

The Cost of Eating In BC

-The challenge of feeding a family on a low income-

October 2002



Endorsed by:

BC Association of Social Workers
Canadian Association of Food Banks, BC Branch
Directorate of Agencies for School Health/Breakfast For Learning Partnership
Farm Folk City Folk
First Call, Child and Youth Advocacy Coalition
Public Health Association of BC
Social Planning and Research Council of BC

This report is published by Dietitians of Canada, BC Region and the Community Nutritionists Council of BC.

Dietitians of Canada (DC) is the professional association for 5000 dietitians in Canada including 700 in BC. One of the key priorities for the organization is "*Intersectoral action promoting nutritional health*". BC members of DC have collaborated to bring data and information forward to inform decision makers about the struggles experienced by families on low incomes.

The Community Nutritionists Council of BC is made up of registered dietitians/nutritionists who work for Regional Health Authorities in public health. Their mission is: "*To enable all British Columbians to achieve and maintain optimal nutritional well-being through access to safe, appropriate and quality food, nutrition information and nutrition services.*"

A copy of this report can be downloaded from the Dietitians of Canada's News Room at: <http://www.dietitians.ca/news/media.html>. Permission is granted to reproduce copies of the report in its entirety for personal or educational purposes, provided credit to the publishers is included. Other reproduction requests should be directed to:

Dietitians of Canada, BC Region

Box 34175, Station D

Vancouver, BC V6J 4N1

Phone: 604 736 3732

Fax: 604 736 3736

Email: jmacdonald@dietitians.ca

Web site: www.dietitians.ca

© 2002 Dietitians of Canada. All rights reserved.

"Every nation that permits people to remain under the fetters of preventable disease, and permits social conditions to exist that make it impossible for them to be properly fed, clothed and housed, so as to maintain a high degree of resistance and physical fitness, and that endorses a wage that does not afford sufficient revenue for the home, a revenue that will make possible the development of a sound mind and body, is trampling a primary principle of democracy under its feet."

Dr. Charles Hastings.
Medical Health Officer for Toronto &
President American Public Health Association
in his inaugural address to the APHA in 1919

Table of Contents

EXECUTIVE SUMMARY	4
INTRODUCTION	5
<i>Background information</i>	5
<i>Women and children on income assistance suffer the most</i>	5
<i>2002 income assistance rate changes impact single parent families</i>	6
<i>The rent squeeze</i>	6
<i>Social equity programs in public education threatened</i>	7
<i>Financial insecurity equals food insecurity</i>	7
<i>The role of government and society in addressing hunger and poverty</i>	7
CAN BC'S POOR AFFORD TO EAT?	8
<i>Single parent on income assistance</i>	8
<i>One parent family on full disability assistance</i>	9
<i>Single, young breastfeeding mother on income assistance</i>	9
<i>Working poor</i>	10
THE COST OF POVERTY AND FOOD INSECURITY ON HEALTH AND WELL-BEING	10
WHAT IS AVAILABLE TO HELP BC FAMILIES COPE?	11
STOPPING FOOD INSECURITY	12
CONCLUSIONS	12
RECOMMENDATIONS:	13
APPENDIX A - Foods Included in the National Nutritious Food Basket	14
APPENDIX B - Cost of Not Breast Feeding	16
APPENDIX C – Community Actions Focussed on Increasing Food Access and Food Security	17
APPENDIX D - Endorsing Agencies	20
REFERENCES	21

List of Tables

Table 1 Monthly Cost of Eating _____	8
Table 2 Disposable Income for 4 Scenarios _____	9
Table 3 Approximate Number of Servings per Day from the Nutritious Food Basket and Recommended Number of Servings in <i>Canada's Food Guide to Healthy Eating</i> _____	15
Table 4 Breastfeeding Benefits _____	16

EXECUTIVE SUMMARY

Dietitians and their community partners in British Columbia are concerned about the ability of those on low incomes, especially those on income assistance, to feed their families a healthy diet. In June 2002, community nutritionists surveyed grocery stores across BC to determine the cost of a healthy diet. It costs about the same to eat in BC as it did one year ago but income assistance rates have been slashed for the single parent family. Their situation is more desperate than ever. Too many Canadians, especially women and children, are living in poverty and food-insecure households. Many, including low-income earners, are forced to use food banks and other food charities to deal with their hunger.

The majority of poor renters must devote at least half of their income to housing, forcing them to choose between shelter and food. The income assistance shelter allowance falls far below the average cost of rental housing. Those on low incomes spend as much as 34% of their income on food while the average Canadian spends about 10% of their disposable income on food.

Food insecurity is significantly associated with poor health, multiple chronic health conditions, obesity, distress and depression. Undernourished children are more susceptible to illness, have diminished attention spans and are unable to perform at school as well as their nourished peers.

Most Canadians consider hunger to be a serious problem. Government, at all levels, must partner with community organizations and those impacted by food insecurity, to eradicate poverty and inequality. It is the “right of everyone to have access to safe and nutritious food.”¹ “Poor people are crying out for better health – and dying for change.”²

The publishers of this report –Community Nutritionists Council of BC and Dietitians of Canada, BC Region - with support from seven endorsing agencies make the following recommendations to the government and citizens of BC.

Recommendation 1- BC Ministries, regional health authorities and municipal governments must partner with community organizations and those on low incomes to alleviate food insecurity in BC, specifically:

- The BC Ministry of Human Resources should set the support allowance to the actual cost of a nutritious food basket (plus other non-shelter costs) based on the *age and number of children*; and the shelter allowance should be set to the *average rental housing costs*.
- The BC Ministry of Children and Family Development must continue to make School Meal Programs available and extend the program to more schools throughout the province to meet urgent needs.
- BC Health Authorities should support food security program and policy initiatives.
- BC Health Authorities should support breastfeeding programs, especially initiatives targeted to those on low incomes.

Recommendation 2- All British Columbians should work together to support food security actions initiated in their community and become more informed about hunger and its impact on the community.

INTRODUCTION

Background information

Dietitians and their community partners in British Columbia are concerned about the ability of those on low incomes, especially families (with children) on income assistance, to purchase a healthy diet.

To determine the real cost of healthy eating, in June 2002, community nutritionists priced a nutritious food basket using Health Canada's standardized survey tool, the *National Nutritious Food Basket 1998*.³ Seventeen health areas were included with 131 grocery stores surveyed (see Appendix A for details on foods included). This report on the cost of eating in BC and the implications on vulnerable British Columbians is a partnership effort of the Community Nutritionists Council of BC and Dietitians of Canada, BC Region. The first *Cost of Eating in BC* report was published in October 2000. An earlier report, *Feed our Future – Secure our Health*,⁴ by the Food Security and Nutrition Advocacy Committee, was spearheaded and supported by Dietitians of Canada, BC Region and community nutritionists across BC.

