

Board of Health Briefing Note

To: Chair and Members of the Timiskaming Health Unit Board of Health
Date: March 03, 2021
Topic: **2020 Position Statement and Recommendations on Responses to Food Insecurity**
Submitted by: Dr. Glenn Corneil, Acting Medical Officer of Health/CEO
Prepared by: Rim Mouhaffel, Public Health Dietitian
Reviewed by: Kerry Schubert-Mackey, Director of Community Health; Amanda Mongeon, Program Manager; Ally Zhang, Public Health Dietitian

RECOMMENDATION

It is recommended that the Timiskaming Board of Health endorses the Ontario Dietitians in Public Health (ODPH) [Position Statement and Recommendations on Responses to Food Insecurity 2020](#)¹ along with the attached letter and infographic in *Appendix A* and *B* and send letters expressing this position to the Prime Minister of Canada, Premier of Ontario, local MPs, MPPs, and municipal councils.


Overview

[Ontario Dietitians in Public Health](#) recently released an updated [Position Statement and Recommendations on Responses to Food Insecurity](#).² The 2020 version of the position statement summarizes the evidence to date about food insecurity in Ontario and Canada and presents effective evidence-based policy recommendations to address the issue of Household Food Insecurity (HFI). It also reflects on populations disproportionately impacted by food insecurity, recognizing the need to address anti-Black racism and Indigenous self-determination.² Furthermore, the ODPH Position Statement highlights the importance of ongoing food insecurity data collection across Canada associated analysis to understand trends and effectively establish targets to reduce HFI. As food insecurity is much higher among Black and Indigenous households in Canada, analysis of disaggregated race-based is essential to raise awareness and address health inequities experienced by these households due to the history of colonization and persisting systemic racism.²

Ontario Public Health Standards (2018) and Timiskaming Health Unit Strategic Plan 2019-2023

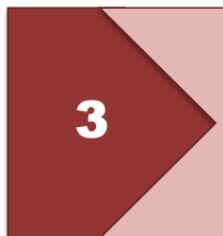
This work directly contributes to meeting the requirements and expected outcomes in the Ontario Public Health Standards (2018) and supports THU 2019-2023 the following strategic directions 2 and 3.

We create, share and exchange knowledge



- We use the best available information, including local lived experience, to inform local programs and services
- We exchange information with communities and partners to broaden our understanding of local needs
- We create quality data to address gaps in knowledge and to identify changing local needs
- We share our knowledge with stakeholders to understand the causes and impacts of health inequities

We collaborate with partners to make a difference in our communities



- We nurture positive and effective relationships with community partners to improve public health
- We mobilize diverse and inclusive community resources in addressing the Social Determinants of Health and climate change to reduce health inequities
- We advocate for policy changes that make a difference in local communities

Background

Household Food Insecurity is defined as "inadequate or insecure access to food due to financial constraints."^{1,3} It is a serious public health issue in Timiskaming, Ontario, and Canada, amplified by the current, ongoing COVID-19 pandemic. Between 2017 and 2018, 13.3% of households in Ontario experienced food insecurity.³ In 2019, it was estimated that 1 in 10 families in the Timiskaming district struggled to put food on the table,⁴ with 17.5% living in low-income households.^{2,5} During the first wave of COVID-19, 1 in 7 Canadians reported experiencing food insecurity.⁶ The 2019 Nutritious Food Basket results show the cost of food for a family of four in Timiskaming is about \$219.27 per week, indicating an increase in the cost of living from 2017 to 2019.⁴ After paying for rent, utilities, transportation, medications, phone, and the internet, families are left with very little income to pay for food.²

In 2016, 8.5% of households in Timiskaming were moderately or severely food insecure due to a lack of money; in other words, Food Insecurity, which mainly hits people living with low-income, including those who earn a minimum wage or are on social assistance programs.³ 63% of Ontario households who are food insecure rely on employment as their primary source of income.^{2,7} About 59% of households receiving social assistance are food insecure, demonstrating the precariousness of the employment system and the inadequacy of social assistance programs.^{2,7} HFI is an issue of food affordability and material deprivation that has substantial health implications, especially for children and youth.³

Food Insecurity has profound health impacts on physical and mental health and wellbeing.³ "Canadians who live in households with severe food insecurity are four times more likely to self-perceive their mental health as fair or poor, and seven times more likely to report symptoms of moderate to severe anxiety."⁸ Additionally, food insecurity is linked with chronic diseases such as diabetes, high blood pressure, anxiety, depression, and suicidal thoughts, which results in a burden on the Canadian healthcare system with costs that are 121% higher for adults living in severely food-insecure households than those in food-secure ones".⁹

