

October 15, 2008

The Honourable Dalton McGuinty, Premier  
Province of Ontario  
Main Legislative Building, Room 281  
Toronto, ON M7A 1A4

Dear Premier McGuinty:

The results of the Simcoe Muskoka District Health Unit 2008 Nutritious Food Basket (NFB) survey have raised significant concerns among public health professionals regarding the level of poverty among low-income residents of Simcoe County and Muskoka District. Again this year, our local assessment of the cost of a NFB shows that low-income residents of Simcoe County and Muskoka District do not have enough money to pay the high costs of living **and** feed their families an adequate diet. This level of concern merits your attention because the information jeopardizes the government's record of achievement and the strength of its publicly stated commitment to reducing the level of poverty in the province.

The Simcoe Muskoka District Health Unit has supported the initiatives your government has taken with regard to alleviating poverty in Ontario and we would welcome renewed efforts by the government and its ministries to ensure that poverty reduction remains a high priority of the government and that specific steps are taken in response to the challenges posed by the NFB survey results reported in the two publications *The Cost of Healthy Eating in Simcoe County*, Summer 2008 edition and *The Cost of Healthy Eating in Muskoka District*, Summer 2008 edition.

The relationship between poverty and poor health is clear. Poor nutrition can lead to increased risk for chronic and infectious diseases, pregnancy outcomes with greater risk for low birth weight and 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.

Low-income residents of Simcoe County and Muskoka District cannot afford an adequate diet once housing and other fixed costs are paid. We look forward to the release of the Government's anti-poverty strategy in December 2008. We hope the strategy incorporates the measures articulated in the 25 in 5: Network for Poverty Reduction Founding Declaration and its three priorities for a provincial poverty reduction action plan. A comprehensive poverty reduction strategy must include Ontario Works and Ontario Disability Support Program rates that reflect the real cost of living and are indexed annually to reflect inflation, based on the findings of the annual Nutritious Food Basket survey and a shelter component of 85 percent of median market rent. As well, the Province of Ontario needs to implement immediately the full Ontario Child Benefit, and a \$10 per hour minimum wage which is indexed to keep pace with inflation and coupled with a review of the Employment Standards Act to ensure vulnerable workers are protected.

|  |   |  |   |   |  |  |
|--|---|--|---|---|--|--|
| <b>Barrie:</b><br>15 Sperling Drive<br>Barrie, ON<br>L4M 6K9<br>(705) 721-7520<br>FAX (705) 721-1495 | <b>Collingwood:</b><br>280 Pretty River Pkwy.<br>Collingwood, ON<br>L9Y 4J5<br>(705) 445-0804<br>FAX (705) 445-6498 | <b>Cookstown:</b><br>2-25 King Street S.<br>Cookstown, ON<br>L0L 1L0<br>(705) 458-1103<br>FAX (705) 458-0105 | <b>Gravenhurst:</b><br>5 Pineridge Gate<br>Gravenhurst, ON<br>P1P 1Z3<br>705-684-9090<br>FAX (705) 684-9887 | <b>Huntsville:</b><br>34 Chaffey St.<br>Huntsville, ON<br>P1H 1K1<br>(705) 789-8813<br>FAX (705) 789-7245 | <b>Midland:</b><br>1156 St. Andrew's Dr.<br>Box 626, Midland, ON<br>L4R 4L3<br>(705) 526-9324<br>FAX: (705) 526-1513 | <b>Orillia:</b><br>12-575 West St., S.<br>Orillia, ON<br>L3V 7N6<br>(705) 325-9565<br>FAX (705) 325-2091 |
|--|---|--|---|---|--|--|

We look forward to your immediate attention to address the challenges of providing a nutritious diet for low-income families and to your efforts to address the growing wealth gap in this province.

Sincerely,

Original Signed by

Dennis Roughley, Chair  
Board of Health

- c. Minister of Health and Long-Term Care
- Minister of Health Promotion
- Minister of Community and Social Services
- Minister of Children and Youth Services
- Local MPP's
- Ontario Public Health Association
- Ontario Public Health Association Food Security Workgroup
- Association of Local Public Health Agencies
- Boards of Health in Ontario

## **Nutritious Food Basket and Poverty Reduction Strategy**

Resolution 08 -09

WHEREAS a nutritious diet is a basic requirement for health and well-being;

AND WHEREAS an inadequate income is the most significant barrier to a healthy diet;

AND WHEREAS Simcoe Muskoka residents receiving social assistance or minimum wage income cannot afford a nutritious diet after paying for housing and other fixed costs;

AND WHEREAS poor nutrition impacts on child growth and development and leads to an increased risk of chronic and infectious diseases which cost more to treat and manage than to prevent;

AND WHEREAS ensuring that people have enough funds to purchase an adequate and nutritious diet is an effective disease prevention strategy;

