



**CITY OF HAMILTON**  
**PUBLIC HEALTH SERVICES**  
**Healthy Living Division**

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	November 16, 2015
<b>SUBJECT/REPORT NO:</b>	Nutritious Food Basket 2015 (BOH15036) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Mary Ellen Prange (905)546-2424, Ext. 3484  Elizabeth Smith (905)546-2424, Ext. 3945
<b>SUBMITTED BY &amp; SIGNATURES:</b>	Ellen Pezzetta Director, Healthy Living Public Health Services Department          Dr. Ninh Tran Associate Medical Officer of Health Public Health Services Department

**RECOMMENDATIONS**

- (a) That the Board of Health correspond with the federal ministers of Health, Labour, Employment and Social Development, provincial ministers of Health and Long-Term Care, Labour, Children and Youth Services, and, the minister responsible for Poverty Reduction to consider and investigate a joint federal-provincial (Ontario) basic income guarantee for Ontarians and all Canadians;
- (b) That the Board of Health correspond with the Minister of Community and Social Services to request an update on the transformation of social assistance in Ontario, noting that current social assistance rates still do not reflect the actual costs of nutritious food and adequate housing, and to again propose the establishment of an Ontario Social Assistance Rates Board for setting evidence-based social assistance rates;

- (c) That the Board of Health correspond with the Minister of Municipal Affairs and Housing to request an increase in funding provided to the City of Hamilton for affordable housing to a level adequate to meet the needs identified in the City's 10-year Housing and Homelessness Action Plan;
- (d) That Board of Health endorse the development of a Living Wage policy for the City of Hamilton to increase income security and reduce health inequities among employees.

## **EXECUTIVE SUMMARY**

The Nutritious Food Basket (NFB) survey is conducted annually in grocery stores and collects the lowest average cost of 67 foods to represent a nutritious diet based on Canada's Food Guide.

The estimated average cost for a family of four to purchase nutritious food in Hamilton in 2015 is \$191 per week, or \$827 per month. This is a \$20 per week or \$86 per month increase in the cost of nutritious food compared to 2013.<sup>i</sup>

The estimated average cost for a family of four to rent a three bedroom unit in 2015 in Hamilton is \$1030 per month. This is a \$42 per month increase in the rental cost compared to 2013.<sup>i</sup>

Some Hamiltonians have insufficient income to cover the cost of adequate housing and nutritious food. The 2015 Hamilton Nutritious Food Basket Scenarios table (attached as Appendix A to Report BOH15036) compares the average cost of food and rent for families and individuals who have a limited income from Ontario Works (OW), minimum wage, the Ontario Disability Support Program (ODSP), and, the Old Age Security (OAS)/Guaranteed Income Supplement (GIS) to families with a median Ontario income. It also shows that individuals and families with a limited income must spend more than 30% of their income on rent, leaving insufficient funds to purchase nutritious food on a consistent basis. Poor nutrition and inadequate housing directly contribute to poor health and well-being.

This report includes a number of recommendations that address the underlying issue of inadequate income that impacts an individual's or a family's access to nutritious food, adequate shelter and basic living expenses. Implementation of a joint federal-provincial (Ontario) basic income guarantee program could ensure all residents have sufficient income for basic needs including adequate housing and nutritious food. Basic income guarantee would replace social assistance if and when implemented, however that would be years away. In the meantime, it is recommended that the Board of Health inquire about progress with social assistance reform to reflect the actual costs of basic needs, and to request increased funding for affordable housing so that targets in the City's 10-Year Housing & Homelessness plan can be achieved. It is also recommended that the Board of Health support the development of a Living Wage program for the City

of Hamilton so that employees earn a wage that enables them to afford the true cost of living and achieve good health.

***Alternatives for Consideration – See Page 9***

**FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

Financial: There are no financial implications associated with Report BOH15036.

Staffing: There are no staffing implications associated with Report BOH15036.

Legal: There are no legal implications associated with Report BOH15036.

