

**CALGARY  
FOOD BANK**

# **Food Insecurity Doesn't Retire: Affordability Crisis Impacting More Older Adults in Calgary**



By Gorana Jetic

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## Executive Summary

The Calgary Food Bank examined food insecurity in older adults living in Calgary through a series of structured interviews, a largescale survey, and a roundtable with senior-serving organizations. Historically, seniors have some of the lowest levels of food insecurity in Canada. However, recent trends have shown a startling increase in the number of food insecure older adults and seniors, with Calgary Food Bank data indicating that seniors are nearly three times more likely to re-use its services compared to the general population. The study findings reveal that nearly two-thirds (64%) of retired older adults who access the Calgary Food Bank experienced food insecurity for the first time after retirement.

This emerging food insecurity in older adults is driven by a combination of rising living costs, limited savings, and insufficient Canada Pension Plan (CPP) payments. Within the older adults who responded to our survey, eighty percent are not currently retired and cited an inability to afford retirement. Within this group of older adults who are still in the workforce, not having any savings was the most frequent reason for not being able to retire (85%).

Adding additional burden to these older adults, 60% reported living with a health condition or disability, and 48% retired due to a health issue. These conditions can impact financial security through increased health expenses and decreased ability to supplement pension income through part-time work. Unforeseen circumstances like caregiving responsibilities, or high levels of debt have also disrupted the retirement plans of some older adults.

Strong social networks were identified by senior-serving organizations as a protective factor against food insecurity; however, more than one-third of older adults from our sample reported feeling socially isolated. Additionally, barriers to accessing senior supports and services reported by organizations included transportation (38%), stigma (34%), and long wait times (30%).

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# 1. Introduction

There is a growing number of older adults and seniors<sup>1</sup> in the Calgary community who are struggling to make ends meet. Data from the Calgary Food Bank shows that seniors are nearly three times more likely to re-use its services compared to the general population. This past year, 64% of retired older adults who access the Calgary Food Bank experienced food insecurity for the first time only after retiring. This is particularly alarming, as, people experiencing food insecurity only turn to food banks when they have exhausted all other options (Tarasuk et al., 2020).

Paradoxically, across Canada, seniors have historically been the least likely population to be food insecure. Food insecurity, or the inability to acquire or consume food of adequate quality and quantity due to financial constraints (Health Canada, 2020), is a growing community and public health concern.

While government-sponsored retirement benefits provide a base-level income, the rising cost of living is quickly outpacing the amount older adults can receive. For instance, the average monthly Canada Pension Plan (CPP) pension between July and September 2025 was \$845, while the average cost of a rental apartment in Calgary in 2025 was \$2,051 a month. Although the average monthly CPP pension rose by \$240 since 2020, the average cost of a basket of food went up by \$175 in that same period (Statistics Canada, 2025). Similarly, Calgarians have seen increases in transportation costs, property taxes, and tenant insurance in recent years, further fuelling the cost-of-living crisis (Frew, 2025). The differences in support and cost of living can be hundreds to thousands of dollars per month. Despite these increasing costs, Alberta's minimum wage has remained frozen at \$15 per hour since 2018—the lowest in Canada.

In addition to keeping up with regular living expenses, older adults tend to have higher medical costs due to their increased incidence of chronic disease with age. According to the Public Health Agency of Canada (2020), 73% of seniors live with at least one common chronic condition. In turn, poor health can influence the decision to retire early (Schofield et al., 2008), leading to the loss of employer-provided health insurance and significant out-of-pocket healthcare spending. While the government of Alberta provides seniors health benefits, a recent increase in drug co-payments from a maximum of \$25 to \$35 per drug raises affordability concerns for seniors with multiple prescriptions (Gill, 2025).

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<sup>1</sup> This report defines "senior" as an individual who is 65 years of age or older. In Canada, this age is the most common benchmark for retirement and receiving access to senior-specific income support. Older adults are individuals 55 years of age, or older.

