

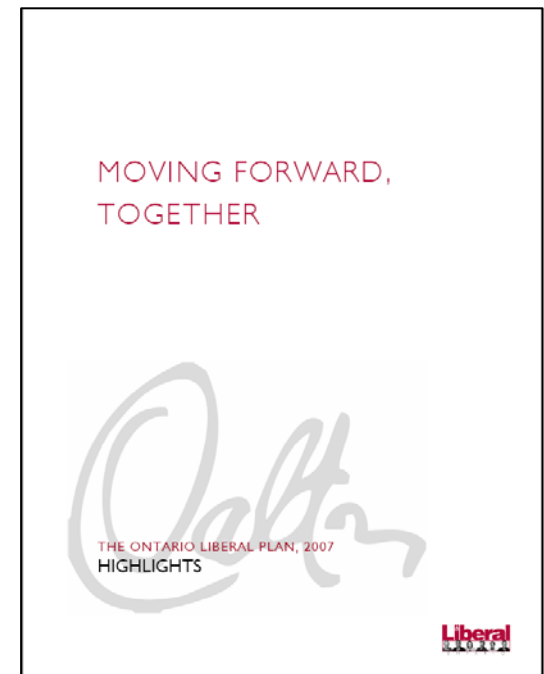


Healthy Eating, Healthy Weights, Physical Activity

**Roselle Martino,
Manager (A), Chronic Disease Prevention and Family Health
November 18, 2008**

New Commitments - New Mandate

- Launch a multi-pronged campaign to reduce the rate of childhood obesity including an Ontario Fitness Challenge
- Require healthy foods be served in school cafeterias and expand the number of intramural programs available in schools
- Remove the PST on things like bicycles and bicycle helmets and provide a tax credit for youth organized physical activities
- Double funding for the “Community Use of Schools” program so space for after school programs is affordable for all Ontario families.



Today's Reality - Agree or Disagree?



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Study predicts 75 percent overweight in U.S. by 2015
Wed Jul 18, 2007 6:56pm EDT
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WASHINGTON (Reuters) - If people keep gaining weight at the current rate, fat will be the norm by 2015, with 75 percent of U.S. adults overweight and 41 percent obese, U.S. researchers predicted on Wednesday.

A team at Johns Hopkins University in Baltimore examined 20 studies published in journals and looked at national surveys of weight and behavior for their analysis, published in the journal *Epidemiologic Reviews*.

"Obesity is a public health crisis. If the rate of obesity and overweight continues at this pace, by 2015, 75 percent of adults and nearly 24 percent of U.S. children and adolescents will be overweight or obese," Dr. Youfa Wang, who led the study, said in a statement.

They defined adult overweight and obesity using a standard medical definition called body mass index. People with a BMI of 25 or above are considered overweight, while those with BMIs of 30 or above are obese and at serious risk of heart disease, diabetes and some cancers.

RELATED NEWS

- Regular physical activity helps teens avoid obesity
- Sharp increases in child obesity foreseen: studies
- October personal spending, income inch up
- CDC report shows upswing in exercise by adults
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Can you see it coming?



Can you see it coming?



Can you see it coming?



Can you see it coming?





The Consequences Are Already Here...



Chronic Disease Prevention

Goal: To reduce the burden of preventable chronic diseases of public health importance.

Key Areas:

- healthy eating;
- healthy weights;
- comprehensive tobacco control;
- physical activity;
- alcohol use;
- cancer prevention; and
- exposure to ultraviolet radiation.

Chronic Disease Prevention

Key Changes:

- more emphasis on policy and environmental change vs. health education
- removal of training of health professionals.

Key Strategies:

- healthy policies in food premises, policies and programs in schools and workplaces;
- municipal health promoting policies in the recreational and built environment;
- monitoring food affordability through Nutritious Food Basket Protocol;
- strengthening capacity of community partners to develop programs;
- food skills and health eating practices for priority populations;
- provision of tobacco cessation for priority populations;
- promote with partners screening programs;
- local communication campaigns; and
- enforcement of Smoke-Free Ontario Act.

Addressing Childhood Obesity

- In March 2008, MHP received a new mandate to drive and coordinate efforts to reduce childhood obesity, with an additional \$10M.
- In April of this year, MHP hosted an expert think tank to help us identify the best directions to move in vis a vis tackling the complex condition of childhood obesity.
- Main points of advice from experts:
 - With limited dollars - need to focus on targeted initiatives and do them really well
 - A significant gap in the hours of 3-6 pm when most children engage in at risk behaviours.
 - Surveillance and measurement -really critical in terms of tracking and monitoring, as well as measuring impacts of policy interventions.
- MHP is has been working with stakeholders and the public health field to explore potential policy direction around after-school programming and surveillance.
- In addition - MHP recognizes that a comprehensive, multi-pronged approach is needed

Exploring After School Programming

- Lack of parental supervision in the after school time period leads to poor food choices and increased computer/video time
- Many young people do not have the opportunity to be physically active every day and are surrounded by ads promoting soft drinks and snack foods; super-sized food portions are the norm
- More communities lack sidewalks, park space, bike lanes and recreation programs
- MHP is working collaboratively with other Ministries across government, and with MHP stakeholders to determine the best approach to take in terms of the development and implementation of a potential policy direction specific to the after school time slot

Surveillance and Monitoring

- The Council of Medical Officers of Health submitted a childhood obesity surveillance proposal to MHP; starting with collection of heights and weights of children
- Several health units have already been doing this; but they have not been using the same standardized tool
- Recommended surveillance over screening
- MHP recognizes that height and weight is only one part of the picture; and acknowledge the sensitivities around this. (Consistent with COMOH)
- MHP is exploring other tools that can help provide a more holistic picture (e.g. SHES, SHAPES)
- Learning from other jurisdictions (WHO, UK)
- Agency will have a definite role; as will public health units
- Relates to the standards in terms of the 4 pillars - need, impact, capacity, partnership and collaboration

Surveillance Vs. Screening

- **Surveillance:** The systematic collection of data pertaining to the occurrence of specific diseases, the analysis and interpretation of these data, and the dissemination of consolidated and processed information to contributors to the program and other interested persons.
- **Screening:** Screening is a public health service in which members of a defined population, who do not necessarily perceive they are at risk of, or are already affected by a disease or its complications, are asked a question or offered a test, to identify those individuals who are more likely to be helped than harmed by further tests or treatment to reduce the risk of disease or its complications

Diabetes Prevention

- Diabetes Strategy was announced Summer 2008
- Strategy led by the Ministry of Health and Long-Term Care
- Comprehensive diabetes strategy over four years to prevent, manage and treat diabetes.
- Ministry of Health Promotion is partnering with the Ministry of Health on the Strategy and is responsible for the prevention component
- MHPs initial strategy will focusing on a limited number of regions and:
 - Those who have not yet been diagnosed with diabetes;
 - Populations who are more likely to develop diabetes (e.g. South Asian);
 - Regions and neighbourhoods with the highest rates of diabetes; and
 - Layering the five initiatives to increase impact in the communities of greatest need.
- These investments will:
 - Build on existing community programs; and
 - Create new models which can be applied elsewhere in the province.

In addition, we are assessing other opportunities for integrating diabetes prevention into other MHP initiatives (e.g. healthyontario.com, CIAF).

