

FOOD INSECURITY & HEALTHY PUBLIC POLICY – A CALL TO ACTION

MARCH 13, 2017

K.C. Irving Building, University of PEI

Organized by Dr. Jennifer Taylor's UPEI Nutritional students

Panel Members:

- Dr. Valerie Tarasuk (Department of Nutritional Services, University of Toronto)
(one of nine researchers across Canada to receive a five year grant regarding food insecurities)
- Dr. David Sabapathy (PEI Public Health)
- Dr. Colleen Walton (Nutritional Services, UPEI)
- Jennifer Burgess (Manager of Corporate Support and Seniors, PEI Family and Human Services)

While our provincial government has been promoting PEI as The Food Island, there is a need for affordable nutritious food for all Islanders.

Dr. Tarasuk noted that food insecurity is experienced by people who simply can't afford to buy food, including:

- 12.6% of Canadian households - 4 million Canadians (that is probably understating the numbers)
- 40% of these include children
- 22% of all Canadian children
- 3.3% have severe food insecurity (some go days without food)
- 64% are renters who have a 2 to 3 times greater chance of being food insecure than homeowners
- 1/3 of female single parents
- natives and blacks - at higher risk
- native born Canadians more than immigrants

Food insecurity is the strongest predictor of high cost health care

Negative health outcomes:

- maternal health – poorer birth outcomes – impaired growth and development
- children/adults -chronic conditions such as asthma and depression
- top 5% of users = 2/3 of total health care costs

Study of yearly health costs in Ontario:

- food secure - \$1608.00
- marginally insecure - \$2161.00
- moderately insecure - \$2806.00
- severely insecure - \$3930.00

NFLD Project 2007 – 2012

- social assistance rates based on inflation
- earning exemptions allowed
- low income tax
- liquid asset limits
- While people remained poor, they were 50% less poor than they had been.

Dr. Tarasuk noted that PEI is the most engaged province re looking for answers to food insecurity. Charity tends to be our response – the soup kitchen, the food bank, turkey drive etc. She said 27% of food insecure Islanders are **working**, for low pay, with only part-time or short term work. She noted that charity is not the answer and raising the minimum wage is not the answer, unless longer work hours are available.

She said our best bet for a basic livable income could be similar to OAS, a guaranteed annual income tied to inflation. OAS is currently equal to twice the amount of social assistance. She recommended that policy and program interventions need to be evaluated, including ongoing monitoring.

Dr. Sabapathy referred to the 2016 PEI Public Health Officer's Report noting that the lack of healthy eating and physical activity and the use of tobacco and alcohol can cause illness. 70% of illnesses suffered by food insecure people are chronic, including heart disease, cancer, COPD, and diabetes - to which 2/3 of all deaths are linked.

He stated that health inequality is systemic, unfair – health is a human right, and avoidable. He noted that 98% of the department's budget goes to Health PEI.

Dr. Walton stated that:

- over eight years the cost of food increased by 38%
- PEI social assistance (SA) is not sufficient to afford nutritious food
- PEI doesn't conduct regular food costing like other provinces
- a June 2016 survey determined the cost of a nutritious food basket in Queens county, pricing 67 food items in six stores
- meat or alternatives had increased by 27.3%, grain products by 15.6%. fruit and veggies by 22%
- to provide nutritious food for a family of four would result in an SA deficit of \$332.29
- for a single man between 19 and 30 – a deficit of \$162.90
- for a senior woman – a deficit of \$45.03
- the percentage of current SA required to provide nutritious food for the family of four is 139%, the single man – 142%, the senior woman – 38%
- a multi departmental strategy is needed to address poverty and food insecurity including an SA increase; tax reduction; affordable housing, childcare, and post-secondary education
- support for rural areas

Jennifer Burgess noted Family and Human Services provide social and economic stability for families and communities through programs supported by either the provincial or federal govt. including:

- diabetes support program
- child care subsidy
- housing services
- tax free Canada child benefit – up to \$6,400.00 per child per year
- sales tax credits
- increased funding for school breakfast programs
- \$400,000 was spent on home renovations in 2015
- 75 extra rent supplements provided for a total of 257- some of which were managed by the Canadian Mental Health Association
- enhancements have been made to drug programs with generic drugs capped at \$19.99
- the govt. covers the cost of some high costs drugs
- catastrophic drug programs are capped at a percentage of family income
- skills training is provided along with connecting people with jobs

Mrs. Burgess also noted that there is a commitment to increase social assistance food rates to \$2.5 million. A data working group is to be formed in the near future to help understand poverty on PEI.

Additional note: A woman who manages the soup kitchen said in talking to patrons she found that they believe they have no voice. It was suggested that she gather a group of food insecure people together and arrange a meeting with the provincial government.

Notes taken by Maureen Goodick (JPIC team) of the St. Francis of Assisi Secular Franciscan Fraternity (PEI)