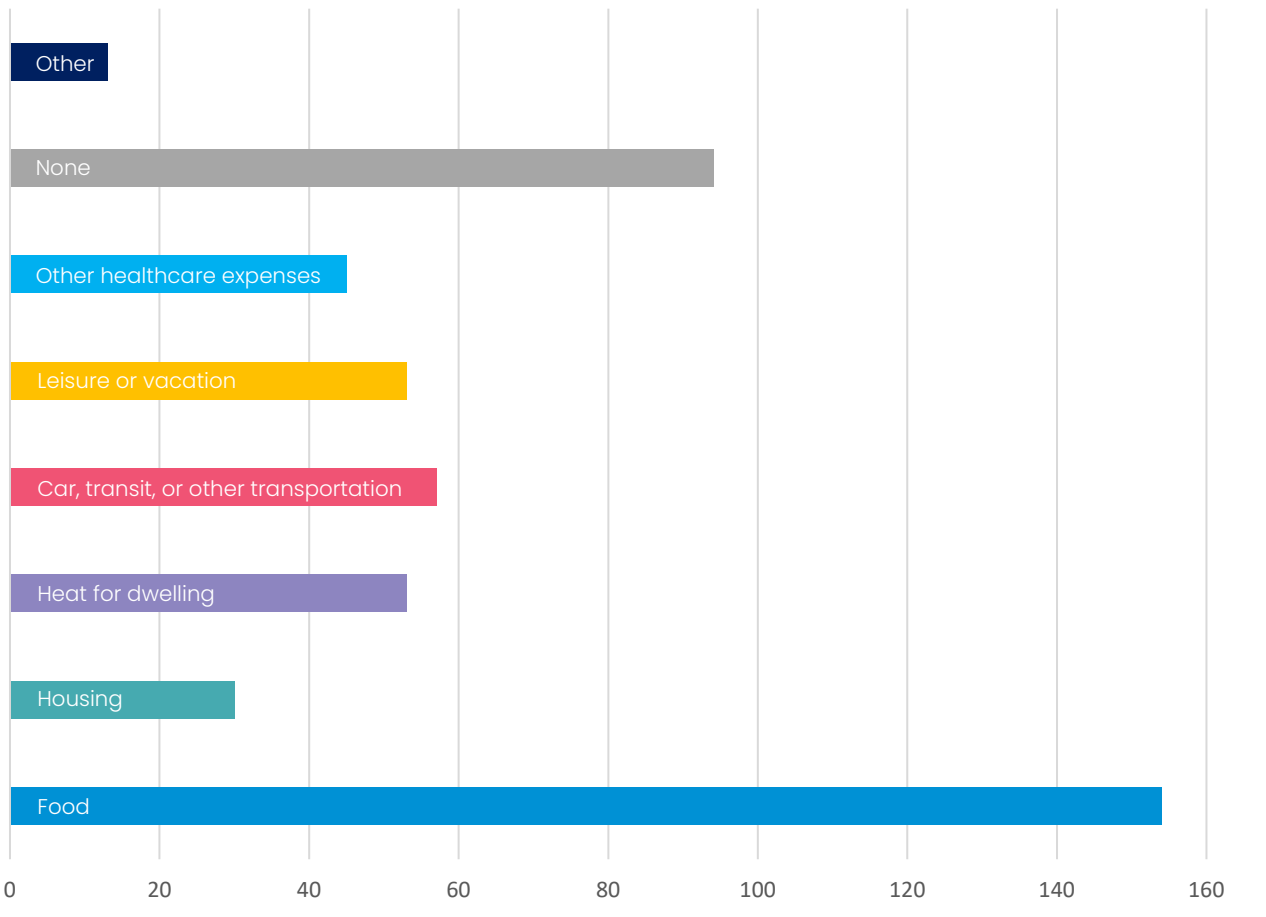
Half (50%) of respondents said they did not fill or collect a prescription for their medicine or skipped doses because of the high cost in the last 12 months, followed by 34.38% who said the cost did not affect them.

