

Increased Social Assistance Rates

According to the Canadian Community Health Survey, 60% of people on social assistance are “food insecure”. Food insecurity leads to increased risk of infectious and chronic diseases (e.g., heart disease, diabetes, high blood pressure and depression). It is also more difficult to manage infectious and chronic diseases for people who are food insecure. Poor birth outcomes, including preterm birth and low birth weight are often related to maternal health and nutrition. Nutrition related diseases and conditions cost more to treat and manage than would be needed to prevent them through enhanced food security.

Adults and children of all ages in food insecure households consume less fruit, vegetables, and milk products and have lower vitamin and mineral intakes, when compared with those in food-secure households. For women in particular, the lower the household income the less able they are to afford milk products and vegetables. This leads to inadequacy of a number of nutrients including folate, iron, zinc and vitamin A.

In Middlesex-London, the Nutritious Food Basket scenarios repeatedly demonstrate that residents receiving social assistance do not have adequate funds to afford healthy eating, after meeting other essential needs for basic living.

In 2012, an average 10,911 London individuals and households received assistance from Ontario Works each month, including 6,690 children under the age of 18 years. Children being supported through social assistance is especially concerning since poverty in childhood can be a greater predictor of cardiovascular disease and diabetes in adults than later life circumstances and behaviour.

Improved incomes are the most important response to food insecurity. Increased social assistance rates are the first step towards putting food on the table for the most vulnerable community members. The Nutritious Food Basket results provided annually to the Ministry of Health and Long-Term Care and the Canada Mortgage and Housing Corporation Rental Income (Ontario) reports should be used as a starting point in determining social assistance rates that reflect the true cost of living.

The Special Diet Allowance (SDA) is currently under review as part of the Social Assistance Reform. The SDA includes a specific benefit for people with medical conditions, as well as pregnant and breastfeeding women. This allowance provides essential income to enhance the ability of people with medical conditions to afford foods and nutritional supplements recommended in best practice treatment guidelines. In addition, the ability of pregnant and breastfeeding women to choose nutritious foods could be compromised by a change to this monthly assistance. The SDA should continue, with any review or revisions developed in collaboration with Registered Dietitians.

Social determinants of health such as food access, income, housing and employment help explain the wide health inequalities existing within and across societies. They are strongly determined by government public policy decisions. Social assistance rates that reflect evidence about living costs would improve the health of some of Middlesex and London’s most vulnerable residents.