



STAFF REPORT ACTION REQUIRED

The Affordability of the Nutritious Food Basket in Toronto – 2009

Date:	November 3, 2009
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

This report provides information on the affordability of the Nutritious Food Basket (NFB) in Toronto for 2009. It recommends several government actions to improve access to adequate amounts of safe, nutritious and culturally-acceptable food, particularly for those living in poverty.

Since 1999, public health units have calculated the cost of the NFB using a standard tool and protocol. Using the standard tool, the average weekly cost of the NFB for a family of four in Toronto in May 2009 was \$146.37 (\$633.78/month), representing an increase of 7.4% from 2008. Increases in the price of vegetables and fruits were the main contributor.

In the past year, Health Canada revised the NFB tool to bring it in line with the updated *Canada's Food Guide*. The new NFB is based on new food consumption data, and includes different age and gender reference groups, different foods and a revised protocol for selecting foods at grocery stores (1). The Ministry of Health Promotion added the updated tool in the revised *Ontario Public Health Standards*. Based on the new tool, the average weekly cost of the NFB for a family of four in Toronto in May 2009 was \$164.18 (\$710.90/month). This is higher than the figure calculated using the old tool because of changes to the NFB foods, gender and age categories, and the mechanism used to select foods.

The price of healthy food remains out of reach for many low income families. The current recession has led to increases in unemployment and more people relying on social assistance, making healthy food access even more difficult. Low wages and inadequate

social assistance rates, and the high costs of housing, childcare and other fixed essentials, are the key obstacles to accessing healthy food for these families.

The provincial government has not sufficiently improved social assistance rates, despite the launch of Ontario's *Poverty Reduction Strategy*. In addition, Ontario has no long-term system to monitor access to healthy food, hampering efforts to identify trends and evaluate policies and programs. Growing public awareness of food system issues, sustainable living and the local food environment, may drive change in this area.

Although Boards of Health in Ontario have been required to complete an annual NFB survey since 1999, far too many Toronto families continue to struggle to put food on the table. In recent years the provincial government has made some improvements such as small increases to social assistance, introducing Ontario's Poverty Reduction Strategy and the Ontario Child Benefit (OCB). Governments must continue to be urged to take effective steps to ensure access and affordability to safe, nutritious and culturally-acceptable food for everyone.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. the Board of Health request that the provincial government raise social assistance rates based on the real cost of healthy living, including nutritious food, and indexed annually to reflect inflation;
2. the Chair of the Board of Health and the Medical Officer of Health, together with the Association of Local Public Health Agencies, and representatives from the "Do the Math" Campaign and the "Put Food in the Budget" Campaign, meet with the Minister of Community and Social Services, the Minister of Children and Youth Services and the Minister of Health Promotion, to urge them to ensure access to safe, nutritious and culturally-acceptable food for all Ontarians and to link the results of the Nutritious Food Basket survey across Ontario with the implementation of *Breaking the Cycle: Ontario's Poverty Reduction Strategy* and the ongoing review of social assistance, in accordance with the consultation requirements noted in the *Poverty Reduction Act (2009)*;
3. the Chair of the Board of Health and the Medical Officer of Health request that the President and Chief Executive Officer and the Director of Surveillance and Epidemiology of the Ontario Agency for Health Protection and Promotion (OAHP) explore the development of a long-term system to monitor access to safe, nutritious and culturally-acceptable food;
4. the Board of Health forward this report to the following key stakeholders: the City of Toronto's Community Development and Recreation Committee; the General Managers of Shelter, Support and Housing Administration, Children's Services,

Employment and Social Services, Long-term Care Homes and Services, and Parks, Forestry & Recreation; the Ontario Ministers of Health Promotion, Community & Social Services, Children & Youth Services and Agriculture, Food & Rural Affairs, Agriculture & Agri-Food Canada; the OAHPP; the Office of Nutrition Policy & Promotion at Health Canada; the Association of Local Public Health Agencies; the Ontario Public Health Association; Ontario Boards of Health; the Association of Ontario Health Centres; the Ontario Society of Nutrition Professionals in Public Health and Dietitians of Canada.

Financial Impact

There are no direct financial implications arising from this report.

DECISION HISTORY

Since 1999, Boards of Health in the Province of Ontario have been required to complete an annual Nutritious Food Basket survey. The survey must be submitted to the Ministry of Health Promotion by July 1st of each year. Information about the cost of the NFB can be used to promote and support policy development to increase access to nutritious food. Toronto Public Health annually reports the results of the Nutritious Food Basket survey to the Board of Health, City Council and a wide range of stakeholders.

ISSUE BACKGROUND

Poverty, Nutrition and Health

Numerous studies demonstrate that people living in poverty experience worse health outcomes, including lower life expectancy, higher rates of chronic disease, injuries and mental health concerns, and rate their health lower than those who are better off (2-8). The Toronto Public Health report, *The Unequal City*, demonstrates these health inequalities in our local context (9). For example, males in the highest income areas live 4.5 years longer than males in the lowest income areas. The difference for females is 2.0 years.

