



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

August 30, 2006

Mr. André Marin
Ombudsman Ontario
Bell Trinity Square
483 Bay Street
10th Floor, South Tower
Toronto, ON M5G 2C9

Dear Mr. Marin

The mission of Ontario Public Health Association (OPHA) is to provide leadership on issues affecting the public's health. The OPHA Food Security Workgroup's goal is to ensure that all Ontarians have the means to access affordable, nutritious and personally acceptable foods. Food security is a foundation of human health and is recognized as a key social determinant of health. Currently, Ontario government programs, particularly Ontario Works and the Ontario Disability Support Plan, do not provide adequate funds for their participants to afford sufficient healthy food. We are writing to request that your office investigate these provincial government programs and their negative impact on the health of thousands of Ontarians.

Researchers at the University of Toronto have consistently shown that households on welfare in Toronto cannot afford a nutritious diet (Can J Public Health. 2002 Jan-Feb;93(1):36-40). Similarly, the Association of Local Public Health Agencies has passed a resolution sponsored by Ontario's Medical Officers of Health urging a significant increase in social assistance benefit rates to address poor health due to poverty and hunger in the province.

Based on 2005 figures, a single parent receiving Ontario Works would have a household income under 47% of the before-tax low-income cut-off (LICO). In 2004, a total of 19,636 Toronto children under age six lived in households that received social assistance. The Ontario Government's shelter allowance payments are also inadequate to offset the high cost of housing in Toronto. According to the Canada Mortgage and Housing Corporation (CMHC), the average monthly rent for a two bedroom apartment in Toronto in 2004 was \$1,052, which is 84% higher than the maximum monthly shelter allowance of \$571 for which a family of three is eligible.

The link between income and poor diets is clear. The Canadian Community Health Survey data released on July 6, 2006, reveals that in several respects, adults' food consumption was associated with their household income. For example, adults in the lowest income households were less likely than those in the highest to eat the recommended number of servings of vegetables and fruit each day. Vegetable and fruit consumption is a key public health nutrition promotion message.

New research points to potentially serious health implications for people who live in food insecure households. Food insecure adults have more feelings of anxiety, loss of control, family dysfunction, and psychological impairment. Feelings of shame and embarrassment about not being able to feed oneself or one's children can promote social exclusion and isolation. Children in food insecure households experience iron deficiency anemia, more hospitalizations, more stomach aches and headaches, and lower physical function (including problems with walking, running, doing chores and low energy levels). There is also an association between food insecurity and decreased social interaction skills and emotional state, as well as decreased academic performance in reading and math.

In their thorough position paper about food insecurity in Canada, Dietitians of Canada recommends an approach that seeks to reduce health inequities through the pursuit of social justice. "A population health approach addresses the root cause of individual and household food insecurity – poverty - through improvements to the social safety net." It is this social safety net which we believe it is your responsibility, as the Ontario Ombudsman, to review and analyze.

The Ontario Public Health Association requests that you continue your good work of protecting the rights of our most vulnerable citizens. We join with the Health Providers Against Poverty in requesting that you continue to use the powers of your office to protect those most vulnerable by launching an investigation into legislated poverty in this province, especially inadequate social assistance rates. We would welcome an opportunity to discuss our concerns about the nutritional impacts of low social assistance rates and food insecurity; please contact Tracy Woloshyn, Chair of the OPHA Food Security Workgroup, at 905-895-4512 ext. 4352.

Sincerely,

Dr. Garry Aslanyan
President, OPHA