

ATTN: BOARDS OF HEALTH

At its November 17th meeting, the Board of Health for the Middlesex-London Health Unit requested that the attached report be copied to all Ontario Boards of Health for information. The Board of Health also moved the following:

- 1. That the Board of Health petition the Premier of Ontario, the Right Honourable Dalton McGuinty, to develop a comprehensive Ontario Food and Nutrition Strategy ; and further*
- 2. That Report No. 104-11 re Nutritious Food Basket Costing Survey Results for 2011 and the Opportunities for Action be forwarded to appropriate community agencies, Members of Parliament, Members of Provincial Parliament, City of London Council, Middlesex County Council, the Minister of Health and all Ontario Health Units; and further*
- 3. That the Board of Health petition the Association of Local Public Health Agencies to request that the Ontario government return to the practice of preparing a provincial Nutritious Food Basket summary report to enable each Board of Health the ability to compare Nutritious Food Basket results.*



TO: Chair and Members of the Board of Health

FROM: Graham L. Pollett, MD, FRCPC
Medical Officer of Health

DATE: 2011 November 17

NUTRITIOUS FOOD BASKET COSTING SURVEY RESULTS FOR 2011 AND THE OPPORTUNITIES FOR ACTION

Recommendations

It is recommended:

- 1. That the Board of Health petition the Premier of Ontario, the Right Honourable Dalton McGuinty, to develop a comprehensive Ontario Food and Nutrition Strategy ; and further***
- 2. That Report No. 104-11 re Nutritious Food Basket Costing Survey Results for 2011 and the Opportunities for Action be forwarded to appropriate community agencies.***

Background

The Nutritious Food Basket (NFB) survey is conducted annually in May as per the Ontario Public Health Standards. The survey provides a measure of the cost of basic healthy eating that represents current nutrition recommendations and average food purchasing patterns of Canadians.

Cost information based on the NFB can be used to:

- determine what the basic cost might be for an individual or household to eat healthy;
- compare the basic cost of healthy eating with income and other basic living expenses;
- plan programs that promote access to nutritious, safe and personally acceptable foods;
- inform policy decisions.

The Public Health Dietitians on the Chronic Disease Prevention and Tobacco Control Team conduct the NFB Survey to provide a measure for the cost of food available to residents in Middlesex-London. In 2011, 12 grocery stores in Middlesex-London were surveyed, including areas of variable economic status.

Survey Results

Appendix A provides the 2011 weekly cost of the NFB in London and Middlesex County.

Table 1 below highlights some real life situations for people living in this area utilizing the NFB costing survey data. It can be seen, for those on government assistance or earning minimum wage, there is little if any money left after costs for shelter, food and utilities.

In previous years, the then Ministry of Health Promotion and Sport provided cumulative provincial survey results; however, this year, comparison information was not provided to public health units. Consequently, it is not possible to compare Middlesex London results with similar sized communities.

Table 1 – Monthly Income and Cost of Living Scenarios

	Single Man on Ontario Works (OW)	Single Man on ODSP	Single Woman over 70 (Old Age Security/ Guaranteed Income Security)	Single Mother Family of 3 on OW	Family of 4 Minimum Wage Earner	Family of 4 Medium Income After tax
Monthly Income Including Benefits & Credits	\$635	\$1103	\$1245	\$1836	\$2619	\$5767
Estimated Shelter Cost	\$554	\$705	\$705	\$921	\$921	\$1052
Cost of a Nutritious Diet	\$197.97	\$197.97	\$151.15	\$462.29	\$736.70	\$736.70
WHAT'S LEFT?	-\$116.97	\$200.03	\$388.85	\$452.71	\$960.30	\$3977.30
% Income Required for Shelter	87%	64%	57%	50%	35%	18%
% Income Required for Nutritious Diet	31%	18%	12%	25%	28%	13%

Remember: People still need to pay for utilities, phone, transportation, cleaning supplies, personal care items, clothing, gift, entertainment, internet, school essentials, medical and dental costs and other purchases.

Notes: Rental estimates from CMHC Rental Market Report – Annual Survey (October 2011). Note that utility costs are assumed to be included in the figures that go into calculating the averages. Utility costs vary considerably based on age and condition of housing, type of heating, range of appliances, air conditioning or cooling, and household size.

Opportunities for Action

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 impacts 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, healthy diet. Provincially and locally, advocacy efforts to improve access to healthy foods for people with lower incomes have been ongoing. A number of advocacy efforts have been suggested and supported in many jurisdictions across the province. These are highlighted in Appendix B.

