Put Food in the Budget
Promote health and fight poverty

Joint Statement

Implications of 2010 Ontario Budget for Food Security and Health of People Receiving Social Assistance

The recent Ontario budget increases food insecurity, is dangerous for the health of people on social assistance, and reduces the well-being of our communities. The budget:

- Reduces the real income of people on social assistance by one per cent because the one percent social assistance increase does not keep up with the almost two per cent increase in consumer prices;
- Threatens access to current sources of healthy food for tens of thousands of people by cutting the Special Diet Allowance.

These two decisions will:

- Perpetuate and deepen the chronic hunger and malnutrition experienced by hundreds of thousands of people in Ontario;
- Further jeopardize the health and well-being of hundreds of thousands of people in Ontario;
- Have a negative impact on the health of tens of thousands of people who have relied on the Special Diet Allowance.

We are health and community service providers who work every day with vulnerable Ontarians across the province. We know them as our patients, our clients, and our neighbours. Through these relationships and evidence gathered from our work we know that in living on social assistance they literally have to choose between paying the rent and feeding their loved ones and themselves. Even beyond the related costs to our health system and diminished prosperity this reality for so many is unconscionable to us as regulated health professionals, community service providers, advocates and residents of Ontario.

We believe that:

- Social assistance rates are dangerously low; they lead to food insecurity and are clearly insufficient for human health and dignity
- Food insecurity harms health and shortens life expectancy
- The harm and poor health outcomes of food insecurity disproportionately impact groups of people already dealing with other forms of discrimination
- Investment in healthy food for people on social assistance will result in cost savings to our health care system and ultimately will improve overall prosperity

Premier McGuinty's promise of transforming the social assistance system to one that will allow people to live in health and dignity is sound health policy and consistent with our collective responsibility for human rights. Income is a root determinant of health status. The RNAO, in their report Creating Vibrant Communities says "Where one falls along the income gradient is literally a matter of life and death. There is overwhelming evidence from academic research and our own nursing practice that those who live in poverty and are socially excluded experience a greater burden of disease and die earlier than those who have better access to economic, social, and political resources."

The cancellation of the Special Diet Allowance and a social assistance increase that does not keep up with the cost of living are a setback on any promised path to transform social assistance. In addition the food insecurity created by this budget will negatively impact the intended outcomes of the following strategies of the McGuinty government:

- Early Learning Strategy
- Poverty Reduction Strategy
- Mental Health and Addiction strategy
- Ontario Diabetes Strategy

If you are hungry and not properly nourished it is harder to learn, to work, to avoid depression, to avoid chronic diseases such as diabetes and to 'eat right'. Hundreds of thousands of Ontario residents need more healthy food now!

The organizations signing this Joint Statement call on the Ontario government to:

- Commit to revised social assistance rates based on actual local living costs, including housing and food through a process that includes meeting with stakeholder organizations to collaboratively determine the appropriate level of support to provide social assistance recipients in Ontario.
- Implement immediately a healthy food supplement increase of $100 per month for every adult on social assistance (as an interim measure pending the first point)
- Maintain access to healthy food through a nutritional supplement program that retains at least the current Special Diet Allowance budget allocation of $250 million

The organizations signing this joint statement also commit to continue to work together with our patients, clients, neighbours and fellow Ontario residents in support of their equal rights to an income that provides a life of health and dignity.

Association of Local Public Health Agencies
Association of Ontario Health Centres
Canadian Diabetes Association
Health Providers Against Poverty
Medical Reform Group
Nurse Practitioner Association of Ontario
Ontario Chronic Disease Prevention Alliance
Ontario Collaborative Group on Healthy Eating and Physical Activity
Ontario Midwives Association
Ontario Public Health Association
Ontario Physician Working Group on Poverty
Ontario Society of Nutrition Professionals in Public Health
Put Food in the Budget Campaign
Registered Nurses' Association of Ontario
Social Planning Network of Ontario
The Stop Community Food Centre

June, 2010

Background

Relationship between Poverty, Access to Healthy Food, and Health Outcomes

The Joint Statement refers to documented impacts of poverty, access to healthy food and health outcomes reported by organizations signing this Joint Statement. Here are some references.

Social Assistance rates are insufficient and lead to food insecurity: When people do not have enough money, a healthy diet becomes one of the first things they are forced to cut from their budget.

- Food insecurity is driven by poverty. According to the 2004 Canadian Community Health Survey (2004), 8.45% of Ontario households meet the definition of "food insecure." Food insecurity is greatest among households:
    - with low income (almost half in the lowest category of income adequacy)
    - dependent on social assistance (60% of those on social assistance)
    - which do not own their dwelling (20% of those)

  (Heart & Stroke Foundation of Canada, 2008)
  http://www.heartandstroke.on.ca/site/c.pvI3IeNWJwE/b.4975117/k.BAD7/Food_Security_Essential_to_the_Heart_Health_of_Ontarians.htm

- The main cause of food insecurity is poverty. More than 40% of low-income people experience food insecurity. At particular risk are people living on social assistance who have been shown to be at the greatest risk of food insecurity. Social assistance rates in Ontario are grossly inadequate to maintain food security.
  (Tarasuk V, Vogt J. Household food insecurity in Ontario. Can J Public Health. 2009 May-Jun;100(3):184-8.; Che JC, J. Food insecurity in Canadian households. Health Reports. 2001;12(4):11-21. Ricciuto LE, Tarasuk VS. An examination of income-related disparities in the nutritional quality of food selections among Canadian households from 1986-2001. Social Science and Medicine. 2007;64:186-98.)

