

Board of Health Briefing Report

To: Chair and Members of the Board of Health
Date: March 4, 2020
Topic: **2019 Nutritious Food Basket Costing Results and Household Food Insecurity Action**
Submitted by: Dr. Glenn Corneil, Acting Medical Officer of Health/CEO
Prepared by: Laura Dias **Reviewed by:** Amanda Mongeon, Kerry Schubert-Mackey

RECOMMENDATIONS

It is recommended that the Timiskaming Board of Health:

1. Receive 2019 Nutritious Food Basket Costing Results and Household Food Insecurity Action
2. Resolve to support KFLA January 28, 2020 motion *Monitoring of food insecurity and food affordability* ([Appendix A](#)).

Overview

The 2019 Nutritious Food Basket (NFB) results show that the cost of living in Timiskaming is increasing. The higher cost of food (e.g. \$219.27 a week for a family of four, a \$2.74 increase since 2017) and housing, among other living expenses increases pressure on those who live on a limited income. Often, this means less money is available to buy food, a situation known as household food insecurity (HFI)¹ that has serious health implications, especially for children and youth². Responses to HFI often focus on charity & food-based initiatives but these do not address the root cause of this issue, poverty³. Government action on income-based, effective measures to address poverty and food insecurity are needed⁴.

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

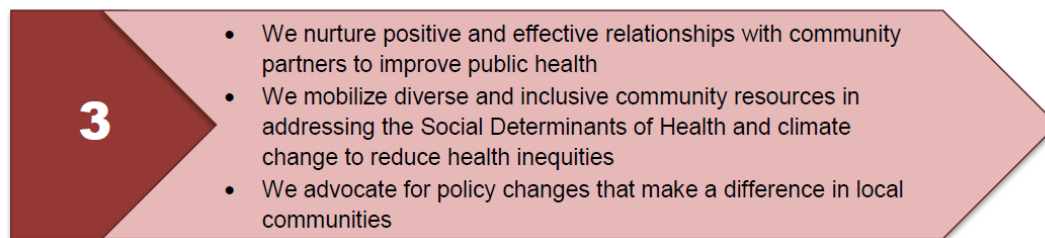
This work directly contributes to meeting requirements and expected outcomes in the Ontario Public Health Standards (2018) related to several Foundational and Program Standards and supports THU 2019-2023 strategic directions, particularly directions 2 and 3.

We create, share and exchange knowledge

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- 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



3

- 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

In Timiskaming, 17.5%⁽¹⁾ of households live with low-income^{(2),5} and are often forced to make tough choices on how to spend their money⁴. They often choose rent, hydro or health expenses over food. About 1 in 10 households in Timiskaming experiences HFI⁽¹⁾ ([Appendix D](#)), and this issue can seriously impact individual and community well-being². HFI:

- Contributes to early cessation of breastfeeding, with ongoing struggles to afford substituting formulas;
- Increases risk of asthma and depression in children;
- Affects school performance;
- Increases risk of suicidal ideation in youth;
- Increases risk of developing chronic diseases such as type 2 diabetes in adulthood; increases risk of complications for those already with chronic diseases.

Therefore, HFI significantly impacts health care costs. Research shows that health care costs can be 23% to 121% higher for an individual who experiences HFI when compared with an individual who is food secure^{(3), 2}.

A 2016 THU report on the HFI reality in Timiskaming confirms the struggle to put food on the table by some households who live in low-income, while also facing stigma and prejudice⁶. The NFB 2019 results ([Appendix B](#)) continue to show that those living on social assistance, such as disability support, are at higher risk of food insecurity. For example, in Timiskaming, a family of four on Ontario Works would be left with \$700 a month after paying for food and housing. This would have to cover additional expenses related to health, transportation or clothing. For a single person household, only \$31 remains after paying for food and housing. For more information and different scenarios consult [Appendix C](#).

Although the NFB, a survey used by Ontario public health units to monitor the cost of basic healthy eating⁷, is an important tool to understand the struggles faced by those living in poverty, it is no longer supported by the provincial government. To help us fulfill our mandate of conducting surveillance, needs assessment

(1) Interpret with caution because the sample size was small.