**HISTORICAL BACKGROUND**

The Ontario Public Health Standards 2008, Chronic Disease Prevention Standards Requirement #2, states: “The board of health shall monitor food affordability in accordance with the Nutritious Food Basket Protocol, 2008 (or as current) and the Population Health Assessment and Surveillance Protocol, 2008 (or as current).”<sup>1</sup>

The Nutritious Food Basket (NFB) is a survey that measures of the cost of basic healthy eating. It reflects an eating pattern that meets the recommendations from Canada’s Food Guide and takes into account actual eating behaviours and food purchasing patterns of Canadians.

From May 4 to May 8, 2015, Registered Dietitians with Public Health Services conducted food pricing in seven grocery stores across the City of Hamilton in accordance with the Nutritious Food Basket Protocol.<sup>2</sup>

Since 2007, the Board of Health has used the NFB data to advocate for increases in social assistance and affordable housing that would enable people with limited incomes to buy nutritious food.

**POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

None.

**RELEVANT CONSULTATION**

The following have reviewed and/or contributed to the report:

- Housing Services Division, Community and Emergency Services Department provided data on the average rental costs and the social housing waitlist and assisted with the recommendation on affordable housing.
- Employment and Income Support Division, Community and Emergency Services Department assisted with the recommendation on social assistance.

- Community Initiatives, Community and Emergency Services Department assisted with the recommendation on living wage and provided background information for development of a City of Hamilton policy on Living Wage.
- Hamilton Roundtable for Poverty Reduction provided background information to support the recommendation for the City's adoption of a Living Wage policy.
- Ontario Society of Nutrition Professionals in Public Health Food Security Workgroup provided the Nutritious Food Basket Scenarios template.

## **ANALYSIS AND RATIONALE FOR RECOMMENDATIONS**

### **Cost of Healthy Eating**

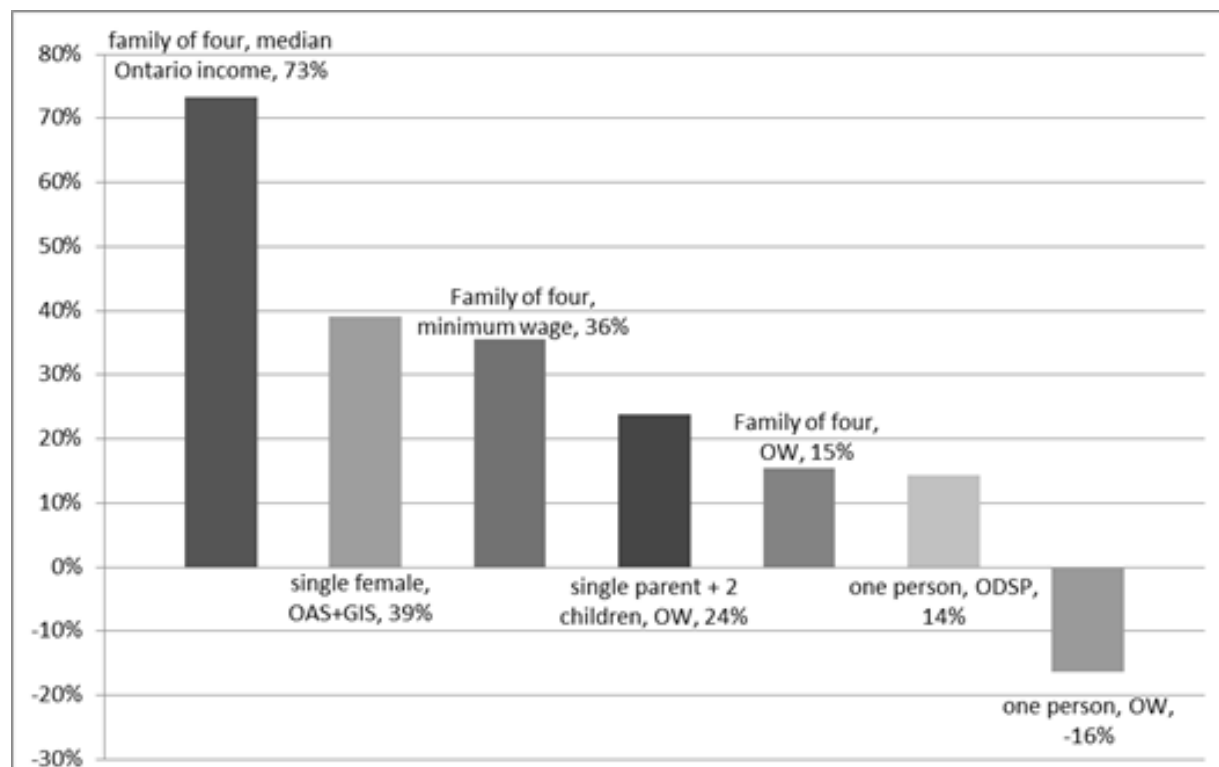
The results of the NFB survey provide data on what it costs to buy nutritious food. The estimated average cost for a family of four<sup>ii</sup> to buy nutritious food in Hamilton in 2015 is \$191 per week or \$827 per month.