Conclusion

The NFB annual surveys have repeatedly shown that people with low incomes do not have an adequate baseline to afford healthy eating after meeting other essential needs for basic living such as housing and utility costs. One immediate strategy to improve food security is to implement a monthly \$100 Healthy Food Supplement for social assistance recipients. Long-term strategies include policies for social programs combined with community planning involving the agri-food system, community/business leaders and the social service sectors to yield sustainable change which will mitigate the underlying problems of poverty and food insecurity. A comprehensive *Ontario Food and Nutrition Strategy* is urgently needed.

This report was written by Ms. Heather Thomas, Public Health Dietitian, and Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control.

Graham L. Pollett, MD, FRCPC
Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards (2008): Foundational Standard 3, 4, 5, 8, 9, 10; Chronic Disease Prevention 2, 7, 8, 11, 12

Nutrition Facts

The Weekly Cost of the Nutritious Food Basket London and Middlesex County 2011

This information represents the approximate cost to eat well in Middlesex County and London. Weekly costs are based on a May 2011 survey of 67 food items (the *Nutritious Food Basket*) from 12 main chain and independent grocery stores in Middlesex County and London. The foods surveyed are determined by food purchasing patterns of average Canadians and data provided by Statistics Canada. The *Nutritious Food Basket* is calculated to meet the nutrient needs of most people in each age and sex group.

	Age	Approximate Cost Per Week (\$)
Boy	2-3	22.48
	4-8	29.04
	9-13	38.53
	14-18	54.31
Girl	2-3	22.07
	4-8	28.21
	9-13	32.98
	14-18	39.43

	Age	Approximate Cost Per Week (\$)
Man	19-30	52.43
	31-50	47.35
	51-70	45.69
	70+	45.24
Woman	19-30	40.60
	31-50	40.15
	51-70	35.61
	70+	34.88
Pregnant Woman	Younger than 18 years	43.90
Pregnant Woman	19-30	44.34
Pregnant Woman	31-50	43.24
Breastfeeding Woman	Younger than 18 years	45.79
Breastfeeding Woman	19-30	46.99
Breastfeeding Woman	31-50	45.88

To estimate the cost of a nutritious diet for your household, follow these steps.

Step 1

Write down the gender and age for each person you are feeding.

Step 2

Using the chart on the other side of this fact sheet, write down the weekly food cost for each person.

Step 3

Add the weekly food costs together.

Step 4

If you feel it costs you more per person to feed a small group and less per person to feed a large group, you may choose to adjust the total cost in Step 3. The Toronto Social Planning Council suggests using the following adjustments for family size:

If you are feeding:

1 person	Multiply by 1.20
2 people	Multiply by 1.10
3 people	Multiply by 1.05
4 people	Make no change
5-6 people	Multiply by 0.95
7 or more people	Multiply by 0.90

Note: The *Nutritious Food Basket* represents **food costs only**. You may have other non-food items on your grocery list that will make your grocery bill more expensive.

Example		
Sex	Age	Approximate Cost per Week
Man	42	47.35
Woman	39	40.15
Girl	8	28.21
Boy	14	54.31
Boy	3	22.48
Subtotal =		192.50
X (0.95) Adjustment factor		\$182.88 Total per week
Total per month		\$182.88 x 4.33 = \$791.87

Your Household		
Sex	Age	Approximate Cost per Week
Subtotal =		
X Adjustment factor		Total per week
Total per month		

Understanding the Nutritious Food Basket

Generally, highly processed foods and foods with little nutrition (e.g. soft drinks, potato chips) are not included in the costing survey. The food basket does not include any foods that may be required for special diets (e.g. gluten-free products, sugar-free products). **Personal and household care items** (e.g. toothpaste, laundry detergent, soap, feminine products, cleaning and supplies) are **not** included.

Putting the Nutritious Food Basket into Action

The Nutritious Food Basket design assumes that most people have **the necessary time, food skills, and equipment** to be able to prepare most meals from scratch. It also assumes that most people are able to shop at a quality grocery store. **Food literacy and cooking skills are necessary** for people to select, prepare, and store foods to ensure healthy eating for individuals and families. If someone is unable to prepare meals from scratch, the cost of groceries will be greater.

Does Food Cost Too Much?

The cost of food is not the issue for most people. The main problem for many people is that their income is too low. For people living on low incomes, there is not enough money left to buy healthy food after paying rent and utility bills.