(2) Low-income measure, after tax (LIM-AT) - When the unadjusted after-tax income of household pertaining to a person falls below the threshold applicable to the person based on household size, the person is considered to be in low income according to LIM-AT¹⁶. Example: LIM-AT for a household with 4 persons is 44,266¹⁷.

(3) Feed Ontario estimates the cost of poverty in Ontario at \$27.1 - \$33 billion/year¹⁸. This includes loss of tax revenue and increased healthcare and justice system expenses that occur when people are kept in poverty.

and develop programs tailored to our priority populations, access to an updated and comprehensive NFB tool is essential.

While HFI has been a long-term public health issue, little has been done to address its root cause, poverty. The typical responses, often of charitable nature and focused on community food programs, only alleviate the impacts of HFI³. Given the lack of progress on HFI despite mounting evidence for effective policies such as poverty reduction, stakeholder groups continue to call for effective poverty-reduction policies that increase population income level. Examples are a guaranteed minimum income, appropriate social assistance rates and enforcing livable minimum wages⁴.

Different levels of government have implemented strategies to address HFI. At the federal level, the Canada Child Benefit helped to decrease the risk of severe HFI among children living within a low-income household⁸. This encouraged the adoption of the Canada's First Poverty Reduction Strategy which aims to reduce poverty by 20% by 2020 (and by 50% in 2030) while decreasing homelessness and housing needs⁹. The strategy also includes defining Canada's Official Poverty Line and a commitment to measure and track progress, with the support of a National Advisory Council on Poverty⁹.

In Ontario identified strategies have been stalled with the cancellation of the Ontario Basic Income Pilot Project¹⁰ and of the planned improvements to the social assistance system and income security, which were informed by "*Income Security: A Roadmap for Change*". This report includes recommendations for a 10-year roadmap for income security reform in Ontario¹¹. Alternative measures have been announced but not yet implemented. A freeze in the minimum wage (currently at \$14/hour) is in place at least until October 2020¹². The Ministry of Children, Community and Social Services recently opened consultations for a new provincial Poverty Reduction Strategy (PRSO)¹³. They are seeking innovative ways to fight poverty, focusing on job creation and reducing cost of living¹³. Submissions can be provided via email (prso@ontario.ca) or via [online survey](#), available at the Engage Ontario platform⁴. Lastly, Bill 60 which calls for the establishment of a Social Assistance Research Commission is currently at the Standing Committee in the Legislative Assembly awaiting a third reading. This Commission would make recommendations about social assistance policy, including rates¹⁴.

Local Public Health Action

Timiskaming Health Unit staff are continuing to lead a number of initiatives related to HFI:

- Nutrition Month 2020 public awareness campaign about household food insecurity and the provincial poverty reduction strategy consultation (March);
- Drafting and submitting a THU response to Ontario Poverty Reduction consultation⁽⁴⁾ (a briefing note on THU's submission will be included in the April BOH meeting package). This will include evidence informed recommendations for provincial government action on poverty reduction, through income-based solutions;
- Community partner dissemination of 2019 Nutritious Food Basket and Household Food Insecurity data; and

⁴ <https://engage.ontario.ca/en/engagement-initiatives/developing-new-poverty-reduction-strategy-ontario>

- Support and encouragement for local municipalities and collaboration with cross-sector partners to develop and evaluate policies and programs with an income security focus. Examples: support tax clinics for low-income households; promote affordable public transportation, affordable housing and affordable access to recreation; support subsidized childcare¹⁵.

In addition, while continuing to advocate for evidence-informed solutions to adequately address poverty, the root cause of household food insecurity, THU staff have been increasing collaboration with community partners whose work addresses complementary priorities such as increasing food literacy, improving food systems and promoting social well-being. Examples of this work include:

- Coordinating Food Sense, a cross-district program delivered by several community partners. It focuses on increasing cooking skills and nutrition knowledge, while promoting socialization.
- Maintaining the [Local and Charitable Food Map](#), that lists all local food business, producers and locations where those in need can access food.
- Partnering with group of service providers in the south end of the district to initiate community food action programming. After individual and group consultations with community members, the group is working to develop a community kitchen program and exploring the feasibility of a Community Fridge in Temiskaming Shores. THU staff are working to initiate similar work in the north end of the district as well.