How Much Does Healthy Eating Cost in 2015? (attached as Appendix B to Report BOH15036) includes a tool individuals and families can use to estimate their cost to buy nutritious food.

The NFB data are applied within seven different scenarios comparing monthly income with monthly cost of nutritious food and rental housing in Hamilton (see Appendix A to Report BOH15036). This table shows that after paying for rent and food, people earning minimum wage or receiving social assistance (OW or ODSP) have little or no money left to cover other basic needs such as heat and hydro (if not included in monthly rent), transportation, telephone, medical and dental costs, household and personal care items, childcare, clothing, footwear, and school supplies. For example, a single man living on Ontario Works with an income of \$740 per month must spend 79% of his income (\$582) on renting a bachelor apartment, leaving only \$158 for all other expenses. The cost for nutritious food for a month is \$279 per month, so there is a shortage of \$121 and no money left for other expenses. After paying the rent and buying nutritious food, the family of four receiving Ontario Work would only have \$339 remaining for all other expenses.

Figure 1 (below) illustrates the percentage of income remaining after food and shelter expenses for all scenarios. After paying for rent and food, a family of four with median income in Ontario has 73% of their after tax income remaining for other basic needs and discretionary expenses. The next well-off is the single elderly female who has 39% of her income remaining after food and shelter expenses. Families and individuals living on social assistance income (OW or ODSP) have little or no income remaining after shelter and food costs.

**Figure 1: Percentage of Income Remaining After Food and Shelter Costs**



In 2011-12, 11.6% of households in Hamilton (more than 1 in 9) experienced some degree of food insecurity, defined as worrying about running out of food; compromising quantity or quality of food consumed; or reduced food intake and disrupted eating patterns due to lack of food.<sup>3</sup> For 8.2% of households, the situation was moderate or severe.<sup>3</sup>

Adults in food insecure households have poorer self-rated health, poorer mental and physical health, poorer oral health, greater stress, and, are more likely to suffer from chronic conditions such as diabetes, high blood pressure, and anxiety.<sup>4</sup> Food insecurity also makes it difficult to manage chronic diseases and conditions through diet. Household food insecurity increases the risk of mental health problems in children and puts teenagers at greater risk of depression, social anxiety and suicide.<sup>5</sup> Being food insecure is strongly associated with becoming a high-cost user of health care.<sup>6,7</sup>

As depicted in the infographic included as Appendix C to Report BOH15036, improved incomes and adequate access to affordable housing are the most important responses to food insecurity and must be foremost in advocacy efforts towards putting nutritious food on the tables of our most vulnerable community members.