Furthermore, an analysis of private-sector healthcare costs in Canada found that households with a senior were among those most likely to spend a large share of their income on healthcare (Hajizadeh et al., 2023).

Limited savings has a significant impact on post-retirement quality of life. Of the seniors who accessed food support from the Calgary Food Bank between September 2024 to June 2025, 42% reported pension as their main source of income, followed by social assistance (14%) and wages (12%). Research suggests that without private savings (i.e., RRSP, TFSA, workplace pension), Canada's public pension system may not be enough to uphold the pre-retirement standard of living for middle-and-upper-income households (Boisclair et al., 2023). Furthermore, a review of Canadian retirement wealth shows that roughly one quarter of people aged 45 to 64 had no private retirement assets, and participation in workplace pension plans is on the decline (Baldwin, 2022). Similarly, a survey by the National Institute on Aging found that 24% of Canadians aged 50 and older have saved \$5,000 or less for retirement (Iciaszczyk et al., 2024). To keep up with the rising cost of living, some seniors may delay retirement or re-enter the workforce after retirement. Even so, seniors who participate in the workforce out of financial necessity are more likely to hold lower-paying jobs requiring little training or education compared to those who work by choice (Morissette & Hou, 2024). In 2022, 9% or 351,000 Canadian seniors worked out of financial necessity—these odds increase by a factor of 1.5 for immigrant seniors. Indeed, seniors who immigrated to Canada within the past 30 years are twice as likely to experience low income compared to those born in Canada (Kei et al., 2019). Shorter work and residence histories limit immigrants' access to Canada's public pension system.

Food security goes beyond finances and includes ability to access and utilize food. Research shows that limited social connections, low community integration, and living alone heightens the risk of experiencing food insecurity in older adulthood (Dean et al., 2011; Kansanga et al., 2018). Older adults without a social network, like family or friends, receive less assistance with grocery shopping, meal preparation, and maintaining healthy eating habits. Concerningly, a survey of Canadian adults aged 50 years and older found that 43% are experiencing, or at risk of experiencing social isolation (Iciaszczyk et al., 2024). With the proportion of Canadian seniors expected to increase to 10.7 million by 2040 or about 25% of the total population, it is critical to ensure services are accessible and allow seniors to age in their homes in favour of preserving connection to their communities.

When examining the supports older adults required to stay in their homes and communities in 2024, the National Institute on Aging reported that most depended on low-cost transportation services (34%), meal/food delivery services (27%), and friendly visiting services (26%) for social interaction (Iciaszczyk et al., 2024). Indeed, research demonstrates that home-delivered meals remove physical challenges while improving nutritional intake and reducing social isolation and loneliness (Zhu & An, 2013).

This study had three components. The first involved roundtable discussions with senior-serving organizations to examine the challenges facing low-income older adults from an agency perspective. The subsequent two components drew directly on the experiences of food-insecure older adults using an exploratory sequential mixed-methods design. The research aimed to address the following questions:

1. What is the relationship between food insecurity and older adulthood?
  - a. Which factors influence or exacerbate food insecurity in older adults?
2. How well are older adults protected against food insecurity?
  - a. What is the strength of protective factors against food insecurity in older adulthood?
  - b. What are the challenges older adults face when accessing community supports?

## **2. Methods**

### ***2.1. Roundtables***

Rounds of discussions were held separately with frontline professionals and with leadership from senior-serving organizations. Together, these conversations explored access barriers and the key challenges affecting older adults in Calgary. Questions were tailored slightly differently for each round to match the participants' roles and decision-making responsibilities. For example, conversations with executives focused more on strategic planning and opportunities for collaboration, while discussions with frontline professionals centred on current obstacles and operational limitations. Discussions were scribed and later thematically analyzed. A full list of participating organizations is provided in Appendix A and the detailed roundtable analysis in Appendix B.

### ***2.2. Mixed-Methods Design***

This study focuses on the lived experiences of food insecure older adults. To explore how food insecurity affects older adults, the researchers implemented a sequential mixed methods approach, starting with 30 semi-structured interviews followed by a larger survey. Appendix C shows the breakdown of participants' demographic characteristics.

