

## CHAPTER SIX: CONCLUSIONS

The early years are a time of enormous growth and development. In the first six years of life children develop the basic physical, cognitive, emotional, social, and communication skills and abilities that they will use in life (Shore, 1997). Children's growth and development during the early years, including the prenatal period, is influenced by a wide range of factors including adequate nutritious food, safe living spaces, nurturing and responsive caregiving, age appropriate stimulation, and opportunities for play. The effects of early experiences on children's health, including their development, can last a lifetime (McCain & Mustard, 1999).

This paper has assessed food security issues from the perspective of early childhood development. The analysis has identified that the five goals embodied by the term food security (universality, stability, dignity, quantity and quality) have not been fully realized in Toronto, not even for early years populations.

Most tangibly, recent data from the Perinatal and Child Health Survey (PCHS) showed that many young children in Toronto live in households that struggle to put enough healthy foods on the table because of a lack of resources. A number of parents participating in the survey reported relying on only a few kinds of low-cost food to feed their child(ren) (15.6%), while some reported not being able to provide their child(ren) a balanced meal (6.8%) or that their child(ren) did not eat enough because there was no money for food (3.1%). Lower income families, lone parent mothers and recent immigrant households reported higher rates of indicators of children's food insecurity. A very small percentage (0.5%) reported that their young child(ren) was/were ever hungry because there was no money for food. There were associations between households with food insecure children (representing 5.8% of respondents and defined as those who reported two to four indicators of children's food insecurity, out of a possible eight) and poor child health status, as reported by the parent, parental depression and exclusive breastfeeding for less than six months. The PCHS provided a first glimpse into the issue of food insecurity for Toronto's young children and reaffirms that efforts to support the healthy development of children must go beyond the promotion of healthy eating and address socioeconomic inequalities.

The situations that have been described in this paper of experiences of hunger, less severe dietary compromises, and food system influences and government policies that do not optimally support early childhood development represent a violation of several international and local declarations. Specifically, the fact that in a city as wealthy as Toronto it is not yet possible to ensure that all people, especially young children, have stable access to a sufficient quantity and quality of food is a violation of the following charters and conventions to which the Federal Government is a signatory (emphasis added):

United Nations Universal Declaration of Human Rights (1948)

Article 25

“(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, *including food*, clothing, housing and medical care and necessary social services, ...”

United Nations Covenant on Economic Social and Cultural Rights (1976)

Article 11

“1. The States Parties to the present Covenant recognize the *right of everyone to an adequate standard of living for himself and his family, including adequate food*, clothing and housing, and to the continuous improvement of living conditions.

2. The States Parties to the present Covenant, recognizing the *fundamental right of everyone to be free from hunger*,...”

United Nations Convention on the Rights of the Child (1989)

Article 24

“States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(c) *To combat disease and malnutrition*, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the *provision of adequate nutritious foods* and clean drinking-water, ...”

Canada's Action Plan for Food Security (1998)

“*Individuals and households must have access to sufficient, safe and nutritious food both in quantity and quality to meet their daily dietary requirements for a healthy and productive life.*”

The City of Toronto has also fallen short of commitments made in the following charters:

Toronto Children's Charter (1999)

“All Toronto children shall be entitled to *adequate nutrition on a consistent basis.*”

“All Toronto children shall be entitled to the highest attainable level of health and the assurance that the resources necessary to ensure life-long good health are available.

Toronto Food Charter (2001)

“The City of Toronto supports our national commitment to food security, and the following beliefs:

*Every Toronto resident should have access to an adequate supply of nutritious, affordable and culturally-appropriate food.*”

Research on the actual impact of household food insecurity on the health of young children and parents/caregivers in developed countries is somewhat limited. However, the literature provides preliminary evidence of associations between household food insecurity and poor child health, as reported by parents/caregivers, iron deficiency, iron deficiency anemia, more frequent hospitalizations, stomach aches and headaches, and lower physical function. In addition, there is research showing associations between household food insecurity and poor child social interaction skills and emotional state, as well as parental/familial issues such as increased

vulnerability to poor physical health, parental depression, feelings of anxiety, family dysfunction, social exclusion, and decreased involvement in social activities, even after controlling for income. Although it is true that young children tend to be protected more than anyone else from dietary compromises in food insecure households, the co-existence of food insecurity with these health outcomes describes a home environment where the ability of parents/caregivers to offer the critical nurturing and stimulation required for optimal child growth and development can be made much more difficult. The concept of household food insecurity may serve as a proxy for a combination of poverty and household disorganization or stress that together create an environment in which young children's health, including their development, can be compromised.

