

March 1, 2006

To: Community Services Committee

From: Board of Health

Subject: Food Security: Implications for Early Years Population

Recommendations:

The Board of Health recommended that the report (February 10, 2006) from the Medical Officer of Health be forwarded to the Community Services Committee.

Action taken by the Board:

The Board of Health:

- (1) adopted the staff recommendations in the Recommendations Section of the report (February 10, 2006) from the Medical Officer of Health, with the following amendments:
 - (a) adding a new Recommendation (7), as follows:

“(7) the Board of Health petition the Ministers of Health and Long Term Care, Health Promotion, and Children and Youth Services and the Minister of Education, to establish a universal school lunch program based on the criteria for quality similar to those outlined in the Children’s Food Bill currently before the British House of Commons;” and
 - (b) deleting existing Recommendation (7) in the report (February 10, 2006) from the Medical Officer of Health and inserting the following, re-numbered as Recommendation (8):

“(8) this report be sent to the provincial Ministries of Children and Youth Services, Education, Health and Long Term Care, Health Promotion and Agriculture, Food and Rural Affairs, Health Canada, the Public Health Agency of Canada and Agriculture and Agri-Food Canada; the Toronto District School Board, and the Toronto Catholic District School Board to inform the policy agenda on food security and the early years; and” and
 - (c) re-numbering existing Recommendation (8) in the report (February 10, 2006) from the Medical Officer of Health, as Recommendation (9);

- (2) requested that the report (February 10, 2006) from the Medical Officer of Health, be sent to the Minister of Health and Long Term Care and the Minister of Community and Social Services, and the Board of Health highlight the need for increased social assistance rates and minimum wage; and
- (3) requested the Medical Officer of Health to forward the report (February 10, 2006) from the Medical Officer of Health to Statistics Canada and request that questions related to food security be included in the 2011 census.

Background:

The Board of Health on February 27, 2006, considered a report (February 10, 2006) from the Medical Officer of Health, reporting on issues related to food security and Toronto children during the early years and to identify strategic actions for addressing the issues.

Recommendations:

It is recommended that:

- (1) the Board of Health request the Federal Minister of Agriculture and Agri-Food to establish a national food security monitoring system, as identified in “Canada’s Action Plan for Food Security”;
- (2) the Board of Health request the Minister of Children and Youth Services to integrate food security activities into Ontario’s Best Start strategy, including activities that promote access to adequate, safe and nutritious foods that respect cultural traditions;
- (3) the Board of Health request that the Canadian Institutes of Health Research (Institute of Human Development, Child and Youth Health) support research on:
 - (a) the implications of exposure to environmental contaminants in food for early years populations; and,
 - (b) the impact of food insecurity on the health of early years populations, including its impact on social development;
- (4) the Medical Officer of Health consult and collaborate with relevant municipal, provincial and national organizations to explore the feasibility of a multidimensional Canadian Children’s Food Bill and report to the Board of Health;
- (5) the Medical Officer of Health report on Toronto children’s current exposure to food and beverage marketing and the impact of food and beverage marketing on child health;
- (6) this report be forwarded to the Toronto Food Policy Council, the Food and Hunger Action Committee, the GTA Agricultural Action Committee, and the Community Services Committee;
- (7) this report be sent to the provincial Ministries of Children and Youth Services, Education, Health and Long-Term Care, Health Promotion, and Agriculture, Food and Rural Affairs,

Health Canada, the Public Health Agency of Canada and Agriculture and Agri-Food Canada, to inform the policy agenda on food security and the early years; and,

- (8) the appropriate City officials be authorized and directed to take the necessary action to give effect thereto.

The following persons addressed the Board of Health:

- Janice Etter, Co-Chair, Toronto Food Policy Council, who filed a written submission; and
- Linda Palmer Nye, Campaign Against Child Poverty.

Secretary
Board of Health

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Item 3

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c.c. Medical Officer of Health

TORONTO STAFF REPORT

February 10, 2006

To: Board of Health
From: Dr. David McKeown, Medical Officer of Health
Subject: Food Security: Implications for Early Years Populations

Purpose:

To report on issues related to food security and Toronto children during the early years and to identify strategic actions for addressing the issues.

Financial Implications and Impact Statement:

There are no financial implications for Toronto Public Health arising from this report.