A number of mechanisms have been proposed to explain why poverty predicts worse health. These include limited access to health care (10-12) and public health interventions (13, 14), increased stress (15), a lower position in the social hierarchy (16), and worse mental health (17,18).

Low income and dietary habits are connected as well. Households with limited access to adequate amounts of safe and nutritious food consume fewer fruits, vegetables, dairy products and fiber, and consume more high energy dense foods (19, 20). Poor access to healthy foods has also been linked to higher rates of diabetes and obesity (21-23). These

conditions, as well as cardiovascular disease (24, 25), are present at higher rates among the poor, and significantly influenced by dietary choices.

Several Canadian studies have found a strong relationship between poverty and decreased access to healthy foods. The Canadian Community Health Survey (CCHS) of 2000/01 found that more than 40% of people in low- or lower middle- income households reported difficulty affording nutritious food (26). The 2004 CCHS found this had risen to 47% of such households, and 61% of households reliant on social assistance were food insecure (27) (limited access to safe and nutritious food). Low income mothers have been found to compromise their own nutritional intake to provide for their children, resulting in inadequate levels of vitamin A, folate, iron and magnesium (28).

Social Security and Accessing Nutritious Food

By comparing the social assistance rates in Ontario to Statistics Canada's Low-Income Cut-Off (LICO) line, it is clear that the income of recipients is significantly below (35-59%) the poverty line (29). These members of our community rely on social security to meet their basic needs. Not surprisingly, people living on social assistance have been shown to be at greater risk of being unable to afford healthy food than those with other income sources (30, 31).

In 1995, the provincial government cut social assistance rates by over twenty percent. The small increases in rates by the current government have not significantly reversed these cuts, especially when considering the loss in purchasing power over the past 14 years. Progress has been made in other areas, notably with increases to the minimum wage and the accelerated implementation of the Ontario Child Benefit, which has benefited families with children. However, despite the launch by the provincial government of *Breaking the Cycle: Ontario's Poverty Reduction Strategy*, people on social assistance, particularly single individuals, have not yet seen adequate improvements to the level of benefits they receive. Similarly, there is a growing call for increases to the very restrictive asset limits now in place for people applying for and receiving social assistance. The Province has committed to a review of social assistance, but it is unclear what changes may be considered and when they would be implemented.

The current recession has led to an increasing number of people relying on social assistance. Statistics from the recent 2009 *Toronto's Vital Signs* report indicate that "the recession forces more Torontonians to rely on assistance". Over the past year Toronto Employment and Social Services has seen a 22% increase in the number of people on social assistance that they serve, and over the same period the seasonally adjusted unemployment rate increased from 7.7% to 10.5% (September 2008 to September 2009). Those who are underemployed and in precarious or part-time work continue to face financial insecurity.

Hunger, and less severe compromises in diet, are addressed in Canada primarily by an ad hoc range of independently run assistance programs. This charitable food model has led to hundreds of programs across Toronto, staffed by a large number of committed

volunteers. However, there is no indication that relying on a charitable model has or will be able to significantly reduce the prevalence of hunger (34-39). What is required is a stronger social security system that enables everyone to have the resources to acquire sufficient safe, healthy and culturally appropriate food.

Advocacy to Improve Access to Nutritious Food

Previous action by the Toronto Board of Health

During the past decade of reporting on the NFB, the Board of Health has proposed a number of actions that different levels of government should take to improve income security programs, including:

- an increase in the Ontario Works benefit rate structure to reflect the current living standards in the City of Toronto by restoring the 21.6% rate reduction implemented by the Province in 1995, together with the inflationary erosion of social assistance benefits that has resulted in a 40% loss of purchasing power since 1993;
- an adjustment to the Ontario Works benefit rates so that the Basic Allowance includes a nutrition component which is sufficient to meet daily nutritional needs as determined annually by the cost of the Nutritious Food Basket and that the remainder of the Basic Allowance be set to enable recipients to afford other basic needs including transportation, clothing and personal care items;
- an adjustment to the shelter component maximum for Ontario Works clients to be equal to 85% of the median market rent for each local housing market, based on annual statistics collected by the Canada Mortgage and Housing Corporation (CMHC);
- significant investments at all levels of government in affordable housing, universal child care and other strategies that impact on income security;
- an acceleration of the implementation of the Ontario Child Benefit (OCB) plan so that the full benefit is realized by low income families immediately instead of 2011; and,
- an increase in the minimum wage to reflect the real cost of living to promote optimal health.

“Put Food in the Budget” Campaign

The 25in5 Network for Poverty Reduction, in partnership with the Association of Local Public Health Agencies, launched an Ontario-wide campaign for a Healthy Food Supplement in early 2009. The campaign calls on the Ontario government to introduce a \$100 Healthy Food Supplement for all adults on social assistance in the provincial budget. Toronto Public Health has been an active supporter of the campaign.