## **Interviews**

Most of the interview participants were recruited from a pool of older adult Calgary Food Bank clients who had previously consented to be contacted for research purposes. Data was captured for both older adults and seniors to explore potential differences based on eligibility for retirement benefits. In addition, to learn about barriers to accessing the Calgary Food Bank, four participants were recruited from other organizations that helped promote the study. Interviews were conducted either in-person, online, or by phone and lasted around 60 minutes. Participants were given a \$25 grocery store gift card as compensation for their time and travel. They were also given an information sheet and consent form explaining the study, their right to anonymity, and the option to skip questions or stop the interview at any time without negative repercussions. With permission, interviews were audio recorded for later transcription and analysis. The qualitative data was then thematically analyzed using MAXQDA.

## **Survey**

Following the qualitative analysis, survey questions were developed to verify the key themes that emerged from the interviews. Key themes included: current financial situation and the impact of economic forces such as inflation; physical and mental health, and the impact of any illnesses or disabilities on daily living; degree and extent of social support from others; and community belonging and participation. Questions were also asked to ascertain what barriers existed and how they affected access to services, such as administrative processes, long wait times, and cognitive overload, to name a few. Respondents' level of food security was determined using the Household Food Security Survey Module—a verified tool used to measure food insecurity at the household level in Canada. Survey questions were mostly informed by interview findings and partially modelled from questions from the National Institute of Ageing's Ageing in Canada Survey (Iciaszczyk et al., 2024).

The anonymous survey was emailed to 7658 Calgary Food Bank clients 55 years or older, who had accessed services within the past three years. The survey received 753 responses (~10% response rate); 17 respondents were younger than the minimum age

required to participate and were excluded from the analysis. The final sample size was 736 survey responses; a full breakdown of demographic characteristics can be found in Appendix C. Age cohort breakdown shows that 58% of respondents were between the ages of 55 and 64, while 42% of respondents were 65 or older. Based on the population of 13,258 unique older adults served by the Calgary Food Bank in the previous fiscal year, this survey provides 99% confidence in the data, with 3.63% margin of error. It also met the calculated threshold of at least 308 respondents for a representative sample of clients.

### 3. Findings

#### 3.1. Roundtables

Low-income older adults who receive support from senior-serving organizations in Calgary face many challenges accessing services. Table 2 summarizes the key themes that emerged from roundtable discussions with professionals and executives who serve older adults. A detailed analysis of each challenge can be found in Appendix B.

**Table 2.** *Overview of Challenges Affecting Low-Income Older Adults*

Challenge	Description
Transportation barriers	Vehicle costs, limited mobility, inaccessible transit options, and limited funding for charity transportation programs pose challenges for seniors.
Stigma	There exist shame, embarrassment, and guilt around receiving charity support. Seniors may hesitate to enter “the system of care”.
Administration processes	Seniors struggle with long wait times, unclear intake requirements, cognitive overload, and changes in eligibility and services. Limited data sharing between agencies due to privacy concerns is a constraint.
Language barriers	Lower English proficiency leads seniors to become dependent on a single service for all their needs. Non-profits rely on volunteers for translation.
Social isolation	Seniors who are socially isolated receive less help with physical and mental health challenges, which can lead to rapid decline in other areas.
Weak inter-organizational relationships	Seniors from ethnocultural minority groups may be disadvantaged if relationships between grassroots and mainstream agencies are weak.
Food unsuitability	Seniors’ special dietary and cultural food needs often unmet due to the small food budgets of non-profits.
Policy barriers	Social assistance age cut-offs and sponsorship policies may adversely impact low-income seniors.
Technology barriers	Fewer digital skills lead to challenges navigating online application portals.

