
The Cost of Eating in BC

Little Money for Food— The Reality for Some BC Families

Published by:



Dietitians of Canada
Les diététistes du Canada



November 2005

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 representing 5000 dietitians in Canada including 700 in BC. Dietitians of Canada speaks out on food and nutrition matters important to the health and well-being of Canadians. 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 (CNC) of BC is made up of registered dietitians who work for Regional Health Authorities. The CNC 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."*

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This report was endorsed by:

BC Association of Social Workers

BC Food Systems Network

BC Healthy Living Alliance

Canadian Association of Food Banks, BC Branch

Directorate of Agencies for School Health/Breakfast For Learning Partnership

Farm Folk City Folk

Federation of Child and Family Services of BC

First Call, BC Child and Youth Advocacy Coalition

Health Officers' Council of BC

Public Health Association of BC

Public Health Nursing Leaders Council of BC

Social Planning and Research Council of BC

Contents

Executive Summary	1
A Call to Action for Every British Columbian	3
Introduction	4
BC income assistance rates are inadequate—The facts	4
Poverty in BC—Worse than ever	4
Poverty, food security and health—The connection	5
The role of government in reducing and preventing poverty and food insecurity	6
Positive steps by BC government and Health Authorities in the past year	6
Methods	8
Results and Conclusions	9
Recommendations	12
Appendix A—Foods Included in Health Canada’s National Nutritious Food Basket	13
Appendix B—Tables 3 and 4	14
Appendix C—Tips for writing an effective letter to government officials	15
Appendix D—Endorsing Agencies	16
References	17
Tables	
Table 1 Monthly Cost of Eating	8
Table 2 Seven Family Scenarios-Little money for food	11
Table 3 SPARC BC’s Estimated Adequacy of BC Employment and Assistance Shelter Allowances	14
Table 4 SPARC BC’s Estimated Minimum Monthly Income Required for Support	14

Executive Summary

It is the position of Dietitians of Canada “that all Canadians must have food security.” *The Cost of Eating in BC* report has been published annually since 2000 to demonstrate that some groups within our population do not have food security due to limited financial resources. The situation in BC has deteriorated since last year—homelessness and food bank dependence have increased and inadequate income assistance rates, at least in part, have contributed to this situation.

The average monthly cost to feed the reference family of four (two parents, two children) is \$654, up from last year by 3.5%. A family of four on income assistance receives \$991/month. The estimated cost of shelter for this family (3 bedroom) would be almost \$900/month, leaving little, if anything, for food, clothing and other necessities such as transportation, child care, household supplies and medical and dental care. While the average Canadian family with one income spends about 15% of their disposable income on food, those on temporary income assistance living and buying food in BC would need to spend 31% to 44% of their income on food.

Seven in ten Canadians believe hunger is a problem and an overwhelming majority (90%) believe the government has at least some responsibility to solve the problem. “Government cut-backs and inadequate social programs” is cited by Canadians most often as the cause for people needing to use a food bank. Food banks were never intended to be a solution to poverty or inadequate income assistance rates and yet they continue to grow in num-

bers and are a mainstay for more and more British Columbians, especially those on income assistance.

Numerous initiatives across BC focus on preventing and treating chronic disease and obesity by supporting more British Columbians to get active and eat a healthy diet, including more vegetables and fruit. Low income families require special attention as they are more likely to eat an unbalanced diet, be physically inactive and overweight or

obese. Unless the root cause of food insecurity is addressed—poverty—it will be difficult to achieve the provincial government’s 2010 health targets.

The impact of poverty and food insecurity on health and disease and health care costs needs the immediate attention of all citizens and all levels of government.

To this end, it is recommended that:

1. All British Columbians must work together to support food security actions initiated in their community and become more informed about hunger and its impact on the community, including the health and well-being of the population.
2. The BC Ministries must work together to ensure that current and planned policies do not create more poverty in BC and hence negatively impact on the food security, health and well-being of British Columbians. Establishing an Inter-ministerial—Interagency task force to focus on the prevention of poverty would be a good first step.
3. The BC Ministries, regional health authorities and municipal governments must work collaboratively

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Executive Summary

with each other and with community organizations and those on low incomes to achieve food security for all British Columbians, specifically:

- *The BC Ministry of Employment and Income Assistance must establish a clear, fair and transparent process for determining income assistance rates that is based on the actual cost of shelter and support. More specifically, the food allowance should be based on the actual cost of a nutritious food basket for the number and age of children and adults in the home;*
- *The BC Ministry of Health, recognizing that food insecurity is a significant public health concern that contributes to poor health, obesity and costly chronic disease, must continue and expand funding for community food action initiatives and ensure that food security is a funded public health core program;*
- *The BC Ministry of Education must work with school boards to support children’s dignified access to healthy food through continued and expanded support for school-based social equity programs (includes school meals) so that every child, regardless of family income, has an equal opportunity to succeed at school;*
- *The BC Ministry of Education must work with school boards to ensure school food initiatives such as school gardens and farm to cafeteria programs are supported;*
- *The BC Ministry of Agriculture and Lands must examine all existing and new policies, programs and initiatives to ensure that they support access to healthy foods by all British Columbians;*
- *The BC Ministry of Community Services must support adequate social housing to help relieve the burden of living on a low income;*
- *The BC Health Authorities must establish comprehensive core food security programs and policies and fund these in a sustainable way;*
- *The BC Health Authorities and Municipalities must work with citizens and food system stakeholders to create and support the establishment of food policy councils that foster and support a sustainable food system and dignified access to food for all.*

A Call to Action for Every British Columbian

Access to enough safe and healthy food is essential to the health and future success of our children, our families and our seniors. Your efforts are important as food insecurity affects the whole community through increased health care costs, decreased learning capacity for children and impaired health of the growing child. By becoming more informed about hunger and its impact on the community, and through small actions, we can collectively make a difference and support the health and well being of the population.

Become more aware:

- ❖ Educate yourself about poverty issues by reading *Policies of Exclusion, Poverty and Health, Stories from the Front*, a book available from www.wise-bc.org;
- ❖ Visit the web sites of the Endorsing Agencies of *The Cost of Eating in BC* report;
- ❖ Take the Fulcrum Poverty Challenge using the online estimator at www.thefulcrumproject.org/challenge.html. The project works to undo the misconceptions and stereotypes about who is living in poverty and why.

Small actions make a difference:

- ❖ Share *The Cost of Eating in BC* report with others and get together to brainstorm local action;
- ❖ Demonstrate your support by wearing the white band—the symbol of the “Make Poverty History” campaign. Order your band today at www.makepovertyhistory.ca/e/whiteband.html;
- ❖ For the next election, learn about candidates and their platform and vote for those that support actions for the elimination of poverty and the health of the community;

- ❖ Purchase local foods when available, ask local grocers to stock local foods and encourage local institutions, such as hospitals, schools and hotels, to use locally grown foods;
- ❖ Work with your local food bank and support them to offer a variety of healthy food;
- ❖ Help build community capacity for food security by supporting community food programs (community gardens, community kitchens, gleaning programs and the Good Food Box) through fund raising, letter writing to your local government for support, or volunteering your time at these projects. Contact your local community nutritionist in your health authority for information on how to connect with these programs;
- ❖ Support co-operative and low cost housing projects;
- ❖ Get political and speak out in the community and through the media;
- ❖ If you are a decision maker or employer, encourage the development of policies and environments that support sustainable food systems and dignified access to food for all;¹
- ❖ Create or work with local food policy councils to foster and support a sustainable food system and dignified access to food for all;
- ❖ Write a letter to your local Member of the Legislative Assembly and/or the Minister responsible for the policies and programs that perpetuate poverty. Request fair income assistance rates, living wage rates, funding for community-based employment and training programs, and affordable housing.^{2,3} Those who are experiencing poverty and food insecurity are the best advocates for change. See Appendix C, which offers some tips on writing a letter to government officials.



Introduction

Individuals, communities, and governments all share the responsibility to help combat poverty and food insecurity in our province and in our country. It is the position of Dietitians of Canada “that all Canadians must have food security*” and that a population health approach must be applied to achieve food security as it addresses the root cause of individual and household food insecurity – poverty – through improvements to the social safety net.⁴ “It is the right of everyone to have access to safe and nutritious food.”⁵

The Cost of Eating in BC report has been published annually since 2000 to demonstrate that some groups within our population do not have access to safe and nutritious food due to limited financial resources. Five years later, there seems to be a growing number of hungry British Columbians. Child poverty rates have increased, income assistance rates for the most part have declined, and food bank usage is up.

The impact of poverty and food insecurity on health and disease needs the immediate attention of all citizens and all levels of government.

BC income assistance rates are inadequate—The facts

There were just over 148,000 clients (3.5% of BC population) on income assistance (welfare) in April 2005 and about 50% of them were on temporary assistance. Of those on temporary assistance, 48% were single parent families, 38% were either single men or single women and 8% were two parent families.⁶ “A key contributor to poverty and food insecurity is the growing inadequacy of social assistance rates, which have not kept up with the rising costs of living and do not provide sufficient allowances for the purchase of an adequate diet.”⁷

- ❖ Provincial welfare benefits have dropped to their lowest level since the 1980s, after adjusting for inflation.⁸