There is no current formula for establishing social assistance benefit levels and the basic needs allowance is set far below actual market costs. The Provincial Government has committed to undertaking a Social Assistance Review which must assess and respond to the true cost of living in communities across Ontario. In the meantime, organizers are urging a step towards income adequacy for social assistance recipients through a \$100 per month Healthy Food Supplement.

“Do the Math” Campaign

In June 2009, The Stop Community Food Centre launched the “Do The Math” campaign to raise awareness of the difficulty Ontarians on social assistance have in trying to meet basic food needs and to support the “Put Food in the Budget” campaign. The “Do the Math” website (www.dothemath.thestop.org) asks visitors to create a monthly budget for someone living on social assistance by selecting from a range of possible monthly expenses and items. Visitors are then asked to make choices for that person. Do they need internet? Pet food? Soap? Transit? If so, what do these things cost? How much is a reasonable amount to spend on rent and food? At the end of the survey, the budget results are tallied and compared to the amounts actually received by people on Ontario Works and Ontario Disability benefits. Do the Math is a public awareness tool, but is also aimed at getting policymakers to do the math, in order to put the question of social assistance adequacy within the framework of the poverty reduction promised by the Ontario Government.

COMMENTS

The Nutritious Food Basket

Toronto Public Health is required to conduct an annual food costing survey. Between 1999 and 2008, this was accomplished using the 1998 Ministry of Health and Long-Term Care document, *Monitoring the Cost of a Nutritious Food Basket Protocol*. In 2008, the new Ontario Public Health Standards (OPHS) were released along with accompanying protocols. The new OPHS require that “The boards of health shall monitor food affordability in accordance with the *Nutritious Food Basket Protocol, 2008* and the *Population Health Assessment and Surveillance Protocol, 2008*. According to the protocol, “Food affordability is the economic sufficiency to procure an adequate diet that meets nutrient needs with safe acceptable foods. Food affordability is heavily influenced by market forces and impacts food accessibility and food security.”

All boards of health in Ontario were required to implement the revised NFB Protocol in 2009. The revised NFB protocol requires that the food costing survey be conducted on an annual basis in May, in a minimum of six grocery stores within a health unit’s jurisdiction. Results of the costing are submitted to the Ministry of Health Promotion by July 1 of each year.

The provincial NFB Protocol incorporates the National Nutritious Food Basket (NNFB) costing tool developed by Health Canada, which was updated in 2008 for implementation in 2009. This food costing tool is a measure of the cost of healthy eating and is designed to reflect eating patterns that meet *Eating Well with Canada’s Food Guide* and eating behaviours reflective of the *Canadian Community Health Survey 2.2* results. The list of 67 foods is priced to estimate the average cost of feeding up to 22 different age and gender groups and a reference family of four. Food costing can be used to monitor both the affordability and accessibility of foods by relating the cost of the food basket to the individual/family incomes.

A key difference between the old tool and the new tool is the change in the reference family composition, due to revisions in age and gender groups. The old tool predicted the cost of healthy food for two adults, a boy aged 13-15 and a girl aged 7-9. The new tool predicts the cost of healthy food for two adults, a boy aged 14-18 and a girl aged 4-8.

The NFB reflects the lowest price available in the store in a specified purchase size, regardless of brand. The 67 foods include vegetables and fruit, orange vegetables and fruit, dark green vegetables, whole grains/whole wheat products, non whole grain products, milk and milk alternatives, meat, poultry, legumes, eggs and fish. An additional 5% is automatically added to the cost of the food basket to cover the cost of miscellaneous foods used in meal preparation (e.g., spices, seasonings condiments, baking supplies, etc).

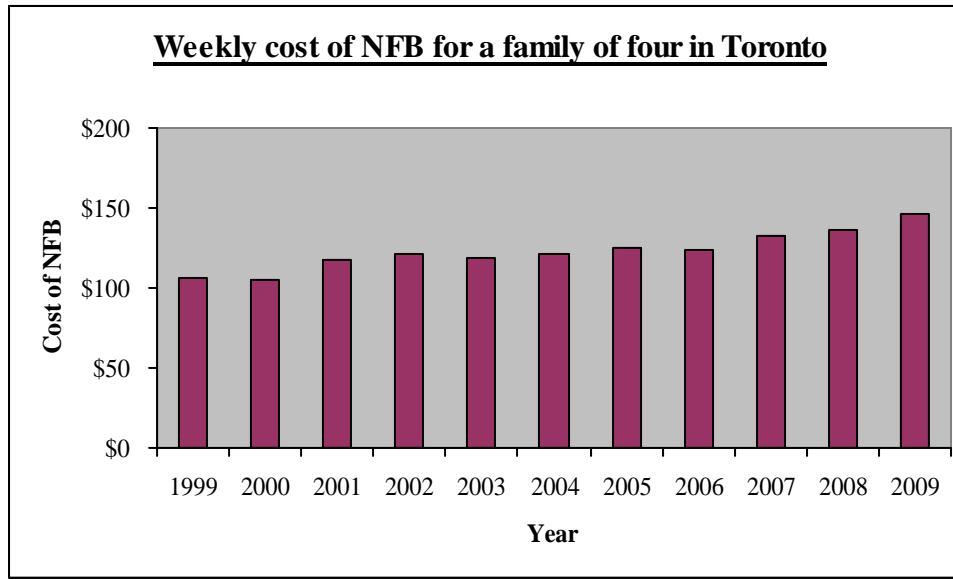
Key NFB limitations:

- Does not reflect the cost of food for special diets that address specific disease conditions.
- Based on average household purchasing patterns, so may not be representative of diverse ethnic or age groups.
- Assumes that the individual has the time, ability, food skills and equipment necessary to consistently plan, purchase and prepare meals and snacks from relatively low-cost basic food staples and ingredients.
- Assumes that individuals have access to grocery stores and always buy according to the lowest price and not necessarily according to need, preference or availability.
- Does not take into account the cost of transporting the goods home.
- Excludes:
 - processed convenience foods;
 - snack foods;
 - restaurant/take-out foods; and,
 - non-food items such as laundry detergent, soap, toiletries etc.

2009 Nutritious Food Basket Results for Toronto

In May 2009, Toronto Public Health staff members conducted the NFB costing in 12 grocery stores across the city, including major supermarket chains and independent stores. Results indicate that for a family of four, the weekly cost of a Nutritious Food Basket, based on the revised protocol and costing tool, is \$164.18 (\$710.90/month). The 2009 NFB survey results are summarized in Attachment 1.

Due to revisions to both the protocol and costing tool, results from the 2009 NFB survey cannot be compared to the previous year's results to determine whether food costs have increase or decreased. However, recognizing this, the following graph shows the trend in rising food costs, including a value for 2009 as calculated using the old tool. From 1999-2009 the cost of the NFB has increased by 37% in Toronto.



Note: The figure for 2009 was calculated using the old NFB tool, and is presented here to allow for comparison with past results.

Future Steps to Improve Access to Nutritious Food

Strengthening income security is only part of the solution. Improving access to nutritious food would benefit from a broader, food systems approach as well. This includes action to better link local food producers with Torontonians in need, advocating for agricultural policies that support the production of nutritious, culturally diverse foods, using food as a tool to build strong communities. This philosophy underpins the work of TPH, and is informing the development of the Toronto Food Strategy.

Consistent, long-term monitoring of how different communities can or cannot access nutritious foods is essential to evaluating interventions. The Rapid Risk Factor Surveillance System (RRFSS), which has a “Food Access and Security” module, and the Surveillance and Epidemiology directorate of the Ontario Agency for Health Protection and Promotion (OAHPP) may play a key role.

In the past year, a number of landmark public health reports have emphasized that improving the health of the public should be rooted in addressing health inequalities (41,42). Unequal access to healthy food, particularly by those living in poverty, remains a concern in Toronto. In accordance with its mission, TPH continues to make access to this issue a priority for advocacy, surveillance and the development of innovative solutions.

CONCLUSION

The price of healthy food remains out of reach for many low income Torontonians. The current recession has led to increases in unemployment and more people relying on social assistance, making healthy food access even more difficult. Low wages and inadequate

social assistance rates, and the high costs of housing, childcare and other fixed essentials, are the key obstacles to accessing healthy food for these families. The ongoing increases in the Nutritious Food Basket make the need for continued advocacy all the more important, especially in light of strong evidence linking low income, diet and poor health outcomes. Although Boards of Health in Ontario have been required to complete an annual NFB survey since 1999, far too many Toronto families continue to struggle to put food on the table. In recent years the provincial government has made some improvements but governments must continue to take effective steps to ensure access to safe, nutritious and culturally-acceptable food for everyone.

CONTACT

Carol Timmings, Interim Director
Planning & Policy
Toronto Public Health
Tel: 416-338-7951 Fax: 416-392-0713
Email: ctimming@utoronto.ca

Mary-Anne McBean, Manager
Healthy Living & Disease Prevention
Toronto Public Health
Tel: 416-338-7960 Fax: 416-392-0635
Email: mmcbean@toronto.ca

Brian Cook, Research Consultant
Healthy Living, Disease Prevention
Toronto Public Health
Tel: 416-338-7864 Fax: 416-392-0635
Email: bcook@toronto.ca

Andrew Pinto, Community Medicine Resident
Office of the Medical Officer of Health
Toronto Public Health
Tel: 416-338-8350
Email: apinto@toronto.ca

SIGNATURE

Dr. David McKeown
Medical Officer of Health

ATTACHMENTS

Attachment 1: Weekly Cost of Nutritious Food Basket in Toronto (May 2009)
Attachment 2: Food and Shelter on a Social Assistance Budget (November 2009)