Timiskaming BOH History

April 2019: Motion #23R-2019. Northern Fruit & Vegetable Program Funding Letter.

September 2019: Motion #44R-2019 Federal Election Campaign.

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.

RECOMMENDATIONS

Based on the above information, it is recommended that the Timiskaming Board of Health:

1. Receive 2019 Nutritious Food Basket Costing Results and Household Food Insecurity Action
2. Resolve to support KFLA January 28, 2020 motion *Monitoring of food insecurity and food affordability* ([Appendix A](#)).

REFERENCES

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January 28, 2020

VIA: Electronic Mail (Patty.Hajdu@parl.gc.ca)

Honourable Patty Hajdu
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Hajdu:

RE: Monitoring of food insecurity and food affordability

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its January 22, 2020 meeting:

THAT the KFL&A Board of Health recommend that the Federal Government

- **commit to annual local measurement of food insecurity in all the provinces and territories by making the Household Food Security Survey Module a core module in the Canadian Community Health Survey, and**
- **update the foods included in the National Nutritious Food Basket to reflect recommendations in the 2019 Canada's Food Guide and develop a national food costing protocol.**

FURTHER THAT a copy of this letter be forwarded to:

- 1) Honourable Christine Elliott, Minister of Health, Ontario
- 2) Honourable Navdeep Bains, Minister of Innovation, Science and Industry
- 3) Mark Gerretsen, MP Kingston and the Islands
- 4) Scott Reid, MP Lanark-Frontenac Kingston
- 5) Derek Sloan, MP Hastings-Lennox and Addington
- 6) Ian Arthur, MPP Kingston and the Islands
- 7) Randy Hillier, MPP Lanark-Frontenac-Kingston
- 8) Daryl Kramp, MPP Hastings-Lennox and Addington
- 9) Loretta Ryan, Association of Local Public Health Agencies
- 10) Ontario Boards of Health
- 11) Mary Ellen Prange, The Ontario Dietitians in Public Health
- 12) Kim Loupos, The Ontario Dietitians in Public Health

Kingston, Frontenac and Lennox & Addington Public Health

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*Letter to: Honourable Patty Hajdu
Minister of Health, Canada*

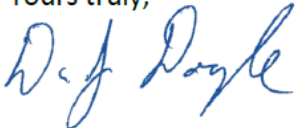
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Monitoring food insecurity and food affordability supports KFL&A Public Health in assessing trends over time, identifying community needs and priority populations, supporting and promoting access to safe and healthy food, and informing healthy public policy. Requiring the Household Food Security Survey Module as mandatory rather than optional for provinces and territories would facilitate effective and consistent food affordability surveillance and monitoring.

KFL&A Public Health completes the Ontario Nutritious Food Basket survey tool annually to monitor the cost of healthy food in KFL&A. The National Nutritious Food Basket which serves as the basis for the Ontario Nutritious Food Basket survey tool was last updated using the 2007 Canada's Food Guide. KFL&A Public Health recommends that the Federal Government take leadership in developing a national protocol that would accompany the National Nutritious Food Basket to ensure consistency in monitoring food costing across Canada.

The consistent, systematic and relevant measurement of food insecurity is foundational for measuring and surveilling food insecurity in Canada.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: Hon. C. Elliott, Minister of Health, Ontario
Hon. N. Bains, Minister of Innovation, Science and Industry
M. Gerretsen, MP Kingston and the Islands
S. Reid, MP Lanark-Frontenac Kingston
D. Sloan, MP Hastings-Lennox and Addington
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D. Kramp, MPP Hastings-Lennox and Addington
L. Ryan, Association of Local Public Health Agencies
Ontario Boards of Health
M. E. Prange, The Ontario Dietitians in Public Health
Kim Loupos, The Ontario Dietitians in Public Health

