alPHa
Association of Local
PUBLIC HEALTH
Agencies

BRIEFING NOTE: Equitable Access to Healthy Food for all Ontarians

Issue

Proper nutrition is an undisputed prerequisite to good health, essential for proper growth and development as well as a significant factor in preventing many chronic diseases including cancer, heart disease and diabetes. Income-related barriers to accessing sufficient nutritious food are therefore barriers to good health. The Government-mandated Nutritious Food Basket (NFB) Protocol can and should be used to inform public policy interventions to lower these barriers and ensure that all people in Ontario have the means to access affordable, nutritious and personally acceptable foods.

Background:

Each year since 1999, Ontario's 36 Boards of Health have been required to collect detailed information on the Cost of a Nutritious Food Basket in their communities. This information is collected as a requirement of the Chronic Disease Prevention program of the Ontario Public Health Standards, published under the authority of Ontario's Health Protection and Promotion Act, and is meant to inform the activities of Ontario's boards of health in collaborating within their communities to "promote access to sufficient, safe, nutritious and personally acceptable food"[1]

According to the Nutritious Food Basket Protocol, boards of health can use this information "for program planning; to inform policy decisions"; including "relating the cost of the food basket to individual and household incomes." This protocol further requires boards of health to "consider the determinants of health to assist in identifying priority populations and use population health data and information to focus public health action." [2]

The procedure for collecting this information is coordinated by a registered Dietitian, based on nutritional recommendations found in Canada's Food Guide to Healthy Eating, and requires that 66 specified foods be priced in a minimum of 6 grocery stores within the health unit. Data are presented to account for gender and age-related nutritional requirements, and provide average costs for a range of family sizes and individuals.

These data are in turn reported to Ontario's Ministry of Health Promotion, and individual boards of health customarily share the results of their annual survey with local stakeholders (food banks, school-based meal programs, shelters, charitable agencies, etc.) in order to develop local initiatives to increase access to nutritious food, and inform advocacy efforts to increase support for them.

Current Status:

While Ontario's boards of health are required to submit the results of the annual NFB survey to the Ministry of Health Promotion, the mandate to make use the NFB data applies exclusively to the local board of health, which is required to promote and support policy development in partnership with local community agencies. Since boards of health do not make policy per se, most interpret this as a mandate to advocate for them.

Ontario's health units have provided the results of these surveys to the provincial government annually since 1999. A reliable and detailed ten-year data set of nutritious food cost trends for the entire province

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[1] *Ministry of Health and Long-Term Care, Nutritious Food Basket Protocol, 2008:1.*
[2] *Ibid.*

is thus housed with the Ministry, readily available for a range of food-related policy development applications. In 2007, the Association of Local Public Health Agencies (alPHa) asked its member health units to provide data on the NFB for a family of four for each of the past five years. The survey report (*APPENDIX 1)* demonstrates that food costs have risen by almost 10% over five years. A second survey was conducted in 2009 to relate the most recent NFB data to hypothetical single earners and families of four receiving social assistance under Ontario Works. These data are incorporated into the updated report.

As currently practiced, the collection of NFB data provides an indicator of the cost of a narrowly defined basket of goods, which can be examined alongside costs of other essentials to determine the incomes required to afford a minimum cost of living. Unlike statistics about average rents and income rates, which are widely available and regularly cited in advocacy efforts to illustrate the associations between low income and health, there is not an effective reporting and publication procedure that ensures similar availability of nutritious food costs, even though the data are collected under provincial mandate.

The information thus rests with local boards of health and the Senior Nutritionist at the Ministry of Health Promotion, none of whom has the authority to develop the public policies required for achieving the stated goals of the program.

Key Considerations:

Many families in Ontario have difficulty meeting the basic nutritional requirements for maintaining their health and well-being because their incomes are insufficient to cover the rising combined costs of their essential needs, including but not limited to food, shelter and clothing. This forces low-income Ontarians into a situation where payment for fixed expenses such as rent and utilities leaves little –if anything - left over to cover the cost of nutritious food.

The seriousness of this problem is clearly demonstrated in the attached survey, which shows that it is not possible for any single adult recipient of social assistance to afford basic accommodation and nutritious food at the same time. Since the survey does not include the costs of other basics (utilities, transport, clothing, toiletries, savings etc.), it is not difficult to conclude that single-parent families, minimum wage earners and other low-income Ontarians face the same challenge.