### 3.2. Interviews and Survey

#### Rising Cost of Living

*“I’m retired, low-income senior, you know? I live on \$2,200 a month. That’s my situation. You know, after I pay my rent and all the other bills and not a whole lot of money left to get out of food [in]securities. It’s tight.”*

The quote above illustrates the challenges many low-income retirees are facing today. Managing the rising cost of living on a fixed retirement income means that there are fewer funds left over after all the bills are paid. Interviewees who received some combination of Canada Pension Plan (CPP), Old Age Security (OAS), Guaranteed Income Supplement (GIS), and Alberta’s Seniors Benefit reported that they could not afford the most fundamental necessities of food, medical care, and housing. Consistent with this theme, 64% of retired survey respondents indicated that they experienced food insecurity for the first time *after* retiring.

By delaying the collection of retirement benefits up to age 70, seniors can receive higher payments in Canada. A 65-year-old interviewee, anticipating financial hardship in retirement, chose to continue working and defer her CPP and OAS benefits. Despite her decision to delay retirement, she faces food insecurity and precarious working conditions:

*“The income I’m earning will pay the bills but not winter utilities, and not food or gas. So, I pick up gig work, piece work, casual, seasonal, temporary.”*

This interviewee is not alone, however—80% of non-retired survey respondents say they cannot financially afford to retire. With over half of survey participants earning no more than \$20,000 annually, it comes to no surprise that many are concerned about affording the ever-increasing cost of housing/rent (71%), utilities (58%), medical expenses (52%), and a vehicle (49%) in the next 12 months.

Covering the cost of living is especially difficult for single-income households, with 54% of survey respondents reporting relying on the earnings or benefits of just one adult. One woman in her 70s—previously the main earner of her family, who had a long and productive career in corporate management and human resources—explains that she used the food bank for the first time last year when her husband’s medical costs became unmanageable on a single pension:

*“My husband is in an assisted living facility right now. Even before then, his medical costs were quite high even with insurance and what have you [...]. I didn’t need a lot of money the last year, year-and-a-half, because my husband wasn’t ill, but if I look for work now, what am I going to do?”*

A deeper look at household living arrangement reveals that nearly half of the survey sample is divorced or has never married, and 43% are currently living alone. Furthermore, data from the Calgary Food Bank shows that in 2024-2025, among seniors, 32% of hampers were given to single-person households, compared to 24% among 18-to-64-year-olds. These findings suggest that seniors who live alone are at a higher risk of food insecurity.

To manage their expenses, survey respondents utilized various cost-saving strategies, including skipping high quality foods or eating less (72%), using discounts and coupons (67%), and downsizing (24%). Still others sold personal belongings for cash, and denied themselves enjoyable experiences, such as going to the movies or meeting with friends. Interviewees who moved to a more affordable placement discussed the devastating financial impact of moving. All these examples show that food insecure older adults will make large sacrifices to stay afloat, often for very little payoff:

*“I haven’t been doing much this week, I just haven’t had any money. I’ve been running my CPAP on tap water which I shouldn’t be doing. I couldn’t even get out to get a jug of water. Usually, I have 4-5 of them sitting around. So, I just haven’t gone very far [with gas].”*

### **Lack of Savings and Low CPP Payments**

*“There was never enough money to save money.”*

Although government retirement benefits offer some security, many older adults require personal savings to meet a basic standard of living. For those interview participants who spent years in low-wage work, the impact is compounded: limited earnings meant lower CPP contributions and little opportunity to save, leaving them at a disadvantage in retirement. This occurrence is far from rare—only 3% of retired survey respondents have an annual income above \$40,000, and 85% of survey respondents indicated that they do not have any savings or private retirements funds, such as Registered Retirement Savings

Plan (RRSP), Registered Retirement Income Fund (RRIF), Tax-Free Savings Account (TFSA), or workplace pension.

Retired immigrants are especially affected by low income, largely because they have spent fewer years in Canada building wealth and contributing to the CPP. This is illustrated by one interviewee who immigrated from Jamaica in his forties and started off with \$6.85 an hour as a factory worker. Despite going back to school to learn another skill, he did not make any substantial economic gains and currently faces food insecurity as a pensioner.