Recommendations:

It is recommended that:

- (1) the Board of Health request the Federal Minister of Agriculture and Agri-Food to establish a national food security monitoring system, as identified in “Canada’s Action Plan for Food Security”;
- (2) the Board of Health request the Minister of Children and Youth Services to integrate food security activities into Ontario's Best Start strategy, including activities that promote access to adequate, safe and nutritious foods that respect cultural traditions;
- (3) the Board of Health request that the Canadian Institutes of Health Research (Institute of Human Development, Child and Youth Health) support research on:
 - (a) the implications of exposure to environmental contaminants in food for early years populations; and,
 - (b) the impact of food insecurity on the health of early years populations, including its impact on social development;

- (4) the Medical Officer of Health consult and collaborate with relevant municipal, provincial and national organizations to explore the feasibility of a multidimensional Canadian Children's Food Bill and report to the Board of Health;
- (5) the Medical Officer of Health report on Toronto children's current exposure to food and beverage marketing and the impact of food and beverage marketing on child health;
- (6) this report be forwarded to the Toronto Food Policy Council, the Food and Hunger Action Committee, the GTA Agricultural Action Committee, and the Community Services Committee;
- (7) this report be sent to the provincial Ministries of Children and Youth Services, Education, Health and Long-Term Care, Health Promotion, and Agriculture, Food and Rural Affairs, Health Canada, the Public Health Agency of Canada and Agriculture and Agri-Food Canada, to inform the policy agenda on food security and the early years; and,
- (8) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

Background:

A goal of the recently adopted Toronto Public Health (TPH) Strategic Plan "Toward a Healthy City" is to implement strategies to promote the health of children, youth and families. 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 they will use in life. The effects of early experiences on children's health, including their physical and social development, can last a lifetime (1).

Food security has been identified as a key determinant of health in the early years. A background report, "Food Security: Implications for the Early Years" (see executive summary, Attachment 1) has been prepared with the support of a provincial Early Childhood Development grant. The report provides an analysis of food security issues relevant to pregnant women and households with children six years of age and younger to inform the development of a TPH action plan to promote food security for Toronto's early years populations.

Comments:

The concept of "food security" has evolved over the last three decades to incorporate a wide range of food-related issues. "Food security" has been understood and used differently by many groups and individuals. Definitions vary based on the level at which one wants to effect change and whether concerns are identified at the global, regional, national, community, household or individual level. Most definitions of food security answer five specific questions about the

distribution, production and consumption of food: a) who should get the food? b) when? c) how should food be obtained? d) how much food? and, e) what kind of food?

Although household and community food security are closely linked, the focus of household food security is physical and economic access to food (2). Community food security shares these goals but also acknowledges the importance of economic, environmental and social aspects of the food system. As a result, community food security work can include advocating for adequate incomes for consumers and producers, local and diverse food production, environmental sustainability, widespread access to healthy food and food-based community economic development and social cohesion (3).

The Toronto Food Charter highlights the City's commitment to food security and "to champion the right of all residents to adequate amounts of safe, nutritious, culturally-acceptable food without the need to resort to emergency food providers". The Charter and related initiatives emphasize the importance of advocating for income, employment, housing and transportation policies that support food security. The Charter also recognizes that a viable and sustainable food system, serving the needs of both consumers and producers, is vital to a food secure city.

This report examines the prevalence and implications of food insecurity as it is experienced by households with young children and also identifies a number of community food security issues that are important to the lives of Toronto's youngest residents.

Children's Food Insecurity and Child Hunger in Toronto:

Food insecurity can manifest itself at the household level as compromises in the quantity or quality of individual diets. The 2003 Toronto Perinatal and Child Health Survey (PCHS) is the only population level survey to measure the prevalence of these types of dietary compromises exclusively among households with children aged 0-6 years in this city (4). Highlights from the survey are:

- (a) One in six parents of young children in Toronto reported at least one indicator of children's food insecurity related to income inadequacy. The most commonly reported indicator was relying on only a few kinds of low-cost food to feed one's child(ren) (15.6%), followed by not being able to provide child(ren) a balanced meal (6.8%) and child(ren) not eating enough (3.1%).
- (b) Not surprisingly, these indicators were reported at much higher rates among low-income, lone parent and/or recent immigrant households. For example, almost one in five households (19.3%) living near or below the low income cutoff (LICO), 14.1% of lone parent households and 12.9% of recent immigrant households (in Canada less than 10 years) reported not being able to provide their young child(ren) a balanced meal (5).
- (c) A total of 5.8% of households were classified as having "food insecure children" (defined as those who reported two to four indicators of children's food insecurity, out of a possible eight).

(d) A very small percentage reported child hunger (0.5%).