- ❖ Total welfare incomes are consistently well below the poverty line. The poverty line is based on Statistics Canada’s low income cut-offs. Welfare benefits received by a person on disability as well as by a two-parent family with children totalled only 48% of the poverty line.⁹
- ❖ Those on welfare can’t afford safe and adequate shelter and food. According to the 2004 report, *The Cost of Eating in BC*, families and single people on BC temporary assistance would need to spend 95% to 132% of their benefits on shelter and food alone and over 30% of their benefits on food alone if they were to choose a healthy diet.¹⁰ Canadian consumers on average spend about 10% of their personal disposable income on food and non-alcoholic beverages. For renters, a “reasonable” monthly payment is no more than 30% of income.¹¹
- ❖ The National Child Benefit Supplement, introduced in 1998, has made little difference for BC families living on assistance.^{12,13}
- ❖ Welfare rates in BC peaked in 1994, prior to the introduction of the National Child Benefit Supplement. A couple with two children would have received \$18,584 in 1994 (in 2004 dollars) compared to under \$12,000 for basic assistance in 2004.¹⁴
- ❖ Fifty-four percent (54%) of BC food bank users are on income assistance.¹⁵

54% of food bank users are on income assistance.

Poverty in BC—Worse than ever

- ❖ The BC Progress Board, established by the Premier in 2001, reports that BC is in 10th place in Canada for low income incidence based on Statistics Canada’s low income cut-offs measure. In 2001, the Progress Board set a target to be 1st or 2nd by 2010.¹⁶
- ❖ Almost 20 percent of British Columbian children live in poverty (167,000 children). The BC rate of child

* 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. (Canada’s Action Plan for Food Security, Agriculture and Agri-Food Canada 1998)

poverty is the third highest in Canada and is significantly higher than the Canadian national average of 16%.¹⁷

- ❖ BC child poverty rates have increased by over 5% since 1989 when the House of Commons proposed to work to eliminate child poverty by the year 2000.¹⁸
- ❖ More and more families with children are relying on food banks. In 2004, 42% more children and 16% more people in total relied on food banks than in 2003. Thirty-six percent (36%) of food bank recipients are children.¹⁹
- ❖ The number of homeless people in Greater Vancouver has doubled to over 2,100 people from 2002 to 2005.²⁰

Poverty, food security and health— The connection

- ❖ Life expectancy decreases and health declines as income decreases.²¹
- ❖ Low income adults and children are less physically active.²²
- ❖ Children living in disadvantaged neighbourhoods are twice as likely to be obese as their peers in wealthier neighbourhoods.²³
- ❖ In 2004, the direct and indirect costs of physical inactivity, obesity and smoking cost the BC economy \$3.8 billion dollars.²⁴ These behavioural risk factors contribute significantly to a variety of chronic conditions such as heart disease, diabetes, cancer and respiratory disease.²⁵
- ❖ In BC in 2004 almost 8% of the population experienced household food insecurity.²⁶ Individuals from food-insufficient households are more likely to report poor health, multiple chronic conditions (heart disease, diabetes, high blood pressure), major depression and distress and food allergies.²⁷

- ❖ Those living on income assistance are three times more likely to report food insecurity.²⁸
- ❖ “The most important barrier to healthy eating is inadequate income”.²⁹ Poverty and food insecurity are associated with lower food expenditures and lower quality diets that are made up of foods that

*“How can anyone comprehend the pain
and weakness that comes with starvation,
unless they know the experience?*

I know.

*It feels like a knife twisting inside my
stomach stabbing at me everywhere...*

*Can you imagine looking into the eyes
of your children, telling them you
can't give them food?”*

—Manon, mother living on assistance in Cowichan Valley BC.
Source: WISE Society, Poverty and Health

are more energy-dense, higher in fat and sugars and more refined.³⁰ Low income families consume fewer fruits, vegetables and milk products than higher income families in Canada.³¹

- ❖ Healthier food costs more. Making a few simple dietary improvements, such as substituting 100

percent whole wheat bread for white bread, lean ground beef for regular, and low-fat cheese for whole-fat, increases monthly food spending \$70 to \$80 per month for a family of four, according to a University of California study.³²

- ❖ Parents on income assistance commonly skip meals to ensure there is enough food for their children and many experience “food anxiety”, frustration, anger, powerlessness, shame, inequity, and alienation.³³

The role of government in reducing and preventing poverty and food insecurity

Sixty-seven (67%) percent of adult Canadians said that they were seriously concerned about hunger in Canada and 80% thought government was responsible for finding solutions.³⁴

- ❖ The UNICEF 2005 report “Child Poverty in Rich Countries” shows Canada ranks a dismal 19th out of 26 industrialized countries. Through government interventions and more equitable labour markets, countries like Sweden, Denmark, Finland and Norway, have child poverty rates under 5%.³⁵
- ❖ The federal government must enshrine the right to food in domestic law, consistent with its international commitments.³⁶
- ❖ Rather than just treat the symptoms, the government should support strategies to prevent poverty such as living wage rates, funding for community-based employment and training programs, and adequate provincial income assistance rates.^{37,38}
- ❖ “A coherent, multi-faceted approach involving income support and programs aimed at families with young children would offer the best hope for improving the health of low-income Canadians.”³⁹

- ❖ There needs to be some centralized coordinated strategy and mechanisms to support long-term public programs aimed at supporting those living in poverty rather than the current array of demonstration projects and community intervention programs that spring from a variety of disparate sources.⁴⁰

“...the general public who aren't on assistance or who aren't struggling financially tend to turn a deaf ear to all of that. They don't hear it. It is too ugly for them. They just pretend it is not happening.”