According to Statistics Canada's most recent data on Low Income Cut Offs, there are well over 1.5 million people in Ontario living below that line. [3] If we consider the solid evidence that health improves as incomes rise, we can infer that one in seven (roughly 12%) faces the highest average probability of being in poorest health simply because he or she cannot afford the basics. The impacts on children are especially noteworthy, as strong associations between poverty and low birth weight, infant mortality, respiratory conditions, obesity, oral health and developmental outcomes have been repeatedly demonstrated.

The current government has made poverty reduction a key priority, with the release of *Breaking the Cycle: Ontario's Poverty Reduction Strategy*. Measures such as the Ontario Child Benefit and the gradual increases to the minimum wage have demonstrated a commitment to this priority, but these measures will do little to address, for example, the needs of the unemployed or adults without children. A broader examination of income-related barriers to accessing the basics for living, including the affordability of nutritious foods, will be critical to reducing overall poverty, and improving population health.

The Government of Ontario's own *Action Plan for Healthy Eating and Active Living* refers to research that demonstrates that a healthy diet is a key component in preventing up to 40% of all cancer cases, 80% of coronary heart disease and 90% of Type 2 Diabetes cases. It also states that obesity costs Ontario

[3] Statistics Canada *Incidence of low income among the population living in private households, by province (1996 and 2001 Censuses)* http://www40.statcan.ca/l01/cst01/famil60b.htm - retrieved February 8 2008

approximately $1.6 billion annually, including $647 million in direct costs and $905 million in indirect costs[4].

Promoting healthy eating habits is central to the Action Plan, but unless strategies are implemented to ensure that healthy choices are within reach of all Ontarians, dietary interventions for the prevention and management of diseases and promotion of overall health will remain out of reach for those who are most at risk.

The current government has also made addressing the epidemic of diabetes a priority. Dietary interventions for the prevention and management of the Type 2 version of this disease are well known. It is also known that low-income individuals are at far greater risk of not only developing the disease[5], but also experiencing its most serious complications[6].

Limitations

In addition to the absence of any mechanism to use NFB data at the provincial level, its application to strategies to prevent chronic disease through healthy eating is also limited by the fact that it is not intended to be used as a prescription for what people ought to eat, nor is it likely reflective of Ontarians' actual food-related spending habits, irrespective of income status. It does not include processed and prepared foods, snack foods or restaurant/take-out foods. It also excludes essential non-food items such as laundry detergent, soap, paper products, personal grooming items, etc. that are often purchased with groceries. It does not account for having the means to transport the goods, the tools and skills to prepare the food and the will to shop for the lowest available price. Finally, it is not meant to be a precise statistical measure of all actual costs and variations.

Despite these limitations, it is a reliable benchmark of minimum spending requirements for healthy eating throughout Ontario, supported by an evidence gathering infrastructure and a legislated mandate whose purpose is to inform public policy interventions, the aim of which is to put healthy foods within reach of all Ontarians.

It is also a tool that can be (and is) used to inform public dialogue about nutritious eating habits and address some of the cost-related factors in making healthy choices. It can also be used to evaluate impacts on food budgets for school nutrition programs, homes for the aged, shelters, child care centres and correctional facilities.

Recommendations:

As written, the Nutritious Food Basket mandate appears to assume that the local charitable model for ensuring access to adequate and nutritious food ("community agencies" are normally food banks, faith-based groups and community kitchens etc.) is the appropriate one. This unfortunately belies the usefulness of the information on a provincial scale. Some potential applications follow.

- ***Use of NFB data in Ontario's Poverty Reduction Strategy***

The inability to afford a nutritious diet is a key indicator of poverty and an accepted health risk. Since the provincial government has committed to developing poverty indicators and targets, NFB data can be used to provide the necessary denominator for measuring food affordability. They provide a clear picture of minimum healthy food costs, just as Canada Mortgage and Housing data is used to measure average rents.

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[4] Ministry of Health Promotion, *Ontario's Action Plan for Healthy Eating and Active Living* June 2006:5. Retrieved Apr 10 2008 http://www.mhp.gov.on.ca/english/health/HEAL/actionplan-EN.pdf

[5] Ling Yu, V; Raphael, D. *Identifying and Addressing the Social Determinants of the Incidence and Successful Management of Type 2 Diabetes Mellitus in Canada* (Canadian Journal of Public Health, 2002) http://www.procor.org/discussion/displaymsg.asp?ref=1592&cate=ProCOR+Dialogue&parent=1590 Retrieved April 22 2008.