Sample biases suggest that the PCHS results may be underestimates, most notably because higher income households were overrepresented.

Indirect indicators of children's food insecurity such as poverty rates and food bank usage are also available but limited in their ability to accurately identify the prevalence of and trends associated with household food insecurity.

Implications of Household Food Insecurity for Child and Family Health:

Research into the health implications of household food insecurity for early years populations in developed countries is limited. The Toronto PCHS found associations between households with food insecure children (5.8% of respondents) and poor child health status, as reported by the parent, in addition to parental depression and exclusive breastfeeding for less than six months. The analysis did not control for household income.

Preliminary research, primarily from the United States (U.S.), has found associations between households classified as food insecure and the health of young children in those homes. Specific associations include poor child health status, iron deficiency, iron deficiency anemia, more frequent hospitalizations, stomach aches and headaches, lower physical function (including problems with walking, running, doing chores and low energy levels), impaired social interaction skills and emotional status. A longitudinal analysis that included a sample of 21,000 U.S. children found that, independent of income, food insecurity among kindergarten children predicted impaired academic performance in reading and math for boys and girls and a decline in social skills among boys, when followed to grade three. This analysis used a much lower than normal threshold for classifying households as food insecure. Hunger or food insufficiency among older children (6-12 year olds) has also been shown to predict anxiety, aggression, psychosocial dysfunction and difficulty getting along with other children. These outcomes persisted after controlling for confounding factors, including low income (5).

Research also suggests that parents in households classified as food insecure can have increased vulnerability to poor physical health, feelings of anxiety, loss of control, family dysfunction and psychological impairment, regardless of income status. Feelings of shame or embarrassment about not being able to feed oneself or one's child(ren) can also promote social exclusion, a feeling of isolation from neighbours and the community at large (5).

Contextual Factors Relevant to Food Security and the Early Years:

Selected contextual influences, particularly relevant to the food security of younger children, will be highlighted in this section of the report, in order to better inform food security initiatives for Toronto's early years populations.

A) Social and Economic Environment

The Food and Hunger Action Committee and the Toronto Food Policy Council have consistently emphasized the links between individual food access or consumption and broader social and economic environments. Hunger and less severe forms of household food insecurity among Toronto families with young children exist against a backdrop of growing inequality in the distribution of wealth. Although child poverty rates are lower than they have been, the depth of poverty has increased.

Current social assistance rates in Ontario are inadequate to support household food security. Based on 2005 figures, Ontario Works payments enable a lone parent with one child in Toronto to have a household income of just under 47% of the before-tax LICO (6). The clawback of the National Child Benefit Supplement (NCBS) has also reduced the income of social assistance recipients. A 2004 Daily Bread Food Bank survey found that 49% of their social assistance clients believed an increase in income equivalent to the NCBS would mean they and their children would no longer have to rely on food banks (7).

At its November 28, 2005 meeting, the Board of Health requested the Premier of Ontario to increase social assistance rates such that the shelter component is 100% of median market rent and the basic needs component is increased by 40% (11). At its December 5, 6, and 7, 2005 meeting, City Council adopted the recommendation contained in the Community Services Committee Report 9, Clause 7 to request the Province of Ontario to end the clawback of the National Child Supplement (12).

B) Environmental Contaminants

Synthetic pesticides and other chemical toxins used in food production and distribution are more dangerous for young children than adults because their livers and kidneys are less able to metabolize these substances. Pesticide residues can be found on or in many foods consumed by children, including fruits and vegetables (8). Residue levels rarely exceed Health Canada's thresholds, known as Maximum Residue Levels (MRLs). However, the safety of children's consumption of these chemicals is uncertain because the MRLs are calculated based on the size of an average adult male, not children. There is a lack of research on the effects of cumulative exposure or the relative contribution of pesticide residues in food to children's overall exposure to these chemicals.

C) Food Marketing

Children today are exposed to marketing to a much greater extent, and through many more diverse venues, compared to any previous generation (9) and food marketing is dominated by foods that do not promote optimal health (10). Up to the age of seven or eight, children lack the cognitive ability to understand the persuasive intent of advertising. A U.S. National Academy of Sciences (2005) review of scientific evidence on food marketing to children concluded that television advertising influences young children, in particular, to prefer, request and consume high-calorie and low-nutrient foods and beverages. Furthermore, the review stated that food and

beverage marketing practices geared to children and youth are out of balance with healthful diets and contribute to an environment that puts their health at risk (9).