Face-to-face Interview.
Food Security Issues for
Preschool Children in Southern Alberta:
A Regional Assessment, October 2004

Positive steps by BC government and Health Authorities in the past year

- ❖ In January 2005, the Ministry of Employment and Income Assistance increased the disability assistance allowance by \$70.
- ❖ The Ministry of Health through ActNow! BC will fund Health Authorities to support community food

action initiatives with the overall intent of increasing food security in British Columbia.

- ❖ The Ministry of Education continues to support the CommunityLINK program which helps to fund school meal programs in schools.
- ❖ BC Ministries are working together more to support the health of British Columbians. For example, the School Fruit and Vegetable pilot program involves the Ministry of Agriculture and Lands, Ministry of Education and Ministry of Health.
- ❖ The Interior, Northern, Vancouver-Coastal and Vancouver Island Health Authorities have funded food security coordinator positions.

Notwithstanding these steps by the provincial government, the situation in BC has deteriorated since last year—

homelessness and food bank dependence have increased and inadequate income assistance rates, at least in part, have contributed to this situation. Food banks were never intended to be a solution to poverty or to inadequate income assistance rates and yet they continue to grow in numbers and are a mainstay for more and more British Columbians, especially those on income assistance. ‘Government cut-backs and inadequate social programs’ is cited by Canadians most often as the cause for people needing to use a food bank.⁴¹

The provincial government has set ambitious health targets to be achieved by 2010⁴² but low income British Columbians are at a clear disadvantage. Unless the root cause of food insecurity—poverty—is addressed it will be difficult to reach these targets.

“All these Ministries have their code word...they have dual diagnosis. Dual diagnosis is depression + diabetes. It’s one thing. Poverty. Welfare puts you on such a diet you can’t afford fresh fruits or vegetables, you can’t afford any high protein. You’re stuck eating Welfare Diet: all carbohydrates. That many carbohydrates turn you into a blimp. Well, eventually as a blimp, you get diabetes and in the process of losing everything that you are, were, could have been, should have been, used to be, could have had...you lose yourself. That’s called depression...It’s a single diagnosis—poverty.”

(Lucy, Cowichan Valley, BC. Source: WISE Society, Poverty and Health)

Methods

To determine the cost of healthy eating, registered dietitians who work in public health across the province priced a food basket in June 2005 using Health Canada's standardized food costing tool, the *National Nutritious Food Basket 1998*.⁴³ This is the same tool and process that has been used for the past six years to cost a basket of food in BC. All health regions were included and 109 grocery stores were surveyed (see Appendix A for details on foods included). The food basket is neither an ideal diet nor the least expensive diet but it is consistent with the food purchases of ordinary Canadian households, based on a family of four. The food costs do not include take-out or restaurant eating and do not consider the potential availability of emergency food programs. The economies of scale factor for a family size smaller or larger than four was applied to determine total food costs (see Appendix A).

The food costing tool was used in this report to determine the affordability of food for a low income family and various family scenarios living on income assistance compared to the average Canadian family. This has been reported as an appropriate use of this costing tool.⁴⁴

The proportion of disposable income (take home earnings plus child and family benefits) spent on food for the low income family, including the family on assistance, was compared to the average family. The monies available for food and all other costs of daily living after shelter costs (see Table 3-Appendix B) and provincial medical service plan costs (MSP) were considered for a number of typical family scenarios. The money available after shelter and provincial health care plan costs would need to be used to purchase food and all other necessities including transportation, clothing, child care, personal hygiene items, laundry and cleaning supplies, school supplies and fees and medical, dental and optical costs. The potential costs of these other necessities was determined using 2005 costing data from the Social Planning and Research Council of BC (SPARC). See Table 4—Appendix B for details.