Although Canada has social security agreements with other countries to coordinate the pension programs of the two countries, this option does not ensure adequate coverage for everyone. One interview participant from El Salvador explained why she cannot receive a pension from her home country:

*“The law over there is you need to work 30 [consecutive] years [...]. When we left [El Salvador], I was working within the company for 15 years or so [...] what [I] used to contribute to [my] pension is lost, it’s gone.”*

Another interviewee, a 69-year-old immigrant from Ukraine who spent his career working as an engineer across the USSR and Europe, receives only \$416 a month from Canadian retirement benefits and no foreign pension. Survey findings mirror this situation, where just 6% of retired immigrant seniors reported receiving any pension from abroad.

For interview participants who developed a health condition later in life, the transition from employment to disability benefits often resulted in a sudden drop in income. This is particularly concerning given that 48% of retired respondents reported retiring due to poor health. While CPP disability programs (i.e., CPP-D, PRDB) offer basic support, the amount depends largely on past contributions, leaving those without additional income sources vulnerable to financial hardship:

*“Generally speaking, my eyes just cannot function as a normal person, so that’s why I cannot [keep] working [...]. Then I start to receive a Canada pension disability [...]. My [household] income is \$1457 per month.”*

## **Health Conditions and Associated Costs**

*“My medical expenses have been increasing, and they’ve increased to about \$350 a month. So that’s what’s put me in a jam like this [...]. I have about 18 prescriptions, incontinence, diapers, pads or whatever. That’s expensive, you know?”*

The quote above underscores how worsening health can create financial pressures for older adults. With six in ten survey respondents reporting living with a health condition or disability, it is clear that many older adults are spending portions of their income on medical care. Although public programs offer some assistance for after hospitalization, interview participants described how coverage is limited or delayed, leaving them unprotected and at risk of injury or deprivation:

*“It was difficult getting any kind of supports. I had to fight to even get home care, because I had a dozen stairs that I had to go down, but I wasn’t load-bearing for 2.5 months. So how do you go downstairs carrying a laundry basket with one foot?”*

Several interview participants were managing chronic conditions such as diabetes, arthritis, or the lasting effects of a stroke. To maintain their health, older adults adjusted their diets, medications, homes, or routines. In many cases, however, they accrued additional costs adapting to a new, modified lifestyle despite government subsidies, programs, and charity support:

*“I have been using Calgary Transit. Most of the time I have to go to medical or stuff like that. I usually have a helper with me, pushing me around because it’s too dangerous with the wheelchair. So, it’s costing me about 20 bucks anytime I go anywhere.”*

### **Unforeseen Circumstances**

*“We didn’t really expect to be in this situation, however, we ended up raising two of our grandchildren in our later years and as a result, a lot of our savings were deleted at that time.”*

Unexpected circumstances in later life can significantly disrupt retirement plans. Interviewees frequently described drawing on their savings or retirement funds to support family members—a pattern reflected in the survey, where 13% of respondents reported providing financial support to their children or grandchildren. One such tragic situation was explained by a 79-year-old interview participant whose son is on long term disability with a private insurance company:

*"[My son] has a brain tumor, so as you know, tumor medication is expensive. He has to pay up front for his situation. I went through all my retirement funds and last year I had to declare bankruptcy because I just didn't have any money left."*

Although older adults are often assumed to be debt-free, the survey found that 61% of retired respondents are currently repaying debt, and only 17% own their homes. Several interview participants also reported being targeted by scams, resulting in the loss of a substantial portion of their savings.