Women and children on income assistance suffer the most

Almost one in six children in BC live in poverty⁵ as do over 59% of female one-parent families (close to 174,000 women and children).⁶

According to the June 2002 report by the BC Ministry of Human Resources, 5.2% of the BC population lives on income assistance and the number of families with children

"I don't eat sometimes to make sure my children are fed." (Food for Kidz Coalition, 2001. Child Hunger Assessment, South Fraser Region)

makes up just over 50% of all income assistance clients. Of these 77% are single parent families. Almost 70,000 children are living in families on income assistance.⁷

According to a 1998/99 study of Canadians, people in households relying on income assistance are at a greater risk of experiencing food insecurity (see Footnote 1). Those most at risk are lone-parent households headed by women. Over 30% of lone mother households experienced food insecurity during the previous year.⁸ Aboriginal people were about one and a half times more likely than non-Aboriginal people to live in a food insecure household. Food insecurity (see Footnote 2) and poor health are inseparable.⁹

Hunger Count 2001¹⁰ reported that almost 65% of food bank users received income assistance and estimated that 60% of households accessing food banks were families with children.

"We have to go to the food bank and stand in line, outside for all to see." (Food for Kidz Coalition, 2001. Child Hunger Assessment, South Fraser Region)

¹ Respondents were considered to live in a food insecure household if they answered yes to at least one of three questions related to not having enough money to buy food, to compromising the quality and then the quantity of food.

² "Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life." (World Food Summit 1996)

2002 income assistance rate changes impact single parent families

Decreases to income assistance rates in 2002 targeted one-parent families, which are mostly made up of women. Monthly income was reduced by as much as \$426 a month. The **support allowance** (see Footnote 3) dropped by \$51 a month (\$376.58 to \$325.58). The rate remains the same whether there is one child or six children in the family. The **shelter allowance** (see Footnote 4) dropped for families of three or more by \$55 to \$75 a month (e.g. dropped from \$700 to \$625/month for a 5 person family).¹¹

"It's time to stop making the most vulnerable of our society (children and those living in poverty) pay for budget cuts." (Janice Macdonald, Regional Executive Director, Dietitians of Canada, BC Region, August 13, 2002)

As well, single parents will no longer be able to keep \$100/month of Family Maintenance payments. Earnings exemptions have been eliminated. People used to be allowed to keep up to \$200/month. Now it is clawed back at 100%. Single parents will have to look for work when their youngest child turns three instead of seven

years of age. Approximately 15,000 children will be impacted.¹²

According to the SPARC BC 2001 report,¹³ BC benefits only meet about 65% of the actual costs of living for single parent families and this estimation was before the welfare cuts of 2002. The gap between income assistance and actual living costs can be attributed to shortfalls in both the shelter and the support allowance.

The rent squeeze

Rent tends to eat up most of the meagre monthly income of the low-income earner. Although it is assumed that a "reasonable" monthly payment is no more than 30% of income for renters,¹⁴ the majority of poor renters are forced to devote at least half of their income to housing, compelling them to choose between shelter and food. For low-income renters and young families, it has become harder than ever to pay the rent. For the poor in inner cities, trying to find decent affordable housing has become almost impossible.¹⁵

Rents in Metro Vancouver continued to climb with the average rent for a two-bedroom apartment at \$919 in 2001 compared to \$890 in 2000.

It must be noted that there are urban/rural variations in average living costs. For example, urban centres have lower transportation costs while rural areas have lower housing costs. Yet rural and northern areas often have fewer housing alternatives and northern residents incur higher heating costs. In the end these cost variations may balance each other off leaving the family in the north and the family in the city in a similar situation.¹⁶

³ The **support** portion of welfare is to cover food, clothing, transportation, and anything else except for shelter.

⁴ The **shelter** portion is based on how many are in the family unit and is to cover rent or mortgage payments, taxes, utilities and telephone bills.

Social equity programs in public education threatened

The BC Ministry of Children and Family Development plans to implement cuts of 23% (\$460 million) by 2004-05. It is too early to assess the implications of these cuts on social equity programs which include school meals, inner-city initiatives, community schools and youth and family workers.¹⁷ The Ministry has committed to retain social equity program funding at current levels only until March 31, 2003.

After the family, schools are considered to be the location of choice for delivering a food program because schools provide a positive environment where children can learn about healthy eating and eat a nutritious meal. School food programs meet a current and urgent need and help ensure our education dollars are at work.¹⁸

"I don't feel like writing. I haven't eaten since Saturday. The cheque did not come. (Entry in a Journal of a Grade 6 student on Monday morning from Every Kid Counts, 2001))

Financial insecurity equals food insecurity

Statistics Canada's National Population Health Survey found that an estimated three million people in Canada, 10 per cent of the population, lived in households where a lack of money either prevented them from buying enough food or caused them to eat lower quality, less healthy foods.¹⁹

A study of women seeking charitable food assistance in Toronto, concluded that household food insecurity was closely linked with financial insecurity and that those who were socially isolated were more likely to report food insecurity.²⁰

Canadian consumers spend about 10% of their personal disposable income on food and non-alcoholic beverages²¹ while those on low incomes spend as much as 34% of their income on food.²²

The role of government and society in addressing hunger and poverty

During the recent 2002 World Food Summit, 179 countries, urged "governments to review their ongoing national food security policies with a view to filling gaps, identifying new initiatives, removing implementation obstacles and streamlining inter-ministerial and inter-departmental policy initiatives." "The right of everyone to have access to safe and nutritious food", was declared.²³

A 2000 Canadian poll indicates 78% of Canadians consider hunger to be a serious problem and 63% identify the government as having a great deal of responsibility for solving the problem.²⁴

"It took a generation to reduce poverty among seniors. We cannot be complacent. We must make similar progress for children. We must ensure that children are a national priority." (Jean Chrétien, 2001)

"While strategies that focus on the consequences of poverty likely enhance the health of Canadians in poverty, these strategies do little to reduce poverty rates. Efforts to improve the health of both individual Canadians in poverty and society as a whole will be limited until the health sector uses more strategies that challenge the fundamental structural conditions contributing to poverty."²⁵