Healthy Eating

- The promotion of healthy eating continues to be a priority policy area for MHP.
- Exploring collaborations and partnerships with other Ministries, NGO's and key MHP stakeholders to make healthy eating easier for Ontarian's in a variety of settings
- Building on existing HEAL initiatives to support government wide priorities
 - Fruit and Veg program
 - EatRight Ontario
- Better understanding attitudes and behaviours to design more effective social marketing and public education campaigns
- Continuing to support research/evaluation for evidence-informed policy decision making
- More concentrated focus on outcomes and performance measures - e.g. fruit and vegetable consumption

Fruit & Vegetable Consumption

	Fruit & veg consumption (5 or more)	Fruit & veg consumption (current food guide)	
Health Unit Peer Group: REMOTE			
Northwestern Health Unit	38.4	11.5	
Porcupine Health Unit	46.2	23.8	
Health Unit Peer Group: RURAL			
Eastern Ontario Health Unit	47.2	22.9	
Elgin-St. Thomas Health Unit	45.0	21.6	
Grey Bruce Health Unit	51.3	26.8	
Haldimand-Norfolk Health Unit	43.1	22.7	
Haliburton, Kawartha, Pine Ridge District Health Unit	41.4	19.5	
Huron County Health Unit	51.2	21.9	
Leeds, Grenville & Lanark District Health Unit	42.5	14.7	
County of Oxford Department of Public Health & Emergency Services	43.0	18.7	
Perth District Health Unit	49.1	20.9	
Renfrew County & District Health Unit	41.0	13.1	
ONTARIO TOTAL / AVERAGE	44.9	21.0	

Fruit & Vegetable Consumption

	Fruit & veg consumption (5 or more)	Fruit & veg consumption (current food guide)	
Health Unit Peer Group: URBAN/RURAL SPLIT			
Algoma Public Health	38.2	18.1	
Brant County Health Unit	45.7	20.4	
Chatham-Kent Public Health Services	33.0	16.3	
Hastings & Prince Edward Counties Health Unit	49.6	23.8	
Kingston, Frontenac and Lennox & Addington Health Unit	46.4	22.1	
County of Lambton Community Health Services Department	40.9	23.3	
Niagara Region Public Health Department	46.8	22.9	
North Bay Parry Sound District Health Unit	47.4	24.8	
Peterborough County-City Health Unit	46.3	22.2	
Sudbury & District Health Unit	49.2	21.1	
Thunder Bay District Health Unit	41.7	18.9	
Timiskaming Health Unit	49.2	25.7	
ONTARIO TOTAL / AVERAGE	44.9	21.0	

Fruit & Vegetable Consumption

	Fruit & veg consumption (5 or more)	Fruit & veg consumption (current food guide)	
Health Unit Peer Group: CITY CENTRE			
City of Hamilton - Public Health & Community Services Department	47.2	22.5	
Middlesex-London Health Unit	43.2	21.8	
Ottawa Public Health	52.3	26.7	
Windsor-Essex County Health Unit	35.9	16.4	
Health Unit Peer Group: SUBURBAN GROWTH			
Durham Region Health Department	45.1	19.3	
Halton Region Health Department	50.8	24.1	
Regional Municipality of Peel Health Department	45.3	22.4	
Region of Waterloo, Public Health	44.0	20.0	
Simcoe Muskoka District Health Unit	43.8	20.6	
Wellington-Dufferin-Guelph Public Health	51.3	23.4	
York Region Health Services Department	40.3	19.4	
Health Unit Peer Group: METRO			
Toronto Public Health	43.7	19.4	
ONTARIO TOTAL / AVERAGE	44.9	21.0	

CCHS 2.2 Data Ontario Analysis Project

The CCHS Cycle 2.2 Data Analysis Project

- Part of Ontario's Healthy Eating Active Living (HEAL) Action Plan, MHP funded an Ontario-specific data analysis on the Ontario sample
- Contracted with the PHRED for a University of Toronto professor in the Department of Nutritional Sciences to undertake the analysis
- PHRED formed a Public Health Advisory Group to review the analysis plan and provide feedback to the project team.

Ontario Analysis of the CCHS 2.2

Analyses:

- **Examination of adults' and children's nutrient and energy intakes**
 - 24-hr dietary recall
 - Compared usual energy and nutrient intakes from food to current estimates of requirements
 - **Household food security status**
 - Insecure or inadequate access to food due to financial constraints
 - 1st time CCHS has included a measure of household food insecurity
 - Standardized, multi-item questionnaire
 - **Body weight status**
 - heights and weights were measured by the interviewers
 - Body Mass Index calculated
- Many of the findings of the Ontario analysis will help to inform the development and implementation of programs to meet the OPHS requirements.

CCHS 2.2 - Summary of Key Findings

- 1). Widespread nutrient inadequacies across broad spectrum of vitamins and minerals among adults, with women and the elderly at greater risk of inadequacy than men
- 2). Some indications of inadequacy for a few nutrients among 9-13 and 14-18 year olds, but little evidence of nutrient deficiencies among younger children
 - Need to promote and support healthier eating patterns and more active lifestyles, especially among adults
 - Need for improvement in consumption of fruits & vegetables, whole grains and milk and alternatives, especially among adults
- 3). Excess sodium intakes across the entire population.
 - Indicate a food supply problem
 - Need to work with representatives of the food industry