### **Basic Income Guarantee**

A basic income guarantee is an income support program that provides a basic minimum income and sets an income floor for every citizen. It provides a kind of “disaster

insurance” that protects people from going without necessities such as food or shelter, and certain approaches to it can be integrated into the current tax system.<sup>8</sup>

The current federal pension system which includes the Old Age Security Pension (OAS)<sup>iii</sup> and the additional Guaranteed Income Supplement (GIS)<sup>iv</sup> for low income seniors is a type of income guarantee program for people 65 years and older that has resulted in substantially fewer older Canadians living below the poverty line. With this guaranteed income, Canada has one of the lowest rates of elder poverty (5.9%) in the world.<sup>8</sup> Statistics show that the rate of food insecurity is 50% less among low income Canadians aged 65 to 69 than it is among those aged 60 to 64.<sup>8,9,10</sup>

Most households in Canada that are considered poor regularly spend their entire income and are vulnerable to unexpected budget shocks, which could easily push them over the threshold for food insecurity. They do not have a budget surplus, or access to the assets or credit needed to manage unexpected expenses. Supports available to help people cope with transitory budget shock (e.g., food banks, homeless shelters and occasional relief through government and charity) do nothing to prevent problems from recurring. Health is adversely affected by homelessness and household food insecurity, which in turn may make an individual more vulnerable to further negative events and even poorer health.<sup>7</sup>

Potential impacts of a basic income guarantee include:

- Protection against budget shocks – a sudden drop in income or increase in expenses without access to savings or credit to cover expenses until stability returns.<sup>8</sup>
- Increased physical and mental health. Self-reported rates of physical and mental health improve markedly as low income Canadians move from low-wage, insecure employment to a guaranteed income at the age of 65.<sup>8</sup>
- Reduced burden on the public health-care system and provide potential savings as poorer Canadians, given a guaranteed income, become healthier.<sup>8</sup>
- Reduced income insufficiency, a root cause of poverty and household food insecurity.<sup>8</sup>
- Reduced long-term social consequences of poverty such as higher crime rates and fewer students achieving success in the education system.<sup>8</sup>

Where experiments such as MINCOME<sup>v</sup> have been tried, there was no evidence that a guaranteed income program discouraged people from working. Research conducted at the University of Manitoba using health administration data routinely collected during the MINCOME experiment documented an 8.5% reduction in hospitalization rates for participants relative to controls, particularly for accidents, injuries and mental health. Participants also had fewer physician contacts, especially for mental health, and more adolescents continued through Grade 12. There were no increases in fertility, no increases in family dissolution rates and no changes in birth outcomes. The results showed that a relatively modest guaranteed income can improve population health, suggesting significant health system savings.<sup>11</sup>

A number of groups support the concept of a basic income guarantee. In June 2015, the Association of Local Public Health Agencies (aLPHA) passed a resolution<sup>12</sup> prioritizing government consideration and investigation into a basic income guarantee. The Canadian Medical Association's General Council has also recently passed a resolution<sup>13</sup> supporting a basic income guarantee. A group of 194 Ontario physicians, including 11 from Hamilton, delivered a letter<sup>14</sup> in August to the Ontario Health Minister calling for a basic income pilot program. Locally, a group of interested individuals are forming the Basic Income Hamilton Network, affiliated with the Basic Income Canada Network.<sup>15</sup>

### **Social Assistance**

The Commission for the Review of Social Assistance Reform released in 2012 their report *Brighter Prospects: Transforming Social Assistance in Ontario* calling for transformation of social assistance in Ontario.<sup>16</sup> In September 2014, the Premier's Mandate letter to the Minister of Community and Social Services listed specific priorities, including transforming social assistance.<sup>17</sup> Some small changes and increases have been implemented to date, but as the Nutritious Food Basket Scenarios table (see Appendix A to Report BOH15036) clearly shows, people in Hamilton living on Ontario Works or the Ontario Disability Support Program continue to struggle to meet their basic needs for healthy living.

The need to establish a Social Assistance Rates Board was introduced as a private members bill<sup>18</sup> by MPP Ted McMeekin in June 2007. The bill terminated when the Ontario legislature was prorogued and has never been re-introduced.

