



STAFF REPORT ACTION REQUIRED

Update on Proposed Changes to the Special Diet Allowance

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| Date: | June 22, 2010 |
| To: | Board of Health |
| From: | Medical Officer of Health |
| Wards: | All |
| Reference Number: | |

SUMMARY

The Ontario 2010 Budget announced the cancellation of the Special Diet Allowance (SDA) as a supplement to the basic social assistance allowance and its replacement with a nutritional supplement program. This report provides information on the potential impact of eliminating the SDA. It recommends criteria to be considered in developing the proposed nutritional supplement program for individuals who are beneficiaries of Ontario Works (OW) and the Ontario Disability Support Program (ODSP) and who have specific medical conditions, and it strongly supports advocacy efforts calling for increasing basic social assistance rates to provide people living in poverty with sufficient income for a healthy diet.

The relationship between poverty, inadequate nutrition and poor health is clear and well-documented. Good nutrition can reduce the risk of chronic diseases, promote positive pregnancy outcomes and support healthy child growth and development. The SDA supports recipients' overall health and their specific medical conditions and it enables access to healthier food choices. Creation of a new nutritional supplement program provides an opportunity to ensure that OW/ ODSP recipients with specific medical conditions are able to purchase the food they need to manage and improve their health. The importance of the role of diet in disease prevention and treatment must be recognized to ensure the proposed nutritional supplement program addresses these needs. Furthermore, as part of the design of any new program, the government must recognize that all Ontario residents require adequate income to purchase sufficient nutritious food to promote health and well being.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. the Board of Health call on the Ministry of Health and Long Term Care to implement a nutritional supplement program that enables Ontario Works and Ontario Disability Support Program recipients with specific medical conditions to afford the additional costs of specific diets to improve and maintain their health;
2. the Board of Health support advocacy efforts regarding the development of the proposed nutritional supplement program based on sound nutrition and medical evidence, and request the provincial government consult with key stakeholders from health and social service sectors, including public health, in the development process;
3. the Board of Health request the provincial government to raise the social assistance Basic Allowance rates based on the real costs of healthy living, including nutritious food and index the rates to reflect future food inflation costs.

Financial Impact

There are no direct financial implications arising from this report.

DECISION HISTORY

At the March 2010 Board of Health meeting, a resolution was passed to write to the Minister of Community and Social Services requesting continuation of the Special Diet Allowance Program as part of Ontario's social assistance system, and implementation of the Human Rights Tribunal's decision to provide adequate financial support to those eligible.

At the June 1, 2010 Board of Health meeting, the Street Nurses Network requested members of the Board of Health to write to Premier McGuinty, Minister of Health and Long-Term Care Deb Matthews, Minister of Community and Social Services Madeleine Meilleur and the Minister Responsible for Poverty Reduction, Laurel Broten, to endorse the campaign launched by the 25 in 5 Network for Poverty Reduction, the ODSP Action Coalition and the Registered Nurses' Association of Ontario "Five Principles for a New Nutritional Supplement Program" and to remind the province of its commitment to poverty reduction. The Board of Health requested the Medical Officer of Health to report to the June 28 Board of Health meeting on the Special Diet Allowance.

ISSUE BACKGROUND

Health inequalities – income and health

Societies with large gaps between the rich and the poor are not healthy societies¹. The underlying social determinants of health and the causes of health inequalities need to be addressed to ensure that equal opportunities exist for all individuals to be healthy^{2,3}.

There is mounting evidence demonstrating the impacts of poverty on health and confirming that poverty is “strongly associated with higher incidence, prevalence and severity of chronic illness, acute illnesses and injuries”⁴. As a local example, the “Neighbourhood Environments and Resources for Healthy Living: a Focus on Diabetes in Toronto” mapped diabetes rates across the city and found that the lowest-income and most under-serviced neighbourhoods had the highest diabetes rates⁵.

Health inequalities specifically related to income exist in Toronto across a wide range of health indicators, as documented by the Toronto Public Health research report “The Unequal City”. People with low income experience greater risk of illness and higher rates of disease and death at an earlier age than people with higher incomes⁶.

People who rely on social assistance benefits for their income have been shown to be at significantly greater risk of being unable to afford healthy food⁷. Although there are signs the Ontario economy may be improving, for many individuals the “recovery” is passing them by, as is evident from a 15% increase in client visits to GTA food banks since 2009⁸.

Since the provincial government launched its poverty reduction strategy, advocacy campaigns to improve access to nutritious food have been ongoing. The “Put Food in the Budget” campaign calls on the Ontario government to introduce a \$100 Healthy Food Supplement for all adults on social assistance. Additionally, the Toronto Board of Health proposed an adjustment to social assistance rates to include a defined nutrition component sufficient to meet health needs as determined annually by the cost of the Nutritious Food Basket (NFB)⁹.

Importance of nutrition for health and disease prevention

Healthy, nutritious food is a prerequisite for productive lives and is essential for everyone, especially children and youth¹⁰. Nutrition is a significant determinant of fetal growth and the provision of nutritious food to mothers-to-be with limited resources to meet the demands of pregnancy can help break intergenerational cycles of low birth-weight births¹¹.

Children’s growth and development during the early years, including the prenatal period, is influenced by a range of factors including adequate, nutritious food¹². Food security in the early years is critical, as young children possess a unique vulnerability that can impede optimal development and result in lifelong consequences¹³.