AND WHEREAS the provincial government has established a Cabinet Committee tasked with developing a provincial poverty reduction strategy for implementation in December 2008;

AND WHEREAS there is now widespread concern that the implementation of this strategy may be delayed indefinitely due to a downturn in the provincial economy;

NOW THEREFORE BE IT RESOLVED that the Simcoe Muskoka District Board of Health use a variety of communication methods to urge the provincial government to implement without delay a coordinated, long-term poverty reduction strategy that includes targets, timelines, a dedicated budget and ongoing evaluation. These communication methods will include a letter from the Board of Health to Premier McGuinty, the issuing of a press release on World Food Day, October 16, 2008 and the publication of a Medical Officer of Health newspaper column.

FURTHERMORE that a copy of the letter to Premier McGuinty and of this Resolution be forwarded to the Minister of Health and Long-Term Care, the Minister of Health Promotion, the Minister of Community and Social Services, the Minister of Children and Youth Services, local MPP's, the Ontario Public Health Association, Ontario Public Health Association Food Security Workgroup, the Association of Local Public Health Agencies and local Boards of Health requesting that they endorse the implementation without delay of a provincial poverty reduction strategy.

AND FURTHERMORE that the Board of Health endorse the 25 in 5: Network for Poverty Reduction Founding Declaration and its three priorities for a provincial Poverty Reduction Strategy (Appendix D) and communicate this endorsement via email to Jennifer Posthumus, designated contact person for the 25 in 5 Network.

Original Signed by Dennis Roughley

October 25, 2008

-----  
Chair, Board of Health

SIMCOE MUSKOKA DISTRICT HEALTH UNIT  
**Briefing Note**

**Nutritious Food Basket Survey Update**

**Update:** 2

**Date:** October 15, 2008

---

**Issue:**

Many low-income residents of Simcoe County and Muskoka District are unable to afford a basic healthy diet for themselves and their families once they have paid the rent – even before the cost of other basics such as telephone, transportation, school supplies, household and personal care items are considered. Policy changes that increase income and supports for vulnerable individuals and families can have an immediate and positive impact on household food security.

**Recommendations:**

That the Board of Health accepts for information the Nutritious Food Basket reports “The Cost of Healthy Eating in Simcoe County, Summer 2008 edition” (Appendix A) and “The Cost of Healthy Eating in Muskoka District, Summer 2008 edition” (Appendix B), that report weekly food costs for individuals aged one and over.

That the Board of Health also accepts for information the report “The Cost Comparison Between Breastfeeding and Formula Feeding an Infant for Six Months in Simcoe Muskoka, Spring 2008” (Report summary, Appendix C) that highlights the considerable economic benefits of breastfeeding versus formula feeding.

That the Board of Health endorses and supports the implementation without delay, of a provincial poverty reduction strategy by approving Resolution 08 -09.

**Current Facts:**

There is growing community advocacy in support of the implementation of a coordinated, long-term provincial poverty reduction strategy with clear targets, timelines, a dedicated budget and ongoing evaluation. (1) (2) (3)

In 2007 the provincial government established a Cabinet Committee on Poverty Reduction tasked with developing a focused provincial strategy for poverty reduction including indicators and targets, by the end of December 2008.

Although progress has been made, including extensive consultations with 75 or more individuals and groups across Ontario, there is now concern that work on

# SIMCOE MUSKOKA DISTRICT HEALTH UNIT

## Briefing Note

this strategy may be delayed or even discontinued due to a downturn in the provincial economy. The 25 in 5 Network is a multi-sector network of agencies and organizations calling on the provincial government to proceed according to plan with the goal of reducing poverty in Ontario by 25 percent in 5 years (2012) and 50 percent in 10 years. The Network is advocating that this provincial strategy address three critical priorities: wages and employment supports that lift Ontarians out of poverty, enhanced social benefits for individuals and families unable to work, and accessible, supportive community services such as public transit, affordable housing and child care. (3)

An inadequate income is the most significant barrier to a healthy diet but fortunately there are many provincial level policy changes that can positively affect the “bottom line” for economically vulnerable individuals and families. In Simcoe Muskoka local income/expense scenarios were developed for 2008 using a standardized income/expense “calculator” designed for health unit use by the Ontario Public Health Association Food Security Workgroup (Appendix E). These scenarios make use of local housing costs and the cost of healthy eating in Simcoe County (Appendix A) and Muskoka District (Appendix B) based on the results of the 2008 Nutritious Food Basket (NFB) survey. The results clearly indicate that a healthy diet is beyond the reach of many low-income individuals and families in both areas. Given the uncertain future of the provincial poverty reduction strategy as well as the health and other implications of an economic downturn for low-income adults and children living in Simcoe Muskoka, this is an opportune time for the Board of Health to support and endorse provincial advocacy efforts aimed at reducing household poverty as per the recommendations included in this Board Report.