In follow-up to the City of Hamilton's March 2012 submission to the Commission for the Review of Social Assistance in Ontario, the Emergency and Community Services Committee, during their March 19, 2012, meeting approved the following:

- (d) That the Mayor correspond with the Premier of Ontario, the Minister of Community and Social Services and the Commissioners of the Social Assistance Review; with copies to all local Members of Provincial Parliament, requesting:
  - (i) The immediate establishment of an Ontario Social Assistance Rates Board to set evidence-based annual social assistance rates that will meet basic living costs, including the cost of nutritious food, and allow individuals and families to live with dignity.

### **Living Wage**

As of October 1, 2015, Ontario increased the general minimum wage to \$11.25 per hour.<sup>19</sup> The minimum wage does not reflect the actual cost of living.

A Living Wage is the hourly wage needed for a family to afford basic everyday expenses, such as housing, food, clothing, utility bills, and child care. The hourly Living Wage rate is based on the living expenses of a family of four with both parents working full-time for 37.5 hours a week. The Living Wage rate doesn't cover things like owning a

home, saving for retirement, paying down debt or saving for children's education. A Living Wage rate is calculated based on what it costs to live in a specific community. The current Living Wage rate in Hamilton is \$14.95 per hour.<sup>20</sup>

A Living Wage is supportive of healthy living and promotes health equity. According to the Living Wage for Families Campaign<sup>21</sup>, Living Wage promotes health by:

- Enabling economic access to nutritious food  
A Living Wage income allows individuals and families to buy nutritious food, obtain adequate housing and engage in healthy activities, all of which support healthy living.
- Freeing up time to spend with family and participate in community events  
Parents earning a Living Wage would not need to work two or three jobs to make ends meet. This would free up time to spend with family and friends and engage in community activities that have health benefits.
- Improving early childhood development  
As family income increases, early childhood development improves.
- Improving psychological well-being  
People who work for a Certified Living Wage Employer have been found to have significantly higher psychological well-being compared to those who do not, regardless of other socioeconomic or demographic differences between the two groups.

A number of Hamilton employers have become Living Wage champions.<sup>22</sup> By joining this list of employers, the City of Hamilton would become a model for other local employers.

### **Adequate Housing**

Adequate housing is a fundamental requirement for good health. As stated in Hamilton's Housing and Homelessness Action Plan, "A person's wellness, health and quality of life is directly linked to their housing situation. Research shows that people experiencing homelessness or insecure housing situations tend to have worse physical and mental health outcomes."<sup>23</sup>

Affordable housing is housing that costs 30% or less of before-tax income for households with low to moderate income. When housing costs more than 30% of gross household income, a household will struggle to meet other expenses including the cost of nutritious food. Appendix A to Report BOH15036 shows that the percentage of income required for rent is more than 30% of after-tax income for all of the low-income scenarios. Keeping a roof overhead is the choice too many people in Hamilton must make at the expense of buying food and other basic needs.

Hamilton has a shortage of affordable rental housing and a long waiting list for social housing. As of September 2015, the wait list for affordable housing units in Hamilton



was 5766. The Housing and Homelessness Action Plan establishes a series of targets and strategies designed to increase access to affordable housing in Hamilton. While some strategies are being implemented, many require additional funding to meet the targets identified in the City's 10-year Action Plan. Funding provided to Hamilton by the Federal and Provincial governments through the Investment in Affordable Housing Extension is appreciated but insufficient to meet the housing needs in Hamilton.

## **ALTERNATIVES FOR CONSIDERATION**

The Board of Health can choose not to:

- Urge joint federal-provincial investigation into a basic income guarantee program
- Request an update from the Ministry of Community and Social Services on the transformation of social assistance in Ontario
- Request an increase to the funding allocation for affordable housing to the City of Hamilton
- Support the development of a Living Wage program for the City of Hamilton

**Financial:** No financial implications.

**Staffing:** No staffing implications.

**Legal:** No legal implications.

**Pro:** No follow-up action is required.

**Con:** The City would not demonstrate diligence for improving two key social determinants of health (income and housing) which are closely linked to household food insecurity if efforts to support these policy changes are not undertaken.

