

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and CEO

DATE: 2016 March 10

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## INCOME SECURITY – THE EFFECTIVE RESPONSE TO FOOD INSECURITY

### **Recommendations**

*It is recommended that the Board of Health receive the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) Position Statement on Responses to Food Insecurity for information.*

### **Key Points**

- Food insecurity greatly impacts health, wellbeing and healthcare costs. Lack of sufficient income is the root cause of food insecurity.
- The [OSNPPH Position Statement on Responses to Food Insecurity](#) calls for the implementation of a basic income guarantee as an effective, long term solution to reduce food insecurity.
- In September 2015, the Board of Health endorsed the need for the provincial and federal governments to prioritize consideration and investigation into a joint federal-provincial basic income guarantee.
- Health Unit staff will inform OSNPPH that the Middlesex-London Board of Health endorses investigation of a basic income guarantee as a response to food insecurity.

### **Background**

March is Nutrition Month and March 16, 2016, is National Dietitians' Day. During the month and throughout the year, Canadian Registered Dietitians promote the importance of healthy eating and its positive effect on health and well-being. This year's theme is *Take a 100 meal journey. Make small changes one meal at a time*. Providing food literacy opportunities to help support Middlesex-London residents to improve diet quality is important; however, for many residents, diet quality and quantity is not only about a lack of food literacy, but the inability to afford healthy food.

Household food insecurity -- inadequate or insecure access to food because of financial constraints -- is a serious social and public health issue. In 2011, nearly 26 000 Middlesex-London residents aged 12 years and older were estimated to be food insecure. As reviewed in the September 2015 [Board Report 50-15](#), from 2014 to 2015, local food prices increased 7% for a family of four. Food prices are expected to continue to increase, especially for healthy foods, as a result of the lowered value of the Canadian dollar and challenging growing conditions due to weather.

Food insecurity greatly impacts health, wellbeing and healthcare costs. An [Ontario study](#) reported that annual healthcare costs were about \$2,300 (120%) higher per adult in households with severe food insecurity compared to food secure households. Adults who are food insecure have poorer self-rated health and are more likely to suffer from chronic conditions such as diabetes, high blood pressure and anxiety. Children who experience food insecurity have an increased risk of developing asthma and depression.

The Nutritious Food Basket survey, conducted annually by all public health units in Ontario, repeatedly demonstrates that incomes are inadequate for our most vulnerable Middlesex-London residents to afford basic needs. As part of the September 2015 discussion of the Nutritious Food Basket report, the Board of Health endorsed a recommendation to request the provincial and federal governments prioritize

consideration and investigation into a joint federal-provincial basic income guarantee and for the provincial government to increase social assistance rates to reflect the rising cost of basic needs.

### **OSNPPH Position Statement on Responses to Food Insecurity**

In November 2015, The Ontario Society of Nutrition Professionals in Public Health (OSNPPH) released a [Position Statement on Responses to Food Insecurity \(Appendix A\)](#) and accompanying [infographic \(Appendix B\)](#). The position statement calls for the implementation of a basic income guarantee as an effective, long-term solution to reduce food insecurity.

A common community response to food insecurity is food charity programs, including food banks and soup kitchens. Charitable food provision began as temporary relief in the 1980s, but has become a well-established and valuable part of our community's emergency food supply response. Unfortunately, community need exceeds the capacity of charitable food organizations, and charitable food provision does not address the root cause of food insecurity, which is a lack of sufficient income. Only about 25% of people who are food insecure access food banks. Food banks do as much as they possibly can and work tirelessly to try to address the issue of food insecurity, but they have limitations. The growth of food charity has also coincided with a reduction in government social programs. Food Banks Canada stated in their [Hunger Count 2015 report](#) that a basic income guarantee, affordable housing, job skills training and more accessible and affordable food in northern communities are what is needed to significantly reduce the need for food banks and address food insecurity.

Lack of sufficient income is the root cause of food insecurity. Almost 60% of Ontario families who are food insecure are part of the labour force, but working in low paying or unstable jobs. Improved incomes are the most important and effective response to food insecurity and must be foremost of advocacy efforts. The incomes of the lowest income earners affect the entire society. Evidence supports that the larger the gap between the lowest income earners and the highest income earners, the poorer the health outcomes for everyone.

### **Opportunities for Action**

OSNPPH is calling on Ontario Boards of Health to officially endorse its *Position Statement on Responses to Food Insecurity*. The position statement has been endorsed by the Association of Local Public Health Agencies, the Ontario Public Health Association and various Ontario Boards of Health, including Chatham-Kent, Elgin St. Thomas, Haldimand-Norfolk, Huron County, Perth District and Peterborough County. Health Unit staff will inform the *Ontario Society of Nutrition Professionals in Public Health (OSNPPH)* that the Board of Health endorses investigating a basic income guarantee as a response to food insecurity.

This report was prepared by Ms. Kim Leacy, Registered Dietitian, and Ms. Linda Stobo, Manager, Chronic Disease Prevention & Tobacco Control Team.



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<p><b>This report addresses</b> the following requirements of the Ontario Public Health Standards (2015): Foundational Standard 3, 4; Chronic Disease Prevention 2, 11.</p>
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