

“It's not a food issue; it's an income issue:”
Using Nutritious Food Basket Costing for
Health Equity Advocacy
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Presentation to the ODPH Nutrition Exchange

24 May 2018

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Outline:

- history of food costing & advocacy
- background for this research & research questions
- research results & discussion
- consideration of what is needed to increase understanding of the value of the NFB
- conclusion

History of food costing for advocacy

- *use of dietary standards & food costing to fight social injustice was part of the profession from its earliest days*



1930s: *Is government relief adequate to prevent malnutrition? to promote nutritional health?*

Progressive

- Marjorie Bell – Dietitian & Director of the Red Cross Visiting Homemakers Association
- Frederick F. Tisdall – Pediatrician, Hospital for Sick Children
- Alice C. Willard – University of Toronto
- Leonard Marsh - McGill

Conservative

- Earle McHenry – University of Toronto
- A.W. Laver, Commissioner on Public Welfare
- Canadian Council on Nutrition

Marjorie Bell:

“There is the general impression that ambition and energy, with the desire to work and be independent, are qualities which everyone should possess and are personally to blame for lacking. The science of nutrition has shown that these qualities in an individual will vary in proportion to the adequacy and balance of the diet. If the unemployed are showing lethargy towards returning to work, it is the inevitable result of the treatment we have given them. They can no more be blamed than a man for drowning if we held his head under water.”

Cited by Mosby, 2014, p. 166

On the progressive side:

*“Persons in the lower income groups cannot eat by official food rules and still have money left for other living expenditures”
(The Canadian Dietetic Association, circa 1939)*

Carbone, Power & Holland, under review

Dr. Harrison, a physician from Toronto General Hospital, addressing the CDA conference (circa 1939):

- *It is the duty of every dietitian to “speak out in the political field” and demand that [relief] budgets be raised so that people can buy the food they need.*
- *“What is the good of your association if all you tell people about nutrition is possible only to a small fraction of the population?”*

On the conservative side:

E.W. McHenry

- “housewives should be trained to spend the food allowance to the best advantage” (McHenry, 1943, p. 23).
- tie relief payments to nutrition education for mothers

A.W. Laver

- “there is no certainty that any increase in the relief allowance will be spent on food” (Laver, 1942).

Food costing:

- integral to lively debate in the 1930s & 1940s re “social minimum”
- central to Leonard Marsh’s 1943 *Report on Social Security* → full employment & comprehensive social security programs to eliminate poverty & economic insecurity

National Nutritious Food Basket

- Developed in 1974 by the Food Prices Review Board; under the responsibility of Agriculture Canada until 1995
- revised to reflect food purchasing patterns in 1998 (Health Canada)
- revised in 2008 to take account of current food choices, Dietary Reference Intakes & Canada's Food Guide
- Office of Nutrition Policy & Promotion currently gathering info in preparation for another revision

Using Nutritious Food Basket Costing for Health Equity Advocacy :

- what factors contribute to the (non-)engagement of some health units in advocacy for health equity?
- using NFB costing as a case study – how do health units use NFB in advocating for health equity, specifically around income as a SDOH?

Methods:

- semi-structured, open-ended interviews conducted by telephone with public health dietitians responsible for NFB costing in 18/36 health units all over the province (urban, suburban, rural)
- semi-structured, open-ended interviews with 3 key informants

- years of experience in public health for PHDs
 - 1-5 years: 2 RDs
 - 6-15 years: 6 RDs
 - 16+ years: 10 RDs
- gender: representative of the field
- ten worked in health units that endorsed the OSNPPH statement on Income-Related Policy Recommendations to address Food Insecurity
- interviews transcribed verbatim; coded using ATLAS.ti

Contemporary use in Ontario

(key informant #2)

- 1980s: home economists working with social services used a food basket costing tool; adopted by a few dietitians for advocacy work
- 1995: election of Mike Harris
 - food basket costing introduced to 1997 Mandatory Health Programs and Services Guidelines
 - specifically intended to monitor adequacy of social assistance rates & for use in advocacy for adequate incomes

Key informant #2

“A few of us thought 'That is such an amazing tool in terms of helping people understand the issue of poverty and the issue of food security, that it's an income issue;' we wanted to use it as a provincial tool.”