- The 2009 Nutritious Food Basket survey results indicate that in no part of Ontario can a single Ontario Works recipient afford the average rent and the cost of healthy eating at the same time. The average cost for an individual to purchase a Nutritious Food Basket* is $223.51 per month (for a 19 – 30 year old male) *(Nutritious Food Basket costing, Ministry of Health Promotion, February 22, 2010).* That amount uses up all of the Ontario Works amount once the housing portion (of $356 which must be used for rent or is taken back), leaving nothing for toiletries, transportation, clothing, laundry or telephone, for example. *alPHa Nutritious Food Basket Survey February 2009 Update accessible at*
  http://www.alphaweb.org/files/NFB%20Summary%20Report_2009apr.pdf

Food insecurity harms health and shortens life expectancy: When poverty limits the quality and quantity of food someone can eat, the likelihood of getting sick or having a chronic disease increases.

- Overwhelming evidence from academic research and RNs' own nursing practice show that differences in social and economic status are directly linked to inequitable health outcomes.
  (Creating Vibrant Communities, RNAO's Challenge to Ontario's Political Parties, 2010 – Technical Backgrounder). http://www.rnao.org/Storage/65/5964_Backgrounder.pdf

- There are higher rates of chronic disease and poor health in social assistance recipients in Ontario when compared to the non-poor. In some cases, these rates were 7.2 times higher.
  (Sick and Tired: The Compromised Health of Social Assistance Recipients and the Working Poor in Ontario)
  (http://wellesleyinstitute.com/files/sickandtiredfinal.pdf

- Individuals living in food-insufficient households in Canada are more likely to report heart disease, diabetes, high blood pressure and food allergies *(Vozoris and Tarasuk, 2003)*

- Low-nutrient, highly processed foods can be less expensive than healthier options such as fresh fruits and vegetables. People with low incomes therefore choose them frequently, and this reinforces less healthy eating

patterns. Obesity is also more prevalent in low income women. (Dietitians of Canada, Community Food Security Position Paper, 2007) http://www.dietitians.ca/news/highlights_positions.asp

- The poorest one-fifth of Canadians, when compared to the richest twenty percent, have:
  - more than double the rate of diabetes and heart disease
  - a sixty percent greater rate of two or more chronic health conditions
  - more than three times the rate of bronchitis
  - nearly double the rate of arthritis

  (Poverty Is Making Us Sick, A Comprehensive Survey of Income and Health in Canada. Lightman, Mitchell & Wilson, 2008). http://socialplanningtoronto.org/wp-content/uploads/2009/03/poverty-is-making-us-sick.pdf

- The poorest fifth of Canada's population face a staggering 358% higher rate of disability compared to the richest fifth. The poor experience major health inequality in many other areas, including 128% more mental and behavioural disorders; 95% more ulcers; 63% more chronic conditions; and 33% more circulatory conditions *(Lightman, Mitchell & Wilson, 2008 see above).*

Food Insecurity and harm/poor health outcomes disproportionately impact groups of people already dealing with other forms of discrimination:

- People with low incomes including single parents (most frequently mothers), individuals aged 45-64 years and living alone, recent immigrants, persons with a work-limiting disability, Aboriginal people, individuals who drop out of high school, women, and racialized group members
  (RNAO, 2010 see above).

- Women are especially vulnerable, as they make up a disproportionate share of both the low income population and lone parent families.
  (Statistics Canada as cited in Heart & Stroke Foundation of Canada, 2008 see above).

- Isolated communities are particularly vulnerable to food insecurity, primarily because of decreased availability of and accessibility to food. Of particular concern is the degree of food insecurity in isolated Aboriginal communities, which ranged from 40% to 83% in a baseline nutrition survey. (Dietitians of Canada, Community Food Security Position Paper, 2007)

- Children are particularly affected by food insecurity. For example, 700,000 Canadian children (12.5% of the total number of children in Canada) were living in food insecure households in 2006, and children accounted for 41% of the more than 750,000 people in Canada who were assisted by food banks in that year
  (Heart & Stroke Foundation of Canada, 2008). (Tremblay, Shields, Laviolette, Craig, Janssen & Gorber as cited in Toronto Public Health, 2010) http://www.toronto.ca/health/food_connections_report.pdf

Investment in healthy food for people will result in cost savings to our health care system:

- An annual increase of $1,000 in income for the poorest 20 per cent of Canadians would lead to almost 10,000 fewer chronic conditions and 6,600 fewer disability days every two weeks.
  (Lightman, Mitchell & Wilson, 2008 see above).

- The relationship between poverty and poor health is clear. Poor nutrition can lead to an increased risk for chronic and infectious diseases, pregnancy outcomes with greater risk for low birth weight and a negative impact on the growth and development of children. It costs more to treat and manage these conditions than to prevent them by ensuring people can afford an adequate diet. Consistent investment in maintaining public health is a pre-requisite for maintaining a population that is prepared for productivity.
  Letter to Premier McGuinty, Ontario Public Health Association, March 22, 2010,
  http://www.opha.on.ca/our_voice/letters/SpecialDietAllowance-22Mar10.pdf