



Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
Established/Établi 1949

The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

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Charitable Registration
Number 11924 8771 RR0001

May 5, 2005

Hon. Dalton McGuinty
Premier
Room 281 Legislative Building
Toronto ON M7A 1A1

Dear Premier,

We are writing on behalf of the Ontario Public Health Association (OPHA) and the OPHA Food Security Workgroup (FSWG) to request that your government honour your past commitment and put an end to the National Child Benefit clawback. The mission of the OPHA is to provide leadership on issues affecting the public's health and one of the FSWG's goals is to ensure that all Ontarians have the means to access affordable, nutritious and personally acceptable foods.

After the May, 2004 budget, the OPHA applauded the commitment made by the Ontario Minister of Finance to shift the focus to healthy living, illness prevention and health promotion. Two of the prerequisites for health discussed in the groundbreaking *Ottawa Charter for Health Promotion* are income and food. We are concerned that the current social assistance rates do not provide families with enough money to afford sufficient healthy food.

We are aware that, as leader of the Opposition, and in correspondence with the Campaign Against Child Poverty, you said, "...I oppose the Conservative government's practice of clawing back the National Child Benefit (NCB) a practice we will end during our first mandate." It is now your first mandate and now is the time to make good on a promise that will improve the health of many Ontario families. The Ontario Public Health Association Food Security Workgroup calls on you to stop taking the \$122 per month per child, on average, from families on social assistance.

The effect of ending the clawback would be huge. For example, the 2004 Daily Bread annual survey concludes by estimating that 13,500 children in the Greater Toronto Area alone would no longer have to depend on food bank handouts if their family received the National Child Benefit Supplement. Similarly, in research conducted between 1999 and 2000 (McIntyre et.al. *Canadian Journal of Public Health*, 93[6]), families in New Brunswick, where the NCB was not clawed back, experienced significantly less food insecurity than families in Nova Scotia, where the NCB was clawed back.

Moreover, the Province must continue funding for any reinvestment programs that are effective in helping low-income people. Many of these programs have helped families on social assistance or in low-

income people. Many of these programs have helped families on social assistance or in low-paying jobs, but they should not be funded by deductions from the cheques of the poorest families in Ontario. The government should end the clawback immediately and find other ways of funding programs such as the Ontario Child Care Supplement for Working Families and the "Municipal Reinvestments", including Healthy Babies/Healthy Children, and Learning, Earning and Parenting.

The links among income, nutrition and health are well documented. Poor nutrition leads to increased risk for chronic and infectious diseases, as well as disease-related conditions such as low birth weight. These conditions and diseases cost more to treat and manage than would be needed to prevent them by ensuring that people had enough funds to purchase adequate and nutritious foods.

Consistent with the government's May 2004 commitment to invest in healthy living, illness prevention and health promotion, we look forward to an announcement this spring that the NCB clawback is going to end. If you wish to discuss this further, please contact Tracy Woloshyn, Chair of the OPHA Food Security Workgroup, 905-895-4512 extension 4352.

Sincerely,

Dr. Garry Aslanyan
President, Ontario Public Health Association

cc. Hon. Dr. Marie Bountrogianni, Minister of Children's Services
Hon. Gerard Kennedy, Minister of Education
Hon. George Smitherman, Minister of Health and Long-Term Care
Dr. Sheela Basrur, Chief Medical Officer of Health
Dr. Shafiq Qaadri, Parliamentary Assistant to the Minister of Children's Services
Richard Patten, Parliamentary Assistant to the Minister of Education
Jim Brownell, Parliamentary Assistant to the Minister of Health and Long-Term Care
Peter Fonseca, Parliamentary Assistant to the Minister of Health and Long-Term Care
Monique Smith, Parliamentary Assistant to the Minister of Health and Long-Term Care