### **Limited Social Support and Low Community Integration**

Social isolation can make it difficult to access resources and support. Participants in roundtable discussions emphasized that isolation could lead to a collapse of physical and mental health, impacting other aspects of an older person's life, including food and housing security. Notably, 36% of survey respondents reported that they *often* feel isolated from others, and nearly half of respondents said they participated in social activities and events *much less* than they would have liked in the past 12 months. Further questioning found that 70% could not participate due to the costs associated with the desired activities and events:

*"I'm not living in Calgary for a long time, so I don't know a lot of things and a lot of places and a lot of people. I mostly stay home. I don't go out. A few people I talked to say, 'get out the house, man! You're in the house like a rat!' And I say, 'where am I going to go? Wherever you go is going to cost money!'"*

### **Barriers to Accessing Community Support**

Despite 97% of respondents being moderately or severely food insecure (see Table 3) and potentially benefiting from additional support, only 35% reported using services beyond the Calgary Food Bank. The most common barrier to accessing community support services was transportation, with 38% of survey respondents having difficulties moving around the city. Even for those who have a car, the cost of owning and maintaining a vehicle is described as a burden. This was emphasized humorously by one interview participant:

*"Someone who asked me, 'do we have a car?' I said, 'unfortunately, I have.'"*

### **Table 3. Food Security Status of Survey Respondents**

Food Security Status	55–64-Year-Olds	65 and Older	Total
Food secure <sup>2</sup>	0%	>1%	0%
Marginally food insecure <sup>3</sup>	2%	2%	2%
Moderately food insecure <sup>4</sup>	22%	27%	24%
Severely food insecure <sup>5</sup>	75%	70%	73%

Note – Differences between age groups were not statistically significant.

Subsequently, 34% of survey respondents said they feel guilty, ashamed, or embarrassed to access services. The quote below demonstrates the subtle connection between stigma and one’s willingness to access support:

*“I had a strong feeling that I shouldn’t access any help because families were having an obvious difficult time, and their needs were greater than only one of me.”*

Correspondingly, a prominent desire among older adults was to be self-sufficient. Even in the face of food insecurity, several participants expressed that they would prefer to take care of others, instead of being supported by family and friends. As one woman put it:

*“If you can imagine, when you are a grandmother, and you have to go to your daughter or son and ask them for money, you wouldn’t feel very dignified [...] you are the one who’s supposed to raise the child and look after them.”*

Finally, 30% of survey respondents cited ‘long wait times’ as an access barrier. One interview participant stated:

*“I think people need to tell seniors or people who are transitioning from working to being seniors, especially if you are low-income, that be forewarned, you need to apply for this stuff. You’re going to have a lot of paperwork to do, and you’re going to be waiting for everything forever.”*

## 4. Discussion and Conclusion

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<sup>2</sup> Enough food for an active, healthy life for all household members.

<sup>3</sup> Worrying about running out of food and/or limited food selection due to a lack of money for food.

<sup>4</sup> Compromise in quality and/or quantity of food consumed.

<sup>5</sup> Reduced food intake and disrupted eating patterns.

This report explores food insecurity in a cohort of older adults accessing the Calgary Food Bank. Food insecurity is defined as the inability to acquire or consume sufficient, nutritious food due to financial constraints. Although seniors have historically been among the least food-insecure populations, data from the Calgary Food Bank shows that seniors are nearly three times more likely to re-use its services compared to the general population. The findings reveal that 64% of retired older adults who access the Calgary Food Bank experienced food insecurity for the first time after retirement.

Interviews with 30 food-insecure older-adult Calgary Food Bank clients highlight the significant impact of rising living costs on their ability to meet basic needs, particularly for those relying on fixed pension incomes. More than 70% of survey respondents expressed concern about affording housing in the next 12 months, while over half were also worried about paying for utility and medical expenses during the same period. For many older adults, limited savings and low CPP payments further constrained their ability to maintain a basic standard of living—a challenge that is especially pronounced among older-adult immigrants who have had fewer years to accumulate wealth in Canada. Survey findings show that only 3% of retired respondents had an annual income above \$40,000, while among older adults who are still working or seeking employment, 80% indicated that they cannot financially afford to retire. Alarming, 85% of survey respondents reported having no savings or private retirement funds.