REFERENCES

- (1) Health Canada (2009). National Nutritious Food Basket. Available at <http://www.hc-sc.gc.ca/fn-an/surveill/basket-panier/index-eng.php>. Accessed October 1, 2009.
- (2) Bartley, M., Blane, D. & Smith, G. (1998). Introduction: beyond the Black Report. *Sociology of Health and Illness*. Vol. 20:563-577.
- (3) Marmot, M., Shipley, M. & Rose, G. (1984). Inequalities in death - specific explanations of a general pattern? *Lancet* Vol. 1:1003-1006.
- (4) Marmot, M., Shipley, M. & Rose, G. (1996). Do socioeconomic differences in mortality persist after retirement? 25 year follow up of civil servants from the first Whitehall study. *British Medical Journal*. Vol. 313:1177-1180.
- (5) Ferrie, J., Shipley, M., Davey, S., Stansfeld, S. & Marmot, M. (2002). Change in health inequalities among British civil servants: the Whitehall II Study. *J.Epidemiol. Community Health* Vol. 56:922-926.
- (6) Acheson, D. (2001). *The Acheson Report*. In: Purdy, M. & Banks, D. (Eds.) *The sociology and politics of health: A reader*. London: Routledge. p. 111-122.
- (7) Auger, N., Raynault, M., Lessard, R. & Choiniere, R. (2004). *Income and health in Canada*. In: Raphael, D. (Ed) *Social Determinants of Health: Canadian Perspectives*. Toronto: Canadian Scholars Press. p. 39-52.
- (8) Phipps, S. (2003). *The Impact of Poverty on Health: a scan of the research literature*. Canadian Institute for Health Information. Available at http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=GR_323_E.
- (9) Toronto Public Health (2008). *The Unequal City: Income and Health Inequalities in Toronto 2008*.
- (10) Shortt, S. & Shaw, R. (2003). Equity in Canadian Health Care: does socioeconomic status affect waiting times for elective surgery? *Can.Med.Assoc.J.* Vol. 168:413-416.
- (11) Alter, D., Naylor, C., Austin, P. & Tu, J. (1999). Effects of socioeconomic status on access to invasive cardiac procedures and on mortality after acute myocardial infarction. *N.Engl.J.Med.* Vol. 341:1359-1367.
- (12) Alter, D., Naylor, C., Austin, P., Chan, B. & Tu, J. (2003). Geography and service supply do not explain socioeconomic gradients in angiography use after acute myocardial infarction. *Can.Med.Assoc.J.* Vol. 168:261-264.

- (13) James, P.D., Manuel, D.G. & Mao, Y. (2006). Avoidable mortality across Canada from 1975 to 1999. *BMC Public Health*. Vol. 6:137.
- (14) James, P.D., Wilkins, R., Detsky, A.S., Tugwell, P. & Manuel, D.G. (2007). Avoidable mortality by neighbourhood income in Canada: 25 years after the establishment of universal health insurance. *J.Epidemiol.Community Health* Vol. 61(4):287-296.
- (15) Baum, A., Garofalo, J. & Yali, A. (1999). Socioeconomic status and chronic stress: does stress account for SES effects on health? *Annals of the New York Academy of Science*. p.131-144.
- (16) Wilkinson, R. (1999). Health, hierarchy, and social anxiety. *Annals of the New York Academy of Science*. p. 48-63.
- (17) Wildman, J. (2003). Income related inequalities in mental health in Great Britain: analysing the causes of health inequality over time. *J.Health Econ*. Vol. 22:295-312.
- (18) Winkleby, M., Cubbin, C., Ahn, D. & Kraemer, H. (1999). Pathways by which SES and ethnicity influences cardiovascular disease risk factors. *Annals of the New York Academy of Science*. p. 191-209.
- (19) Kirkpatrick, S.I. & Tarasuk, V. (2008). Food insecurity is associated with nutrient inadequacies among Canadian adults and adolescents. *J.Nutr*. Vol. 138(3):604-612.
- (20) Drewnowski, A. (2003). The role of energy density. *Lipids*. Vol. 38(2):109-115.
- (21) Tarasuk, V. (2001). Household food insecurity with hunger is associated with women's food intakes, health and household circumstances. *Journal of Nutrition* Vol. 131:2670-2676.
- (22) Seligman, H.K., Bindman, A.B., Vittinghoff, E., Kanaya, A.M. & Kushel, M.B. (2007). Food insecurity is associated with diabetes mellitus: Results from the National Health Examination and Nutrition Examination Survey (NHANES) 1999-2002. *J Gen Int Med*. Vol. 22:1018-1023.
- (23) Drewnowski, A. & Specter, S.E. (2004). Poverty and obesity: the role of energy density and energy costs. *Am.J.Clin.Nutr*. Vol. 79(1):6-16.
- (24) Squires, B. (2000). Cardiovascular disease and socioeconomic status. *Can.Med.Assoc.J*. Vol. 162:s3-s24.
- (25) Singh, G. & Siahpush, M. Increasing inequalities in all-cause and cardiovascular mortality among US adults aged 25-64 years by area socioeconomic status, 1969-1998. *Int.J.Epidemiol*. Vol. 31:600-613.