[6] ICES Practice Manual, Diabetes in Ontario – Practice Atlas, 2003:15.270 http://www.ices.on.ca/file/DM_Chapter15.pdf

These, along with other data about costs and incomes, are essential to informing the specific government policies and programs that will form its poverty reduction strategy.

- ***Change reporting requirements, require public disclosure of data***

Ministries of Community and Social Services, Children and Youth Services, Municipal Affairs and Housing, and Finance should also be aware of this information, as it has an important relationship to their policy decisions, which can have significant impacts on low-income families and individuals.

Mandatory public reporting of NFB data would also provide important opportunities to raise awareness of one of the many health-related challenges related to poverty, as well as the general relationship between good health, proper nutrition and income. Ministry of Health Promotion should actively summarize and disclose the reports that they receive, and use them to inform MHP policies and activities in promoting healthy lifestyle choices in context of the challenges presented by affordability.

- ***Mandate NFB data as one of a range of indicative benchmarks to index minimum incomes to actual representative costs.***

In June of 2007, Ted McMeekin (MPP, Ancaster-Dundas-Flamborough-Aldershot) introduced Bill 235, *An Act to Establish the Ontario Social Assistance Rates Board.* The proposed board would make specific recommendations annually regarding social assistance rates based on detailed consideration of current costs of shelter and a defined list of monthly basic needs, including specific reference to the Nutritious Food Basket. The analysis could in turn be used as a foundation for ensuring that minimum wages for full-time earners are similarly sufficient.

- ***Establish a separate Nutrition Allowance under the Basic Allowance portion of social assistance rates***

The Association of Local Public Health Agencies has endorsed the call by Toronto's medical officer of health, for an increase to social assistance rates so that the Basic Allowance includes a nutrition allowance which meets daily nutritional needs as determined annually by the cost of the Nutritious Food Basket, with the remainder set to enable recipients to afford other basic needs including transportation, clothing, and personal care items.

More recently, alPHa has worked in partnership with the 25 in 5 Network for Poverty Reduction to urge the Ontario Government to "Put Food in the Budget" by adding a $100 monthly supplement to the basic needs allowance for all adults receiving social assistance, as a down-payment in closing the monthly gap of food deficiency while reducing the negative health effects of poverty.

Conclusion

We know that proper nutrition is a key to improving health. The NFB tool was devised precisely to calculate the cost of meeting minimum daily nutrition requirements, and because this calculation is an annual requirement for all health units, we know what proper nutrition costs throughout the province. Although the collection of this information is undertaken as part of the provincially mandated Chronic Disease Prevention program, its application currently limited to advocacy and ad-hoc local partnerships with charitable agencies.

Any successful strategy to address food insecurity will necessarily entail actions that address its underlying causes, including income adequacy and affordable housing. This underscores the fact that effective and sustainable policy aimed at increasing and maintaining access to nutritious food cannot be developed and implemented in isolation, nor can it be the sole undertaking of local health units and their community partners.

The long-term goal should of course be to ensure that all Ontarians can afford the full range of basic life necessities, but NFB data can be used immediately at the provincial level to inform strategies to ensure that there is equal opportunity to make healthy food choices to contribute to improved health outcomes, regardless of geographical location or economic circumstance.

Barriers to accessing sufficient nutritious food are barriers to good health. It is clear that improvements in health outcomes of the more than 1.5 million Ontarians living below the poverty line will have a significant positive impact on overall population health. This will in turn reduce pressures on the overextended public health care system and contribute to the current government's stated goal of making Ontarians the healthiest Canadians.

APPENDIX 1

alPHa
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Nutritious Food Basket Survey

FINAL Report

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Nutritious Food Basket Survey

FINAL Report

Introduction

The irrefutable association between low levels of income and poor health has been and continues to be clearly demonstrated throughout society, from the community to the global levels. While income is but one of a roster of social and economic determinants of health, it is one for which relatively clear government policy interventions can have a direct and immediate impact.