Financial pressures are further intensified by health-related expenses, as six in ten older adults reported living with a health condition or disability, and 48% of retirees stopped working due to health issues or a reduced ability to work. Even among those who felt prepared for retirement, unforeseen circumstances, such as the illness of a family member, often led to the depletion of savings and retirement funds. As a result of these cumulative economic stressors, 61% of retirees reported currently carrying debt.

An examination of protective factors revealed significant gaps in social connectedness. Over one-third (36%) of respondents reported frequently feeling socially isolated, and 70% of those individuals were unable to participate in social activities due to associated costs. Despite 97% of respondents meeting the criteria for moderate or severe food insecurity and likely benefiting from additional supports, only about one-third reported accessing services beyond the Calgary Food Bank. Participants identified transportation (38%), stigma (34%), and long wait times (30%) as the primary barriers to accessing community services. These self-reported challenges align with insights from senior-serving organizations, which also cited language barriers, weak inter-organizational relationships, food unsuitability, policy barriers, and technology-related barriers.

Overall, the findings reflect broader evidence of an ongoing cost-of-living crisis. Rising expenses related to housing, food, medication, transportation, and other necessities are making it increasingly difficult for older adults to stretch fixed pension incomes and preserve limited savings. While this study focused on the experiences of food-insecure Calgary Food Bank clients, further research is needed to assess whether similar effects are present among older adults living just above the threshold of food insecurity.

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## 6. Appendices

### Appendix A

List of participating roundtable organizations.

<b>Organization</b>	<b>Professionals' Roundtable</b>	<b>Executives' Roundtable</b>
Bridge to Oasis Foundation	✓	
Calgary Meals on Wheels		✓
Calgary Seniors' Resource Society		✓
Carya Society of Calgary	✓	✓
Circle of Wisdom Elders and Seniors Centre		✓
City of Calgary		✓
Silvera for Seniors	✓	
The Alex	✓	✓
Unison Alberta	✓	✓
Vibrant Communities Calgary		✓

## Appendix B

### Roundtable Findings

#### Transportation

Transportation poses a significant barrier for seniors who are unable to drive due to mobility limitations or cost constraints. While alternative transportation options exist, roundtable participants identified notable gaps. For example, ACCESS Calgary, an affordable Calgary Transit service for people with disabilities, limits passengers to two bags, making it challenging to transport groceries. Home food delivery can help address these limitations; however, practitioners working with seniors often lack the funding or time to provide errand support.

#### Stigma

There can be a lot of stigmas attached to food bank usage and other service access, particularly if clients have had negative experiences or received poor quality food in the past. Seniors may be ashamed to accept “handouts,” and depending on their sociocultural beliefs around independence, they may be reluctant to ask for help. For instance, one agency executive highlighted how, after a lifetime of working, it can be demoralizing for a senior to enter the system of care. Another participant emphasized how the stigma barrier goes beyond the client and can influence whether someone receives a referral to a charity service by a healthcare practitioner.

#### Administration Processes

Navigating the administrative processes of public and non-profit services can be challenging for seniors. Roundtable participants identified barriers such as long wait times, uncertainty of intake requirements, and the cognitive overload that comes with managing registration. As a result, clients often abandon applications when they encounter obstacles. While cross-agency data sharing would ease the burden on seniors, privacy concerns prevent access to records. Seniors and agency workers also face difficulties keeping up with federal changes to benefit eligibility, low-income cut-offs, and service offerings.

#### Language Barriers

Language strongly influences a senior's level of independence, as those with limited language proficiency often require ongoing, "on-the-spot" support. One organization stated that 36% to 40% of their clients do not speak English, while another organization estimated that roughly half of their clients accessing food support face language barriers. These challenges make seniors less likely to approach unfamiliar non-profit organizations, even when services may better meet their needs. One executive leader pointed to a gap in charitable translation services, leading to a dependence on volunteers within the sector, because paid services are too costly.