## **ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN**

### **Strategic Priority #1**

A Prosperous & Healthy Community

*WE enhance our image, economy and well-being by demonstrating that Hamilton is a great place to live, work, play and learn.*

### **Strategic Objective**

- 1.5 Support the development and implementation of neighbourhood and City wide strategies that will improve the health and well-being of residents.

## **APPENDICES AND SCHEDULES ATTACHED**

Appendix A to Report BOH15036 – Hamilton Nutritious Food Basket Scenarios table

Appendix B to Report BOH15036 – How Much Does Healthy Eating Cost in 2015?

Appendix C to Report BOH15036 – Food Insecurity in Hamilton 2015

**REFERENCES**

1. Ontario Ministry of Health and Long-Term Care. Ontario Public Health Standards 2008, Revised October, 2015.  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/ophs\\_2008.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf). Accessed October 23, 2015.
2. Ontario Ministry of Health and Long-Term Care. Nutritious Food Basket Protocol, 2014.  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/nutritious\\_food\\_basket.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/nutritious_food_basket.pdf). Accessed October 23, 2015.
3. Canadian Community Health Survey 2011/12, Share File, Ontario, Ministry of Health and Long-Term Care. Provided by City of Hamilton Public Health Services, March 2014.
4. Vozoris NT, Tarasuk VS. Household food insufficiency is associated with poorer health. *J Nutr.* 2003; 133(1): 120-126.
5. Melchior M, Chastang JF, Falissard B, et al. Food Insecurity and Children's Mental Health: A Prospective Birth Cohort Study. *PLoS ONE.* 2012; 7(12): e52615. doi: 10.1371/journal.pone.0052615
6. Fitzpatrick T, Rosella LC, Calzavara A, et al. Looking beyond income and education: socioeconomic status gradients among future high-cost users of health care. *Am J Prev Med.* 2015; 49(2): 161-171.
7. Tarasuk V, Cheng J, de Oliveria C, Dachner N, Gunderson D, Kurdyak P. Association between household food insecurity and annual health care costs. *Can Med Assoc J.* 2015; 1-8. doi:10.1503/cmaj.150234
8. Emery H, Fleisch V, McIntyre L. How a guaranteed annual income could put food banks out of business. *The School of Public Policy SPP Research Papers.* 2013;6(37):1-20.
9. Simcoe Muskoka District Health Unit. alPHA resolution A15-4: Public health support for a basic income guarantee.  
[http://c.ymcdn.com/sites/www.alphaweb.org/resource/collection/CE7462B3-647D-4394-8071-45114EAAB93C/A15-4\\_Basic\\_Income\\_Guarantee.pdf](http://c.ymcdn.com/sites/www.alphaweb.org/resource/collection/CE7462B3-647D-4394-8071-45114EAAB93C/A15-4_Basic_Income_Guarantee.pdf). Accessed October 9, 2015.
10. Hyndman B and Simon L. Basic Income Guarantee: Backgrounder. August 2015  
[http://c.ymcdn.com/sites/www.alphaweb.org/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/alPHA-OPHA\\_HEWG\\_Basic\\_Income\\_Backgrounder\\_Final\\_Sept\\_2015.pdf](http://c.ymcdn.com/sites/www.alphaweb.org/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/alPHA-OPHA_HEWG_Basic_Income_Backgrounder_Final_Sept_2015.pdf). Accessed October 9, 2015.
11. Forget EL. The town with no poverty: The health effects of a Canadian guaranteed annual income field experiment. *Can Public Pol.* 2011;37(3):283-305.
12. Association of Local Public Health Agencies. Disposition of Resolutions, June 2015. [http://c.ymcdn.com/sites/www.alphaweb.org/resource/collection/CE7462B3-647D-4394-8071-45114EAAB93C/Disposition\\_of\\_June\\_2015\\_Resolutions.pdf](http://c.ymcdn.com/sites/www.alphaweb.org/resource/collection/CE7462B3-647D-4394-8071-45114EAAB93C/Disposition_of_June_2015_Resolutions.pdf). Accessed October 23, 2015.

