

Dietitians of Canada (British Columbia) Submission to Auditor General

OCTOBER 25, 2013

Dietitians of Canada believes that all British Columbians should have access to a healthy diet, including those receiving social assistance. Dietitians of Canada has been tracking the cost of eating in British Columbia (BC) since 2001 and has found that current income assistance rates are not high enough for nutritious food to be purchased regularly. Dietitians of Canada is advocating for change so that each person in the province can afford to eat healthy food [1].

Dietitians of Canada recommends that the Ministry of Social Development and Social Innovation (SDSI) be asked to:

1. Address food security within their social assistance reforms.
2. Ensure social assistance rates and earning limits allow recipients sufficient income to purchase a healthy diet in their local areas.
3. Address the inadequacies and inefficiencies in the Nutritional Supplement Programs.
4. Advocate for and lead or contribute to a provincial poverty reduction strategy.

Scope of Submission

The SDSI Ministry has responsibility for three core programs: income and disability assistance, employment programs of BC, and Community Living BC. Premier Christy Clark's office released a list of 30 reforms to these social programs in June of 2012 [2]. None of those reforms explicitly address food security or assistance that covers food, nutrition, or nutrition supplements.

Members of Dietitians of Canada are witness to the lasting effects of food insecurity on their clients who receive income and disability assistance. Because the SDSI Ministry is largely focused on individuals and families in BC who are at a higher nutritional risk and are food insecure, Dietitians of Canada would like the Auditor General's office to address these questions:

1. Does the SDSI Ministry provide the right (appropriate, accessible and sufficient) services and benefits to its clients in order to improve nutritional and overall health outcomes?
2. Does the SDSI Ministry ensure that healthy food is accessible without clients compromising other needs?

Food Security and Health Outcomes

Dietitians of Canada recognizes that individual and household food insecurity is a serious concern, with profound health effects [3]. The SDSI Ministry has a responsibility to ensure that their clients have the income needed for sufficient and nutritious food to meet their dietary requirements, as well as personal and cultural preferences, in a way that does not compromise their dignity, self-respect, or human rights. Dietitians of Canada urges the SDSI Ministry to address food security within their social assistance reforms.

Each day in their work, dietitians see the causal relationship between diet and health and know that current income assistance rates are not high enough for nutritious food to be purchased regularly [1]. Dietitians are also aware that SDSI clients in BC will forgo nutritious food options to put their limited funds toward other needs such as housing. Food becomes the “elastic” portion of the budget: whatever money is left in the budget after other expenses is put toward food.

Foods high in nutrients are vital to supporting good health, energy levels, and productivity. For the 7.7% of British Columbians facing food insecurity [4], a lack of sufficient amounts of nutritious foods permeates every action of their day. Food insecurity is a predictor of poor functional health (pain, hearing and vision problems, restricted mobility) and major depression [5].

When over 100 people across BC, including dietitians, participated in the Raise the Rates Challenge last year, they committed to spending only \$26 per week on food, the amount someone on income assistance can afford to spend themselves. The participants reported feeling short of energy and experienced mood swings. Food was no longer a pleasure, but a source of stress and worry, as participants constantly thought about their next meal. Some participants could not last the week. They were fortunate enough to be able to bow out of this lifestyle, where income assistance recipients are not [6].

Continued dietary deficiencies can lead to chronic conditions such as heart disease, diabetes, high blood pressure, and food allergies [5]. Over a prolonged period of time, food insecurity has been associated with poor pregnancy outcomes, poor growth and development in children, learning deficits, poor school performance, increased illness and susceptibility to disease for people of all ages, increased medical costs, and decreased life expectancy [7, 8, 9].

The Cost of Accessing Basic Food Needs in BC

Accessing basic food needs in BC has become increasingly difficult over the past few years. In British Columbia, income assistance has not been increased since 2007 and yet inflation has increased 7.8% from 2007 to 2012 [10]. In addition, the cost of food increased from \$715 in 2007 to \$868 per month in 2011 for a family of four [1]. Those on social assistance who have found work face strict monthly earning limits [11], making it difficult to move out of poverty even when employed.