AGE/GENDER GROUPS	TOTAL MONTHLY COST
<u>FAMILY OF FOUR</u>	\$628.80
<u>FAMILY OF THREE</u>	\$457.55
<u>CHILD</u>	
1 YEAR	\$71.31
2-3 YEARS	\$76.38
4-6 YEARS	\$102.19
<u>BOY</u>	
7-9 YEARS	\$124.36
10-12 YEARS	\$152.63
13-15 YEARS	\$ 178.40
16-18 YEARS	\$209.22
<u>GIRL</u>	
7-9 YEARS	\$118.51
10-12 YEARS	\$138.73
13-15 YEARS	\$149.12
16-18 YEARS	\$143.45
<u>MAN</u>	
19-24 YEARS	\$199.79
25-49 YEARS	\$193.03
50-74 YEARS	\$173.85
75 + YEARS	\$155.92
<u>WOMAN</u>	
19-24 YEARS	\$147.05
25-49 YEARS	\$138.86
50-74 YEARS	\$136.09
75 + YEARS	\$132.11
<u>PREGNANCY AND BREASTFEEDING</u>	
16-18 TRIMESTER1	\$162.42
16-18 TRIMESTER2	\$173.50
16-18 TRIMESTER3	\$173.50
16-18 BRSTFDING	\$178.50
19-24 TRIMESTER1	\$158.30
19-24 TRIMESTER2	\$168.78
19-24 TRIMESTER3	\$168.78
19-24 BRSTFDING	\$173.07
25-49 TRIMESTER1	\$151.09
25-49 TRIMESTER2	\$160.64
25-49 TRIMESTER3	\$160.64
25-49 BRSTFDING	\$164.15

CAN BC's POOR AFFORD TO EAT?

While the average Canadian spends about 10% of their personal disposable income on food and non-alcoholic beverages,²⁶ those on income assistance or with low earned incomes would need to spend 18 to 34% of their income on food based on the four family scenarios below.

Furthermore, they would need to spend 47 to 68% of their income on rent based on average apartment rents in Metro Vancouver in 2001. Thirty percent is considered reasonable.

It is evident that due to other fixed demands on the limited available dollars, (i.e. housing, clothing, transportation) that food spending would be sacrificed and a healthy diet would not be feasible.

The monthly cost to feed a variety of age and gender groups in BC is included in Table 1.

Single parent on income assistance

A single female parent (age 25-49 years) with two children (13 year old boy and seven year old girl) on BC income assistance would receive a monthly support allowance of \$326 and a shelter allowance of \$555.²⁷ This is \$106 a month less than the same family would have received in 2001 from BC income assistance. Including federal and provincial family and child tax benefits and a quarterly GST credit (\$54/mo.),²⁸ the total monthly income would be \$1350 (see Table 2).

The average monthly cost to rent a two-bedroom apartment in Metro Vancouver in 2001 was \$919²⁹ yet the shelter allowance is only \$555, leaving a gap of \$364 to be covered each month from other sources.

After rent, this family would only have \$431

left for food and all other living expenses (e.g. clothing and shoes, transportation, child care, utilities, personal hygiene products including diapers, school supplies, cleaning and laundry supplies, medical and dental expenses, etc.). The food costs alone are \$458 a month (includes economies of scale factor of 1.05 – see Appendix A) leaving the mother with a **minus \$27** for non-rent and non-food costs each and every month (see Table 2). This family would use 102% of their income to provide shelter and food. If they purchased the foods based on the nutritious food basket they would be spending 34% of their income on food, triple the national average. Food intake would need to be sacrificed to ensure the rent was paid and joining the food bank line-up would be required.

One parent family on full disability assistance

A single mother (age 25-49 yrs.) on full disability benefits with one six year old child would receive a monthly shelter allowance of \$520 and a monthly support allowance of \$377 plus a GST credit of \$45 per month (paid quarterly). Rent alone for a two-bedroom suite in Metro Vancouver would total \$919/month and after the monthly food cost of \$265, (includes economies of scale factor of 1.10 – see Appendix A) this family would have a **minus \$16** remaining to cover all other living expenses (see Table 2). Her options to help make ends meet–share a bedroom with her child and join the local food bank line-up.

Single, young breastfeeding mother on income assistance

A 19 year old single, breastfeeding mother on income assistance would receive a support allowance of \$326 and a shelter allowance of \$520 which is \$51 less than she would have received in 2001. While pregnant and breastfeeding (until 6 mos. only), she is also eligible to apply for a natal allowance of \$35 a month. Her total monthly income including full child and family benefits, GST rebate (\$45/mo.), and natal allowance would be \$1152. After the cost of food for herself (includes economies of scale of 1.15 for 1 person- see Appendix A) and

Table 2 Disposable Income for 4 Family Scenarios

Monthly	Single parent family of 3*	D'sbld single parent family of 2*	Young Breast feeding Mom*	Low income family of 4
Net Income+	935	942	926	1462
Basic Nat. Child Tax Benefits++	186	111	111	186
BC Family Bonus/ NCBS++	229	115	115	229
BC Earned Income Benefit++	-	-	-	84
TOTAL INCOME	1350	1168	1152	1961
COST OF FOOD**	458	265	199	629
AVERAGE RENT***	919 2-BR	919 2-BR	726 1-BR	919 2-BR
DISPOSABLE INCOME	-27	-16	227	413

Note: All costs are rounded to the nearest dollar.

+ Includes GST credit effective to June 30-03.

++ Rates effective to June 30-02

* Family on income assistance

** See Table 1

*** See Reference 29

her rent for a one-bedroom apartment she would be left with \$227 a month to clothe herself and her baby and take care of all other living expenses. If she formula fed her baby, based on the average cost of formula in one BC community (see Appendix B), her food costs would increase by \$69 a month (\$99 for formula minus \$30 for extra food for a 19 yr. old breastfeeding mother living alone). Choosing to formula feed would leave her with only \$158 a month for all non-food and non-shelter costs. She would certainly be advised to continue breastfeeding as long as possible given the economic and health benefits. She would likely be forced to choose bachelor accommodation rather than a one-bedroom and join the growing line-ups at the food bank.

Working poor

The two-parent family of four (includes a man and woman each aged 25-49 years; a 13 year old boy and a seven year old girl) with one parent working at a low wage job (\$9.00/hour), would have a total monthly income of approximately \$1462 (see footnote 5) for a 40-hour work week. In addition, they would receive a total of \$499 in monthly federal and provincial child and family tax benefits.³⁰

"I feel like a failure as a parent ...not to be able to give nutritious food."
(Food for Kidz Coalition, 2001. Child Hunger Assessment, South Fraser Region)

The total monthly income including the tax benefits would total \$1961 or only \$23,532 annually which is approximately \$10,000 below the Low-Income Cut Off (1998)³¹ for a family of this size (see Table 2). Unlike the family on income assistance, they would be responsible for their own medical and dental care costs.

This working family would use 79% of their income to provide shelter and food alone (see Table 2) or 32% for food alone based on the nutritious food basket. On average, other Canadians would only spend 40% of their disposable income on food (10%) and shelter (30%).