Appendix B

Nutritious Food Basket Results Over Time

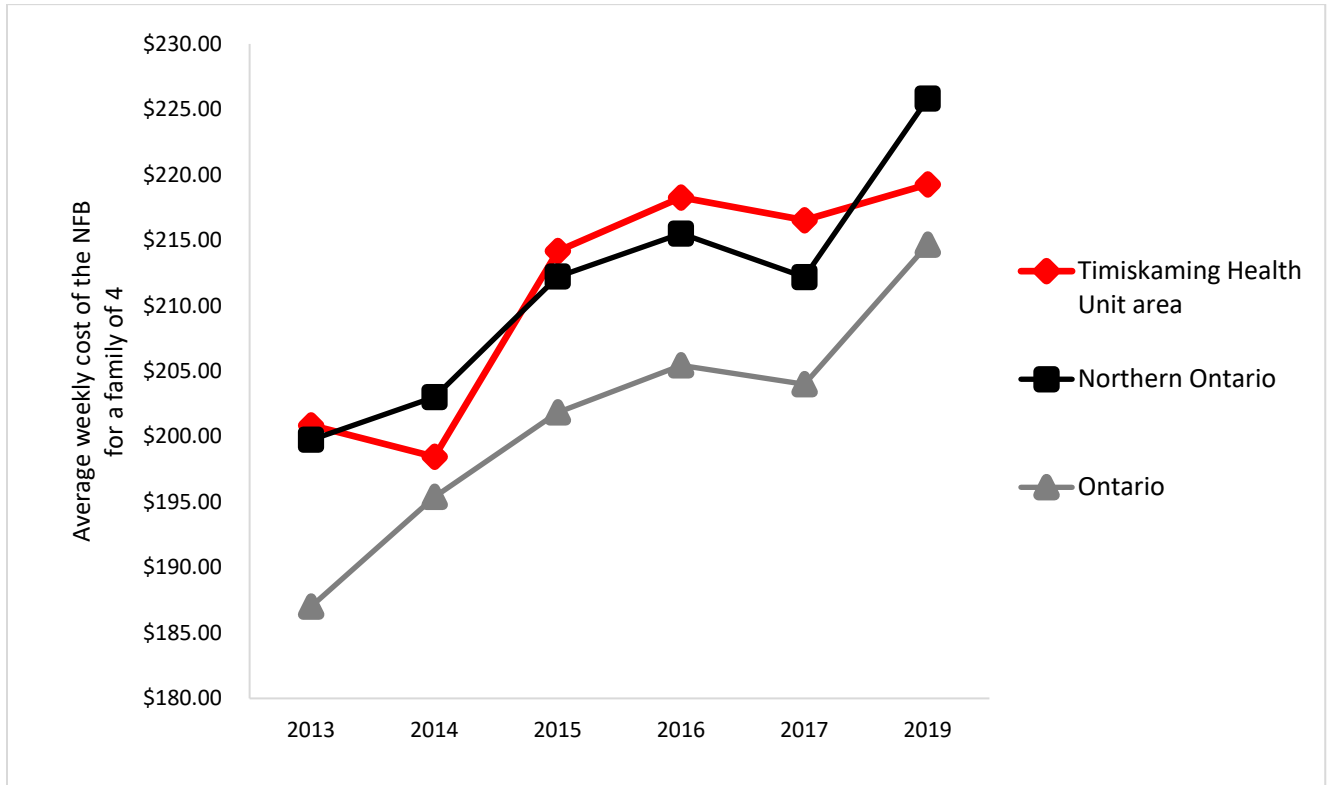


Figure 1. Average weekly cost of the NFB for a reference family of four in the Timiskaming Health Unit catchment area, Northern Ontario and Ontario, 2013 – 2019.

Note: The information on the 2018 NFB is not included in the above graphic as the NFB was not conducted at THU during that year (given uncertainty related to recent changes in the Ontario Public Health Standards (2018).

Note: Contrary to the previous years, the average of NFB values is now done for Northern Ontario (instead of only Northeastern Ontario), which includes the following health units: Timiskaming, Porcupine, Algoma, North Bay & Parry Sound, Sudbury, Thunder Bay and Northwestern.