It should be noted that this approach is consistent with work currently underway to develop a Health Unit Food Security Strategy that proposes key actions and roles the agency could play in working with community and other partners, to effectively address household and community food security issues. Key health unit actions that have been proposed include:

- 1) Support provincial and local advocacy efforts to reduce household poverty.
- 2) Increase the capacity of community service providers to build food skills in “priority population” groups, including low-income individuals & families.
- 3) Help build communities where healthy foods are within easy reach of everyone (e.g. focus on food security and the built environment.)
- 4) Support community actions to help build a healthy local food-based economy (includes helping to increase the demand for locally grown food, and raising awareness/appreciation of our local food production system).

### **Background:**

Individuals and families (“households”) can be said to have food security when ... “they can get enough food to eat that is safe, that they like to eat and that helps

## SIMCOE MUSKOKA DISTRICT HEALTH UNIT

### Briefing Note

them to be healthy. They must be able to get this food in ways that make them feel good about themselves and their families.” (Food Security Workgroup, Ontario Public Health Association) (4)

The Ontario Public Health Standards (OPHS) recognize that overall health and well-being is influenced by many social and economic determinants, including income and social status. There is strong evidence of a direct link between poverty, poor health and food security. A nutritious diet contributes to overall health and well-being, is essential for optimal growth and development and helps to reduce the risk of many chronic diseases. The most significant barrier to a nutritious diet for individuals and families in Ontario and the rest of Canada is inadequate income. (1)

Individuals in low-income households are more likely to report poor health and multiple chronic conditions such as heart disease, diabetes, hypertension, major depression and distress (5), while children tend to be ill and hospitalized more often, have poorer social skills and perform less well at school than children from higher income families. (6) Parents in food-insecure homes may feel stigmatized and embarrassed about not being able to feed their children, which can lead to feelings of social exclusion and isolation from neighbours and community. (7)

Household food insecurity in Ontario and elsewhere is linked to increased nutritional vulnerability, making it a serious public health concern. The health and economic benefits of breastfeeding are well known however evidence suggests that women least likely to breastfeed include the young, the poor, those belonging to an ethnic minority, the lonely and unsupported as well as those without maternity leave, while those women tending to breastfeed for longer tend to have a higher socio-economic status. (8) Households living in poverty spend less money on food, and purchase more foods that are higher in calories, fats, sugars and refined grains (9), which tend to be more affordable. (10) Families on low incomes also tend to consume fewer nutrient-rich foods such as vegetables, fruit and milk products than do higher income families. (11) Thus it is not surprising that women and men in food-insecure Ontario households have significantly lower intakes of vitamin A, magnesium and calcium compared with people in food-secure households. Significantly lower vitamin A intakes were also found for Ontario girls and boys from 9 to 18 years of age in food-insecure households. (12)

The Nutritious Food Basket (NFB) is a food costing tool that measures the cost of healthy eating in each Board of Health jurisdiction in Ontario. NFB results are a useful indicator of household food security locally, regionally and provincially when combined with other information about basic income and expenses. The cost of the NFB is usually lower than actual grocery expenditures as it excludes most processed and prepared foods, snack foods and essential non-food items such as laundry detergent, paper products, soap and other personal care items. Restaurant and take-out foods are also excluded.

## SIMCOE MUSKOKA DISTRICT HEALTH UNIT

### Briefing Note

The “cost of healthy eating” can be calculated from local NFB survey results and combined with other local income and expense data to determine whether or not income from social assistance or minimum wage employment gives individuals and families enough money for a healthy basic diet. It should be noted that poor households often consider food budgets to be “flexible”, and money set aside for food may need to be redirected to pay for housing, utilities and other essential but “fixed” costs. When these income/expense scenarios indicate that individuals or families on Ontario Works, a disability pension or working for the current minimum wage of \$8.75 an hour cannot afford a healthy diet, they can serve as a powerful tool for health units, community partners and provincial organizations to use in advocating for a provincial poverty reduction strategy.

The virtual impossibility of setting aside enough money for healthy food is vividly illustrated by the income/expense scenarios that have been developed for low - income households in both Simcoe County and in Muskoka District, particularly when those households are on Ontario Works. Thirty percent of income spent on housing is commonly considered to be the upper limit of affordability. Simcoe County and Muskoka District income/expense “scenarios” indicate that individuals and families receiving social assistance (Ontario Works or Ontario Disability Support Program) or minimum wage income and paying market value rent would have to allocate from 40 - **108** percent of their income for rent alone, depending on the specific scenario. These same individuals and families would have to set aside an additional 20 - 35 percent of their income to purchase a basic healthy diet: clearly impossible in some scenarios (Appendix A and Appendix B). It is important to note that a middle-income family of four living in Simcoe or Muskoka would only need to spend 10 percent of their income to purchase the identical healthy “basket” of foods (Appendix E).