THE COST OF POVERTY AND FOOD INSECURITY ON HEALTH AND WELL-BEING

"For the poor, well-being is multidimensional with both material and psychological dimensions. Well-being is peace of mind; it is good health; it is belonging to a community; it is safety; it is freedom of choice and action; it is a dependable livelihood and a steady source of income; it is food."³²

"There are times when my children go to school without lunch because I don't have money for bread. If they don't eat lunch, they more or less concentrate on their stomachs. They don't concentrate on their school work. But we have to do it. I just can't make ends meet..." (Seymour School Parent-quoted in The Vancouver Sun, April 4, 1987 from **Every Kid Counts**, 2001)

"The health field provides a key example of how reducing and preventing poverty in the first place is more cost-effective than paying for its consequences. Population health evidence points to the increased costs to the health care system, and the decreases in the academic achievements, health and life spans, of those populations at the bottom

⁵ Total monthly income based on CPP (4.7%) and EI (2.20%) contributions for 2002, federal (16%) and provincial (6.05%) tax deductions for 2002 <http://www.ccra-adrc.gc.ca/tax/business/payroll/t4032jan02/menu-e.html> and a GST credit of \$650/annually.

end of the socio-economic scale. Health problems of poor children begin before birth and place these children at greater risk of death, disability and other health problems throughout infancy, childhood and adolescence.”³³

Children receiving inadequate nutrition during the early years score much lower on tests of vocabulary, reading, comprehension, arithmetic and general knowledge and have poorer psychosocial outcomes.^{34,35} Undernourished children are more susceptible to illness, have diminished attention spans and are unable to perform tasks at school as well as their nourished peers.³⁶ Under-nutrition results in lost knowledge, brain-power and productivity for society.

Parents show the effects of living in poverty too. They suffer increased stress and higher levels of depression, both of which are bound to have serious effects on their capacity to take the best care of their children.³⁷

“Canada devotes a very large share of its wealth, effort and attention to trying to maintain or improve the health of the individuals that make up its population. These massive efforts are primarily channelled through the health care system, despite evidence that income, employment and social status would have a greater positive effect.”³⁸ Citizens and taxpayers bear the costs.

WHAT IS AVAILABLE TO HELP BC FAMILIES COPE?

Dietitians are key players in bringing together people from different sectors of the food system to explore food issues, including poverty and hunger.

Food security community efforts can be classified into two broad categories – substitution strategies and redesign strategies.³⁹ *Substitution strategies* involve replacing one program with another and embrace skill-building and empowering individuals and the community at large to build food security. Simply referred to as “hand-up” programs, they include, community gardens, community kitchens and food buying clubs. *Redesign strategies* involve an examination of the root causes and long term solutions to food insecurity. They include food policy networks/coalitions with a focus on food policy development targeted to minimizing food insecurity. *Efficiency strategies* involve maximizing existing resources to address food issues, for example charitable food programs such as food banks. Such “hand-out” programs are not explored in this report, however, many families have become dependent on these programs as a regular and supplementary source of food. For an overview of existing programs available in BC, classified as redesign or substitution strategies, refer to Appendix C.

Some community agencies may be interested in obtaining a clearer picture of the state of food insecurity in their community. To help communities create such a picture, the US Dept of Agriculture recently published a community food security assessment tool.⁴⁰

STOPPING FOOD INSECURITY

Strategies targeted to the poor must recognize that education alone is of limited value to those who simply cannot afford to purchase enough food. Food security strategies such as community gardens and school food programs provide opportunities to introduce education and to model healthy behaviours while also providing participants with some food. However, this is only the first stage in developing long term and meaningful relationships with those suffering food insecurity in a community.⁴¹ Poor people's participation in policy and program development and implementation must be central.

Reducing child poverty is one of the smartest investments we can make in our nation's future. Fewer children in poverty will mean:

- more children entering school ready to learn,
- more successful schools and fewer school dropouts,
- better child health and less strain on hospitals and public health systems,
- less stress on the juvenile justice system, and
- less child hunger and malnutrition.

CONCLUSIONS

This report demonstrates that British Columbia families on low earned incomes and those receiving income assistance, especially single parent families, cannot afford to purchase a healthy diet.

Food insecurity has a negative impact--for those experiencing it, their neighbours and society as a whole. All British Columbians have the right to safe and nutritious food. Action needs to be taken now to help ensure this right. The most vulnerable of society must not continue to be targets of budget cuts. "Poor people are crying out for better health – and dying for change."⁴²

As outlined in the two main recommendations in this report, collaboration among key players, including the: BC Ministry of Human Resources, BC Ministry of Children and Family Development, BC Health Authorities, Community Nutritionists Council of BC, Dietitians of Canada - BC Region, this report's endorsing agencies, other concerned organizations, and citizens, is needed to determine effective, long-term solutions to poverty and food insecurity.

RECOMMENDATIONS:

Recommendation 1

BC Ministries, regional health authorities and municipal governments must partner with community organizations and those on low incomes to alleviate food insecurity* in BC, specifically:

- The BC Ministry of Human Resources should set the support allowance to the actual cost of a nutritious food basket (plus other non-shelter costs) based on the *age and number of children*; and the shelter allowance should be set to the *average rental housing costs*.
- The BC Ministry of Children and Family Development must continue to make School Meal Programs available and extend the program to more schools throughout the province to meet urgent needs by:
 - expanding the School Meal Program to cover all age groups
 - assisting with the funding and organization of community-sponsored school meal programs.

Existing programs should be evaluated to determine their impact on the health and well-being of children.

- BC Health Authorities should support local food security program and policy initiatives.
- BC Health Authorities should support breastfeeding programs that promote, protect and support breastfeeding in hospitals, health centres, schools, and communities, especially initiatives targeted to those on low incomes.

Recommendation 2

All British Columbians should work together to support food security actions initiated in their community and become more informed about hunger and its impact on the community.

* Countries at the 1996 World Food Summit⁴³ agreed that:
“Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.”