The COVID-19 pandemic has magnified the pre-existing financial hardships and caused an increased number of Canadians experiencing food insecurity.⁶ Responses to HFI have been focused on food programs and charity-based solutions rather than income ones. Most Canadians who are food insecure never use food banks.¹⁰ Only 20.6% of those who experience food insecurity use food banks; they feel less hungry yet still food insecure, suggesting that food charity does not relieve food insecurity for people who use them.^{2, 10, 11} When visiting food banks, people face many challenges such as limited supply and operating hours and line-ups.^{2, 12} Moreover, accessing food charity is linked to social stigma and can undermine people's dignity despite the best intentions.^{12, 13} Additionally, statistics indicate a significant discrepancy between the number of people living in food-insecure households and those accessing food banks, therefore remarkably underestimating the issue of food insecurity.¹⁴ The number of individuals who live in families experiencing food insecurity is about five times higher than the number of people reported in any one year to be using a food bank.¹⁵ Between 2017 and 2018, 501,590 individuals, including 167,000 children, used food banks in Ontario.¹⁶ However, these numbers do not reflect the 1.7 M of food insecure individuals in Ontario, suggesting that food bank usage is a poor indicator of household food insecurity and does not reflect the problem's reality.^{2, 7} While food banks may be offering temporary short-term food emergency support for those who access them, no evidence indicates that the charity model is the solution to the serious problem of food insecurity.^{11, 17} They represent a band-aid to a systematic issue and are "counterproductive and ineffective in addressing the issue as they contribute to enabling governments to abandon their responsibility to take action and ensure income adequacy."²

Evidence demonstrates that income stability and predictability is the solution.¹⁸ Multiple policies addressing the root causes of the problem and improving vulnerable households' income are required simultaneously to respond to food insecurity effectively.² First, a basic income guarantee for Canadians 18-64 can end the need for food banks.¹⁹ In 2017-2018, participants who received a basic income guarantee in Ontario's pilot study reported overall improved diet quality and decreased reliance on food charity programs.^{20, 21} Furthermore, it has been shown that food insecurity prevalence decreased by almost 50% among low-income seniors once they turn 65 and become eligible for an Old Age Security Pension (OAS) and a Guaranteed Income Supplement (GIS).^{16, 18} Likewise, the Universal Child Care Benefit (UCCB) in 2016 has resulted in a 33% reduction in food security among low-income benefit recipients,²² which confirms the power of income-based interventions in improving food insecurity rates. Looking at other provinces, the poverty reduction strategy in Newfoundland and Labrador proposed an increase in income support rates that resulted in a significant drop in food insecurity prevalence from 59.9% in 2007 to 33.5% in 2012.^{17, 23} A basic income guarantee preserves dignity, ensures the basic right to food and gives individuals the power to make informed food choices.²⁴ In addition to basic income, adequate social assistance rates are essential as more than 55% of Ontario households receiving social assistance are food insecure.^{3,2} Third, providing non-precarious jobs with livable wages and benefits is indispensable given the high prevalence of household food insecurity among those in the workforce due to precariousness and inadequate pay.²⁴

The ODPH Position Statement demonstrates strong evidence about the effectiveness of income-based solutions in reducing food insecurity on a population level, resulting in positive health outcomes, reduced health inequities and lower healthcare costs.² Ontario Dietitians in Public Health advocates for income-based interventions, including basic income guarantee, jobs with livable wages and benefits, and adequate social assistance rates as evidence-based recommendations to prevent food insecurity.

Income-based solutions address the root cause of the problem, preserve dignity, ensure the fundamental right to food, and protect Canadians from falling below an income essential to meet basic needs.^{2, 24}

Government action on income-based, effective measures to address Household Food Insecurity is needed. In addition to recommendations for action at the federal, provincial and municipal level, in its position statements, ODPH encourages Ontario Boards of Health to work towards the implementation of the following recommendations:

- Monitor and report on the prevalence (provincially, regionally/locally) and the severity of food insecurity, its impact on health and root causes, and effective interventions to build awareness and knowledge about the problem and support for action.
- Encourage and enable all public health unit staff and Board of Health members to engage in ongoing awareness-raising, education, and training opportunities on causes and implications of structural racism and strategies for dismantling racist systems.
- Collaborate with community partners from various sectors, particularly racialized communities, to determine local priorities for action to address food insecurity and poverty.
- Support Indigenous cultural safety training offered on an ongoing basis to foster continuous awareness-raising, self-reflection and learning among all public health unit staff and board of health members.
- Engage meaningfully with local Indigenous communities and organizations to understand what food security and food sovereignty mean to them, learn about diverse local assets and needs, and prioritize support for and collaboration around Indigenous-led-food-related initiatives while respecting the self-determination of each community and organization.² (*Refer to Position Statement [Executive Summary](#)*)

Local Initiatives and Next Steps

Timiskaming Health Unit plays an essential role in increasing awareness about the need for income-based solutions to address Household Food Insecurity and change the entrenched belief that charity-based approaches are solutions to Household Food Insecurity. In light of the Position Statement's recommendations, THU staff have been involved with several initiatives to advocate for basic income and ensure an adequate income for all. In addition to Timiskaming's Board of Health recent endorsement of a [briefing note](#) on basic income guarantee as a means to addressing HFI, staff are soon to launch a public education campaign about the importance of permanent paid sick leave for all to support financial security in the long run. Furthermore, staff are actively involved with the Food Insecurity Working Group of the Ontario Dietitians in Public Health, through which they advocate to bring attention to the issue of Household Food Insecurity. In May 2021, THU staff will collect food costing data to monitor the affordability of healthy eating, educate about the relationship between poverty and food insecurity, and inform policy and advocacy efforts that support food security, equity and food justice.