Table 1. NFB WEEKLY COST FOR A FAMILY OF 4 (\$), 2019						
	2013	2014	2015	2016	2017	2019
Timiskaming Health Unit	200.86	198.46	214.17	218.27	216.53	219.27
Northern Ontario	199.75	203.02	212.22	215.51	212.18	225.82
Ontario	187.03	195.40	201.85	205.45	204.00	214.67

Appendix C

Comparing total income with main expenses, for households on social assistance OR minimum wage

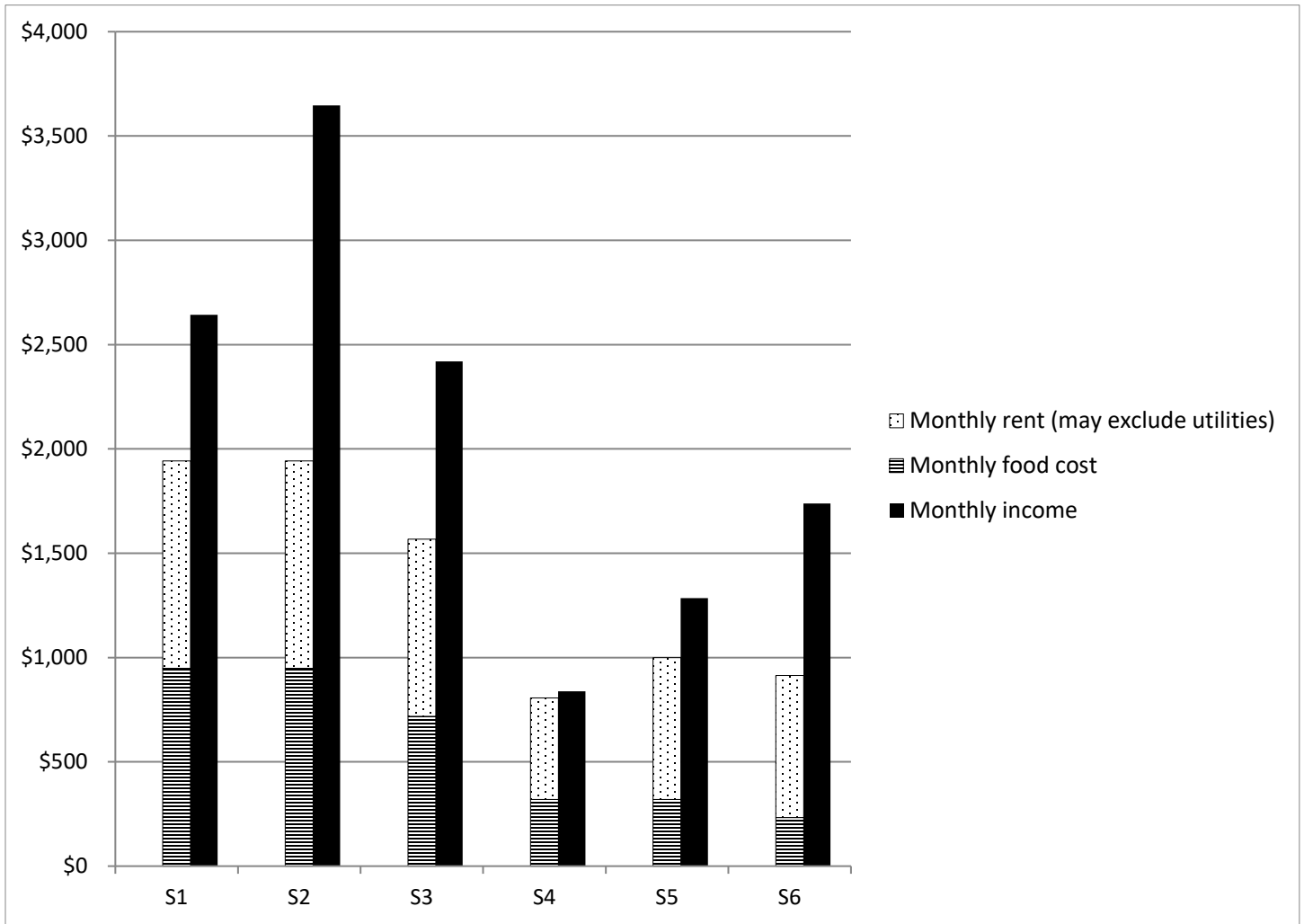


Figure 2. Comparing monthly cost of food and rent in the Timiskaming Health Unit catchment area to monthly income in 2019. See table 2 for scenarios descriptions.