TABLE 1
2005 Monthly Cost Of Eating

Age/Gender Groups	Total Monthly Cost	Age/Gender Groups	Total Monthly Cost
<i>Family Of Four</i>	\$654.46	<i>Woman</i>	
<i>Family Of Three</i>	\$477.34	19–24 Years	\$152.49
<i>Child</i>		25–49 Years	\$144.13
1 Year	\$74.62	50–74 Years	\$140.96
2–3 Years	\$80.43	75 + Years	\$136.85
4–6 Years	\$107.86	<i>Pregnancy And Breastfeeding</i>	
<i>Boy</i>		13–15 Trimester 1	\$169.35
7–9 Years	\$130.48	13–15 Trimester 2	\$178.79
10–12 Years	\$160.20	13–15 Trimester 3	\$178.79
13–15 Years	\$186.68	13–15 Breastfeeding	\$185.12
16–18 Years	\$218.53	16–18 Trimester 1	\$169.30
<i>Girl</i>		16–18 Trimester 2	\$181.74
7–9 Years	\$123.80	16–18 Trimester 3	\$181.74
10–12 Years	\$145.55	16–18 Breastfeeding	\$187.20
13–15 Years	\$156.13	19–24 Trimester 1	\$165.36
16–18 Years	\$149.24	19–24 Trimester 2	\$176.97
<i>Man</i>		19–24 Trimester 3	\$176.97
19–24 Years	\$207.65	19–24 Breastfeeding	\$181.87
25–49 Years	\$199.85	25–49 Trimester 1	\$157.86
50–74 Years	\$179.53	25–49 Trimester 2	\$167.79
75 + Years	\$161.67	25–49 Trimester 3	\$167.79
		25–49 Breastfeeding	\$171.77

Note: Cost of food for the various age and gender groups is based on living in a family of four.

Results & Conclusions

The monthly cost to feed a variety of age and gender groups in BC is included in Table 1. The average monthly cost to feed the reference family of four (two parents, two children) is \$654, up from last year by 3.5%.

A family of four on income assistance receives a maximum shelter payment of \$590/month and a support payment of \$401 for a total of \$991/month. The cost of shelter at the 25th percentile is almost \$900/month (for a 3 bedroom), meaning many families on assistance must dip into their support allowance to pay for rent and utilities, leaving little for food, clothing, transportation, child care, household supplies and medical and dental care. The total income for a family on assistance (including Child and Family Benefits) would be less than \$1,500 a month. See Table 2.

The single parent family on income assistance, which is the most common family scenario on assistance,⁴⁵ faces an even bleaker situation than that of the two-parent family on assistance. After shelter costs, this family is short \$26/month for food and could not possibly afford a healthy diet nor other necessities including clothing, transportation (to look for work and hunt for bargains), child care (to support a job search), school supplies, and personal care items (e.g. toothpaste, hand soap, shampoo).

Both a single older female (under 65 years) and a single pregnant woman living alone on income assistance would not have sufficient funds to rent a bachelor apartment (at the 25th percentile for rent) let alone purchase any food, clothing or other essentials. Both of these women would be required to participate in local food programs and other hand-outs in their community to survive.

While the average Canadian family with one income spends about 15% of their disposable income on food, those on temporary income assistance living and buying food in BC would need to spend 31% to 44% of their income on food (see Table 2). Furthermore, to cover the high cost of rent and utilities, those on income assistance would need to spend 62% to 120% of their income on rent alone based

on approximate rents in Greater Vancouver at the 25 percentile of the rental market in 2004 (see Tables 2 and 3). Thirty percent of income spent on shelter is considered reasonable.⁴⁶ Given that a family can not spend all or almost all of their limited funds on shelter, they are faced

“Before I got on DB2
(Disability Benefits),
I was only getting \$510 a month.
They tell you you’re supposed to live on that.
My rent now is \$445.
The whole month I’m supposed
to live on \$321 and eat
healthy and pay my bills.
I can’t do it.”

—India, Duncan, BC
Source: WISE, Poverty and Health

with living in poor-quality housing in unsafe neighbours, exposing children to unhealthy conditions. Based on this data it is clear why many families on assistance must line up at the food bank and are three times more likely to report food insecurity.

Results & Conclusions

All family scenarios we reviewed on income assistance would be denied the basic human right of access to safe and nutritious food. Families with children on temporary assistance do better than single people on assistance due to the child and family benefits. Those on disability assistance do better than those on temporary assistance as the allowance is higher and there was an increase to the rates in January 2005. However, all income assistance rates are set well below the poverty line and place British Columbians in desperate situations financially, emotionally and physically.

The National Child and Family Benefit, introduced in 1998, was intended to provide some relief for low income families in Canada. However, for BC families on assistance it has made little difference. In 1994 welfare rates peaked at about \$18,600 annually (in 2004 dollars) for the family of four; today the total allowance is under \$12,000.

Even with the child tax benefit of about \$5,100 a year, BC families are worse off than they were a decade ago.

Numerous initiatives across BC focus on preventing and treating chronic disease and obesity by supporting more British Columbians to become physically active and eat a healthy diet, including more vegetables and fruit. Low income families require special attention as they are more likely to eat an unbalanced diet, be physically inactive and overweight or obese. When programs are planned, accessibility to those with limited incomes must be a key consideration. The Ministry of Health is to be acknowledged for its initiation and support of community food action initiatives across BC that are intended to increase food security.

will be difficult to achieve the 2010 health targets established by the provincial government.