CCHS 2.2 - Summary of Key Findings – Cont'd

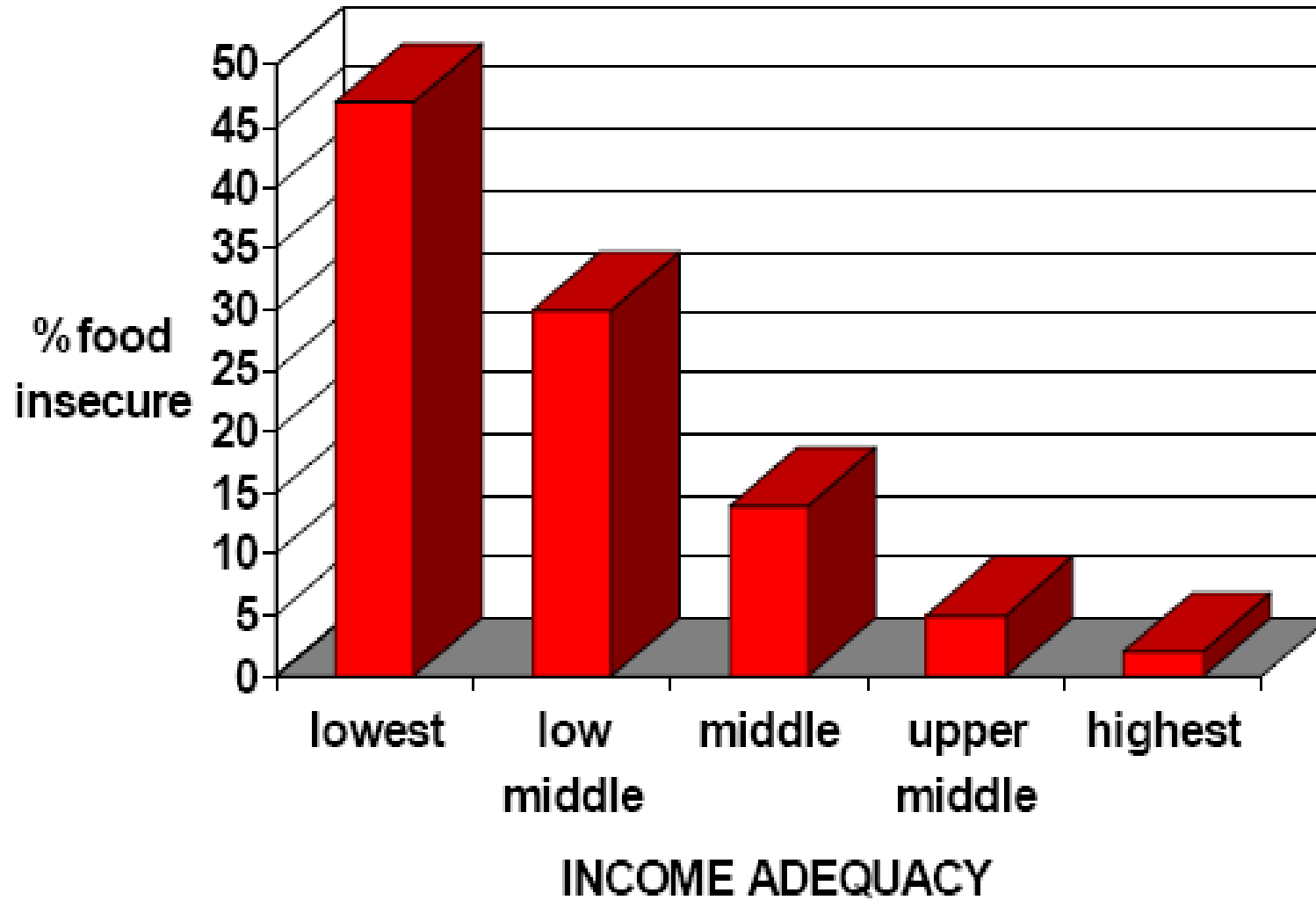
- 4). 60% of adults and 27% of children were either overweight or obese.
 - Obesity and overweight are population-wide problems
 - Reflective of an unhealthy imbalance between food intake patterns and physical activity levels

- 5). 8.4% of households were food insecure; this includes 61% of social assistance recipients.
 - Prevalence varies regionally (1 in 10 households in Toronto and Northern Ontario, 1 in 15 households in South Western and Central East Health Regions)
 - Household food insecurity is associated with increased nutritional vulnerability

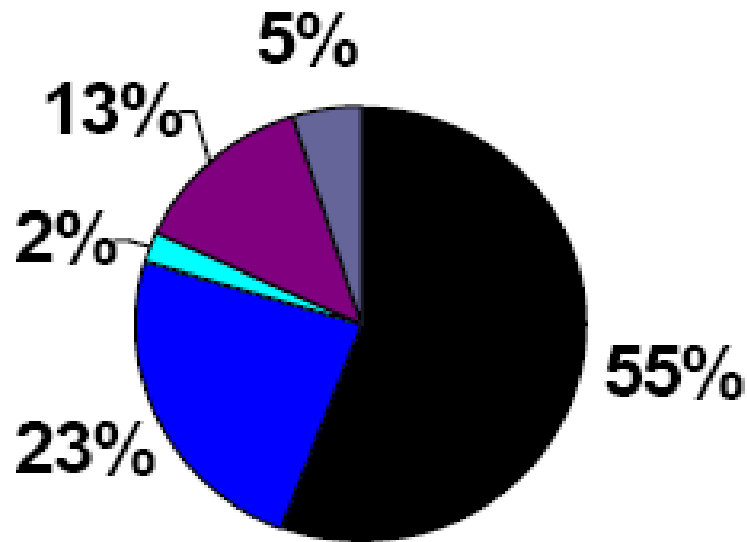
Food Security

- MHP recognizes that food security needs to be addressed as part of a determinants of health approach to chronic disease prevention
 - Tentacles extend beyond MHP - e.g. Ontario Ministry of Agriculture, Food and Rural Affairs, Ministry of Community and Social Services, Ministry of Children and Youth Services, etc.
 - MHP influencing other government priorities to bring this issue to the fore (e.g. poverty strategy)
- Using existing tools to help inform/advance our work in this area (e.g. Nutritious Food Basket)
- Continue to support research to help us inform this work

The rate of food insecurity increases as the adequacy of household income declines.



Most food-insecure households in Ontario are reliant on salaries or wages.



- Salary/ Wages
- Social Assistance
- Worker's Comp, EI
- Pensions
- Other

The Reliability and Validity of Using Self-Reported Clothing Size as Proxy of Waist Circumference at the Population Level

- Distribution of fat tissue in the abdominal region may be more important in determining health risk than total adiposity
- Waist circumference (WC) is more accurate measure of visceral adiposity and better predictor of health risk compared to Body Mass Index (BMI)
- Assessed whether participants were able to report their current waist circumference (WC) without actual measurement, and to examine reliability and validity of using clothing as a proxy to predict WC, was carried out.
- **Findings:**
 - A self-reported WC is not a useful means to obtain reliable and valid population based WC data.
 - Clothing size proved a valid proxy to predict WC, and is reliably and easily obtained by phone in a large population.
 - In men, jean size accurately predicts WC and accurately classifies % population at increased health risk; in women, pant size accurately predicts WC, but caution is required to use predicted WC to classify % population at increased health risk.

Measuring Fruit and Vegetable Consumption in 4-9 Year Olds: A Search for a Valid and Reliable Population-Based Tool