13. Canadian Medical Association. Resolutions Adopted (unconfirmed), August 2015. [https://www.cma.ca/Assets/assets-library/document/en/about-us/gc2015/resolutions-passed-at-gc\\_final\\_english.pdf](https://www.cma.ca/Assets/assets-library/document/en/about-us/gc2015/resolutions-passed-at-gc_final_english.pdf). Accessed October 23, 2015.
14. Basic Income Canada Network. Ontario physicians rally behind basic income. [http://www.basicincomecanada.org/ontario\\_physicians\\_rally\\_behind\\_basic\\_income](http://www.basicincomecanada.org/ontario_physicians_rally_behind_basic_income). Accessed October 23, 2015.
15. Basic Income Canada Network. <http://www.basicincomecanada.org/>. Accessed October 23, 2015.
16. Commission for the Review of Social Assistance in Ontario. Brighter Prospects: Transforming Social Assistance in Ontario, A Report to the Minister of Community and Social Services. [http://www.mcsc.gov.on.ca/documents/en/mcsc/social/publications/social\\_assistance\\_review\\_final\\_report.pdf](http://www.mcsc.gov.on.ca/documents/en/mcsc/social/publications/social_assistance_review_final_report.pdf). Published October 2012. Accessed October 20, 2015.
17. 2014 Mandate letter: Community and Social Services, Premier's instructions to the Minister on priorities for the year 2014. <https://www.ontario.ca/page/2014-mandate-letter-community-and-social-services>. Published September 25, 2014. Accessed October 20, 2015.
18. Legislative Assembly of Ontario. Bill 325 An Act to establish the Ontario Social Assistance Rates Board. [http://www.ontla.on.ca/web/bills/bills\\_detail.do?locale=en&BillID=1681&isCurrent=false&detailPage=bills\\_detail\\_the\\_bill](http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=1681&isCurrent=false&detailPage=bills_detail_the_bill). Accessed October 28, 2015.
19. Ontario Ministry of Labour <http://www.labour.gov.on.ca/english/es/pubs/guide/minwage.php>. Accessed October 19, 2015.
20. Living Wage Hamilton. Explaining the Living Wage Calculation. [http://livingwagehamilton.ca/wp/calculation\\_explained/](http://livingwagehamilton.ca/wp/calculation_explained/). Accessed October 19, 2015.
21. Living Wage for Families Campaign. Living Wages Are Good for Your Health. <http://www.livingwageforfamilies.ca/wp-content/uploads/2013/10/Living-Wages-Are-Good-For-Your-Health.pdf>. Accessed October 22, 2015.
22. Living Wage Hamilton. Becoming a Living Wage Champion. <http://livingwagehamilton.ca/wp/champion/>. Accessed October 22, 2015.
23. City of Hamilton. Housing and Homelessness Action Plan. <https://www.hamilton.ca/sites/default/files/media/browser/2015-02-01/housingandhomelessnessactionplanfull.pdf>. Published December 2013. Accessed October 22, 2015.

## **FOOTNOTES:**

- i. The NFB survey was conducted by Public Health Services in 2014 and data submission to the Ministry of Health and Long-Term Care was carried out as required by the Ontario Public Health Standards. However, a 2014 NFB report to the Board of Health was not prepared due to the Municipal election. Calculations comparing income to nutritious food and housing costs in Hamilton were not done in 2014.

- ii. The composition of the family of four includes two adults (one male and one female age 25-49 years), a boy (13 years) and a girl (7 years).
- iii. The Old Age Security program (OAS) is the Government of Canada's largest pension program. It is funded out of general government revenues, which means that no one pays into it directly. Monthly OAS payments are available to most Canadians 65 years of age who meet the Canadian legal status and residence requirements.
- iv. The Guaranteed Income Supplement (GIS) provides a monthly non-taxable benefit to Old Age Security (OAS) recipients who have a low income and are living in Canada.
- v. A Canadian guaranteed income experiment conducted from 1974 to 1979 in Dauphin and Winnipeg, Manitoba.