Toronto Public Health Activities to Promote Food Security for Early Years Populations:

TPH funds, coordinates or provides in-kind support for a number of programs with a food security component targeting pregnant women or households with young children. These programs are Healthiest Babies Possible, Peer Nutrition, the Canada Prenatal Nutrition Program, Healthy Babies Healthy Children and the At-Risk Pregnant and Parenting Homeless Women Project. The initiatives generally offer education in adult and child health and nutrition, as well as training in food skills, with some support in the form of food certificates and, more rarely, direct food assistance. The amount of money programs can offer in food certificates is relatively small (\$5-\$10 per visit to the program or less). The Student Nutrition Program, which offers a nutritious breakfast, lunch and/or snack to Toronto school-aged children and youth, also serves the early years because children as young as four years can participate.

Future Directions:

TPH will undertake further analyses of program related data to increase understanding of the contribution of program components, such as food certificates, to helping pregnant women and young children meet their basic food needs. There is a need for consistent long-term direct measurement of household food insecurity in Toronto and nationwide to more accurately identify trends and gauge the effectiveness of strategies, both at the population level and for specific groups, including early years populations.

TPH will promote current knowledge of the prevalence, health implications and research gaps related to food insecurity among early years populations through outreach to early years professionals and local non-governmental organizations. TPH will advocate for, and where possible, collaborate with key stakeholders to undertake research to identify long-term health implications of food insecurity for children.

TPH will increase awareness of the nutritional needs of early years populations and of food insecurity as a potential risk condition and will advocate for activities that promote access to adequate, safe and nutritious foods to be integrated into Ontario's Best Start strategy.

TPH needs to strengthen initiatives that address social, economic and other contextual factors relevant to achieving food security for early years populations. TPH should continue to advocate for increased social assistance rates to support the food and nutrition needs of low-income Torontonians, including young children. TPH is currently analyzing the impact of poverty on children's health to inform strategies to address child poverty in this city.

Initiatives will also be undertaken, in collaboration with key stakeholders, to complete a more detailed analysis of the impact of food and beverage marketing on child health, to analyze the extent to which the Federal Government has fulfilled right to food commitments, and explore the feasibility of a Canadian Children's Food Bill. A Children's Food Bill, which would legislate a number of changes to optimize children's diet, nutrition and health, is currently before the British

House of Commons, where it has widespread public support and the endorsement of 150 national organizations (13,14). A Canadian Children's Food Bill could support implementation of the visions proclaimed by numerous federal and municipal charters and conventions, including the Toronto Children's Charter and Food Charter.

Conclusions:

The early years are a time of enormous growth and development. The effects of early experiences on children's health, including their development, can last a lifetime. There is some evidence of negative health outcomes for young children living in households considered food insecure. Research shows that these outcomes occur independent of low income and in spite of the efforts of many parents to protect younger children from dietary compromises. Household food insecurity contributes to a home environment in which parents'/caregivers' abilities to provide critical nurturing and stimulation can be compromised. In addition, the fact that research is beginning to find associations between household food insecurity and reduced learning, impaired social interaction skills, feelings of social exclusion, powerlessness and pessimism, is a concern for the functioning of the broader community.

That many young children in a wealthy city such as Toronto lack stable and dignified access to appropriate quantity and quality of food is a violation of a number of national and international conventions to which the Federal Government is a signatory. It also shows that the City has yet to fulfill the commitments made in the Toronto Food Charter.

TPH will continue to support and promote food security for pregnant women and households with young children through its programming. However, these efforts should be one component of a broader strategy, supported by the Food Policy Council and the Food and Hunger Action Committee, to ensure that social, cultural and economic environments are supportive of food security for young children.

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Medical Officer of Health

List of Attachments:

Attachment 1: Toronto Public Health (2006). Background Paper - Food Security:
Implications for the Early Years - Executive Summary

References:

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- (3) Ontario Public Health Association (2002). A Systemic Approach to Community Food Security: A Role for Public Health. Toronto, Ontario. Available from http://www.opha.on.ca/ppres/2002-01_pp.pdf.
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- (8) Canadian Food Inspection Agency (1998). Report on Levels and Incidences of Pesticide Residues in Selected Agricultural Food Commodities Available in Canada During 1994 – 1998. Available from <http://www.inspection.gc.ca/english/fssa/microchem/resid/1994-1998/94-98-0e.shtml>.
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- (13) U.K. Children's Food Bill (2005). Available from http://www.sustainweb.org/pdf/cfb_creagh_dec05.pdf.
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