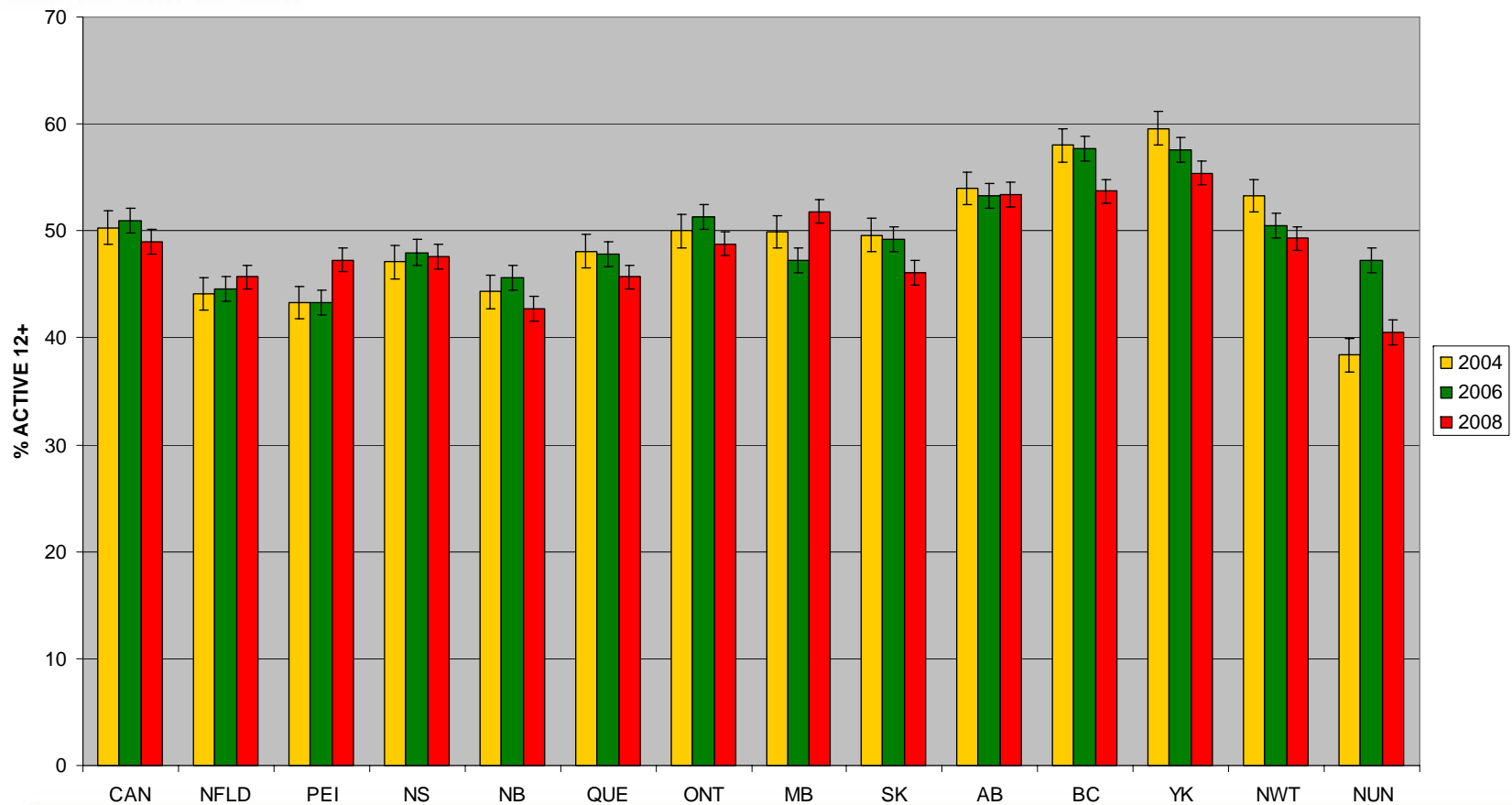
- This initiative examined the merits and challenges of measuring fruit and vegetable consumption of four to nine year old children at a population level through a literature search and nine in-depth interviews with key informants.
- Limited literacy and cognitive ability of children at this age does not allow them to grasp the concept of food consumption frequency.
- Experts in the field felt it was not justified to develop new tools for these age groups

Physical Activity -Disturbing trends...

- Only 48% of Canadian adults are active enough to benefit their health
 - Every person will live with a chronic disease of some type for 9-12 years
 - 1 in 4 women and 1 in 8 men over the age of 50 has or will suffer from osteoporosis
 - 1 in 3 deaths in Canada are due to heart disease and stroke
 - More than 5 million Canadians have high blood pressure – 42% of these are not aware that they have it
 - Approximately 8% of all Ontarians are living with diabetes

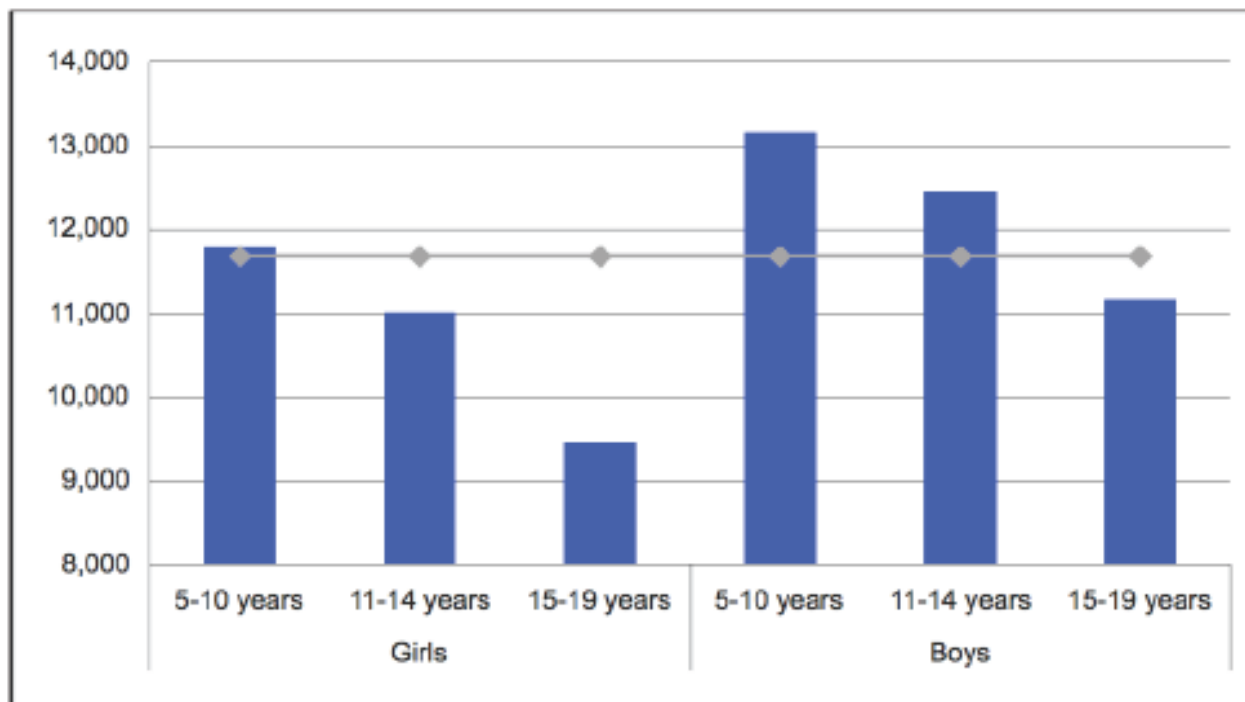
Are We Making Progress?

PHYSICAL ACTIVITY COMPARISON (CCHS) 2004, 2006, 2008



Average Number of Steps/Day taken by Canadian Children - 11,500

MEAN NUMBER OF STEPS FOR CHILDREN AND YOUTH by child's age and gender



PHAC recommends children accumulate at least 16,500 steps/day

2006-2007 CANPLAY study, CFLRI

Physical Activity continued...

- Like healthy eating, the promotion of physical activity and healthy active living for all Ontarians remains a priority policy area for MHP.
- We will be revisiting Active 2010 -the provinces physical activity strategy to reflect:
 - Current landscape
 - Current evidence - recently released guidelines, other jurisdictions
 - Broader environmental impacts - built environment, sustainable transport

Summary

- Healthy eating and physical activity continue to be priority policy areas for MHP
- MHP is working to influence and collaborate across government to provide a health promotion lens to all government priorities
- New standards provide the opportunity for MHP to better engage and utilize the public health field on many fronts
- Integration is fundamental in terms of moving forward
- Guidance document development is underway



Nutritious Food Basket Protocol

Nadia Stokvis
November 18, 2008

Nutritious Food Basket Protocol

Requirement # 2

The board of health shall monitor food affordability in accordance with the Nutritious Food Basket Protocol, 2008 (or as current) and the Population Health Assessment and Surveillance Protocol, 2008 (or as current).