<i>Estimated weekly food costs for local households</i>	
2011 “Family of Four” – reference group (Man 31-50 years, Woman 31-50 years, Male 14-18 years, Female 4-8 years)	\$170.02
<i>Estimated monthly food costs for local households</i>	
2011 “Family of Four” – reference group (Man 31-50 years, Woman 31-50 years, Male 14-18 years, Female 4-8 years)	\$736.70
% of income of a family supported by a minimum wage earner	28%
% of income supported by an average income wage earner	13%

When money is tight, people are forced to make ends meet by cutting into their food budget. The food budget is not fixed as are rent and utilities. It is easier to dip into the food budget to help pay those bills each month.

- Sometimes people are forced to skip meals or fill up on cheap foods that can often be less nutritious.
- Many people on fixed incomes do not eat sufficient fruit, vegetables, and milk products because they are unable to afford them.
- Parents who are low income earners will often feed their children first and go with less food themselves. As a result, the parents’ nutrition and health will suffer.
- Often as a very last resort, people are forced to use food banks or other emergency food programs.
- Foods provided in food bank hampers tend to provide only about three days’ supply of food per month and often do not provide a good balance of all food groups required to stay healthy.

Poverty and Health: Impact on Families

Poverty is linked with health. Food security is necessary for good health. When an individual has adequate income for food and other necessities, he has a lower risk of disease.

- Poor nutrition leads to an increased risk of chronic diseases such as diabetes, cardiovascular disease and cancer, as well as conditions such as low birth weight.
- People living on low incomes have more health problems and die younger than people with higher incomes.
- Children living in low income households are more likely to get sick and are less able to do well in school.

- In 2009, 38% of the clients helped by the London Food Bank were children and youth.
- In 2010, over 3000 families visited the London Food Bank each month.
- In 2008, approximately 8,000 London children under the age of 18 lived in families receiving social assistance from Ontario Works or the Ontario Disability Support Program.

How much money is available after shelter, utility, and food costs?

A summary of some real life situations for people living in London appears below. These scenarios illustrate that after paying for shelter, utilities, and food, minimum wage earners and households on fixed incomes and assistance have little, if any money left over to cover other basic monthly expenses.

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Learn More about Poverty and Hunger

www.povertyfree.ca
www.children.gov.on.ca/htdocs/English/breakingthecycle/strategy/strategy.aspx
www.foodbankscanada.ca/main2.cfm?id=107185CB-B6A7-8AA0-6FE6B5477106193A
www.dothemath.thestop.org
www.therealissue.ca
www.oafb.ca

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Recommended Strategies to Improve Access to Healthy Food for People with Lower Incomes

- The Ministry of Community and Social Services should implement a Healthy Food Supplement of \$100 per month for social assistance recipients. This benefit would ensure that individuals can pay for their household expenses without needing to access funds set aside for food.
- Social assistance rates need to reflect the real cost of living and be indexed annually to inflation. Social assistance rates were cut drastically in 1995 and have yet to recover. The gap between assistance and actual cost of living continues to grow (Appendix B).
- The Ministry of Municipal Affairs and Housing should create an Ontario housing benefit to assist low income tenants to pay their rent thus preventing them from falling short of meeting their housing costs and requiring access to local emergency food charities or going hungry instead.
- The Ministry of Municipal Affairs and Housing should ensure municipalities throughout Ontario implement significant strategies to ensure affordable housing initiatives are actively in place to assist low income earners in accessing affordable, safe, and appropriate housing.
- The Ministry of Health Promotion and Sport should implement a comprehensive *Ontario Food and Nutrition Strategy* that addresses both the sustainability of a healthy food supply and the needs of Ontarians, particularly those with low socioeconomic status.

Public Health Ontario should ensure funding in 2012 for the Locally Driven Collaborative Partnerships project to support the investigation of food skills among priority populations in the context of enhancing food security among these populations. Food skills connect with food security. A collaboration of several health units has already been created to focus on the development of a research question and objectives related to food skills research. The Middlesex-London Health Unit is well-positioned to be a supporting agency in this collaboration given staff expertise, leadership, and capacity in the area of food skills research.

Strategies that promote food security are positioned along a continuum:

- short-term relief strategies: food charities such as food banks, soup kitchens, and community meal programs; capacity-building strategies including the NFB, advocacy networks, food charters, food skill and literacy development, community gardens, buying clubs, and food councils.
- long-term system and policy changes: development, implementation, and coordination of a comprehensive Ontario Food and Nutrition Strategy; policy changes to social assistance and housing benefits.