One’s ability to access a healthy diet is determined by factors such as income level, purchasing power, proximity to places where food is sold (especially those in remote locations), mobility, and knowledge or space for food preparation and storage. These factors become barriers when living in poverty: nutritious food can become expensive, impossible to reach without a car, or difficult to cook and store. These barriers leave individuals and families, many of whom are on income assistance, to turn to emergency food resources such as food banks. Food banks are often inaccessible, do not promote dignity, and do not meet even basic dietary needs.

While food banks are an important resource in the absence of more permanent poverty reduction measures, they do not improve food security and were never designed to meet long-term nutritional needs [12]. Foods of high quality and nutritional value cannot always be guaranteed and those accessing food banks lack the ability to make their own food choices. It is thus even more difficult for those with chronic illnesses and special dietary needs to find items at food banks.

Health Canada's Nutritious Food Basket (NFB) is a tool used to monitor the cost and affordability of healthy eating. The NFB describes the quantity and purchase units of over 60 foods that represent a basic nutritious diet for people of different ages and sexes [13]. As one of the six provincial indicators for monitoring food security, these foods are costed every two years in the different health authorities in BC to measure a family's ability to afford healthy food [14]. Dietitians of Canada has been tracking this data for 10 years to compare income to basic expenses, the most recent report being completed in 2011 [1].

In 2011, the average price of the NFB in British Columbia for a reference family of four was \$868 per month. Case scenario estimates completed in the 2011 Cost of Eating in British Columbia report show that recipients of income assistance cannot afford to eat healthy after paying for rent and other necessities. For example, a family of four receiving income assistance has a shortfall of \$124 per month, while a young pregnant woman on income assistance has expenses that exceed her income by \$297 per month.

Income assistance rates should cover the cost of a basic nutritious diet. The data from the NFB should be used as a starting point for identifying appropriate income assistance rates. The limitations of the NFB protocol should also be recognized in using the data to set income assistance rates. The costing data assume that there is access to grocery stores, and that purchases are made according to lowest price, not personal preference, availability, or need. The food and beverage items included in the NFB require preparation and do not take into account the need for cooking equipment and utensils, spices and condiments, and proper storage facilities, which may not be the case for all disability and income assistance recipients. For many, there is an additional barrier of not being able to cook and some must rely on caregivers who may have little or no food preparation skills. No convenience foods and non-food items are included in the calculations.

Nutritional Supplement Programs

Some SDSI clients have nutritional needs beyond a basic healthy diet. The SDSI Nutritional Supplement Programs are essential to improving the health outcome of some clients and need to be readily available to those who need it. These programs allow for diet supplements for special therapeutic diets (e.g. high protein, dysphagia), provide oral nutrition supplements on a short-term basis, provide tube feeding supplies and equipment, and provide additional money for food for people on disability assistance with a disability recognition when the person has a severe medical condition causing a chronic, progressive deterioration of health [15].

The current process for acquiring a Nutritional Supplements Program is unnecessarily complicated and inefficient for recipients, care providers, and those administering the approval. In addition, the eligibility criteria are outdated and there is very limited nutrition expertise available at a provincial level to guide and monitor outcomes.

Registered Dietitians, with their education and training in health and dietetics, front line experience, and knowledge of client needs, can optimize the Nutritional Supplement Programs by being involved in all aspects of the process. They have the needed expertise to make informed decisions regarding eligibility, coverage, and the

appropriate use of nutrition interventions. They can provide unique insights to streamlining the application and approval process.

At a minimum, the following inadequacies and inefficiencies need to be addressed:

- The Nutritional Supplement Programs assume that the basic allowances provided by the SDSI Ministry are sufficient to obtain a general healthy diet. This is not the case as evidenced by the Cost of Eating reports and is a primary barrier to meeting nutritional needs.
- The current application processes are laborious and complicated. Many applications then require a two-year renewal. These clients are expected to reapply, however, some medical conditions are chronic and last a lifetime (e.g. celiac, cystic fibrosis, PKU) making the reapplication process redundant.
- The eligibility criteria for the Monthly Nutritional Supplement and the Short-term Nutritional Supplement are out-of-date and require updating. Some SDSI clients may not have been diagnosed with one of the listed conditions, yet they have other medical conditions that require better nutrition to alleviate symptoms.
- The SDSI Ministry does not fund the full complement of products that the Ministry of Children and Families (MCFD) does. For example, they do not fund oral supplements on a long term basis. This is problematic as some of the most nutritionally vulnerable SDSI clients come from the MCFD's At Home Program. Oral supplementation prevents many individuals from requiring tube feeding, a much more costly venture. The At Home Program has developed a smooth process to communicate to SDSI what the client is funded for under their program, but not everything is funded by SDSI.
- Dietitians should be one of the health disciplines that can request any of the Nutrition Supplements available. The requirement that a potential Nutritional Supplements Program recipient must obtain written authorization by a medical or nurse practitioner places an additional burden on the health care system. To compound this, clients are often charged a fee to have a physician make these requests. It is within a dietitian's scope of practice to assess the nutritional needs of clients and design, implement and monitor their nutritional care plans and therapeutic diets [16].
- Communication between the professional referring a client and SDSI is limited. It would be beneficial for the referrer to be able to access information directly regarding the request, such as the status of the request, as timely follow-up may be required to improve client health outcomes.

