



## Food Security in Canada – A Leadership Opportunity Towards Health Promotion and Reduction in Chronic Disease September 2007

### Background & Rationale

Food security exists when all people, at all times, have equal access to a safe, personally acceptable, nutritious diet through a sustainable food system that maximizes healthy choices and community self-reliance<sup>1</sup>. Lack of food security is a critical public health issue in Canada, with income-related food security widely acknowledged as a key social determinant of health<sup>2</sup>. It is well-documented that people who live in poverty suffer from a higher incidence of chronic illness including diabetes, heart disease, hypertension and food allergies<sup>3</sup>. The effects of food insecurity also have a devastating effect on every aspect of a child's development, beginning with the prenatal period<sup>4</sup>. Food security is therefore a primary prevention strategy for chronic illness.

Recent data from *Income-Related Household Food Security in Canada*<sup>5</sup> provide a confident estimate of the prevalence of household food insecurity. Over 2.7 million Canadians, or 8.8% of the population, lived in food insecure households in 2004.

In households with inadequate income to meet basic needs, the food budget is the most discretionary and therefore often the first to be redirected to pay for fixed costs such as shelter and clothing, leaving insufficient funds to purchase a healthy diet for the family. Appendix 1 – *What's left after food and shelter are paid: six family scenarios* paints a vivid picture of how critical the situation is for low income wage earners and families living on social assistance. The gap is even more profound in northern/remote communities where food costs are much higher and choices often more limited<sup>6</sup>.

Effective, long-term strategies to achieve food security are needed at the federal level to prevent chronic disease and promote health by focusing on two strategies:

1. Address the root cause of individual and household food insecurity – poverty - through improvements to social safety net programs, ensuring that individuals and families have sufficient financial resources to meet basic needs for food, clothing and shelter.
2. Take a leadership role in the development and implementation of a national food policy that addresses the food system from production to consumption and harmonizes agriculture and public health goals.

### Strategies targeting adequate income

Income support measures under federal jurisdiction that would significantly impact food security include:

- *Long term sustained financial support to programs targeting low income pregnant women that use a community development model, focusing on healthy eating, promotion of breast feeding, building of social networks, harm reduction (smoking, drugs, alcohol) and physical activity.*

In 1994, the federal government implemented the Canada Prenatal Nutrition Program (CPNP), with the goal to reduce the incidence of unhealthy birth weights, improve the health of both infant and mother and encourage breastfeeding<sup>7</sup>. The program offers comprehensive services, tailored to meet client needs, including food and/or vitamin

supplements, breastfeeding support, and one-to-one nutrition counseling by a registered dietitian. Other services offered include education and harm reduction, food preparation training, transportation, childcare and referral to other community services<sup>7</sup>.

Evaluation of the CPNP has demonstrated its effectiveness at reaching one of the most marginalized and food insecure groups in our society – single pregnant women, many of whom are Aboriginal. The program has also documented success in increasing initiation rates of breastfeeding<sup>7</sup> – a factor that sets the stage for healthy growth and development and reduction in chronic disease incidence later in life<sup>8,9</sup>.

Despite the fact that the CPNP is one of the most highly successful federal health promotion initiatives, program costs have continued to rise, while funding to support program activities has not kept pace with the need. This funding gap holds true for the Canadian Action Program for Children (CAPC)<sup>10</sup> and Aboriginal Head Start<sup>11</sup> – two other successful federal programs targeting marginalized populations at high risk for food insecurity. Leadership for a policy commitment at the federal level is needed to provide ongoing and adequate support for these programs.

Additionally, innovative approaches that enable a wider reach in reducing food security and supporting maternal and child health need to be implemented. Effective models, such as those adopted in France, should be considered and applied to the Canadian context. France's health policy makes maternal and child health a national priority and, as a result, the nation has one of the lowest incidences of low birth weight in the world<sup>12</sup>.

- *Eliminate the current option permitted by the federal government for provinces and territories to claw back the National Child Benefit Supplement (NCBS).* The NCBS was one of the first major federal social programs that had the potential to enhance the income of low wage earners and those living on social assistance. The claw back penalizes the poorest families in Canada and is biased against families with single parents, most of whom are women<sup>13</sup>. While many provinces/territories have eliminated the claw back, some still continue to reduce household welfare payments by the amount of the supplement<sup>14</sup>. A discontinuation of the claw back and an examination of policies, such as those eliminating personal allowances for children equal to the supplement, would make a significant contribution to remedying household budgetary deficits.
- *Reassess and reform the Employment Insurance program to ensure that eligibility requirements and payment levels actually provide an acceptable living wage.* Previous restructuring of this national income security program has imposed an economic burden, by reducing the numbers eligible for benefits (38% in 2001 compared with 75% in 1990), providing lower benefit levels and shorter benefit periods<sup>15</sup>.
- Reinstating the federal Social Housing Program and increasing funding to the Affordable Housing Initiative to ensure low income wage earners and those on social assistance have safe and affordable housing alternatives. The proportion of income allocated to housing of low wage earners and those on social assistance can range from 55%-99%, compared with average income earners spending about 27% of income on housing. Single pregnant women living alone are in the most desperate of circumstances<sup>16</sup>. When rents take such a major portion of one's income, there is little money left for food, recreation,