- *DRAFT Nutritious Food Basket Guidance Document* available on OPHS website
 - Policy document that provides direction
 - NOT enforceable
- Nutritious Food Basket Protocol Development Team:
 - Judi Wilkie - Toronto
 - Susan Hubay - Peterborough
 - Bridget King - Sudbury
 - Pat Vanderkoy - Waterloo
 - Camille Jones-Bulla - MOHLTC
 - Nadia Stokvis & Roselle Martino - MHP

Why Monitor Food Affordability?

- Contribute to the maintenance and improvement of the health and well-being of the population, including the reduction of health inequities.
- This protocol requires boards of health to consider the determinants of health to assist in identifying priority populations and use population health data and information to focus public health action.
- Food costing data can be used to monitor both affordability and accessibility of foods by relating the cost of the food basket to individual and household incomes.
- Boards of Health can use the costing information for program planning; to inform policy decisions; and to support and promote access to nutritious, safe, personally acceptable foods.

Why Monitor Food Affordability?

Nutritious Food Basket data has linkages to the following *Ontario Public Health Standards*:

- **Foundational Standard** - food costing data supports the 4 areas: Population health assessment; Research and knowledge exchange; surveillance; and Program evaluation
- ***Population Health Assessment and Surveillance (PHAS)*** protocol - food costing data may contribute to a situational assessment and play a role in helping to identify priority populations and address determinants of health
- **Chronic Disease Prevention, Reproductive Health and Child Health Standards** - food costing data may aid in identifying community issues/needs, providing population health information to communities and stakeholders and meeting surveillance requirements.

What is a Nutritious Food Basket (NFB)?

- A survey tool that is a measure of the cost of basic healthy eating that represents current nutrition recommendations and average food consumption patterns
- Nutritious food baskets have been used in Canada for half a century to assess the cost of an adequate diet in both health and social service contexts.
- Many provinces conduct food costing - "Monitoring the Cost of a Nutritious Food Basket: A snapshot of Activity Across Canada." (April 2008)
- NFBs determine the cost of a nutritious diet for a reference family of four (a girl 7-9 years, a boy 13-15 years, and a man and woman 25-49 years of age)
- Currently Health Canada is revising the National Nutritious Food Basket which we will use for the Ontario basket

How is NFB Data Used?

- **Data reported through** newsletters, fact sheets or other printed materials
- **Health Units collaborate with:** OPHA, local advocacy organizations, local food council/food justice coalition, and respective internal health department programs and staff
- **Collaborate with others to create income/expense scenarios:** Social Services, Human Resource Development Canada, Bell Canada, Revenue Canada, Statistics Canada, Ontario Disability and Support Program, Ontario Works, and local transit authorities

(Examination of the Nutritious Food Basket, Kerr 2008)

How is NFB Data Used?

- **Data is typically shared with:** other HU/ municipal government staff, general public, churches, food banks, dietitians, community food programs/ food banks, school boards, food advocacy organization, hospital social workers, libraries, MPs, MPPs, Health Canada
- **Primary users:** public health nutrition staff, poverty action/ food security groups, MHP, Social Services/ OW, minimum wage earners, food banks, advocacy lawyers, Senior's Advisory Committee, media, agencies that provide emergency and supplemental food, CMHA
- **Information typically made public:** how NFB data can be used, calculating the weekly cost of a NFB (may be used to assist groups or individuals with planning/ budgeting food costs), income/expense scenarios, history of social assistance rate cuts, minimum wages and rent control, practical strategies for advocacy, average cost of a food basket locally and provincially

(Examination of the Nutritious Food Basket, Kerr 2008)

Table 2: Weekly Cost of the Nutritious Food Basket in Peterborough County-City (June 2008)

How To Calculate The Food Costs of a Nutritious Food Basket

Follow the steps below to find out the cost of a weekly nutritious food basket:

STEP 1:

Write down the age and sex of all the people you are feeding.

For example:

Man, 37 years old and Woman, 37 years old
 Boy, 13 years old and Girl, 7 years old

STEP 2:

Using Table #2, write down the cost of feeding each person.
 Add up these costs. This is your subtotal.

STEP 3:

It costs a little more to feed a small group of people and less to feed a large group. So your subtotal estimated in Step 2 will need to be adjusted. Use the following adjustments for household size:

1 person - multiply by 1.15 4 people - make no change
 2 people - multiply by 1.10 5 people - multiply by 0.95
 3 people - multiply by 1.05 6+ people - multiply by 0.90

STEP 4:

To determine the cost per month, multiply your total cost by 4.33

In this example, it would cost \$628.80/month to feed this family.

Example: Reference Family of 4

Sex	Age (years)	Cost Per Week (\$)	Example
Man	37	\$ 44.14	
Woman	37	\$ 32.19	
Boy	13	\$ 41.49	
Girl	7	\$ 27.40	
Subtotal		\$145.22	
TOTAL (per week)		\$145.22 x no adjustment	
TOTAL (per month)		\$145.22 x 4.33 = \$628.80	

Sex	Age (years)	Cost Per Week (\$)	Your Household
Subtotal			
TOTAL			

Table2: Food Costs		
Age/Sex	Cost Per Week	
Child	1	16.92
	2-3	18.07
	4-6	23.95
Boy	7-9	28.79
	10-12	35.57
	13-15	41.49
	16-18	48.33
	19-24	55.17
Girl	7-9	27.40
	10-12	32.57
	13-15	34.90
	16-18	33.12
Man	19-24	45.66
	25-49	44.14
	50-74	39.85
	75+	36.13
	19-24	33.84
Woman	25-49	32.19
	50-74	31.55
	75+	30.70

Pregnant & Breastfeeding Women		
Age	Cost Per Week	
13-15	Trimester 1	38.37
	Trimester 2, 3	40.53
	Lactation	41.83
16-18	Trimester 1	38.22
	Trimester 2, 3	41.14
	Lactation	42.32
19-24	Trimester 1	37.31
	Trimester 2, 3	39.91
	Lactation	40.96
25-49	Trimester 1	35.74
	Trimester 2, 3	37.97
	Lactation	38.82
Family of 4* 145.22		
*(Man and woman 25-49; boy 13-15 years; girl 7-9 years)		



Nutrition Matters

September 2008

A Publication of the Peterborough County-City Health Unit

Limited Incomes: A Recipe For Hunger

How much do you spend on food in a month?

The cost of feeding a family of four in Peterborough was \$628.80 in June 2008.

To calculate your food costs, see page 4.

Imagine, you are a single mom, raising your 13 year old son and 7 year old daughter. You worked for the same factory for 10 years. Two years ago, the company was bought out and production moved. Since then, you have taken a skills training program and found some temporary jobs, but nothing permanent. In between jobs, you are forced to go on social assistance to support your family.

After you pay monthly expenses, the money you receive leaves you with very few options. You will have other expenses such as telephone school requests, children's clothing, transportation costs, cleaning supplies, and personal care items. It is likely that you will have to borrow from your food budget to make ends meet. You will not be able to afford to eat nutritiously.

Poverty is the reason some people are going hungry in Peterborough.

- Increases in social assistance rates since 2005, do not overcome the 21.6% cut in rates in 1995.
- Minimum wage has only increased by \$1.90 since 1995.
- Costs for heat and hydro have increased dramatically in recent years.



Illustration by Tony Biddle

For food cost details and references, please call the Nutrition Promotion Program, Peterborough County-City Health Unit, at 743-1000 or visit our website at www.pccu.ca. May be reproduced provided the source is acknowledged.