For women who decide to formula feed their babies instead of breastfeeding, there is the additional expense of infant formula to consider. A recently completed investigation into the cost of formula feeding an infant for six months in Simcoe Muskoka versus the cost of the extra foods a breastfeeding mother requires (derived from Nutritious Food Basket survey results) found that the cost of formula feeding was at least triple the cost of breastfeeding (Appendix C). It is clear that the cost of infant formula would represent a significant additional expense for low-income households, diverting scarce dollars away from other important family needs.

It is widely acknowledged that the most significant barrier to a nutritious diet is inadequate income, and inadequate income is a health determinant that can be quickly and effectively addressed via changes to government policy. Many provincial-level policy decisions can have an immediate and significant impact on the income and thus the health of vulnerable households.

**SIMCOE MUSKOKA DISTRICT HEALTH UNIT**  
**Briefing Note**

Ontario's child poverty rate has been inching up since 2001 and now about one in eight Ontario children live in poverty. The average low-income, two parent Ontario family lives \$10,000 below the poverty line. Social assistance rates are a guarantee of poverty and are now lower than at any time since 1967. On the other hand, having a job may not be enough to lift a family out of poverty: seventy percent of all low-income children in Ontario live in families with at least one parent working part-time or full-time. Although there are more low-income parents than ever in the workforce, they are the "working poor" – unable to find jobs with sufficient pay, hours and benefits. (13)

**Contact:**

|  |           |
|--|-----------|
| Joyce Fox, Program Director, Healthy Living Service  | Ext 7210  |
| Peggy Govers, Program Manager, Child Health  | Ext. 7245 |
| Jane Shrestha, Public Health Nutritionist,<br>Chronic Disease Prevention - Healthy Lifestyle Program | Ext. 7249 |
| Vanessa Hurley, Public Health Nutritionist, Family Health  | Ext. 7496 |

**References**

- (1) Ontario Public Health Association (2007). Resolution: #5 Access to a nutritious diet for all. A resolution adopted by the Ontario Public Health Association. *Code: 2007-05(RES)/ Status: Active.*
- (2) Ontario Public Health Association/Association of Local Public Health Agencies (2008) Joint working group on social determinants of health. Volume1, Summer 2008.
- (3) 25-in-5 Founding Declaration/Endorse the 25 in 5 declaration today/An action plan for our provincial government
- (4) Food Security Workgroup, Ontario Public Health Association. Food for now and the future. A food and nutrition strategy for Ontario. A discussion paper. March 1995.
- (5) Vozoris N. & Tarasuk V. (2003). Household food insufficiency is associated with poorer health. *The Journal of Nutrition* 133(1):120 -126.
- (6) Toronto Public Health (2006). Background Paper: Food Security – Implications for the Early Years.
- (7) Food Secure Canada Working Paper on Children's Food & Nutrition

# SIMCOE MUSKOKA DISTRICT HEALTH UNIT

## Briefing Note

(8) Ontario Public Health Association (2007). Breastfeeding position paper. A position paper originally adopted at the 1993 OPHA Annual General Meeting. Revised July 2007.

(9) Drewnowski A, Specter S.E. (2004). Poverty and obesity: the role of energy density and energy costs, *Am J Clin Nutr.* 79:6-16

(10) Drewnowski A, (2002) Obesity and the food environment: dietary energy density and diet costs. *American Journal of Preventative Medicine* 27(3S): 154-162.

(11) Canadian Institute for Health Information (2004). Improving the health of Canadians.

(12) Vogt J. & Tarasuk V. (2007) Analysis of Ontario sample in Cycle 2.2 of the Canadian Community Health Survey (2004). Executive summary. Department of Nutritional Sciences, Faculty of Medicine, University of Toronto. December 18, 2007.

(13) The road ahead: poverty reduction in Ontario. 2007 report card on child and family poverty in Ontario. Campaign 2000, March 2008.

### Appendices

Appendix A: The Cost of Healthy Eating in Simcoe County, Summer 2008 edition (includes Simcoe County household income/expense scenarios)

Appendix B: The Cost of Healthy Eating in Muskoka District, Summer 2008 edition (includes Muskoka District income/expense scenarios)

Appendix C: Report summary, the Cost Comparison between Breastfeeding and Formula Feeding an Infant for Six Months in Simcoe Muskoka, Spring 2008.

Appendix D: 25 in 5: Network for Poverty Reduction Founding Declaration and its three priorities for a provincial Poverty Reduction Strategy

Appendix E: Template, Nutritious Food Basket Scenarios, September 2008, OPHA Food Security Workgroup.