APPENDIX A - Foods Included in the National Nutritious Food Basket

The objective of a nutritious food basket is to identify foods that reflect average food purchase patterns, meet nutrient requirements, and are palatable and economical. Nutrient needs are met by adjusting food group quantities. Palatability and consumer acceptability are addressed by using foods that are commonly purchased. Costs are kept low by including sale priced items and by excluding expensive foods, like some higher priced convenience foods, take-out and restaurant foods, and foods with little nutritional value. Because of the exclusion of these more expensive types of foods, the cost of the nutritious food basket is generally lower than that which would be purchased by average Canadians. Release of the list of foods in the National Nutritious Food Basket is not recommended. The concern is that such a list of foods would be used by consumers as a prescriptive shopping list. This is not the intent of the nutritious food basket. The foods included in the nutritious food basket are as follows:

- ◆ 2% milk, fruit-flavoured yogurt, medium cheddar cheese, processed cheddar cheese slices, partly skim mozzarella cheese, vanilla ice cream
- ◆ round steak, stewing beef, regular ground beef, pork loin chops, chicken legs (no back), sliced cooked ham, frozen fish fillets (cod, haddock, sole, Boston blue fish or Alaskan pollock depending on availability), canned pink salmon, canned flaked light water packed tuna, large eggs – one dozen, canned baked beans in tomato sauce, dried navy beans, white pea beans, peanut butter
- ◆ white bread, whole wheat bread, hot dog/hamburger buns, all-purpose flour, whole wheat flour, dry macaroni or spaghetti, long grain white rice, macaroni and cheese dinner, regular cooking oatmeal, salted soda crackers, social tea cookies, Corn Flakes® and Shreddies® cereal
- ◆ oranges, canned unsweetened apple juice, frozen orange juice concentrate, tomatoes, canned whole tomatoes, tomato juice, potatoes, frozen French fried potatoes, pears, green grapes, canned fruit cocktail, bananas, Macintosh apples, Sultana raisins, iceberg (head) lettuce, romaine lettuce, frozen mixed vegetables, canned corn, canned peas, broccoli, cabbage, carrots, celery, field cucumber, onions, green pepper, rutabagas
- ◆ a margarine in which the grams of mono and polyunsaturated fats add up to 6 g or more in a 10 g serving (as shown on the nutrition label), butter, canola oil, mayonnaise-type salad dressing, white sugar, strawberry jam

Economies of Scale Factor for Families Larger and Smaller than the Reference Family ⁴⁴

Use the following adjustment for family size:

- 1 person: increase food costs by 15% (multiply by 1.15)
- 2 people: increase food costs by 10% (multiply by 1.10)
- 3 people: increase food costs by 5% (multiply by 1.05)
- 4 people: make no change
- 5 people: decrease food costs by 5% (multiply by 0.95)
- 6 people: decrease food costs by 10% (multiply by 0.90)

Table 3 Approximate number of servings per day from the nutritious food basket and recommended number of servings in *Canada's Food Guide to Healthy Eating (CFGHE)*

Food group	Age and Gender				CFGHE
	Girl 7 to 9 years	Boy 13 to 15 years	Women 25 to 49 years	Man 25 to 49 years	Recommended number of servings
Grain products	9	12	9	12	5 to 12
Vegetables and fruits	7	9	9	10	5 to 10
Milk products	2	3	2	2	2 to 4*
Meat and alternatives **	2	3	2	3	2 to 3
Fats and oils	4	6	3	6	no recommendation
Sugar and other sweets	4	5	3	4	no recommendation

* Children 4 to 9 years: 2 to 3 servings; youth 10 to 16 years: 3 to 4 servings; adults: 2 to 4 servings.

** Assumes the following serving sizes, as purchased: girl 7 to 9 years - 50 grams; boy 13 to 15 years - 70 grams; woman 25 to 49 years - 80 grams; and, man 25 to 49 years - 100 grams.

APPENDIX B - Cost of Not Breast Feeding

- Choosing to breastfeed exclusively for 4-6 months, and continuing breastfeeding with complementary foods until at least 2 years of age⁴⁵ can improve a family's economic situation. This economic improvement is through reduced food costs, reduced illness costs for infant and mother, fewer lost days of work for parents due to illness, and improved education opportunities for the child as it matures (see Table 4).
- Breastfeeding reduces the burden of infant, maternal, and chronic disease on the health care system (see Table 4). Breastfeeding support programs are proven to be cost effective health initiatives.⁴⁶
- Young mothers, mothers with lower income, and mothers with less education are more likely to formula feed or prematurely wean their infants to formula. The most common reason for not breastfeeding is the belief that formula feeding is easier. The most common reason for premature weaning is perceived milk insufficiency. These issues can be corrected with targeted breastfeeding education and support programs.⁴⁷

Food Costs: An adult breastfeeding mother, as part of a typical family of four, would need to spend an additional \$25-26 a month (see Table 1) on food to maintain maternal health. The costs for a teenage mother would be greater. The average monthly cost for formula feeding based on the cost of common powdered formulas in one BC community would be \$99 excluding the cost of bottles, nipples, cleaning items etc. which would cost about \$25/month (see Footnote 6). Liquid formulas cost much more.

Health Care Costs: The burden on the tax system to care for increased illness resulting from formula feeding takes valuable resources away from other services for families and children. The United States' WIC Program estimated that in the first six months of life, babies fed formula required on average \$102 US more (for pharmacy/medicaid costs alone) when compared to infants who were breastfed for the first three months.⁴⁸ Another study estimated that the never-breastfed infant increases health care costs by \$331-\$475 US during the first year of life.⁴⁹ When looking at Disability-Adjusted Life Years, investments in breastfeeding promotion and comprehensive breastfeeding support have been found to be among the most cost-effective of all health interventions available.⁵⁰

Table 4: Breastfeeding Benefits

Infant/Child

Significantly lower risk of:

- gastrointestinal infections
- respiratory infections
- ear infections
- hospitalizations

Lower risk of:

- SIDS
- allergies
- childhood cancers
- dental/jaw/orthodontic problems
- childhood obesity

When grown:

- lower risk of high blood pressure
- increased IQ & cognitive scores

Mother

Lower risk of:

- post partum hemorrhage
- ovarian and breast cancer
- osteoporosis

Fewer days of work lost for child illness

Environment

Decreased formula/bottle processing, packaging, transport, merchandizing, water/bottle sterilization, garbage.

⁶ Average monthly cost of reconstituted powdered formulas, 900 mL/d x 31 d/m, based on survey of 18 stores in Okanagan Service Area, July/02. Mandatory costs of bottles, nipples, cleaning issues, etc not included.

APPENDIX C – Community Actions Focussed on Increasing Food Access and Food Security

Across BC there are a number of program and policy initiatives that support food security. Community nutritionists play a key role in initiating, promoting and establishing partnerships to sustain these initiatives. Projects vary in size and scope and aim to help people access nutritious, safe, and personally acceptable and culturally appropriate foods through normal food distribution channels. The sustainability of these initiatives is heavily dependant on continued volunteer efforts, government funding and fundraising.

Below is a list of initiatives categorized as *Substitution* or *Redesign* strategies. Definitions of these two approaches to food insecurity are included on page 11 of this report. This is by no means a complete list.

Substitution Strategies:

Community Kitchens- Community kitchens are springing up all over BC. A community kitchen is made up of a group of people who get together to cook in large quantity for themselves and their families, share the costs and labour involved, and take home the prepared meals. The groups usually meet twice per month. First, they plan menus and shop and second, they cook, usually in the kitchen of a community centre, church or school. Sometimes group members share childcare responsibilities and a meal together. Community kitchens help people develop their cooking and shopping skills, help stretch the food budget and offer a supportive network. Contact your local health authority community nutritionist for further details.

Community Gardens - In a community garden, people work together to grow their own produce. Allotment gardens provide each gardener with a plot of their own, but gardeners may share tools and facilities such as watering and storage. Allotment gardens may be operated by a municipality and use public land. They allow apartment dwellers and low-income families the opportunity to improve their food access. Collective gardens, on the other hand, may include paid allotments but also focus on growing produce communally to share among workers or to donate to charity. These gardens are often associated with a housing project or a community organization. Contact your local health authority community nutritionist for further details.

Good Food Box - This program is an example of a food-buying cooperative, primarily for fresh produce. Produce is bought directly from local farmers or produce stands, whenever possible, and packed into individual boxes. Participants pay approximately \$10 at the beginning of each month and they receive their box of wholesale produce during the month. In this way, people with limited incomes are able to afford fresh fruits and vegetables in larger quantities and local farmers can increase their market. Food Box programs are offered in many communities and although the focus is on fresh produce and the support of local agriculture, some may also include meat, baked goods, grain staples, dairy products and other grocery items. These programs are run by volunteers, many of them being participants in the program. Contact your local health authority community nutritionist for further details.

Farmers Markets - Farmers markets provide an opportunity for farmers to sell their products directly to the public and to earn a reasonable income. The public has the opportunity to see who grows their food, observe how it has been handled and to support local sustainable agriculture. The Kamloops Farmers Market has Market Dollars, which are purchased as gifts for friends or the local food bank to enable clients to purchase their own food at the market. Contact your local health authority community nutritionist for further details.

School Food Programs - School boards, parent groups, churches, student groups and teachers are all involved in various school meal programs around the province. The Ministry for Children and Family Development funds meal programs with an annual budget of about \$14 million (2001/02). In 2001-02, programs were available in 42 of 60 school districts (350 of 1736 schools, serving 60,000 of 700,000 students). The meal program is available to all students in a school and provides one third of their daily nutrient intake.⁵¹ Contact your local health authority community nutritionist for further details.

A recent survey by Breakfast for Learning⁵² shows that expansion of current programs and development of new programs is necessary to meet current needs. In their recent BC school food program survey of 204 schools, 27% of respondents felt there was a need in their school but no program was available and 33% felt that current funding of their program did not meet the hunger needs in their school.

Perinatal and nutrition counselling programs - In 2001, 1898 pregnant women and parents of newborn infants accessed nutrition information and food supplements in 20 Pregnancy Outreach Programs funded by the Ministry of Children and Family Development.⁵³ The Vancouver Coastal Health Authority Healthiest Babies Program served another 799 clients in 2001-02.⁵⁴ The Canada Prenatal Nutrition Programs, funded by Health Canada, are also available in several communities. All three programs were estimated to serve 3107 women in 2001.⁵⁵ Many programs encourage participants to join food-action projects such as Community Kitchens and the Good Food Box. Contact your local health authority community nutritionist for further details.

Other Initiatives: 1) *Cooking Fun for Families* is a program of the Vancouver Coastal Health Authority, targeted to inner city schools and reaching 600 people. Parents and children in the program prepare foods, share recipes, learn new skills, have fun and enjoy a tasty meal or snack and take prepared food home. The program complements the school breakfast and lunch programs. Contact Barbara Crocker, Community Nutritionist, Vancouver Coastal Health Authority at 604-714-3400 for further details.

2) *Nanaimo FOODSHARE Society*, located within the Vancouver Island Health Authority, has worked with community partners to sponsor a *Summer Lunch Munch* program to feed hungry kids who might access the school meals program the rest of the year. The program has been in place since 1997. FOODSHARE has purchased and established the FOODSHARE Centre as a place where Community Gardens, Community Kitchens, the Good Food Box program, Gleaners and the Living Well on a Shoestring project are located. Contact: Jeri Manley, Community Nutritionist, Vancouver Island Health Authority, Nanaimo at 250-755-6256 for further details.

3) *Take A Break* – is a health education program which offers information and resources to food bank users. The goal is to enable families, children, singles and seniors on limited income to improve their eating, health and well being. The program provides a relaxed casual atmosphere, healthy snacks to alleviate immediate hunger, and ideas around low cost food preparation and food safety. Families and individuals are empowered to make connections to community based programs such as the Good Food Box and Community Kitchens. Contact: Shefali Raja, Community Nutritionist, Vancouver Coastal Health Authority, Vancouver at 604-707-3640 for further details.

Redesign Strategies:

Food and Nutrition Policy – Efforts began in the mid-90's to advocate for the establishment of a provincial food and nutrition policy for British Columbia. The 1997 the *Feed our Future Secure our Health*⁵⁶ report advocated to government for such a policy. Early in 2000, efforts focussed on a joint food/nutrition and agri-food policy. Both efforts were supported by community nutritionists, Dietitians of Canada, BC Region and Farm Folk City Folk (see Appendix D).

In the Interior Health Authority, the *Kamloops Food Policy Council (KFPC)* has developed a Food and Nutrition Policy for Kamloops and the Thompson area. This food policy provides a framework to ensure that access to safe and nutritious food is not limited by economic status. It also encourages and supports local and regional sustainable agriculture and food production. As part of the implementation work, the KFPC partners with other community groups in the operation of community kitchens, gardens and the Gardengate Training Centre. The primary goal of the Centre, which features a greenhouse and production garden, is to support mental health consumers and other marginalized groups to improve access to nutritious food and provide vocational training in agriculture, horticulture and cooking. For further details, contact Laura Kalina, Community Nutritionist, Interior Health Authority, Kamloops at 250-312-6220.

Food Security Coalition - The South Fraser *Food For Kidz Child Hunger Coalition* addresses child hunger in the region (Delta, Langley, Surrey, White Rock). The Coalition is working towards creating a centre linking people to food projects and food sources, monitoring and raising awareness about the extent of hunger, and developing an active communication network. The coalition has published a research report, "Child Hunger Assessment" and inspired the development of several food projects including the "Harvest Box" (fresh food program), school meal programs, and a summer camp food program. For further details, contact Barbara Seed, Community Nutritionist, Fraser Health Authority, at 604-542-4002.

Food Security Networking and Awareness Building – 1) *Food First of Northern British Columbia* supports food security through networking, research, education and awareness, and community action. Current initiatives include:

- Researching food and nutrition concerns in Prince George elementary schools.
- Monitoring hunger and food security indicators such as poverty levels, social assistance rates, employment rates, food bank usage, food affordability, emergency food supply, and local sustainable food production.
- Raising awareness and educating others about hunger and food security through the development and distribution of a hunger barometer, a food security report card, news articles on local food issues, and public forums/events.
- Supporting food action programs such as community gardens, community kitchens, food buying clubs, organic food production and the farmers market.

Contact Joanne Houghton, Community Nutritionist, Northern Health Authority, Prince George at 250-565-7390 for further information on this initiative.

2) *Food Matters* is an annual event in Nelson aimed at improving people's access to adequate amounts of wholesome food. Workshops and demonstrations include ideas for stretching food dollars and highlight community kitchens, wildcrafting, gardening, buying local food and sharing tree fruit and other homegrown food. This program has expanded to a pilot school education program that encourages teachers to explore food and food security issues with students. For further details, contact Helen Lutz, Community Nutritionist, Interior Health Authority, Nelson at 250-354-6305.

APPENDIX D - Endorsing Agencies

The **BC Association of Social Workers** is a professional association for social workers in British Columbia. They are the collective voice for the profession and advocate for clients and for a compassionate and just society. They provide services and support to members, professional and public education, social policy development and analysis, and consult on current and emerging professional concerns, social welfare issues and human justice matters. www.bcasw.org

The **Canadian Association of Food Banks, BC Branch** provides support and leadership to member food banks in BC in their efforts to provide short term food relief while working on long term solutions to hunger and poverty.

Directorate of Agencies for School Health (DASH)/BREAKFAST FOR LEARNING partnership was formed in 2001 to provide ongoing support and further develop meal programs in BC. Their vision is that every child in Canada attends school well nourished and ready to learn. www.dasbbc.org www.breakfastforlearning.ca

Farm Folk City Folk is a non-profit society with a mandate to 'Nurture Food Democracy.' Food Democracy occurs when people are able to participate in decisions about the food they eat - how it is produced, processed, packaged, transported, marketed and consumed. It is closely linked to food security. <http://www.ffcf.bc.ca>

First Call is a coalition of individuals and organizations whose purpose is to create greater understanding of and advocacy for legislation, policy, and practice to ensure that all children and youth have the opportunities and resources required to achieve their full potential and to participate in the challenge of creating a better society. www.firstcallbc.org

Public Health Association of BC (PHABC) is a voluntary, non-profit, non-governmental organization whose mission is to preserve and promote the public's health in BC. The Association offers professional public health practitioners, health care administrators, researchers and others the opportunity to have a voice with government and other federal and provincial organizations to collectively work towards public health issues. PHABC is an affiliate of the Canadian Public Health Association. More information can be found at www.phabc.org

The Social Planning and Research Council of BC (SPARC BC) was formed in 1966 and works with communities in building a just and healthy society for all. In December 2001, SPARC BC released "Falling Behind: A Comparison of Living Costs and Income Assistance Rates in BC". It is available on their web site at: <http://www.sparc.bc.ca>. The report will be updated in December 2002.

REFERENCES

- ¹ FAO Headquarters (June 2002). *World Food Summit- five years later*. Draft Declaration. <http://www.fao.org/DOCREP/MEETING/004/Y6948E.HTM>
- ² World Bank PovertyNet (January 2002). *Dying for Change*. <http://www.worldbank.org/poverty/voices/reports/dying/index.htm>
- ³ Ontario Ministry of Health (June 1998). *Monitoring the Cost of a Nutritious Food Basket Protocol*.
- ⁴ Heart Health Coalition (1997). *Feed our Future Secure our Health – A submission to the Government of British Columbia*. <http://www.heart-health.org/resources/policy/feedexc.html>
- ⁵ First Call BC Child and Youth Advocacy Coalition (2000). *Report Card on Child Poverty in British Columbia* http://www.firstcallbc.org/publications/publications_home.htm
- ⁶ 1996 Census Profile of British Columbia, page 1 <http://www.bcstats.gov.bc.ca/data/Cen96/bc96cen.pdf>
- ⁷ Ministry of Human Resources (June 2002). BC Employment and Assistance Caseload Statistics <http://www.mhr.gov.bc.ca/research/>
- ⁸ Che, J. & Chen, J (2001). *Food insecurity in Canadian households*. Health Reports, Health Statistics Division, Statistics Canada, Catalogue no. 82-003-XPE, Vol. 12, No. 4, August 15, pp. 11-22 <http://www.statcan.ca/english/indepth/82-003/feature/hrab2001012004s0a01.htm>
- ⁹ Che, J. & Chen, J (2001). *Food insecurity in Canadian households*. Health Reports, Health Statistics Division, Statistics Canada, Catalogue no. 82-003-XPE, Vol. 12, No. 4, August 15, pp. 11-22 <http://www.statcan.ca/english/indepth/82-003/feature/hrab2001012004s0a01.htm>
- ¹⁰ Canadian Association of Food Banks (Dec. 2001) *Hunger Count 2001. Food Bank Lines in Insecure Times.* http://www.icomm.ca/cafb/hunger_count.html
- ¹¹ Income Assistance and Disability Benefits Rates- Shelter Allowance Effective July 1 2002, Support Allowance effective April 1, 2002. http://www.mhr.gov.bc.ca/publicat/bcea/bcben_rates.htm#regular
- ¹² News Release of First Call (Jan18-02). Attack on our poorest and most vulnerable children. <http://www.saynotocuts.ca/article.php?sid=18>
- ¹³ Social Planning and Research Council of BC (December 2001). *Falling Behind: A comparison of living costs and income assistance rates (BC benefits) in BC*. http://www.sparc.bc.ca/research/falling_behind_report.html
- ¹⁴ Communities Count (2000). *Basic Needs and Social Determinants of Well-being -Affordable Housing*. http://www.communitiescount.org/B_affordable_housing.htm
- ¹⁵ National Housing Institute Study (1997). *Saving Affordable Housing What Community Groups Can Do & What Government Should Do*. <http://www.nhi.org/online/issues/sf90.html>
- ¹⁶ Personal Communication with Michael Goldberg, Social Planning and Research Council of BC, September 20, 2001.
- ¹⁷ Caledon Institute of Social Policy (July 2002). *A New Era in British Columbia:A Profile of Budget Cuts Across Social Programs*. ISBN 155382-023-1 <http://www.caledoninst.org>

-
- ¹⁸ Howe, R. B. & Covell, K (July-August 2000). Canada Needs a National School Meals Program. *Policy Options* pp. 63-68.
- ¹⁹ Che, J. & Chen, J. (2001). *Food insecurity in Canadian households*. Health Reports, Health Statistics Division, Statistics Canada, Catalogue no. 82-003-XPE, Vol 12, Number 4, August 15, pp. 11-22.
<http://www.statcan.ca/english/indepth/82-003/feature/hrab2001012004s0a01.htm>
- ²⁰ Tarasuk, V.S. (2001). Household food insecurity with hunger is associated with women's food intakes, health and household circumstances. *J Nutr* 131:2670-76.
- ²¹ Agriculture and Agri-Food Canada (1999). *Canadian Consumer Food Buying Trends*.
http://www.agr.gc.ca/food/consumer/mrkreports/marcotte_e.html
- ²² Economic Research Service. USDA (1999). *Food Expenditures and Income*.
www.ers.usda.gov/publications/sb965/sb965e.pdf
- ²³ FAO Headquarters (June 2002). *World Food Summit- five years later*. Draft Declaration.
<http://www.fao.org/DOCREP/MEETING/004/Y6948E.HTM>
- ²⁴ Totem Report –Perception of a Problem, Report on Poverty. (2000)
http://www.icomm.ca/cafb/hunger_count.html
- ²⁵ Williamson, D.L. The role of the health sector in addressing poverty. (May-June 2001). *Can J. Pub Health* 93(3):178-183
- ²⁶ Agriculture and Agri-Food Canada (1999). *Canadian Consumer Food Buying Trends*
http://www.agr.gc.ca/food/consumer/mrkreports/marcotte_e.html
- ²⁷ Income Assistance and Disability Benefits Rates- Shelter Allowance Effective July 1 2002, Support Allowance Effective April 1, 2002.
http://www.mhr.gov.bc.ca/publicat/bcea/bcben_rates.htm#regular
- ²⁸ GST/HST Credit - Guideline Table effective July 2002 - June 2003.
<http://www.cra-adrc.gc.ca/benefits/calculator/welcome-e.html>
- ²⁹ Canada Mortgage and Housing Commission (2001). *Rental Market Report, Vancouver 2001*.
<https://www.cmhc-schl.gc.ca/en/bureho/reho/index.cfm>
- ³⁰ Child and Family Benefits Online Calculator. July 2001-June 2002 <http://www.cra-adrc.gc.ca/benefits/calculator/welcome-e.html>
- ³¹ Statistics Canada (1999). *Low Income Cut-Offs*. <http://www.statcan.ca/english/freepub/13-551-X1B/free.htm>
- ³² World Bank PovertyNet (January 2002). *Voices of the Poor- Reports- Dying for a Change*.
<http://www.worldbank.org/poverty/voices/reports/dying/index.htm>
- ³³ National Council of Welfare (February 5, 2002). *The Cost of Poverty*.
<http://www.childcarecanada.org/policy/polstudies/can/NCWpovcost.html>
- ³⁴ Brown, L., Pollitt, E (1996). Malnutrition, poverty and intellectual development. *Scientific American* 1996 274(2), 38-43.
- ³⁵ Alaimo, K. et al (2001). Food Insufficiency and American School-Aged Children's Cognitive, Academic and Psychosocial Development. *Pediatrics* 108:44-53.

-
- ³⁶ Tufts University School of Nutrition (1994). *Statement on the link between nutrition and cognitive development in children*. Centre on Hunger, Poverty and Nutrition Policy.
- ³⁷ National Council of Welfare (February 5, 2002). *The Cost of Poverty*.
<http://www.childcarecanada.org/policy/polstudies/can/NCWpovcost.html>
- ³⁸ National Council of Welfare (February 5, 2002). *The Cost of Poverty*.
<http://www.childcarecanada.org/policy/polstudies/can/NCWpovcost.html>
- ³⁹ Houghton, J. (November 1998). The dietitians' role in British Columbia's food security movement. Dietitians of Canada, *Members in Action* newsletter.
- ⁴⁰ Economic Research Service, US Dept. of Agriculture (July 2002) *Community Food Security Assessment Toolkit*. <http://www.ers.usda.gov/publications/efan02013/>
- ⁴¹ Knight, F. Ontario Public Health Association (January 2001). *Building Bridges: Food Security and Heart Health January 1998 to December 31, 2000*.
<http://action.web.ca/home/nutritio/attach/bb-finalreport.html#links-hunger>
- ⁴² World Bank PovertyNet (January 2002). *Dying for Change*.
<http://www.worldbank.org/poverty/voices/reports/dying/index.htm>
- ⁴³ Canada's Action for Food Security –A Response to the World Food Summit 1998.
<http://www.agr.ca/misb/fsb/fsap/summarye.html>
- ⁴⁴ Ontario Ministry of Health (June 1998). *Monitoring the Cost of a Nutritious Food Basket Protocol*. Appendix D.
- ⁴⁵ Canadian Paediatrics Society, Dietitians of Canada, Health Canada (1998). *Nutrition for Healthy Term Infants*. Minister of Public Works and Government Services, Ottawa www.hc-sc.gc.ca
- ⁴⁶ Horton et al (1996). Breastfeeding Promotion and Priority Setting in Health. *Health Policy & Planning* 11(2):156-168.
- ⁴⁷ Canadian Perinatal Surveillance System, (Nov. 1998). *Breastfeeding*. www.hc-sc.gc.ca/hpb.lcdc/brch/factshts/brstfd_e.html
- ⁴⁸ Montgomery et al (1997). Economic Benefit of Breast-feeding Infants enrolled in WIC. *JADA* 97:379-385.
- ⁴⁹ Ball et al (April, 1999). Health Care Costs of Formula-feeding in the First Year of Life. *Pediatrics* 103(4), 870-876.
- ⁵⁰ Horton et al (1996). Breastfeeding Promotion and Priority Setting in Health. *Health Policy & Planning* 11(2):156-168.
- ⁵¹ Ministry for Children and Family Development (1999). *School Meal Program Handbook*
http://www.mcf.gov.bc.ca/infant_development/Appendix%20IV.pdf
- ⁵² Breakfast for Learning/Directorate of Agencies for School Health (to be released October, 2002). There is still a need! A picture of school meal programs in British Columbia.
- ⁵³ As reported by Agnes E. Dallison, Barrington Research Group Inc. at the Canadian Prenatal Nutrition Program and Pregnancy Outreach Program Meeting. September 9, 2002. Burnaby, BC.

⁵⁴ Personal communication with Jeannie Dickie, Healthiest Babies Possible. September 5, 2002.

⁵⁵ As reported by Agnes E. Dallison, Barrington Research Group Inc. at the Canadian Prenatal Nutrition Program and Pregnancy Outreach Program Meeting. September 9, 2002. Burnaby, BC.

⁵⁶ Heart Health Coalition (1997). *Feed our Future Secure our Health* – A submission to the Government of British Columbia. <http://www.heart-health.org/resources/policy/feedexc.html>