transportation, prescriptions, costs associated with physical activity, education or savings for unexpected events<sup>17</sup>.

## Strategies that harmonize public health and agriculture/agri-food goals

While food security is often an individual or household issue, it also has a community/national focus. Therefore, it is essential to consider the food system policy as a contributor to food security for all Canadians. Key strategies include:

- *Establish a Centre for Excellence in Food Security* with a mandate to support research on best practices in food security and to ensure that this important knowledge is broadly distributed among community-based organizations, educators, health professionals, non-government organizations and governments at all levels. More specifically the Centre would
  - collect and analyze data on factors that affect and address food security;
  - conduct focused research on key food security issues, including development and validation of food security indicators such as nation-wide cost of a nutritious food basket, breastfeeding initiation and maintenance rates, number of programs using locally produced foods<sup>1</sup>
  - provide policy advice to governments and other key stakeholders
  - utilize effective knowledge translation methods and channels to communicate to a wide range of audiences; and
  - forge local, national, and international networks of individuals and groups involved in food security.
- *Establish a national food policy* based on best practices and that promotes intersectoral collaboration and decision making between Agriculture/Agri-Foods Canada, Health Canada, the Public Health Agency, Environment Canada, Transport Canada and Foreign Affairs/International Trade Canada.
- *Establish an innovations fund* to examine and make recommendations on workforce needs to plan, implement and evaluate food security measures at the national, provincial/territorial and local levels. A wide range of knowledge and skills are needed that include expertise in food and nutrition, population health, community development, interprofessional collaboration, coalition and capacity building, economics, research, advocacy, assessment, planning, evaluation and communication.
- *Incorporate regular surveillance of nutritional status and food security of Canadians into the Canadian Community Health Survey* in order to measure progress towards healthy eating, chronic disease reduction and food security.
- *Promote and support food production and distribution practices that reduce the negative impact on the environment and improve the safety and sustainability of our food supply.* Intensive farming techniques such as use of artificial nitrogen-based fertilizers and pesticides, and intensive livestock

production pollute lakes and water reservoirs and threaten the sustainability and safety of our food supply<sup>1</sup>. In addition, changes in animal feed, increased shelf life of foods and transportation of foods across great distances have resulted in the emergence of certain food-borne pathogens<sup>18</sup>.

- *Support consumer research to determine the most effective form of nutrition labelling that complements the standardized Nutrition Facts Panel and meets*

*the needs of consumers with lower English literacy.* While nutrition labelling can be a powerful tool to support consumers to make healthy food choices, an easier standardized system is needed for many Canadians. Furthermore, ongoing financial support is needed for educational programs to help consumers understand and apply the current system as well as any modifications for lower literacy.

To quote Dr. Lynn McIntyre, Dalhousie University, “food security is perhaps the most precious of all determinants of health...” With leadership from government and the necessary investment...“we can reap the food security dividend that enriches all society with pay offs in health, social capital, sustainability of our physical and social environments, justice and cost savings and wealth creation<sup>19</sup>.”

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**APPENDIX - Seven Family Scenarios – Low income families can't afford to eat a healthy diet – the details** [From: Dietitians of Canada, BC Region and Community Nutrition Council, BC. The Cost of Eating in British Columbia – Many BC families still hungry. Annual Report, 2006]