The Ministry of Health is to be acknowledged for its initiation and support of community food action initiatives across BC that are intended to increase food security.

“The most difficult situation I’ve had to face is the realization that I cannot afford to feed my family the foods that I know they need. I’ve gone through stores with \$20 knowing that this is for two weeks. I would never have thought that I would be in such a predicament.”

—Source: Thought about Food?: A Workbook on Food Security & Influencing Policy, www.foodthoughtful.ca/section2/index.html

Results & Conclusions

TABLE 2
Seven Family Scenarios—Little money for food

Monthly	1 Reference family of 4 with average income	2 Reference family of 4 with low earned income	3 Reference family of 4 on income assistance	4 Single parent family with 2 children on income assistance	5 Single older female on income assistance	6 Young pregnant woman on income assistance	7 Single male on Disability Assistance
Net Income (after payroll deductions)	\$4212	\$1680	\$991	\$881	\$510	\$555	\$856
Total Child and Family Benefits ¹	\$95	\$538	\$504	\$504	\$19 (GST credit)	\$19 (GST credit)	\$24 (GST credit)
Disposable Income	\$4307	\$2218	\$1495	\$1385	\$529	\$574	\$880
Approx. cost of rent ²	\$1153 3 BR	\$875 3BR	\$875 3BR	\$875 3 BR	\$580 Bachelor	\$580 Bachelor	\$580 Bachelor
Cost of hydro and phone ²	\$59	\$59	\$59	\$59	\$54	\$54	\$54
Cost of health care—MSP ³	\$108	\$43	\$0	\$0	\$0	\$0	\$0
Actual cost of food (2005) ⁴	\$654	\$654	\$654	\$477	\$162	\$209	\$230
What's left after shelter and health care for food and all other costs of daily living ⁵	\$2987	\$1241	\$561	\$451 Not enough money for food, no money for other costs of daily living	-\$105 No money for food or other costs of daily living	-\$60 No money for food or other costs of daily living	\$246 No money for other costs of daily living
What's left after food/shelter/health care costs for all other costs of living	\$2333	\$587	-\$93	-\$26	-\$267	-\$269	\$16
Approx. cost of other costs of daily living ⁶	\$563	\$563	\$563	\$387	\$205	\$205	\$205
% of income required for rent and utilities	28% An average % of income to spend on shelter	42%	62% Too much to spend on shelter	67% Too much to spend on shelter	120% Too much to spend on shelter	110% Too much to spend on shelter	72% Too much to spend on shelter
% of income required to purchase a healthy diet	15% An average % of income to spend on food	29%	44% Too much to spend on food	34% Too much to spend on food	31% Too much to spend on food	36% Too much to spend on food	26% Too much to spend on food

Note: All dollars and numbers rounded to the nearest whole number.

Reference Family of 4—Mother and Father, ages 25–49 years; two children—boy (age 13), girl (age 7).

Family 1—An average Canadian two-parent family with two children, one earner. Before tax 2003 income \$66,900.⁴⁷ CPP (4.95%) and EI (1.95%) contributions for 2005, federal (22%) and provincial (11.7) tax deductions for Jan., 2005.⁴⁸ After payroll deductions income \$50,402.

Family 2—Net monthly income based on \$11/hour, 40 hour work week, CPP (4.95%) and EI (1.95%) contributions for 2005, federal (16%) and provincial (6.05%) tax deductions for Jan., 2005.⁴⁹

Family 3—Reference family of 4 on basic provincial income assistance. Shelter max.: \$590; Support rate: \$401.⁵⁰

Family 4—One parent family on basic income assistance: Mother age 25–49; two children—boy (age 13), girl (age 7). Shelter max.: \$555; Support rate: \$326.⁵¹

Family 5—A single, older female (age 60) living alone on basic income assistance. Shelter max.: \$325; Support rate: \$185.⁵²

Family 6—Pregnant young woman (age 19—Trimester 2/3) living alone on basic income assistance with natal allowance. Shelter max.: \$325; Support rate: \$185; Natal allowance: \$45/mo.⁵³

Family 7—A single male on disability assistance. Shelter max.: \$325; Support rate: \$531.⁵⁴

¹ Child/Family Tax benefits effective to June 30, 2005. Includes GST/HST credit, Earned Income Benefit, Child Tax Credit Benefit, www.cra-arc.gc.ca/benefits/calculator/menu-e.html

² See Table 3—Appendix B

³ Cost of MSP—www.healthservices.gov.bc.ca/msp/infoben/premium.html

⁴ See Table 1—For families with fewer than four members the economies of scale factor is applied. See Appendix A.

⁵ This total is calculated by subtracting the total cost of rent, phone/hydro and MSP payments from the disposable income

⁶ Other costs of daily living include approximate costs for clothing, transportation, household supplies, and personal care but does not include cost of child care which is required for families on income assistance due to the requirement to be looking for work, health/dental/optical care, non-prescription drugs, and entertainment. Approximate costs are based on data from the 2005 report *Left Behind* from the Social Planning and Research Council of BC.