Table 2 - 2019 NFB family and income scenarios.

S1- 2 adults (male and female ages 31-50), 2 children (girl age 8, boy age 14); Ontario Works

S2- Family of 4: 2 adults (male and female ages 31-50), 2 children (girl age 8, boy age 14); income is based on one minimum wage earner, 40hr/wk, \$14.00/hr (minimum wage in August 2019)

S3- 1 adult (female age 31-50), 2 children (girl age 8, boy age 14); Ontario Works

S4- 1 adult (male age 31-50); Ontario Works.

S5- 1 adult (male age 31-50); Ontario Disability Support Program (ODSP)

S6- 1 adult (female age 70+); income based on Old Age Security and Guaranteed Income Supplement

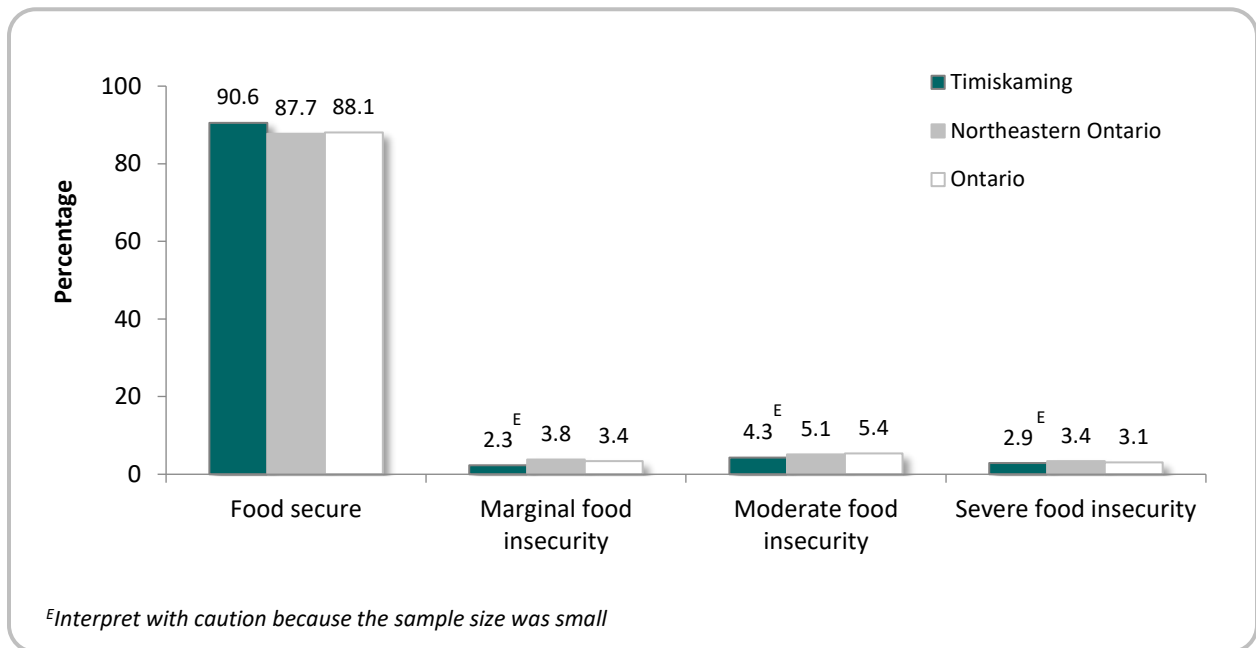
Appendix D

Food Insecurity in Timiskaming - Statistics

In Timiskaming, 90.6% of households were food secure, meaning that they did not have difficulty with income related food access. Also in Timiskaming, 2.3%^E of households were marginally food insecure, 4.3%^E were moderately food insecure and 2.9%^E were severely food insecure. There were no statistical differences between Timiskaming's rates, Northeastern Ontario's rates, and Ontario's rates.

^E Interpret with caution because the sample size was small

Figure: Percentage of households by food security status for Timiskaming, Northeastern Ontario and Ontario, 2009-2014.



Source: Canadian Community Health Survey 2009/10, 2011/12 & 2013/14. Statistics Canada, Share Files, Ontario Ministry of Health and Long-Term Care.