What You Can Do

Be Informed.

- Learn more about poverty and hunger. For more information, visit:
 - Campaign 2000 (www.campaign2000.ca): Help end child poverty in Canada and review the 2006 Report Card on Child Poverty in Ontario.
 - Income Security Advocacy Centre (www.incomeadvocacy.org): Find out more about social assistance rates, Ontario Child Benefit, minimum wage, election commitments on poverty, and Ontario Needs a Raise campaign.
 - Haliburton, Kawartha, Pine Ridge District Health Unit (www.hkpr.on.ca): Access the Caring for Our Children Report, Child Poverty: What Can You Do fact sheet, Weekly Cost of Food for 23 Different Age Groups chart and key Nutritious Food Basket findings for 2007.
- Learn about housing issues in your community and factors that lead to housing problems. Share your concerns with neighbours, colleagues and community leaders. Encourage members of municipal council to keep affordable housing at the forefront of municipal plans.

"Poverty is... not getting to go on school trips!"*

Speak Up.

- Ask for change. Members of municipal councils and local residents can write their Member of Parliament and Member of Provincial Parliament to take steps to address child poverty because families deserve the right to have their basic needs such as nutritious food and affordable housing met.
- Forward specific resolutions to the Ontario government asking it to implement changes that address poverty reduction, including raising the minimum wage and implementing Ontario Works and Ontario Disability Support Program rates that reflect the real cost of living. Call the local Health Unit for specific wording, or visit www.hkpr.on.ca for sample resolutions on poverty.
- Go to www.campaign2000.ca and click on the Take Action icon to send a message directly to the Prime Minister and Premier of Ontario, urging them to show leadership on poverty reduction. Campaign 2000 challenges each of the leaders of Canada's political parties to develop a Poverty Reduction Strategy with targets, timetables and funding commitments.

* Quotes from Grade 4 & 5 children in Ontario

Get Involved.

- Join local community partnerships such as Food Action in Haliburton County and The Poverty Coalitions (City of Kawartha Lakes and Northumberland), which are working to raise awareness about poverty issues.
- Think of actions that you can take to address housing issues in your community and share them with your local affordable housing coalitions.
- Continue to support local food programs while working to end poverty. Volunteer to help out with such things as community gardens, community kitchens, community campaigns, breakfast programs, food drives, and more.

For more information, contact:
www.hkpr.on.ca
Toll-free: 1-866-888-4577, ext. 218
info@hkpr.on.ca



Child Poverty: A Problem We Cannot Afford

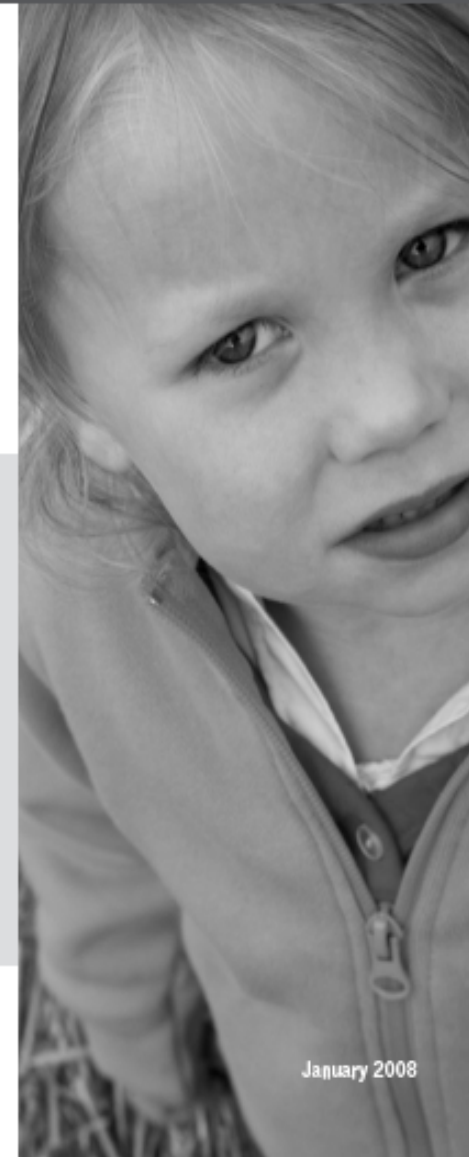
Help eliminate poverty
in the communities of:
Haliburton County
City of Kawartha Lakes and
Northumberland County



Be informed.
Speak up.
Get involved.



January 2008





The Price of Eating Well in Halton 2007

Halton Region Health Department

There are people in Halton that cannot afford a nutritious diet

Each year, the Halton Region Health Department conducts the *Nutritious Food Basket Survey*, as mandated by The Ontario Ministry of Health and Long Term Care, and each year the results show that low-income households struggle to pay rent, and bills and to buy sufficient nutritious food for their family. The survey requires visiting six grocery stores throughout the region to price 66 food items to determine an average price of a nutritious diet for Halton. The last time this survey was completed was June 2007.

While the provincial and federal governments make adjustments to minimum wage and various benefits and credits, low-income families still do not have enough income to meet their financial responsibilities. The following scenarios illustrate this point.



Households on fixed incomes

Low-income households often live in rental housing. Using the average costs of renting in Halton for 2006, here are five scenarios, outlining monthly expenses and income.

	Households on Fixed Incomes				
	Ontario Works Single man age 24	Ontario Works Single mother age 26 with a daughter age 7	Ontario Works A family of 4: a man and woman age 35, a boy age 12 and a girl age 7	Ontario Disability Support Program Single man age 45	Old Age Security/ Guaranteed Income Supplement Single woman age 75
Income	\$548.00	\$886.09	\$1,013.58	\$979.00	\$1,126.19
Additional Benefits and Credits	\$58.70	\$395.46	\$708.80	\$60.12	\$107.23
Total Monthly Income	\$606.70	\$1,281.55	\$1,722.38	\$1,039.12	\$1,233.42
Rent	\$704.00 (Bachelor)	\$869.00 (1 Bedroom)	\$1,164.00 (3 Bedroom)	\$869.00 (1 Bedroom)	\$869.00 (1 Bedroom)
Cost of a Nutritious Diet	\$198.04	\$248.82	\$527.67	\$183.79	\$135.00
Amount remaining to cover other basic monthly expenses	-\$295.34	\$163.73	\$30.71	-\$13.67	\$229.42



STAFF REPORT ACTION REQUIRED

Cost of the Nutritious Food Basket – Toronto 2007

Date:	September 5, 2007
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

This report provides information on the cost of the Nutritious Food Basket in Toronto for 2007 and recommends measures to improve health through increased access to nutritious food for individuals and families on low incomes. The Nutritious Food Basket (NFB) is a food costing tool used to measure the cost of healthy eating in each Board of Health jurisdiction within Ontario.

The average weekly cost for a family of four in Toronto in 2007 is \$133.04 per week (\$576.06 month). This is an increase of 7% in food costs from the 2006 pricing survey. Overall, food costs have increased by 24.5% since 1999, when the current version of the costing tool was first implemented.