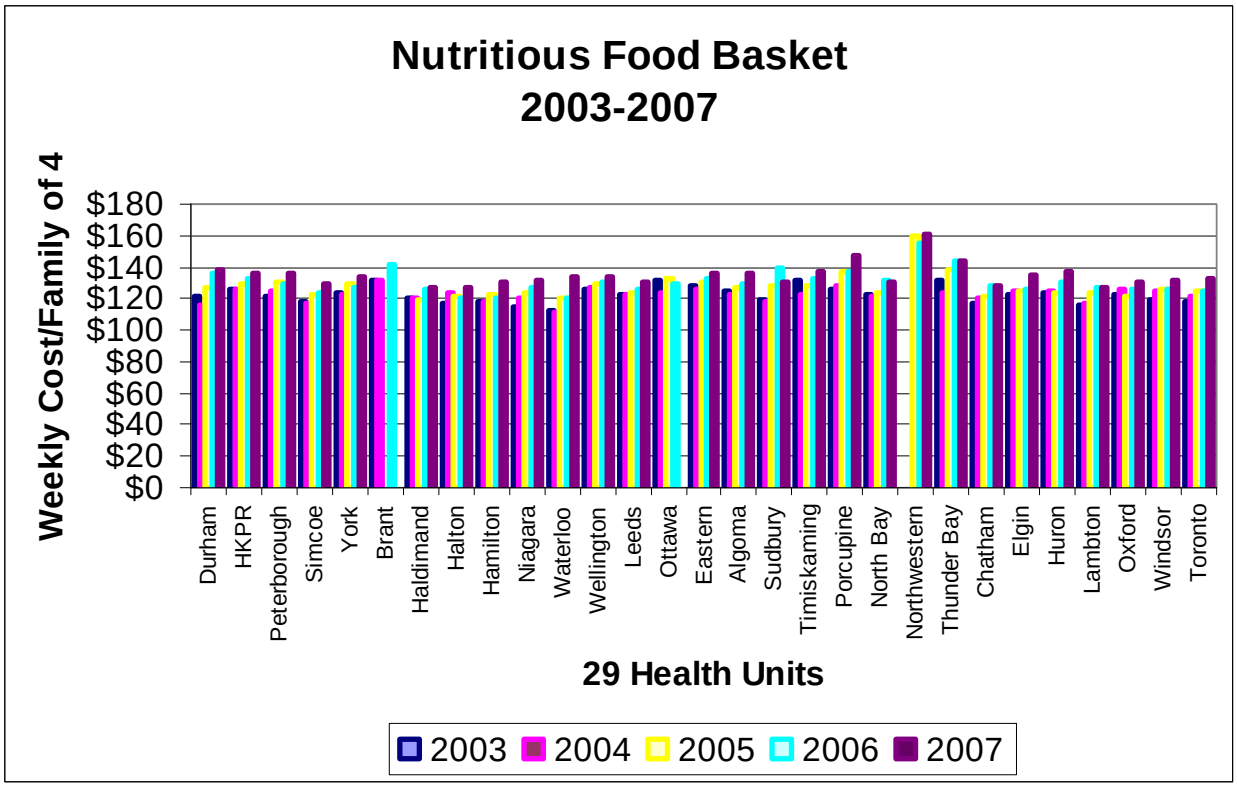
alPHa as an association and its individual members have been continually advocating for such interventions, including immediate increases to the minimum wage, disability and social assistance payments, and ending the National Child Benefit Supplement claw back.

In 2001, alPHa passed a resolution calling on the Government of Ontario to review and ensure that the Basic Allowance portion of social assistance payments allowed for adequate nutrition. Everyone has the right to enough nutritious food to eat. In 2005, alPHa further resolved to urge that the adequacy of Ontario Works and Ontario Disability Support Program rates and the minimum wage be reviewed from a health perspective and that allowances for basic needs and shelter be based on actual current representative costs.