The information presented in this paper on health implications was derived primarily from correlational analyses so conclusions about the cause and effect relationship between household food insecurity and maternal and child health outcomes can not yet be made. What can be concluded is that reported experiences of household food insecurity are rooted in material deprivation, exacerbated by rising income inequality and current government policies at the federal and provincial levels that do not provide sufficient levels of support for many parents of young children.

The limited research on health outcomes is matched by the absence of consistent long-term direct measurement of household food insecurity for Toronto and nationwide. The absence of consistent direct measurement makes it very difficult to gauge trends in the prevalence of food insecurity and has contributed to gaps in knowledge about the issue. If promoting food insecurity at the household and individual levels is a priority then consistent long term direct measurement of the local situation should be a priority as well. More consistent measurement would provide the data from which essential conclusions on the nature of local food insecurity could be drawn as well as support future research into specific health implications.

Hunger and less severe compromises in diet are addressed in Canada primarily by an ad hoc range of independently run assistance programs. These efforts have provided valuable emergency assistance to needy households, but without adequate government supports for vulnerable individuals, no indicators suggest that they have resulted in a significant reduction in the prevalence of household food insecurity nationwide. Improvements to the social safety net have taken place recently but have been insufficient to repair the significant cuts that the Federal and Provincial Governments implemented over the last decade.

At the local level, TPH funds, coordinates or provides in-kind support for a number of programs with a food security component that are relevant to pregnant women or households with young children. None of the programs is specifically identified as a food security initiative but all have a food security component. The initiatives generally offer education in adult and child health and nutrition, as well as training in food skills, with some income support in the form of food certificates and, more rarely, direct food assistance.

In the language of the community food security continuum, TPH funded and supported programs for early years populations represent primarily transitional strategies that build skills, knowledge and social networks. Efficiency strategies, in the form of food certificates, are also a component

of programs such as HBP, CPNP, Peer Nutrition and the At-Risk Pregnant and Parenting Homeless Women Project. However, the food certificates may not be sufficient to ensure the food security of participants. TPH should continue to support and promote food security for pregnant women and households with young children through its programming. However, these efforts should be accompanied by broader redesign strategies to ensure that cultural, social and economic environments are all supportive of good health for children.

Many food security redesign strategies relate to the food quality or food systems-related issues that were also addressed in this paper. Systemic food security issues are relevant to child health promotion. The way that food is produced, by whom and the methods of promotion to children all play a role in creating tomorrow's food system in which children of today will become providers. These influences also play a role in shaping attitudes of today's parents and children towards food.

It is clear that the dominant food system from which most Torontonians get their food does not have public health or environmental sustainability of production as its driving principles. Of particular concern is the fact that the food system relies heavily on non-renewable fossil fuel inputs at every stage from farm to store shelves. In addition, many sectors of the food system are characterized by increasing concentration of ownership and the information available to consumers about the production and processing of foods is limited. While these issues may seem unconnected to this report's child health focus, a food system that is not based on sustainable practices must be a concern to those wishing to protect children today and the world that they will inherit tomorrow.

Furthermore, current government policies fail to demand that child health be a priority in the current food system model. Environmental contaminants such as chemical pesticides are not currently regulated by governments with sufficient safeguards for the health of young children. Furthermore, the food industry in Canada continues to market primarily energy dense and micronutrient low foods and beverages to children, the youngest of which do not have the cognitive abilities to objectively evaluate these messages. The content of current advertising messages is a strong indicator of the lack of coordinated action to achieve food security. Governments have thus far allowed the private sector, with its relatively unlimited resources, to promote advertising to children that is dominated by messages that contradict its own public health goals.

A multidimensional approach is needed to promote food security for Toronto's young children. Comprehensive public policy changes are needed that focus on coordinated strategies to reduce socioeconomic inequalities by achieving income adequacy, improving the quality of foods available to children, and reforming the food system into one that more effectively supports environmental sustainability and optimal public health.