### Food Suitability

Adapting to donated food can be challenging for older clients with specific health and dietary needs. Many seniors live with chronic illnesses, such as diabetes, and require foods that enable them to manage their health condition. Just as importantly, seniors who come from different ethnic and cultural backgrounds may find it challenging to create meals from the items they receive from charities, as donated food does not always meet their cultural preferences and requirements. A lack of funding for food budgets was brought up as a limiting factor by executives.

### Social Isolation

Senior-serving organizations discussed the issue of social isolation among older adults in their programming. Seniors who live alone and do not have a social support network are less likely to have their deficits detected and addressed early, including challenges with mental and physical health. One roundtable participant stated that if a senior is accessing food support, it is very likely that everything else in their life has broken down already. Indeed, several executive leaders stated that the fundamental purpose of their program is to reduce social isolation, regardless of the core service provided.

### Weak Inter-Organizational Relationships

Participants noted that some clients may be more comfortable seeking support directly from organizations that serve their cultural or ethnic group. As such, one Indigenous-serving organization discussed the importance of inter-organizational trust, timeliness, and reliable communication, which allows them to effectively administer targeted support and translate mainstream information for their client-base. The impact of community-level grassroots groups cannot be underestimated, but their dependence on larger mainstream organizations can become a barrier if relationships are weak.

## Policy Barriers

Participants raised concerns about the inadequacy of social assistance age cut-offs, noting that adults aged 50–59 often fall through the cracks because they are not yet eligible for pension benefits. Conversely, roundtable participants noticed a decline in non-profit service use around the age of pension eligibility, aligning with evidence that retirement benefits help protect against poverty (Leroux et al., 2018; Men & Tarasuk, 2020). Government policies may also adversely affect seniors who are sponsored by family members because they do not qualify for income support.

## Technology Barriers

Largely, older adults are connected to services by referrals from health care professionals or community organizations they are already engaged with. Social media and websites were notably not mentioned as common routes for accessing services. Participants reported that older adults are less likely to own a smartphone, and they have fewer digital skills needed to navigate online application portals.

## Appendix C

Demographic breakdown of interview participants and survey respondents. Out of 30 interview participants, 28 provided demographic information. All 736 survey respondents completed the demographic questionnaire.

	Interview participants (%) n=28	Survey respondents (%) n=736
<b>Age Category</b>		
55-59	4%	31%
60-64	11%	28%
65-69	36%	21%
70-74	43%	13%
75-79	7%	5%
80-84	0%	2%
85+	0%	0%
<b>Gender</b>		
Female	57%	60%
Male	43%	39%
Non-binary / Third gender	0%	0%
Prefer not to say	0%	1%
<b>Marital Status</b>		
Married	32%	25%
Living common-law	0%	4%
Divorced	32%	28%
Separated	4%	8%
Widowed	18%	15%
Never married	14%	19%
<b>Born Outside Canada</b>	32%	40%
<b>Years in Canada (if foreign born)</b>		
Less than 1 year	0%	9%
1-5 years	33%	25%
5 years or more	67%	66%
<b>Immigration Status</b>		
Canadian citizen / First Nations / Métis / Inuit	75%	68%
Naturalized Canadian citizen	7%	9%
Permanent resident	7%	15%
Refugee claimant	0%	2%
Temporary status	11%	7%
<b>First Nations, Métis or Inuit (Inuk)</b>	4%	8%

<b>Visible Minority</b>	11%	20%
<b>Health Condition or Disability</b>	36%	59%
<b>Sexual and Gender Minorities</b>	4%	3%
<b>Highest Level of Education</b>		
Less than high school	4%	15%
High school graduate	25%	29%
Degree or diploma from a college or university	61%	49%
Postgraduate degree	11%	7%
<b>Household Living Arrangement</b>		
Living with relatives*	-	42%
Living with non-relatives*	-	15%
Living alone	54%	43%
<b>Employment Status</b>		
Retired	75%	36%
Working full-time	14%	8%
Working part-time	4%	11%
Unemployed / looking for work	4%	15%
Disability pension	0%	18%
Other	4%	12%

\* Note – Shared household living arrangements were not collected from interview participants.