| <b>Monthly</b>   | <b>1<br/>Reference<br/>family of 4<br/>on income<br/>assistance</b> | <b>2<br/>Single<br/>parent<br/>family with<br/>2 children<br/>on income<br/>assistance</b> | <b>3<br/>Single<br/>Older<br/>Female<br/>on<br/>income<br/>assistanc<br/>e</b> | <b>4<br/>Young<br/>pregnant<br/>woman<br/>on<br/>income<br/>assistanc<br/>e</b> | <b>5<br/>Single<br/>Male on<br/>Disability<br/>Assistance</b> | <b>6<br/>Reference<br/>family of 4<br/>with low<br/>earned<br/>income</b> | <b>7<br/>Reference<br/>family of<br/>4 with<br/>average<br/>income</b> |
|--|---|--|--|---|---|---|--|
| <b>Net<br/>Income<br/>(after<br/>payroll<br/>deductions<br/>)</b>          | \$991   | \$881  | \$510  | \$555   | \$856   | \$1692  | \$4179   |
| <b>Child/Fa<br/>mily<br/>Benefits</b>                                      | \$504   | \$504  | \$19<br>(GST<br>credit)  | \$19<br>(GST<br>credit)   | \$24<br>(GST<br>credit)                                       | \$611   | \$163  |
| <b>Disposable<br/>Income</b>   | <b>\$1495</b>   | <b>\$1385</b>  | <b>\$529</b>   | <b>\$574</b>  | <b>\$880</b>  | <b>\$2303</b>   | <b>\$4342</b>  |
| <b>Approx.<br/>cost of<br/>rent,<br/>utilities<br/>and phone</b>           | \$934<br>3BR  | \$934<br>3 BR  | \$634<br>(\$414)<br>Bachelor   | \$634<br>(\$414)<br>Bachelor  | \$634<br>(\$414)<br>Bachelor                                  | \$932<br>3BR  | \$1212<br>3BR  |
| <b>Cost of<br/>Health<br/>Care- MSP</b>                                    | <b>\$0</b>  | <b>\$0</b>   | <b>\$0</b>   | <b>\$0</b>  | <b>\$0</b>  | <b>\$22</b>   | <b>\$108</b>   |
| <b>% of<br/>income<br/>required<br/>for rent<br/>and<br/>utilities</b>     | <b>62%</b>  | <b>67%</b>   | <b>120%<br/>(78%)</b>  | <b>110%<br/>(72%)</b>   | <b>72%<br/>(47%)</b>  | <b>41%</b>  | <b>28%</b>   |
| <b>Cost of<br/>Food<br/>(2006)</b>   | <b>\$653</b>  | <b>\$477</b>   | <b>\$162</b>   | <b>\$204</b>  | <b>\$228</b>  | <b>\$653</b>  | <b>\$653</b>   |
| <b>% of<br/>income<br/>required to<br/>purchase a<br/>healthy<br/>diet</b> | <b>44%</b>  | <b>34%</b>   | <b>31%</b>   | <b>36%</b>  | <b>26%</b>  | <b>28%</b>  | <b>15%</b>   |
| <b>What's left<br/>after</b>   | <b>- \$92</b>   | <b>- \$26</b>  | <b>-\$267</b>  | <b>- \$264</b>  | <b>\$18</b>   | <b>\$694</b>  | <b>\$2369</b>  |

|   |       |       |         |         |         |       |       |
|---|-------|-------|---------|---------|---------|-------|-------|
| food/shelter/<br>MSP costs<br>for all<br>other costs<br>of living |       |       | (-\$47) | (-\$44) | (\$238) |       |       |
| Approx.<br>cost of<br>other costs<br>of daily<br>living           | \$563 | \$387 | \$205   | \$205   | \$205   | \$563 | \$563 |

*Note: All dollars and number rounded to the nearest whole number.*

**Reference Family of 4** - Mother and Father, ages 25-49 years; two children – boy-13, girl-7

**Family 1** - Reference family of 4 on provincial income assistance. Shelter max.- \$590; Support rate-\$401.<sup>i</sup>

**Family 2** - One parent family on provincial income assistance - Mother age 25-49, two children - boy 13, girl 7. Shelter max.- \$555; Support rate-\$326.<sup>ii</sup>

**Family 3** – A single, older female (age 60 years) living alone on provincial income assistance. Shelter max.\$325; Support rate-\$185.<sup>iii</sup>

**Family 4** – Pregnant young woman (Age 19-Trimester 2/3) living alone on income assistance with natal allowance. Shelter max.- \$325; Support rate-\$185; Natal allowance-\$45/mo.<sup>iv</sup>

**Family 5** – A single male on disability assistance - Shelter max. \$325; Support rate-\$531.<sup>v</sup>

**Family 6** – Net monthly income based on \$11/hour, 40 hour work week, CPP (4.95%) and EI (1.87%) contributions for 2006, federal (15.5%) and provincial (6.05%) tax deductions for July 2006.

**Family 7** - An average Canadian two-parent family with two children, one earner. Before tax 2004 income \$65,900.<sup>vi</sup> CPP (4.95%) and EI (1.87%) contributions for 2006, federal (22%) and provincial (9.15) tax deductions for July 2006.<sup>vii</sup> After payroll deductions income \$50,153.

NOTE: See original Cost of Eating document for interpretation of calculations.

<http://www.dietitians.ca/resources/resourcesearch.asp?fn=view&contentid=1944>