- (26) Ledrou, I. & Gervais, J. (2005). Food insecurity. *Health Rep.* Vol. 16(3):47-51.
- (27) Tarasuk, V. & Vogt, J. (2009). Household food insecurity in Ontario. *Can.J.Public Health.* Vol. 100(3):184-188.
- (28) McIntyre, L., Glanville, N.T., Raine, K.D., Dayle, J.B., Anderson, B. & Battaglia, N. (2003). Do low-income lone mothers compromise their nutrition to feed their children? *CMAJ* Vol. 168(6):686-691.
- (29) National Council of Welfare (2006). *Welfare incomes over time. 2005*; Available at: http://www.newcnbes.net/documents/researchpublications/ResearchProjects/WelfareIncomes/2005Report_Summer2006/Factsheets/Factsheet03ENG.pdf. Accessed January 26, 2008.
- (30) Che, J.C. & Chen, J. (2001). Food insecurity in Canadian households. *Health Reports.* Vol. 12(4):11-21.
- (31) Ricciuto, L.E. & Tarasuk, V.S. (2007). An examination of income-related disparities in the nutritional quality of food selections among Canadian households from 1986-2001. *Social Science and Medicine.* Vol. 64:186-198.
- (32) Kirkpatrick, S.I. & Tarasuk, V. (2009). Food insecurity and participation in community food programs among low-income Toronto families. *Can J Public Health.* Vol. 100(2):135-139.
- (33) Starkey, L.J., Kuhnlein, H.V. & Gray-Donald, K. (1998). Food bank users: sociodemographic and nutritional characteristics. *CMAJ* Vol. 5;158(9):1143-1149.
- (34) Tarasuk, V.S. & Beaton, G.H. (1999). Household food insecurity and hunger among families using food banks. *Can.J.Public Health.* Vol. 90(2):109-113.
- (35) Teron, A.C. & Tarasuk, V.S. (1999). Charitable food assistance: what are food bank users receiving? *Can.J.Public Health* Vol. 90(6):382-384.
- (36) McIntyre, L., Glanville, N.T., Raine, K., Dayle, J., Anderson, B. & Battaglia, N. (2003). Do low-income lone mothers compromise their nutrition to feed their children? *Can.Med.Assoc.J.* Vol. 168:686-691.
- (37) Engler-Stringer, R. & Berenbaum, S. (2007). Exploring food security with collective kitchens participants in three Canadian cities. *Qual.Health Res.* Vol. 17(1):75-84.
- (38) Engler-Stringer, R. & Berenbaum, S. (2006). Food and nutrition-related learning in collective kitchens in three Canadian cities. *Can.J.Diet.Pract.Res.* Vol. 67(4):178-183.

- (39) Rock, M. (2006). "We don't want to manage poverty": Community groups politicise food insecurity and charitable food donations. *Promotion & Education* Vol. 13(1):36-41.
- (40) McCullum, C., Desjardins, E., Kraak, V.I., Ladipo, P. & Costello, H. (2005). Evidence-based strategies to build community food security. *J.Am.Diet.Assoc.* Vol. 105(2):278-283.
- (41) Commission on the Social Determinants of Health (2008). *Closing the gap in a generation: health equity through action on the social determinants of health*. Final Report of the Commission on Social Determinants of Health.
- (42) Butler-Jones, D. (2008). *Chief Public Health Officer's Report on the State of Public Health in Canada*. Public Health Agency of Canada.
- (43) Statistics Canada (2009). *Consumer Price Index, Historical*. Available at: <http://www40.statcan.gc.ca/l01/cst01/econ46a-eng.htm>. Accessed October 1, 2009.
- (44) Statistics Canada. 2009. *Consumer Price Index, by Province*. Available at: <http://www40.statcan.gc.ca/l01/cst01/cpis01a-eng.htm>. Accessed October 1, 2009.

Attachment 1: Weekly Cost of the Nutritious Food Basket in Toronto (May, 2009)

