

Dietitians of Canada (Ontario) Submission to the Social Assistance Review Commission

Dietitians of Canada believes that all Ontarians should have access to a healthy diet, including those receiving social assistance. As the professional association representing Registered Dietitians across the country, with 3000 members in Ontario, our members see the lasting effects of food insecurity on recipients of Ontario Works (OW) and Ontario Disability Support Programs (ODSP). Although we realize that the Commission has a broad mandate, and that there are many aspects to consider, we are confining our comments to the issues of nutrition and food security, as these are central to our work. Our two major recommendations to the Commission are to:

1. Use the findings of the Nutritious Food Basket reports to set social assistance rates that provide sufficient income for a healthy diet.
2. Continue the Special Diet Allowance program, and ensure that Registered Dietitians are involved in all aspects of the program.

Food Security and Health Outcomes

The link between nutrition and health is well documented; across the lifespan, nutrition is essential to growth and development, general well-being, and decreased risk of chronic disease. Dietitians of Canada believes that food security is a key social determinant of health, and that every Canadian must have food security.¹ Many Ontarians, an estimated 60% of those on social assistance, and over 8% of the total population, suffer from food insecurity.² These individuals and families are far more likely to develop chronic health conditions, including obesity, diabetes, cardiovascular disease, and mental health issues^{2,3,4}.

Use of the Nutritious Food Basket

The Nutritious Food Basket is a tool that can be used to assess the basic cost of healthy eating for an individual or family; this information can be compared to income and basic expenses. The 67 food and beverage items included in the Nutritious Food Basket are determined by Health Canada based on Canada's Food Guide and consumer eating patterns reflected in the Canadian Community Health Survey 2.2⁵. The use of a defined protocol, and the consistency with which it is carried out throughout the province, makes the Nutritious Food Basket report a valuable tool for assessing Ontarians' ability to afford a healthy diet, specific to the food costs in the local area.

In 2010, the average price of the Nutritious Food Basket in Ontario for the reference family of four was \$169.17 weekly⁶. Across the province, case scenario estimates completed by Public Health Nutritionists and Dietitians show that recipients of Ontario Works and Ontario Disability Support Program benefits are unlikely to be able to afford to eat healthy (that is, the cost of the Nutritious Food Basket) after paying for rent and other necessities. For example, a family of four in the Kingston area receiving Ontario Works has a shortfall of over \$120 per month, while a single ODSP recipient in the London area has expenses that exceed income by \$190^{6,7,8,9}. For several years, health units across the province have reported that a healthy diet is inaccessible for individuals and families on social assistance^{6,7,8,9}. Food costs are forecast to rise by 5 - 8% over 2011/2012, making an adequate diet even less accessible for Ontarians with lower incomes.

The limitations of the NFB protocol should also be recognized in using the data to set social assistance rates. The process and foods included in 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. Literacy and numeracy skills to choose the lowest priced product within a category are also assumed, as is the ability to prepare meals from raw ingredients. Food and beverage items included in the NFB require appropriate storage and food preparation equipment, which may not be the case for all OW and ODSP recipients. No convenience foods, non-food products, infant formula or baby food is included in the calculations. Five percent is added to the cost of the NFB in an effort to account for items such as spices, condiments, coffee, and other meal preparation items⁵. These limitations suggest that the data from the NFB should be used as the starting point for identifying appropriate social assistance rates, not as the maximum rates prescribed.

Dietitians of Canada (Ontario) recommends that NFB data be used on an annual basis to set appropriate social assistance rates that will allow recipients sufficient income to purchase a healthy diet in their local areas.

Special Diet Allowance

Dietitians of Canada (Ontario) believes that all Ontarians receiving social assistance require sufficient funds to make a healthy diet accessible. However, there are also individuals with dietary needs that add expenses above those of a general healthy diet. The Special Diet Allowance program was designed to assist these individuals in purchasing food

items to meet the needs of their specific conditions. The Expert Panel Review determined conditions and approximate expenses associated with diet modifications to meet the therapeutic requirements¹⁰. It is important to note that the SDA is intended to purchase additional foods beyond a general healthy diet and therefore assumes that the basic allowances provided by OW and ODSP are sufficient. As noted above, this is not the case, so the differential amounts provided by the SDA have substantially reduced purchasing power than intended. The amounts determined by the Expert Panel in 2008 require indexing to the rising cost of food on a regular basis. As OW recipients transition to work, the SDA should be continued to allow appropriate management of health conditions and ensure that employment does not result in the recommended diet being less accessible.

Registered Dietitians, as the nutrition experts, are the most qualified and therefore essential to provide the appropriate assessment and planning of therapeutic diets. We recommend that the SDA program be continued to assist clients with purchase of high cost items such as lactose-free milk, gluten-free foods items, as well as other diet recommendations to manage their conditions. Registered Dietitians, with their education and training in health and dietetics, their front line experience and knowledge of client needs, and their experience with SDA in the past must be involved in decisions regarding eligibility, coverage, and the appropriate use of nutrition interventions as the SDA is reviewed.

In providing timely available service, clinical excellence, compassionate client-centred care and safety, it is critical that Registered Dietitians continue to be among the health care providers authorized to complete the SDA form for a recipient. Often the people who are vulnerable and are at nutritional risk are from lower income populations who may lack social supports and awareness of support services available¹. An ongoing clinical relationship with a Registered Dietitian provides access to education and skill development supporting behavior change toward healthier eating to manage chronic conditions as well as nutrition education. Access to the services of a Registered Dietitian through the publicly funded healthcare system is essential for all people requiring therapeutic diet modification, to achieve positive nutrition-related health outcomes—this access is particularly important for individuals adversely impacted by the social determinants of health, such as OW and OSDP recipients.

In summary, Dietitians of Canada (Ontario) recommends that the Commission consider the use of the Nutritious Food Basket data compiled annually by health units across the province as a starting point for setting social assistance rates, and that the Special Diet Allowance program be continued, with any review or revisions developed in collaboration with Registered Dietitians.

References

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