Recommendations

1. All British Columbians must work together to support food security actions initiated in their community and become more informed about hunger and its impact on the community, including the health and well-being of the population.
2. The BC Ministries must work together to ensure that current and planned policies do not create more poverty in BC and hence negatively impact on the food security, health and well-being of British Columbians. Establishing an Inter-ministerial—Interagency task force to focus on poverty prevention would be a good first step.
3. The BC Ministries, regional health authorities and municipal governments must work collaboratively with each other and with community organizations and those on low incomes to achieve food security for all British Columbians, specifically:
 - The BC Ministry of Employment and Income Assistance must establish a clear, fair and transparent process for determining income assistance rates that is based on the actual cost of shelter and support. More specifically, the food allowance should be based on the actual cost of a nutritious food basket for the *number and age of children and adults* in the home.
 - The BC Ministry of Health, recognizing that food insecurity is a significant public health concern that contributes to poor health, obesity and costly chronic disease, must continue and expand funding for community food action initiatives and ensure that food security is a funded public health core program.
 - The BC Ministry of Education must work with school boards to support children’s dignified access to healthy food through continued and expanded support for school-based social equity programs (includes school meals) so that every child, regardless of family income, has an equal opportunity to succeed at school.
 - The BC Ministry of Education must work with school boards to ensure school food initiatives such as school gardens and farm to cafeteria programs are supported.
 - The BC Ministry of Agriculture and Lands must examine all existing and new policies, programs and initiatives to ensure that they support access to healthy foods by all British Columbians.
 - The BC Ministry of Community Services must support adequate social housing to help relieve the burden of living on a low income.
 - The BC Health Authorities must establish comprehensive core food security programs and policies and fund these in a sustainable way.
 - The BC Health Authorities and Municipalities must work with citizens and food system stakeholders to create and support the establishment of food policy councils that foster and support a sustainable food system and dignified access to food for all.

APPENDIX A

—Foods

Included in Health Canada's National Nutritious Food Basket

The objective of a 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 food basket is generally lower than that which would be purchased by average Canadians. The foods included in the 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/ham-burger buns, all-purpose flour, whole wheat flour, dry macaroni or spaghetti, long grain white rice, macaroni and cheese dinner, regular cooking oat-meal, 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 poly-unsaturated 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 Family⁵⁵

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)

APPENDIX B

— Tables 3 & 4

	Single Adult (Bachelor)	Single Parent 2 Children (three bedroom)	Couple 2 Children (three bedroom)
Basic Rent (25th percentile) ¹	\$580.00	\$875.00	\$875.00
Utilities	\$22.60	\$27.88	\$27.88
Telephone	\$31.53	\$31.53	\$31.53
TOTAL COSTS	\$634.13	\$934.41	\$934.41
Shelter Allowance	\$325.00	\$555.00	\$590.00
% of Costs met by the Shelter Allowance	51%	59%	63%
\$ Shortfall	\$309.13	\$379.41	\$344.41

¹ The actual cost of rent for a three bedroom apartment is \$1153. It is assumed that those on a low income would choose a place to rent at the lower end of the scale and those with an average income would not.

	Single Adult	Single Parent 2 Children Ages 13 and 7	Couple 2 Children Ages 13 and 7
Household Supplies	\$15.00	\$39.08	\$51.12
Total Clothing	\$71.94	\$161.78	\$233.72
Total Personal Care	\$23.04	\$46.53	\$69.57
Total Transit	\$95.00	\$140.00	\$209.00
Sub Total	\$204.98	\$387.39	\$563.41
Child Care	-	\$195.00	-
Other Costs of Daily Living	\$196.22	\$431.70	\$549.44
TOTAL COSTS OF SUPPORT	\$401.20	\$1052.70	\$1112.85
Support Allowance	\$185.00	\$325.58	\$401.06
Shortfall	\$216.20	\$727.12	\$711.79

* Social Planning and Research Council of BC (SPARC). 2005. Left Behind: A Comparison of Living Costs and Income Assistance Rates in British Columbia.

APPENDIX C

— Tips for writing an effective letter to government officials*

General Tips

- ❖ **One Topic, One Page:** The letter must be brief and discuss a single subject.
- ❖ **Know the Facts:** If you can, include quotes from experts or other credible sources such as *The Cost of Eating in BC* report;
- ❖ **Use Your Own Words:** Avoid “standard phrases” which give the appearance of a form letter; it is a chance for you to state YOUR opinion,
- ❖ **Do not send a form letter.** Form letters may be counted but do not have the same impact as a personalized, individual letter. Personal mail from a constituent is usually seen as being more persuasive and relevant to the MLA.
- ❖ **Be Polite and Respectful:** Anger and sarcasm are not effective! Anything which could be interpreted as threatening will destroy the credibility of you AND others associated with your cause.
- ❖ **Review the letter before sending:** Avoid writing and sending on impulse; take the time to review content and grammar (have another person read through your letter, if possible).
- ❖ **Use credible sources of information to support your letter:** *The Cost of Eating in BC* report with a web link to the report can support your information (Resource Centre – www.dietitians.ca) but attachments are usually not read or filed.