In the last 12 months, how much was spent for your own medication prescribed by a healthcare professional. Please exclude any amounts reimbursed by an insurance plan.



A significant portion of respondents (44%) spent about \$1-\$200 on their medication prescribed by a healthcare professional, while 29% spent from \$ 200-\$1,000. About 6% spent more than \$1,000 on prescription drugs.

In the last 12 months, have you ever spent less on any of the following in order to pay for your prescription medications?



The cost of prescription medication had a discernable effect on the respondents' food insecurity as 56% stated that they had to sacrifice expenditure on food to pay for prescription medications. 30% found it impacted their affordability of housing and heating for dwelling, while 19% curbed their leisure time due to the cost of prescription medication. About one fifth (19%) said that it did not impact their expenditure on other areas of their lives.

A significant segment (31%) of the respondents had Pharmacare coverage provided by the Department of Community Services, the majority of whom (51%) found the program to be quite helpful, while 35% found it to be moderately helpful. 19% were covered by employer insurance, while about one fifth (19%) were without any coverage. Among the rural respondents, a higher percentage (26%) were not covered by any type of insurance.

Among those under the Family Pharmacare coverage (19%), 43% found the program quite helpful.

## Discussion

The findings of the survey affirm that underlying factors such as inadequate income, unaffordable housing, and health-related issues play a major role in people's food insecurity. The increasing cost of living, rising inflation, and significantly inadequate and unindexed income support to inflation will likely further exacerbate the severity of food insecurity in the province.

Nova Scotia's housing crisis is well pronounced, yet the staggering percentage (85%) of the respondents in core housing need and its enormous impact on their food insecurity underlines the necessity of effective policies that cater to the specific circumstance and needs of the food insecure.

The survey also highlights the understated impact of prescription drug affordability on food insecurity. With more than half the respondents sacrificing the purchase of food to pay for prescription medicine, even a \$1-\$200 waiver or reducing the annual deductible can substantially reduce the out-of-pocket expenditure of almost half (44%) of the food insecure clients in need of prescription drugs.

Almost three quarters of respondents from the rural areas identified income as the major barrier to food insecurity, yet a lesser percentage of this demography was covered by income support, benefits, and health insurance. The lack of accessibility, information, and transportation in the rural areas needs to be considered while addressing their greater deprivation in food security.

## Key recommendations

The survey substantiates the fact that critical policy levers related to increasing income support are the keys to reducing food insecurity. Based on the current context, recommendations to consider are:

- Index income supports to inflation and increase at least at that rate. With unprecedented inflation, incorporating indexation into income support such as Income Assistance, child benefit, and disability benefit would mean that the most vulnerable Nova Scotians aren't pushed further into poverty and food insecurity.
- Rapidly increase the Nova Scotia income support rates to match Market Basket Measure or the official poverty line to enable low-income Nova Scotians to at least keep up with the poverty line. The increase in Income Assistance should equate to a monthly livable income that every Nova Scotian deserves. As the survey finds, an increase of \$500-1000 would substantially improve the lives of almost 70% of food insecure clients.
- Alternatively, commit to a guaranteed minimum income floor, and supplement wages when someone's employment income falls below that floor. To determine the most suitable amount for the minimum income for Nova Scotians, the government should invest and design a basic income pilot project, at or above the Market Basket Measure or official poverty line.
- Support and invest in non-market, non-profit, co-op, affordable housing for low-income Nova Scotians, in order to prevent pushing an enormous number of food insecure to spend well beyond 30% of their income on housing.
- Waive or reduce the annual deductible amount after which the 20% copayment is applied in the Family Pharmacare program. Also, make prescription drugs affordable through a low-cost alternative, such as prescription memberships, for clients living with food insecurity.
- Social policy interventions to address food insecurity should take into consideration the special conditions faced by the rural and diverse demography.