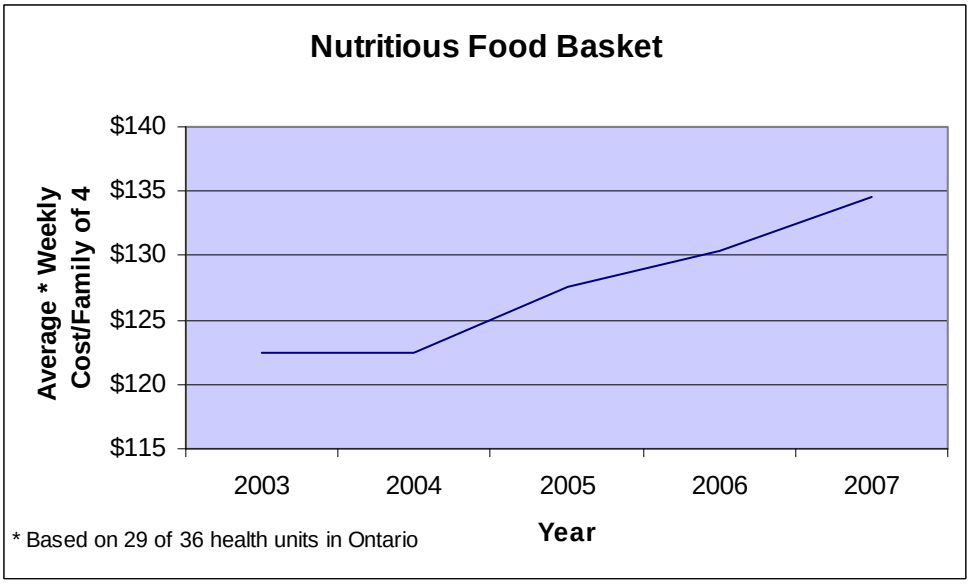
Survey Results

Public Health Units (PHUs) in Ontario calculate the cost of a nutritious food basket for their area on an annual basis. In this survey, all PHUs were asked to provide the cost of the nutritious food basket for the last 5 years for a family of four. 29 of the 36 health units responded and all said that they would like to support provincial advocacy with local advocacy. While we may continue to receive responses from the remaining health units, the 29 respondents represent a strong cross-section from all 7 regions across the province.

The following chart summarizes the nutritious food basket weekly cost information received for a family of four.



Overall, the average weekly cost to feed a family of four a nutritious diet has increased steadily from $122.50 in 2003 to $134.60 in 2007.



The following table contains the average weekly cost of a nutritious food basket for a family of four as determined by the participating health units. The average weekly cost for 2007 is $134.60. This represents an average increase of 3.2 percent over 2006 costs. The increase over 5 years has been 10 percent.

Survey Data

Region	Health Unit	2007	2006	2005	2004	2003
Central East	Durham	$137.93	$135.74	$126.65	$115.92	$121.50
Central East	HKPR	$135.96	$132.80	$129.37	$126.05	$126.26
Central East	Peterborough	$136.62	$129.91	$130.54	$124.64	$121.36
Central East	Simcoe	$129.80	$123.95	$122.85	$116.82	$118.13
Central East	York	$134.09	$127.38	$129.11	$123.04	$124.11
Central West	Brant		$142.16		$132.14	$131.56
Central West	Haldimand	$126.76	$126.53	$119.30	$120.91	$120.73
Central West	Halton	$127.02	$120.89	$120.96	$123.20	$117.45
Central West	Hamilton	$131.04	$120.55	$122.93	$118.64	$118.30
Central West	Niagara	$131.07	$126.78	$123.24	$120.32	$114.68
Central West	Waterloo	$133.35	$120.78	$120.06	$111.91	$112.58
Central West	Wellington	$133.67	$130.97	$129.55	$126.99	$125.65
Eastern	Leeds	$130.65	$126.48	$123.30	$122.76	$123.09
Eastern	Ottawa		$129.88	$132.96	$123.78	$132.15
Eastern	Eastern	$136.28	$132.20	$130.61	$126.00	$128.00
North East	Algoma	$135.95	$129.06	$126.85	$122.72	$124.65
North East	Sudbury	$130.89	$139.93	$128.73	$117.82	$118.91
North East	Timiskaming	$137.62	$132.19	$127.89	$123.01	$131.43
North East	Porcupine	$147.57	$137.09	$137.20	$128.45	$126.22
North East	North Bay	$130.65	$131.41	$123.82	$121.91	$122.71
North West	Northwestern	$161.00	$154.72	$159.63		
North West	Thunder Bay	$143.96	$143.79	$138.90	$123.24	$131.38
South West	Chatham	$128.35	$128.48	$121.97	$120.22	$116.45
South West	Elgin	$134.66	$125.48	$124.84	$124.39	$122.75
South West	Huron	$137.11	$130.98	$123.64	$124.62	$123.80
South West	Lambton	$126.92	$127.00	$123.91	$117.06	$116.03
South West	Oxford	$130.24	$125.50	$122.00	$126.00	$123.00
South West	Windsor	$131.99	$125.76	$125.46	$124.50	$118.81
Toronto	Toronto	$133.04	$124.35	$124.62	$120.95	$118.24

Average Weekly Cost:	$134.60	$130.44	$127.53	$122.43	$122.50
Annual % increase:	3.19%	2.28%	4.17%	-0.06%	
Increase over 5 years:	9.88%				
High	$161.00	$154.72	$159.63	$132.14	$132.15
Low	$126.76	$120.55	$119.30	$111.91	$112.58
High/Low Difference (#)	$34.24	$34.17	$40.33	$20.23	$19.57
High/Low Difference (%)	27.01%	28.35%	33.81%	18.08%	17.38%

The following table contains the percentage change in the average weekly cost of a nutritious food basket for a family of four for the participating health units. 84 percent of the participants experienced an annual increase in the average weekly cost between 2006 and 2007.