How to Calculate the Food Costs of a Nutritious Food Basket *																																									
<p>Follow the steps below to find out the cost of a weekly nutritious food basket.</p> <p>STEP 1: Write down the age and gender of all the people you are feeding. For example: Reference Family of Four</p> <p style="padding-left: 40px;">Man, (aged 31-50 years) and Woman, (aged 31-50 years) Boy, (aged 14-18 years) and Girl, (aged 4-8 years)</p> <p>STEP 2: Write down the cost of feeding each person.</p> <p>STEP 3: This is your subtotal.</p> <p>STEP 4: It costs a little more to feed a small group of people and less to feed a large group. Use the following adjustments for household size:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 person – multiply by 1.20</td> <td style="width: 50%;">4 people – make no change</td> </tr> <tr> <td>2 people – multiply by 1.10</td> <td>5-6 people – multiply by 0.95</td> </tr> <tr> <td>3 people – multiply by 1.05</td> <td>7 or more people – multiply by 0.90</td> </tr> </table> <p>STEP 5: To determine the cost per month, multiply by 4.33</p>			1 person – multiply by 1.20	4 people – make no change	2 people – multiply by 1.10	5-6 people – multiply by 0.95	3 people – multiply by 1.05	7 or more people – multiply by 0.90	<p>Gender/Age Years</p> <p>Children</p> <table style="width: 100%; border: none;"> <tr><td>Boy 2-3</td><td style="text-align: right;">\$21.57</td></tr> <tr><td>Girl 2-3</td><td style="text-align: right;">\$21.18</td></tr> <tr><td>Boy 4-8</td><td style="text-align: right;">\$27.89</td></tr> <tr><td>Girl 4-8</td><td style="text-align: right;">\$27.12</td></tr> </table> <p>Males</p> <table style="width: 100%; border: none;"> <tr><td>9-13</td><td style="text-align: right;">\$37.19</td></tr> <tr><td>14-18</td><td style="text-align: right;">\$52.66</td></tr> <tr><td>19-30</td><td style="text-align: right;">\$50.69</td></tr> <tr><td>31-50</td><td style="text-align: right;">\$45.69</td></tr> <tr><td>51-70</td><td style="text-align: right;">\$44.19</td></tr> <tr><td>over 70</td><td style="text-align: right;">\$43.74</td></tr> </table> <p>Females</p> <table style="width: 100%; border: none;"> <tr><td>9-13</td><td style="text-align: right;">\$31.71</td></tr> <tr><td>14-18</td><td style="text-align: right;">\$38.00</td></tr> <tr><td>19-30</td><td style="text-align: right;">\$39.12</td></tr> <tr><td>31-50</td><td style="text-align: right;">\$38.71</td></tr> <tr><td>51-70</td><td style="text-align: right;">\$34.32</td></tr> <tr><td>over 70</td><td style="text-align: right;">\$33.63</td></tr> </table>	Boy 2-3	\$21.57	Girl 2-3	\$21.18	Boy 4-8	\$27.89	Girl 4-8	\$27.12	9-13	\$37.19	14-18	\$52.66	19-30	\$50.69	31-50	\$45.69	51-70	\$44.19	over 70	\$43.74	9-13	\$31.71	14-18	\$38.00	19-30	\$39.12	31-50	\$38.71	51-70	\$34.32	over 70	\$33.63
1 person – multiply by 1.20	4 people – make no change																																								
2 people – multiply by 1.10	5-6 people – multiply by 0.95																																								
3 people – multiply by 1.05	7 or more people – multiply by 0.90																																								
Boy 2-3	\$21.57																																								
Girl 2-3	\$21.18																																								
Boy 4-8	\$27.89																																								
Girl 4-8	\$27.12																																								
9-13	\$37.19																																								
14-18	\$52.66																																								
19-30	\$50.69																																								
31-50	\$45.69																																								
51-70	\$44.19																																								
over 70	\$43.74																																								
9-13	\$31.71																																								
14-18	\$38.00																																								
19-30	\$39.12																																								
31-50	\$38.71																																								
51-70	\$34.32																																								
over 70	\$33.63																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Gender</th> <th style="width: 15%;">Age (years)</th> <th style="width: 40%;">Cost Per Week (\$)</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr><td>Man</td><td>31-50</td><td style="text-align: right;">\$45.69</td><td rowspan="5" style="text-align: center; vertical-align: middle;">Example</td></tr> <tr><td>Woman</td><td>31-50</td><td style="text-align: right;">\$38.71</td></tr> <tr><td>Boy</td><td>14-18</td><td style="text-align: right;">\$52.66</td></tr> <tr><td>Girl</td><td>4-8</td><td style="text-align: right;">\$27.12</td></tr> <tr><td>Subtotal</td><td></td><td style="text-align: right;">\$164.18</td></tr> <tr><td>TOTAL</td><td></td><td style="text-align: right;">\$164.18 x no adjustment = \$164.18 x 4.33 = \$710.90/month</td><td></td></tr> </tbody> </table>	Gender	Age (years)	Cost Per Week (\$)		Man	31-50	\$45.69	Example	Woman	31-50	\$38.71	Boy	14-18	\$52.66	Girl	4-8	\$27.12	Subtotal		\$164.18	TOTAL		\$164.18 x no adjustment = \$164.18 x 4.33 = \$710.90/month		<p>Pregnant Women</p> <table style="width: 100%; border: none;"> <tr><td>18 and younger</td><td style="text-align: right;">\$42.40</td></tr> <tr><td>19-30</td><td style="text-align: right;">\$42.75</td></tr> <tr><td>31-50</td><td style="text-align: right;">\$41.69</td></tr> </table> <p>Breastfeeding Women</p> <table style="width: 100%; border: none;"> <tr><td>18 and younger</td><td style="text-align: right;">\$44.22</td></tr> <tr><td>19-30</td><td style="text-align: right;">\$45.41</td></tr> <tr><td>31-50</td><td style="text-align: right;">\$44.35</td></tr> </table>	18 and younger	\$42.40	19-30	\$42.75	31-50	\$41.69	18 and younger	\$44.22	19-30	\$45.41	31-50	\$44.35				
Gender	Age (years)	Cost Per Week (\$)																																							
Man	31-50	\$45.69	Example																																						
Woman	31-50	\$38.71																																							
Boy	14-18	\$52.66																																							
Girl	4-8	\$27.12																																							
Subtotal		\$164.18																																							
TOTAL		\$164.18 x no adjustment = \$164.18 x 4.33 = \$710.90/month																																							
18 and younger	\$42.40																																								
19-30	\$42.75																																								
31-50	\$41.69																																								
18 and younger	\$44.22																																								
19-30	\$45.41																																								
31-50	\$44.35																																								
Example: Reference Family of 4, Toronto (May, 2009)																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Gender</th> <th style="width: 15%;">Age (years)</th> <th style="width: 40%;">Cost Per Week (\$)</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td rowspan="6" style="text-align: center; vertical-align: middle;">Your Household</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>Subtotal</td><td></td><td></td><td></td></tr> <tr><td>TOTAL</td><td></td><td></td><td></td></tr> </tbody> </table>	Gender	Age (years)	Cost Per Week (\$)					Your Household																Subtotal				TOTAL													
Gender	Age (years)	Cost Per Week (\$)																																							
			Your Household																																						
Subtotal																																									
TOTAL																																									