Components of the letter

- ❖ **Date your letter**—Aim to write your letter within three months of the release of the 2005 *The Cost of Eating in BC* Report.
- ❖ **Inside address**—
 - Place the name of your Member of the Legislative Assembly (MLA) with their appropriate title (use Honourable if they are also a Minister)
 - Include the mailing address

- Use the following web address to search for MLAs by name, Constituency and even by your postal code: www.legis.gov.bc.ca/mla/3-1-1.htm or check the Blue pages in your telephone book
- E-mail addresses are listed on the above web site too if you would prefer to e-mail your MLA.
- ❖ **Salutation** or greeting—Dear Mr. (Madam). Address the individual you are writing. If you are writing the Minister then use the greeting—Dear Minister...
- ❖ **Introduce yourself** (one paragraph)—Use the first two or three lines of the letter to tell the MLA or Minister who you are (e.g. I am the mother of two children and we live on income assistance in the community of...). Tell them briefly why you are writing (e.g. income assistance rates are too low for you to provide decent food and shelter for your children) and what action you expect (e.g. income assistance rates must be based on a reasonable cost of shelter and food plus other necessities).
- ❖ **Introduce the problem** (one paragraph)—Tell the MLA or Minister of the problem in your own words and how it affects you and/or your family. Stick to the facts about your experiences. *Examples: I do not have enough money from income assistance to buy fresh fruits and vegetables for my family. It takes three hours to visit the food bank to get food for my family.*
- ❖ **State clearly the action you expect**—Tell the MLA or Minister in your own words what action you expect them to take. If you need ideas, use the Recommendations on page 12 of this report
- ❖ **Closing** (one paragraph)—Close the letter by repeating briefly the problem and what action you expect will be taken. Thank the official for his or her attention to this matter. Close the letter with “*Sincerely yours*” and sign your name legibly. Include your mailing address so the MLA knows you live in their constituency. Print your name below your signature if it is not clear. Include the names at the bottom of the letter of any other MLA or Minister to whom you are also sending a copy of the letter.

*Sources: www.northvegr.org/fow/005.html; www.planning.org/advocacy/letters.htm; rtcil.org/ALP_chapter_1.htm

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. www.bcasw.org

The **British Columbia Food Systems Network** is a provincial food policy organization, established in 1999, which links people all over the province involved in community action related to food. Members of the network include farmers, community outreach workers, community nutritionists, food processors, food system analysts, educators, policy-makers, First Nations people and those living with poverty. The mission of the Network is to work together to eliminate hunger and create food security for all residents of British Columbia.

The **BC Healthy Living Alliance** is a provincial coalition of organizations working together to improve the health of British Columbians by promoting physical activity, healthy eating and living smoke-free. While the Alliance recognizes there is a wide range of chronic diseases, our primary focus, to begin with, is on the common risk factors (physical inactivity, poor dietary habits, tobacco use, obesity) and underlying determinants that contribute significantly to cancer, cardiovascular disease, chronic respiratory disease and diabetes. For more information, visit their website at: www.bchealthyiving.ca

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. www.foodbank.bc.ca

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.dashbc.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. www.ffcf.bc.ca

The **Federation of Child & Family Services of BC (FCFS)** is a professional community service association that has been promoting and enhancing excellence in services to children, youth and families in BC since 1982. Ninety-seven BC community serving agencies belong to FCFS. It also includes the voices of many other BC provincial organizations along with a national research group, an international accrediting body and academic institutions. www.fcfs.bc.ca

First Call, BC Child and Youth Advocacy Coalition represents over 65 partner organizations, 25 local child, youth and family networks, and many individuals working together 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. Every year, First Call produces a report card on child poverty in the province of BC. www.firstcallbc.org

Health Officers' Council of BC is a Society consisting of all the Medical Health Officers in BC as well as physicians such as academics and public health practitioners at the BC Centre for Disease Control.

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. PHABC is an affiliate of the Canadian Public Health Association. More information can be found at: www.phabc.org

The **Public Health Nursing Leaders Council** includes nursing leaders from organizations and agencies providing public health nursing services in the province of British Columbia. The Council advocates for public health policies and programs that demonstrate quality and meet practice standards, with a view to improving the health of the population in British Columbia.

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. SPARC BC released the report "Left Behind: A Comparison of Living Costs and Employment and Assistance Rates in BC". It is available on their web site (by early December 2005) at: www.sparc.bc.ca

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