Many Torontonians have medical conditions in which diet plays a critical role: 6.2 % of adults (18 years +) have diabetes; 18.3% have high blood pressure; 17.6% have heart

disease; and 19.3% have cancer ¹⁴. Nutrition is a key modifiable determinant of chronic disease, with evidence increasingly supporting the view that diet alterations can have a strong impact on health. Diet adjustments affect not only current health status, but shape the progress of chronic diseases later in life ¹⁵.

Healthy food remains unaffordable for many low-income individuals. The 2004 Canadian Community Health Survey found that 61% of households reliant on social assistance were “food insecure” ¹⁶. As shown by the annual NFB survey conducted by local public health units across Ontario, foods costs are constantly increasing. Average weekly cost of the NFB for a family of four in Toronto recently increased by 7.4% within one year ⁹. From 1999-2009, there was a 37% increase in the NFB ⁹, a rate of increase much higher than inflation. Doing the math based on average food and rent costs in Toronto, a single male (31-50 years old) receiving an OW benefit would be short by \$417.41 in meeting his basic monthly needs.

COMMENTS

Special Diet Allowance (SDA)

The SDA was intended to provide additional monthly funding, up to a maximum of \$250, to social assistance recipients who require a special diet as a result of having one or more of over 40 listed medical conditions (e.g., diabetes, hypertension, food allergy). A Special Diet Schedule was created to establish eligibility and to determine the benefit amount allocated in individual cases. Approved health care practitioners were required to authorize recipient eligibility.

The Ontario 2010 Budget, presented on March 25th, announced that the SDA program would be redesigned and transferred from Ministry of Community and Social Services to the Ministry of Health and Long-Term Care. The budget stated the SDA program “is not sustainable and is not achieving the intended results”. About one in five people receiving social assistance (162, 000 persons) were deemed eligible to receive the SDA; the total amount dispersed by the program increased from \$6 million in 2003 to more than \$200 million in 2008.

To date, no information has been made publicly available by the government about any of the details of a re-designed program, such as how it will be administered and by whom, changes to eligibility criteria or overall budget.

Implications of eliminating the Special Diet Allowance

Social assistance rates and the minimum wage in Ontario remain inadequate. Toronto residents continue to face immense challenges in meeting daily nutritional needs as a result of high housing costs, low wages, inadequate social assistance rates and the increasing cost of food.

Toronto Public Health’s Healthiest Babies Possible program is a prenatal nutrition intervention program for pregnant women who are nutritionally at risk of having a low birth weight baby. At any point in time, a substantial portion of the program’s clients are

receiving OW/ ODSP. Currently, just less than half of 438 clients receive OW/ODSP and 80% of these pregnant women are receiving the SDA.

Because there is no information available about the proposed new program, recipients of the SDA are greatly concerned that they may not be able to continue to afford the diet they rely on to manage their medical conditions. There is a fear among community providers and advocates that changes to the program may result in the loss of support for certain conditions and a resulting increase in hospitalization or long-term care rates or other health issues¹⁷.

The ongoing increases in the cost of nutritious food make the need for continued advocacy on basic allowance rates all the more important, especially in light of the strong evidence linking low income, diet and poor health outcomes¹⁸. Without proper nutrition, chronic disease rates will likely increase and have a greater impact on the health of the population and the health care system.

Development of a Nutritional Supplement Program

Increasing social assistance rates is vitally important for enhancing food security for all recipients; however, providing additional funds to support the management of specific medical conditions through therapeutic diets must be the focus of the government's proposed new nutritional supplement.

The Ontario Public Health Association (OHPA)¹⁸ has expressed its concern about the review of the SDA, as "it is well documented that an investment in healthy food for people with medical conditions will result in cost savings to our health care system".

The 25 in 5 Network for Poverty Reduction and the ODSP Action Coalition, along with the Registered Nurses' Association of Ontario, have proposed Five Principles (see Appendix) for consideration in developing the new nutritional supplement: 1) Clear Policy Objective, 2) Accessibility, Adequacy, and Equity, 3) Meeting the Need, 4) Responsibility for Current Recipients, and 5) Take the Time to Get it Right.

The proposed nutritional supplement program should have a clearly defined purpose as a supplement for individuals with specific medical conditions. Financial support for eligible OW/ODSP clients with medical conditions must be based on actual food costs and include protection from inflation. Evidence-based criteria will ensure the program supports those individuals who require therapeutic diets. Consultation with key stakeholders from the health and social service sectors, including public health, will support a transparent process in the development of the most appropriate program.

Conclusion

Poor nutrition can lead to an increased risk of chronic diseases, negative pregnancy outcomes and a detrimental impact on the growth and development of children. A strong commitment by the provincial government is needed to ensure that adequate income for rent and healthy food remains a public policy priority through enhancement of benefit

rates for all OW/ODSP clients. Additional supports are also required for individuals with specific medical conditions.

Development of the proposed nutritional supplement program must include consultation with key stakeholders from the health and social service sectors, including public health. The proposed program should enable persons on OW/ODSP with specific medical conditions to have the resources to purchase the appropriate therapeutic diet to improve and maintain their health.

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SIGNATURE

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ATTACHMENTS

Attachment 1: Five Principles for a New Nutritional Supplement Program

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