* The cost of the Nutritious Food Basket is based on the 67 food items collected from 12 stores across the City. The software program automatically adds 5% to the basket cost to cover the cost of miscellaneous foods used in meal preparation, e.g., spices, seasonings, condiments, baking supplies etc.

416.338.7600 | toronto.ca/health

 **TORONTO** Public Health

Appendix 2: Food and Shelter on a Social Assistance Budget

	Scenario 1	Scenario 2	Scenario 3	Scenario 4
	Family of Four, Ontario Works	Single Parent Household with 2 Children, Ontario Works	One Person Household, Ontario Works	One Person Household, ODSP
Monthly Income				
Income from Employment				
Basic Allowance ^a	\$446.00	\$377.00	\$216.00	\$566.00
Shelter Allowance ^a	\$660.00	\$607.00	\$356.00	\$454.00
Child/Family Benefits ^b	\$636.00	\$636.00		
Federal GST Benefit ^c	\$62.00	\$62.00	\$20.00	\$27.00
Total Income	\$1,804.00	\$1,682.00	\$592.00	\$1,047.00
Selected Monthly Expenses				
	(3 Bdr.)	(2 Bdr.)	(Bachelor)	(Bachelor)
Average Monthly Rent (may or may not include heat/hydro) ^d	\$1,245.00	\$1,093.00	\$772.00	\$772.00
Food ^e	\$710.90	\$538.71	\$237.41	\$237.41
Total Expenses	\$ 1,955.90	\$ 1,631.71	\$ 1,009.41	\$ 1,009.41
Monthly Funds Remaining (for other basic needs e.g. telephone, transportation, child care, household and personal care items, clothing, school supplies)	\$ -151.90	\$50.29	\$ - 417.41	\$37.59
Percentage of income required for rent	69%	65%	130%	74%
Percentage of income required to purchase healthy food	39%	32%	40%	23%

Note: All dollars rounded to nearest whole number.

Scenario References:

Scenario 1 - 2 adults (male and female ages 31-50), 2 children (girl age 8, boy age 14); on Ontario Works (OW)

Scenario 2 - 1 adult (female age 31-50), 2 children (girl age 8, boy age 14); on Ontario Works

Scenario 3 - 1 adult (male age 31-50); on Ontario Works

Scenario 4 - 1 adult (male age 31-50); on Ontario Disability Support Program

a Basic and maximum shelter allowance. OW and Ontario Disability Support Payment (ODSP) rates effective May 2009.

b Includes maximum Canada Child Tax benefit, National Child Benefit Supplement, & Ontario Child Benefit. Effective July 2008 - June 2009. <http://www.cra-arc.gc.ca/bnfts/clcltr/menu-eng.html>.

c Based on net annual income. GST credit issued on a quarterly basis, but calculated on a monthly basis. Figures derived from GST Guideline Table effective July 2008-June 2009. <http://www.cra-arc.gc.ca/bnfts/clcltr/menu-eng.html>.

d Rental Market Statistics, Canada Mortgage and Housing Corporation, Spring 2009. Some communities may need to add utility costs. http://www.cmhc-schl.gc.ca/odpub/esub/64725/64725_2009_B01.pdf.

e Reference: Nutritious Food Basket Protocol & Guidance Document, Ontario Ministry of Health Promotion, April 2009. Family size adjustment factors are included in the calculation.