Timiskaming BOH History Related to HFI

- **June 2020** MOTION #26R-2020 Basic Income for Income Security during Covid-19 Pandemic and Beyond

- **April 2020:** Motion #18R-2020 response to the Ontario Government as part of their consultation on Poverty Reduction Strategy
- **March 2020:** Receive 2019 Nutritious Food basket Costing Results and Household Food Insecurity Action and motion #8R-2002 to support KFLA January 28, 2002 motion *Monitoring of food insecurity and food affordability*.
- **April 2019:** Motion #23R-2019. Northern Fruit & Vegetable Program Funding Letter.
- September 2019: Motion #44R-2019 Federal Election Campaign.
- **April 2019:** Motion #23R-2019 Northern Fruit and Vegetable Program.
- Q3 Report 2018: Letter to Government of Ontario advocating for reconsideration of basic income pilot cancellation, maintaining the planned social assistance rate increases, and act on the recommendations from the Income Security Roadmap.
- **April 2018:** Information re. 2017 Nutritious Food Basket Results and Addressing Household Food Insecurity, and THU's participation in the Cent\$less campaign.
- **September 2018:** Presentation re. Public Health Policy Priorities for Consideration – 2018 Municipal Election.
- **September 2015:** Resolution #01-2015: Support for a Basic Income Guarantee.
- **January 2012:** Resolution #01-2012. Social assistance funding freeze.
- **December 2008:** Resolution #09-2008. Nutritious Food Basket and Poverty Reduction Strategy.

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APPENDIX A



The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister & Minister of Finance
Privy Council Office
Room 1000
80 Sparks Street
Ottawa, ON K1A 0A3

Dear Prime Minister Trudeau and Deputy Prime Minister Freeland:

Re: Responses to Food Insecurity

On behalf of the Huron Perth Public Health (HPPH) Board of Health, I am writing to convey our strong support for the call to recognize food insecurity as an income-driven problem, requiring income based solutions. Our Board of Health staff report from January 8, 2020 (attached) endorses the Ontario Dietitians in Public Health (ODPH) [Position Statement and Recommendations on Responses to Food Insecurity 2020](#).

Household food insecurity is an urgent public problem and a serious human rights and social justice issue for all levels of government. Policies that improve the income of vulnerable households are required to effectively address food insecurity. These include policies to institute basic income guarantee, jobs with liveable wages and benefits, and adequate social assistance rates, including disability programs. HPPH has previously endorsed a call to institute a basic income program for all Canadians.

Food insecurity has a significant impact on health and is costly to Canadians. We encourage your government to take swift and immediate action to prioritize income-based solutions, not charitable ones, to address food insecurity in Canada and address the negative health, economic and social impacts to Canadians.

Sincerely,

ORIGINAL Signed By:]

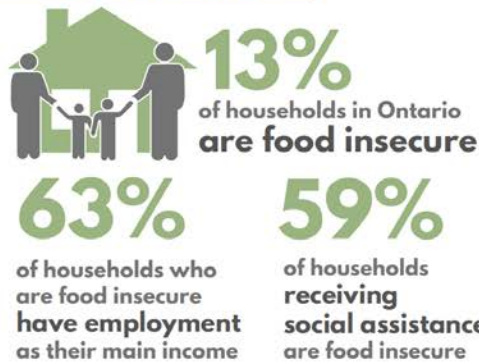
Kathy Vassilakos
Chair, Board of Health, Huron Perth Public Health

cc Local Members of Parliament, Ben Lobb MP Huron-Bruce and John Nater MP Perth-Wellington;
Local Members of Provincial Parliament Honourable Lisa Thompson MPP Huron-Bruce, Randy Pettapiece
MPP Perth-Wellington; Government of Ontario Premier Honourable Doug Ford, Deputy Premier and
Minister of Health Honourable Christine Elliot, and Honourable Todd Smith, Minister of Children,
Community and Social Services;
County Council of Huron, County Council of Perth, Town of St. Mary's Council, City of Stratford Council



Food insecurity - not having enough money to buy food - is a serious public health problem in Ontario

Who is food insecure?



What's the problem?

Food insecurity is linked to higher rates of:

- diabetes, high blood pressure & heart disease
- depression, anxiety & suicidal thoughts

What's the solution?

Effective solutions **increase incomes** through:

- a basic income guarantee
- jobs with liveable wages and benefits
- adequate social assistance rates

Food charity does **NOT** solve the problem!



Income solutions...

- preserve dignity
- address the root of the problem
- give choice of which foods to buy
- ensure the basic right to food

What can **YOU** do?



1. Be aware

Learn more about why food insecurity is a serious problem at: odph.ca/centsless



2. Spread the word

Follow @RDsPubHealthON and retweet our #FoodInsecurityFriday tweets



3. Send our letter

Use our letter to tell leaders you support income solutions to food insecurity: odph.ca/what-can-you-do

Reference:
Position Statement and Recommendations on Responses to Food Insecurity, Ontario Dietitians in Public Health, December 2020