Since the 2006 NFB results were presented to the Board of Health in January 2007, the provincial government has introduced an Ontario Child Benefit (OCB) for low income families of up to \$250 per dependent child under 18 years in 2007 rising to up to \$1,100 per child per year by 2011. A 2% increase in social assistance rates is scheduled to take effect in November 2007; however, a family of four receiving Ontario Works benefits would see an average increase of just over \$67/month as a result of implementation of OCB and the increase to social assistance. The cost of rent and basic groceries still exceeds available monthly income, leaving no funds for all other basic needs such as personal care items, clothing and transportation. The minimum wage rate has increased slightly in 2007 to \$8.00 per hour, but this is still far short of an adequate living wage.

Access to adequate amounts of safe and nutritious food is a basic human right as well as a fundamental requirement for health and well-being. The difficulty experienced by many Toronto residents in meeting daily nutritional needs is a result of the high cost of housing.

Appendix H – The Income/Expenses Scenario Template

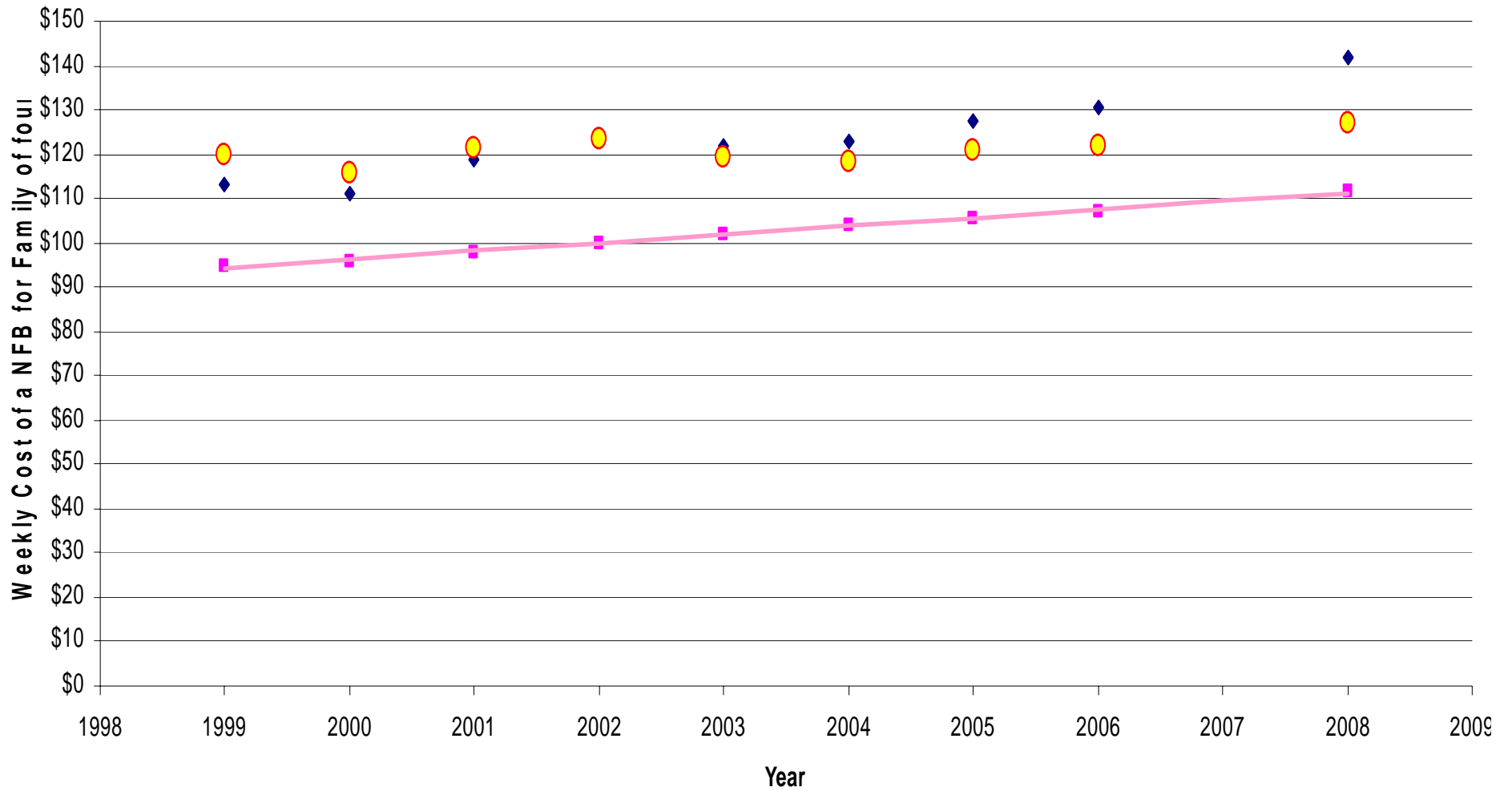
September 2008 - Nutritious Food Basket Scenarios

	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
	Family of Four, Ontario Works	Family of Four, Minimum Wage Earner (Full-time/Full-year)	Family of Four Median ONTARIO Income (after tax)	Single Parent Household with 2 Children, Ontario Works	One Person Household, Ontario Works	One Person Household, ODSP	One Person Household, ODSP
Monthly Income							
Income from Employment		\$ 1,517.00	\$ 6,175.00				
Basic Allowance ^a	\$ 437.00			\$ 372.00	\$ 211.00	\$ 554.00	
Shelter Allowance ^a	\$ 647.00			\$ 595.00	\$ 349.00	\$ 445.00	
Old Age Security/Guaranteed Income Supplement (OAS/GIS) ^b							\$
Child/Family Benefits ^c	\$ 536.00	\$ 536.00		\$ 536.00			
Ontario Child Benefit ^d	\$ 100.00	\$ 100.00		\$ 100.00			
Federal GST Benefit ^e	\$ 62.00	\$ 62.00		\$ 62.00	\$ 20.00	\$ 27.00	\$
Employment Insurance paid ^f		\$ (26.00)	\$ (104.00)				
Canada Pension Plan paid ^g		\$ (61.00)	\$ (283.00)				
Working Income Tax Benefit ^h		\$ 42.00					
Total Income	\$ 1,782.00	\$ 2,170.00	\$ 5,788.00	\$ 1,665.00	\$ 580.00	\$ 1,026.00	\$
Selected Monthly Expenses							
Average Monthly Rent (may or may not include heat/hydro) ⁱ	(3 Bdr.)	(3 Bdr.)	(3 Bdr.)	(2 Bdr.)	(Bachelor)	(Bachelor)	
Food ^j							
Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$
Monthly Funds Remaining (for other basic needs e.g. telephone, transportation, child care, household and personal care items, clothing,	\$ 1,782.00	\$ 2,170.00	\$ 5,788.00	\$ 1,665.00	\$ 580.00	\$ 1,026.00	\$
Percentage of income required for	0%	0%	0%	0%	0%	0%	
Percentage of income required to purchase healthy food	0%	0%	0%	0%	0%	0%	