% Increases Percentage Increases

Region	Health Unit	2007	2006	2005	2004	2003
Central East	Durham	1.61%	7.18%	9.26%	-4.59%	
Central East	HKPR	2.38%	2.65%	2.63%	-0.17%	
Central East	Peterborough	5.17%	-0.48%	4.73%	2.70%	
Central East	Simcoe		0.90%	5.16%	-1.11%	
Central East	York	5.27%	-1.34%	4.93%	-0.86%	
Central West	Brant				0.44%	
Central West	Haldimand	0.18%	6.06%	-1.33%	0.15%	
Central West	Halton	5.07%	-0.06%	-1.82%	4.90%	
Central West	Hamilton	8.70%	-1.94%	3.62%	0.29%	
Central West	Niagara	3.38%	2.87%	2.43%	4.92%	
Central West	Waterloo	10.41%	0.60%	7.28%	-0.60%	
Central West	Wellington	2.06%	1.10%	2.02%	1.07%	
Eastern	Leeds		2.58%	0.44%	-0.27%	
Eastern	Ottawa		-2.32%	7.42%	-6.33%	
Eastern	Eastern	3.09%	1.22%	3.66%	-1.56%	
North East	Algoma	5.34%	1.74%	3.37%	-1.55%	
North East	Sudbury	-6.46%	8.70%	9.26%	-0.92%	
North East	Timiskaming	4.11%	3.36%	3.97%	-6.41%	
North East	Porcupine	7.64%	-0.08%	6.81%	1.77%	
North East	North Bay	-0.58%	6.13%			
North West	Northwestern	4.06%	-3.08%			
North West	Thunder Bay	0.12%	3.52%	12.71%	-6.20%	
South West	Chatham	-0.10%	5.34%	1.46%	3.24%	
South West	Elgin	7.32%	0.51%	0.36%	1.34%	
South West	Huron	4.68%	5.94%	-0.79%	0.66%	
South West	Lambton	-0.06%	2.49%	5.85%	0.89%	
South West	Oxford	3.78%	2.87%	-3.17%	2.44%	
South West	Windsor	4.95%	0.24%	0.77%	4.79%	
Toronto	Toronto	6.99%	-0.22%	3.03%	2.29%	
High		10.41%	8.70%	12.71%	4.92%	
Low		-6.46%	-3.08%	-3.17%	-6.41%	
# HUs with Increases:		21	20	23	16	
		84%	71%	85%	57%	
# HUs with Decreases:		4	8	4	12	
		16%	29%	15%	43%	

Areas of Concern

The following comments were provided by respondents regarding issues that are important to consider when looking at the nutritious food basket and food security issues in Ontario.

1. "Ideally, the focus should be on actions that address the underlying causes of food insecurity, such as income adequacy and affordable housing."

2. "We would ask you to consider shelter and utility rates in your assessment, since these costs erode the Basic allowance."

3. "Need to revise the costing protocol in light of the new food guide recommendations. Community vs individual food security and the scope of interventions (upstream and downstream is not well understood, awareness is low). Health units need more support and resources to address food security and social determinants of health."

4. "When calculating your nutritional allowance, take into account Health Canada's recommendations for a multivitamin with .4 mg folic acid for women of childbearing age and 400 IU of vitamin D for people over 50 year of age."

5. "Also concerned about the working poor. What advocacy efforts can be put forward concerning minimum wage? Can we capitalize on data collected for this initiative?"

6. "Food is the fluid cost, and other bills get paid out of food money, leaving less for families to use to get enough food to eat."

Conclusion

The adequacy of a living wage and social assistance rates must be measured against the costs of adequate nutrition (as determined by Boards of Health through the provincial Cost of a Nutritious Food Basket protocol), shelter, transportation, clothing, personal care and other basics. To be unable to meet these costs is to live in poverty, which many argue is the most significant barrier to good health.

The Association of Local Public Health Agencies (alPHa) is a non-profit organization that provides leadership to the 36 Boards of Health and Public Health Units in Ontario. Our members include board of health members, medical and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration.