Dietitians of Canada
Les diététistes du Canada

June 29, 2017

The Honourable Jean-Yves Duclos, PC, MP
Minister of Families, Children and Social Development
House of Commons
Ottawa, ON, Canada K1A 0A6

Dear Minister,

We at Dietitians of Canada are writing to you with respect to the Poverty Reduction Strategy for Canada. Dietitians of Canada is the national professional association with nearly 6000 members across Canada. Dietitians are regulated health professionals with expertise in food and nutrition, working in health care, public health, academia, research, and private practice, as well as a variety of positions within the private sector food and health industry. As the voice of the profession, Dietitians of Canada advocates for public policy that advances health and wellbeing within the population through food and nutrition.

In March 2017, we submitted a brief to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA), for their study on poverty reduction strategies. We also submitted our position on household food insecurity, caused by insufficient income to buy adequate food (www.dietitians.ca/foodinsecurity), to Employment and Social Development Canada's online survey for organizations regarding poverty reduction. We write to you, following the release of the HUMA's report, *Breaking The Cycle: A Study On Poverty Reduction*, in which our submission was acknowledged. While the HUMA report certainly acknowledges the experience of household food insecurity as part of the challenge associated with poverty, and recognizes the fundamental need for sufficient and secure income, the Committee failed to recommend the measurement of household food insecurity as a key indicator of health risk and income inadequacy and measure of success of poverty reduction within the national strategy. Since the department's online survey system does not permit us to add to our organization's original submission, we are writing to you directly to emphasize our recommendation that household food insecurity must be regularly monitored throughout Canada, within all vulnerable populations, including all Indigenous peoples, as a mandatory action within Canada's Poverty Reduction Strategy.

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We attach for your convenience, the submission of the Chronic Disease Prevention Alliance of Canada (CDPAC), of which Dietitians of Canada is a member, to the Poverty Reduction Strategy consultation, in which the above recommendations are acknowledged. We also refer you to the ongoing research reports of PROOF (http://proof.utoronto.ca/) – and their recent report in May 2017, wherein PROOF highlights the most unfortunate consequences of three provinces/territories opting out of household food insecurity measurement by the Canadian Community Health Survey (CCHS) in 2015/16. In Canada, there will again be no complete national data on the prevalence and severity of household food insecurity until the 2017 cycle is analyzed, following a 5 year gap. As poverty reduction strategies are implemented at the federal, provincial and territorial levels, it is imperative that household food insecurity rates across Canada be regularly monitored to assess the success and impact of these strategies.

Minister Duclos, as you and your department prepare the proposal for the Poverty Reduction Strategy for Canada, we ask that you recognize as critical and essential, the annual measurement of household food insecurity in all provinces and territories, for all vulnerable populations. Currently, provinces and territories must decide which variables they will choose for measurement by CCHS and unfortunately food insecurity is an optional module in some cycles. While the measure of food insecurity does not in itself address the root cause of food insecurity, it will be a sensitive marker that assists governments in identifying their successes in poverty reduction and health promotion, concentrating on populations wherein poverty and household food insecurity continue to be experienced. A multi-pronged approach is required to address the many different reasons for income inadequacy, with a basic income guarantee most likely the best action that can address income needs.

We thank you for this opportunity to raise and emphasize our particular concerns about household food insecurity. At your convenience, we would be most willing to further discuss our position and other recommendations to address food insecurity and poverty in Canada.

Sincerely,

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Encl. Chronic Disease Prevention Alliance of Canada, Submission to ESDC consultation on poverty reduction (June 29, 2017)

Dietitians of Canada Position Statement on Household Food Insecurity:

It is the position of Dietitians of Canada that household food insecurity is a serious public health issue with profound effects on physical and mental health and social well-being. All households in Canada must have sufficient income for secure access to nutritious food after paying for other basic necessities.

Given the alarming prevalence, severity and impact of household food insecurity in Canada, Dietitians of Canada calls for a pan-Canadian, government-led strategy to specifically reduce food insecurity at the household level, including policies that address the unique challenges of household food insecurity among Indigenous Peoples. Regular monitoring of the prevalence and severity of household food insecurity across all of Canada is required. Research must continue to address gaps in knowledge about household vulnerability to food insecurity and to evaluate the impact of policies developed to eliminate household food insecurity in Canada.

# Chronic Disease Prevention Alliance of Canada

## Submission to ESDC consultation on poverty reduction

June 29, 2017

The Chronic Disease Prevention Alliance of Canada (CDPAC) is pleased to submit this brief to Employment and Social Development Canada's consultation on poverty reduction.

CDPAC (cdpac.ca) is an alliance of Canada's major national health organizations sharing a common vision for an integrated system of research, surveillance, policies, and programs for the promotion of healthy living for the prevention of chronic disease.

The causes of chronic diseases are complex and require a comprehensive approach spanning multiple government ministries, civil society and the private sector. In 2011, the UN General Assembly unanimously endorsed the Political Declaration on the Prevention and Control of Non-Communicable Diseases - mainly cardiovascular diseases, some cancers, diabetes and chronic respiratory diseases. These non-communicable diseases (NCDs), also commonly referred to as 'chronic diseases' are largely preventable and are predominantly caused by a common set of avoidable risk factors, most notably: tobacco use and exposure to second hand smoke; unhealthy diet; insufficient physical activity; unhealthy weights; harmful use of alcohol; and poverty.

In Canada, three out of five people over the age of twenty live with one of these preventable diseases, and four out of five are at risk.[1] Every year, over 150,000 Canadians die from them. Together, these preventable diseases account for 65% of all deaths in Canada.[2] As well as taking healthy years of life away from Canadians,[3] they also exert a significant financial toll. In total, it is estimated that chronic diseases and other illnesses cost the Canadian economy $190 billion annually, with $122 billion in indirect income and productivity losses, and $68 billion in direct health care costs. The direct cost of chronic diseases accounts for about 58% of the annual health care spending in our country.[4]

### Income

Income is considered one of the most important determinants of health because of the central role it plays in shaping overall living conditions, food security, housing, educational attainment, opportunities for health (including quality of diet, physical activity levels, avoiding tobacco and alcohol use) and protecting against negative factors. A recent national study linked mortality and income tax records to

[1] Public Health Agency of Canada. (2013). Preventing Chronic Disease Strategic Plan 2013-2016. Retrieved from http://publications.gc.ca/collections/collection_2014/aspc-phac/HP35-39-2013-eng.pdf. Accessed March 3, 2017.
[2] Vital statistics: Death database, CANSIM Table 102-0561. Retrieved from http://www5.statcan.gc.ca/cansim/a05?lang=eng&id=1020561.
[3] Public Health Agency of Canada Steering Committee on Health-Adjusted Life Expectancy. Health-Adjusted Life Expectancy in Canada: 2012 Report by the Public Health Agency of Canada. Ottawa, Ontario: Public Health Agency of Canada; 2012.
[4] Public Health Agency of Canada. Backgrounder: United Nations NCD Summit 2011 http://www.phac-aspc.gc.ca/media/nrrp/2011/2011_0919-bg-di-eng.php Accessed August 7, 2013.

examine cause of death by income and found that "each successively lower level of income had a higher mortality rate."[5]

While health inequalities between the richest and poorest 20% have decreased in Canada between 1971 and 1996,[6] there are still areas where improvement is much needed. For example, the table below illustrates the excess mortality in the population that is caused by low income, using census data from 1991-2006.[7] The percentage of income-related excess mortality describes the percentage of Canadians who die from a chronic disease in excess of those who would die if the rate experienced by high income Canadians is applied across the population.

| Cause of Death | Income-related Excess Mortality |
|---|---|
| Non-Communicable Diseases | 19.3% |
| Malignant Neoplasms | 16.3% |
| Liver cancer | 21.1% |
| Trachea, bronchus and lung cancer | 32.4% |
| Diabetes | 36% |
| Cardiovascular disease | 18.7% |
| Ischemic heart disease | 20.5% |
| Respiratory diseases | 36.9% |
| Chronic obstructive pulmonary disease | 44.7% |

**Affordable Housing**

Housing is an essential need and often the biggest single cost in a household's monthly budget. Because of this, its relative affordability can impact how much budget is available for other health-promoting goods or services such as fresh produce or recreation.[8] Quality of housing is known to directly and indirectly impact the health of individuals. Poor lung function and chronic respiratory disease can develop when exposed to mold and other allergens and toxic substances located in unsafe housing. Overcrowding is also known to increase transmission of illness and lead to stress and poorer mental health. Data from 2011 indicates that at the time 12.7% of Canadian households were not able to access

[5] Wilkins, R. (2007). Mortality by Neighbourhood Income in Urban Canada from 1971 to 2001. Ottawa: Statistics Canada, Health Analysis and Measurement Group.
[6] Canadian Health Services Research Foundation. (2012). Better Health: An analysis of public policy and programming focusing on the determinants of health and health outcomes that are effective in achieving the healthiest populations. Retrieved from http://www.cfhi-fcass.ca/sf-docs/default-source/commissioned-research-reports/Muntaner-BetterCare-EN.pdf?sfvrsn=0. Accessed March 3, 2017.
[7] Tjepkema M, Wilkins, R, Long A, (2013). Cause-specific mortality by income adequacy in Canada: A 16-year follow-up study. *Health Reports* Vol. 24 no.7 pp. 14-22.
[8] Dietitians of Canada. (2011). Cost of Eating in British Columbia 2011. Retrieved from: http://www.dietitians.ca/Downloads/Public/CostofEatingBC2011_FINAL.aspx. Accessed March 3, 2017.

adequate, affordable and suitable housing (in core housing need).[9] The international community has urged to Canada to take action and "address homelessness and inadequate housing as a national emergency."[10]

**Food insecurity**

The regular consumption of vegetables and fruit as part of a nutritious diet is known to reduce the risk for obesity and protect against a number of diet-related chronic diseases such as type 2 diabetes, heart disease, stroke and some types of cancers.[11] The relative availability and affordability of healthy food to a community or household determines whether those people are food secure and able to eat to the benefit of their health.[12]

Food insecurity was experienced by 3.9 million individuals in Canada in 2011.[13] Those who report being food insecure are most often in the lowest income groups (48.3%); this follows a gradient and just 1.3% of those in the highest income groups report food insecurity.[14] In addition to increasing risk for disease, dietary deficiencies make chronic disease management more difficult and when experienced during childhood have long-term effects on an individual's physiological and psychological development. Furthermore, negative health effects are exacerbated by the stress created when the availability and quality of food is precarious.[15]

Food insecurity exists to varying degrees across Canada but is pronounced in "rural and especially remote, Northern communities [which] have higher prices than more central areas and poorer availability of nutritious foods."[16] There is evidence to support the concern that low-cost junk food could displace more nutritious foods in communities where food budgets are already stretched.[17]

In 2016, CDPAC endorsed the Position and Recommendations of Dietitians of Canada to Address Household Food Insecurity in Canada.[18] Since the root cause of household food insecurity is inadequate and/or insecure income, solutions must be income-based. Only with sufficient income can a household have consistent access to food. It is likely that the presence of food insecurity within a household is a more sensitive marker for health risks than poverty or an annual income that is considered low. For

[9] Canada Mortgage and Housing Corporation. (2014). Housing Affordability and Need: A Chapter from the Canadian Housing Observer. Retrieved from: https://www.cmhc-schl.gc.ca/en/hoficlincl/observer/upload/68193_w_ACC.pdf. Accessed March 3, 2017.
[10] UN Human Rights: Office of the High Commissioner for Human Rights. (2006 observations). Reporting Status for Canada.
[11] Heart and Stroke Foundation. (2013). Position Statement: Vegetable & Fruit Consumption and Heart Disease and Stroke. Retrieved from: http://www.heartandstroke.ca/-/media/pdf-files/canada/2017-position-statements/vegetableand-fruit-consumption-ps-eng.ashx.
[12] Dietitians of Canada. (2012). Cost of Eating in British Columbia 2011. Retrieved from: http://www.dietitians.ca/DownloadableContent/Public/CostofEatingBC2011_FINAL.aspx. Accessed March 3, 2017.
[13] Tarasuk, V, Mitchell, A, Dachner, N. (2013). Research to identify policy options to reduce food insecurity (PROOF). Household food insecurity in Canada 2011. Retrieved from http://nutritionalsciences.lamp.utoronto.ca/.
[14] Health Canada. (2008). Chief Public Health Officer's Report on the State of Public Health in Canada 2008. http://www.phac-aspc.gc.ca/cphorsphcrespcacsp/2008/fr-rc/pdf/CPHO-Report-e.pdf. Accessed March 3. 2017.
[15] Mikkonen, J., & Raphael, D. (2010). Social Determinants of Health: The Canadian Facts. Toronto: York University School of Health Policy and Management.
[16] Health Canada. (2013). Measuring The Food Environment in Canada. Retrieved from: http://www.hc-sc.gc.ca/fn-an/nutrition/pol/som-ex-sum-environ-eng.php. Accessed March 3, 2017.
[17] Drewnowski, A. (2009). Obesity, diets, and social inequalities. *Nutrition Reviews*. 67(s1).
[18] Dietitians of Canada. (August 2016). Addressing Household Food Insecurity in Canada: Position and Recommendations from Dietitians of Canada. Available at: www.dietitians.ca/foodinsecurity. Accessed March 1, 2017.

these reasons, any strategies to reduce poverty and improve incomes must include measurement of household food insecurity as part of the evaluation of impact and outcomes.[19] In addition to recommendations to improve income security and to address the unique challenges related to household food insecurity among Indigenous Peoples, a specific recommendation was written to address the importance of developing a poverty reduction strategy that measurably reduces household food insecurity.

**Recommendations**

In our 2014 Position Statement on Social Determinants of Health,[20] CDPAC outlined 9 recommendations for a comprehensive intersectional approach on the social determinants of health and we would like to highlight the 4 related to poverty reduction, income, employment, housing and food security now for the committee:

- **That the federal government work with Provincial/Territorial governments and Indigenous leaders to develop and enact a sufficiently resourced, long-term and targeted poverty reduction plan for Canada;**
    - Existing Provincial/Territorial poverty reduction strategies are demonstrating results and may be enhanced through leadership federally.
    - Priority actions should include assessing minimum wage and social protection policies including Employment Insurance to ensure they support an adequate level of income for healthy living for all, and ensuring that social assistance transition programs allow people to meet their basic living expenses while finding sustainable income.
- **That the Federal government develop and enact comprehensive employment legislation. This should include enhancements to equal opportunity hiring and promotion, pay, and training; and support for unemployed Canadians;**
    - Specific focus on intensified efforts to help immigrants and refugees adjust to life in Canada by improving employment assistance, making more language training available, and improving employment standards and human rights protections.
- **That the Federal government collaborate with Provincial/Territorial governments and Indigenous leaders to develop sufficiently resourced strategies to ensure a full spectrum of access to adequate, affordable and safe housing for Canadians in need;**
    - The Federal and Provincial/Territorial governments can and should play a leadership role in stimulating and coordinating the efforts and investments of stakeholders in other levels of government as well as in the non-profit and private sectors.
    - Programs that provide housing for people with chronic conditions such as the “Housing First” approach developed by the Mental Health Commission of Canada should be continued and scaled up across Canadian jurisdictions.

[19] Dietitians of Canada. (August 2016). Prevalence, Severity and Impact of Household Food Insecurity: A Serious Public Health Issue. Background Paper. Available at: www.dietitians.ca/foodinsecurity. Accessed March 1, 2017.
[20] CDPAC. (2014). CDPAC Position Statement Social Determinants of Health (SDOH). http://www.cdpac.ca/media.php?mid=1239. Accessed February 27, 2017.

- **That the Federal government establish and implement a pan-Canadian evidence-based food security strategy, in close collaboration with Provincial/Territorial governments and Indigenous leaders, to ensure equitable access to safe, affordable, and nutritious food for all Canadians, addressing the food system from production to consumption and harmonizing agriculture and public health goals;**
    - Priority must be given to First Nations, Inuit, and Métis communities, including enhancing programs that ensure access to safe drinking water nationwide and access to nutrition in the north.
- **That the federal government include measurement of household food insecurity (including marginal, moderate and severe categories) in impact/outcome evaluation of strategies to reduce poverty and household food insecurity.**

We trust that the breadth of the CDPAC membership's collective knowledge and insight reflects the importance and credibility of our recommendations. We would be pleased to provide further information and evidence underlying them.

# Chronic Disease Prevention Alliance of Canada

The Chronic Disease Prevention Alliance of Canada (CDPAC) is a network of national health organizations that have come together around the common cause of promoting healthy living for chronic disease prevention.

## Mission

*Working primarily at the national level, CDPAC's mission is to take an integrated, population health approach to influence policies and practices that will help prevent chronic disease. CDPAC has two inter-related functions – advocacy and mobilizing knowledge for action.*

## Vision

*Canadians will be supported by a comprehensive, sufficiently resourced, sustainable, and integrated system of research, surveillance, policies, and programs that promote health and prevent chronic disease.*

## Alliance Members

Alliance representatives provide strategic direction and oversight to CDPAC's shared priorities for action on chronic disease prevention. The Chair of the Alliance is Ms. Lisa Ashley, Canadian Nurses Association. The Past-Chair is Ms. Mary Collins, BC Healthy Living Alliance. The Alliance Members are:

- Alberta Policy Coalition for Chronic Disease Prevention*
- Canadian Alliance on Mental Illness and Mental Health
- Canadian Cancer Society
- Canadian Medical Association
- Canadian Men's Health Foundation
- Canadian Nurses Association
- Diabetes Canada
- Dietitians of Canada
- Heart & Stroke
- The Kidney Foundation of Canada
- Ontario Chronic Disease Prevention Alliance*
- YMCA Canada

*Representatives of the CDPAC Network of Provincial/Territorial Alliances.