Provincial NFB Results

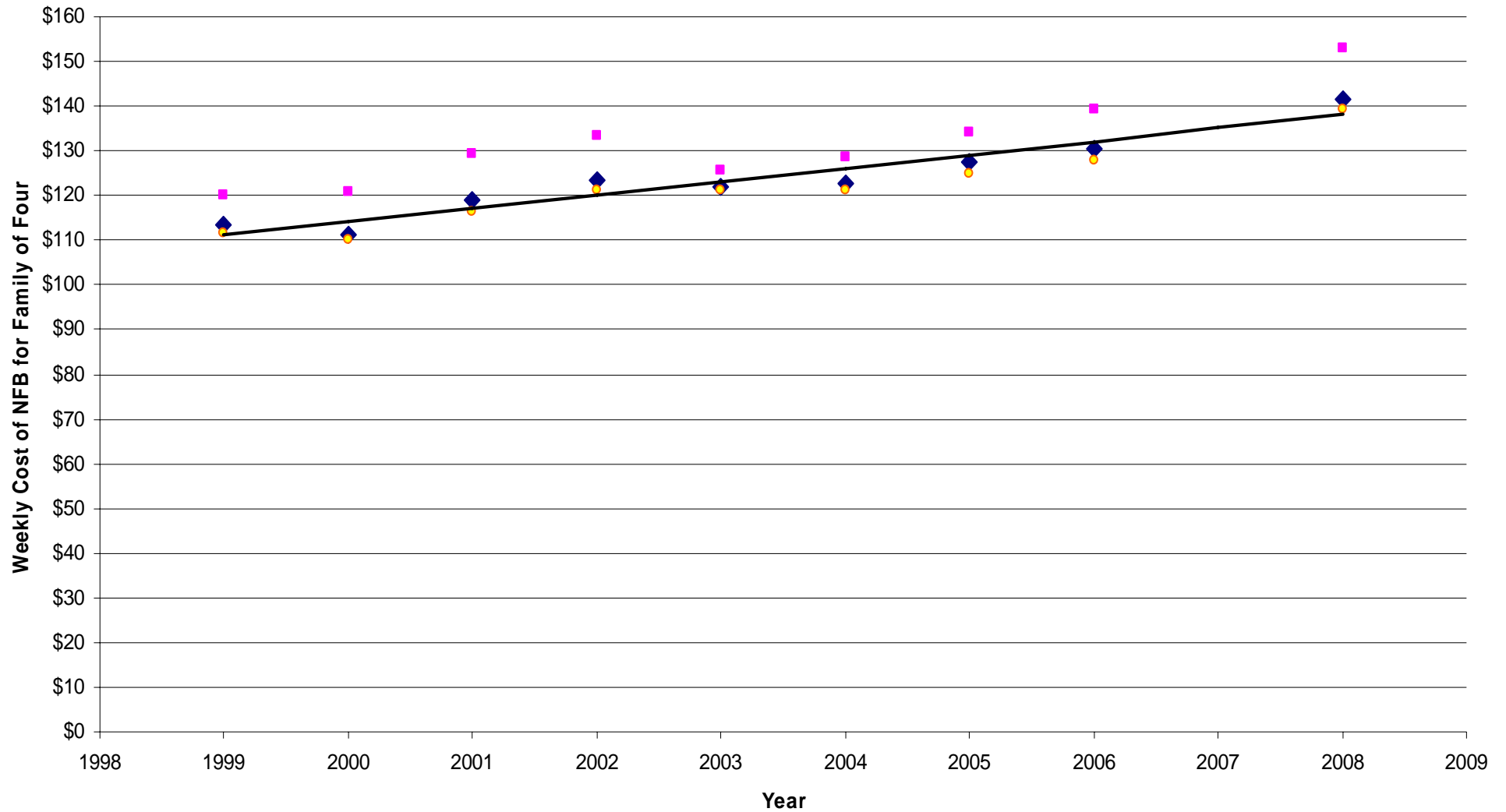
<u>Year</u>	<u>Family of Four Provincial Average Cost</u>
1999	\$113.28
2000	\$111.08
2001	\$118.95
2002	\$123.58
2003	\$121.92
2004	\$122.78
2005	\$127.36
2006	\$130.62
2007	No average calculated
2008	\$141.61

Weekly Cost of a Nutritious Food Basket of Family of Four, Ontario 1999-2008



- ◆ Average Cost of a NFB, Ontario Total (Real Value)
- Mid Year CPI (June 2002 = 100.0)
- Average Cost of a NFB, Ontario Total (Constant Value)
- Linear (Mid Year CPI (June 2002 = 100.0))

Average Cost of a NFB in Northern and Southern Health Units, Ontario 1999-2008



- ◆ Average Cost of a NFB, Ontario Total
- Average of Northern Health Units
- Average of Southern Health Units
- Linear (Average Cost of a NFB, Ontario Total)

NFB Protocol

Operational Roles and Responsibilities

The board of health shall:

- Assign a **Registered Dietitian**, employed by the board of health, to be responsible for the overall coordination of food costing. Note: boards of health without a Registered Dietitian on staff must contract the services of a Registered Dietitian.
- Conduct in-store costing through board of health staff or **designates*** who have the food knowledge and math skills to act as surveyors.
- Have **two** surveyors conduct the costing of each store independently, on separate forms, on the same day, to avoid recording errors.
- Have a Registered Dietitian conduct training for food surveyors.

* Designates - students, individuals contracted by the board of health, or volunteers with the board of health.

NFB Protocol *(continued)*

Identification of Grocery Stores

The board of health shall:

- Conduct food costing in a minimum of **six** grocery stores within its health unit catchment area. Exception: jurisdictions that have fewer than six grocery stores shall cost all available grocery stores
- Review its list of selected stores on an annual basis to consider whether different stores or any new major chains or independents need to be included
- Divide its health unit into the planning areas customarily used for service delivery or planning purposes to achieve geographic representation

NFB Protocol *(continued)*

Identification of Grocery Stores

- In health units with both urban and rural areas, determine what proportion of the population lives in urban and rural areas and use this as a guide to determine the proportion of urban or rural stores to be selected
 - For the urban part of the health unit, follow the procedure outlined above
 - For the rural part of the health unit, choose stores within or outside communities that draw many rural residents for grocery shopping
- Choose grocery stores to cost in each of the planning areas selected

NFB Protocol *(continued)*

Data collection, reporting and information transfer

The board of health shall:

- Cost the food items that comprise a nutritious food basket, as deemed by the Ministry of Health Promotion, annually during the **month of May**, or at a frequency determined by the Ministry of Health Promotion.
- Survey selected stores within a two-week period.
- Complete the costing in any given store in a single visit.
- Review all food costing forms to ensure purchase units are correct and enter the information into the cost averaging spreadsheet.
- Submit **electronic results** from the food basket costing to the Senior Nutritionist at the Ministry of Health Promotion by **July 1** of each year.

National Nutritious Food Basket - Current Status

- Over the past year, Health Canada has been revising the National Nutritious Food Basket (NNFB) to replace the 1998 basket
- The Ontario Nutritious Food Basket uses the NNFB - Ontario closely aligns with National data
- The revision is designed to reflect:
 - Dietary Reference Intakes (DRIs)
 - *Eating Well with Canada's Food Guide*
 - 2004 Canadian Community Health Survey Cycle 2.2 Nutrition
- Health Canada set to release NNFB shortly
- MHP will revise in-store costing forms & spreadsheet to reflect the new basket of food items

NFB Guidance Document

- Policy document - NOT enforceable
- **DRAFT** available on the OPHS website
- Will be revised in Winter 2009 to incorporate the revised NNFB and to be consistent with other MHP guidance documents under development
- Guidance documents will be *evergreen*, i.e., continuously improving based on ongoing field consultation and refinement
- Training sessions for program staff via webinar will be provided post January 1, 2009

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