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Registered Dietitians are the most qualified professionals to consult on the Nutritional Supplements Program at a provincial level. The Ministry of Children and Families has strengthened its programs by having a dietitian available as their Provincial Nutritional Consultant. This might be a model to consider or an opportunity for inter-ministerial collaboration.

Provincial coordination of the Nutritional Supplement Programs by dietitians could improve tracking of requests, fix inefficiencies in the process, and ultimately achieve positive nutrition-related outcomes for vulnerable populations. As part of this provincial role, SDSI dietitians could evaluate the cost effectiveness of funding other products not currently funded such as vitamin/mineral supplements (e.g. calcium, Vitamin D, omega 3 fatty acids), and oral supplements.

I feel powerless to help many of the clients that are referred to me because of their financial limitations.

Carmen Maddigan, RD Fort St. John

Reducing Poverty in BC

A comprehensive poverty reduction strategy addresses the different elements that contribute to poverty, such as housing, wage increases, and education. British Columbia is only one of two provinces in Canada without such a strategy or in the process of developing one [17].

Like housing and education, food is a basic human right. While food insecurity is a significant dimension of material deprivation and indicator of poverty, none of the provincial/territory poverty reduction strategies have specific goals in place to address it [18]. Newfoundland and Labrador has made the most progress in reducing food insecurity after implementing a poverty reduction strategy, as the province saw a remarkable decrease from 15.7% in 2007 to 10.6% in 2011 [19]. If they address food insecurity specifically in their plan, this number could lower even further.

A poverty reduction strategy which acknowledges that food insecurity is intrinsically linked with other indicators of poverty is necessary in BC. The cost of our current system to the taxpayers of this province, in the form of higher health care costs, lost economic activity, and increased crime and policing costs [9], is an overwhelming \$8.1-9.2 billion per year. The implementation of a poverty reduction strategy would cost just half that, at roughly \$4 billion. Thus, a provincial poverty reduction strategy in BC would be beneficial to all British Columbians and our economy.

Recommendations

Dietitians of Canada recommends that the Ministry of SDSI be asked to:

1. **Address food security within their social assistance reforms**, explicitly acknowledging that a nutritious diet is a key factor in the prevention and management of chronic disease and the overall health of individuals and, in turn, our economy.
2. **Ensure social assistance rates and earning limits allow recipients sufficient income to purchase a healthy diet in their local areas.** Use the findings of the 2011 Cost of Eating in BC report as a starting point to ensure adequate money is available for nutritious food. Recognize that the high cost of housing contributes to food insecurity and consider implementing measures to ensure that any upward adjustment to social assistance is accompanied by a concomitant freeze on rental rates, to ensure this funding does go to enhancing food security.

3. **Address the inadequacies and inefficiencies in the Nutritional Supplement Programs** by giving the necessary supports to people living with conditions requiring special diets or supplementation and by ensuring that Registered Dietitians are involved in all aspects of the program, including being authorized to give written confirmation, providing Provincial coordination and advising on any review or revisions to the current process.
4. **Advocate for a provincial poverty reduction strategy**, and further, that British Columbia become the first province in Canada to include a section specifically dedicated to health and food security, highlighting the relationship between diet, health and other needs.

About Dietitians of Canada

Dietitians of Canada is the national professional association for dietitians, representing close to 6,000 members at the local, provincial and national level. As the voice of the profession, Dietitians of Canada strives for excellence in advancing health through food and nutrition.

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