“We needed something that was so clear, black and white, and almost simple to understand, to reach out to politicians, and reach out to mobilize our board of health.”

“Something like this could, in not great hands, just become fodder for telling people 'You don't know how to spend your money. You should be eating this and this and this.’”

Value of the NFB

- standardized objective tool, **not** self-reported

“It basically turns things to fact. [Talking about lived experiences of poverty] - that only resonates with people who have emotions and empathy” (PHD #4)

NFB scenarios

Monthly income includes additional benefits and credits. In this case, a family of four consists of a man and a woman, both age 35, a boy age 14, and a girl age 8. References for table 2 are available by emailing nutrition@ottawa.ca.

	Monthly Income	Rent	Cost of a Nutritious Diet	What's Left?
Ontario Works (Family of four)	\$2,549	\$1,457	\$873	219
Ontario Works (Single mother age 35, boy age 14, girl age 8)	\$2,334	\$1,201	\$660	\$473
Ontario Works (Single man age 35)	\$794	\$812	\$294	-\$312
Ontario Disability Support Program (Single man age 35)	\$1,226	\$982	\$294	-\$50
Old Age Security / Guaranteed Income Supplement (Single woman age 71)	\$1,663	\$982	\$214	\$467
Minimum Wage (Family of four, one minimum wage earner)	\$3,268	\$1,457	\$873	\$938
Average Income (Family of four)	\$7,896	\$1,457	\$873	\$5,566

Conservative estimate of very basic food costs

- *“It's just food. And, it's this narrow little slice of food, that is, by anybody's imagination, a meagre measure. So, it just cuts to the chase... All you have to do is put it together with housing and you've made a statement on basic needs that must be an underestimate of our true needs. But is a beautifully transparent benchmark against which to examine income transfers” (KI #1)*
- *“It allows us to quantify and say basically, 'Look, this is a reality. This is how much it costs to just buy your bare bones of food.' And suddenly, they become more realistic, with 'Oh geez, you know, I guess maybe minimum wage is not reasonable' or, 'Oh yeah, that's a good point.’” (PHD #4)*

Simple, stark, powerful evidence of inadequacy of welfare rates & minimum wages

- “black & white;” “can’t argue with the numbers”
- *“You sit alone with these numbers in front of you, saying 'How could you do it?' ...that's an amazingly powerful tool... it validates [poor] people's struggles. ” (KI #1)*
- *“It's really the only tool that we have that we can use to show and advocate that the amount of money people are receiving from social assistance or people living on minimum wage just isn't enough, it's the only real tangible thing that we can say look, this is what it looks like, these are what the numbers are to really show that there's a problem, to really illustrate that well. So I think it's extremely important for our work, it's the only thing we have.” (PHD #18)*

Provides *local* evidence

- *“In terms of local resonance, what we find is that our community partners and municipalities want data that comes from as close to home as possible and that’s what makes an impact. So nothing does that quite as well as the nutritious food basket survey results... There’s something locally powerful about local data. ... It really helps to compel and mobilize people. It means a lot to the media. I mean the media is always interested in as local as possible.” (PHD #6)*
- *“You can say 4 million Canadians are food insecure... I will tell you what people are going to say here: “So? Tell me what the number is locally” (PHD #15)*

Supports HU work on health equity

- *“Health equity is being proposed as one of the three key foundational standards, you know, we've talked about, I've talked about it here with our health promoter in poverty and health, and our nutritious food basket report is such a critical local piece of data that frames health equity. It's critical. (PHD #8)*
- *“It's critical to have a consistent mechanism for doing surveillance around food insecurity, and using food insecurity as an indicator and ... having that cost of food basket... is a really critical piece of addressing health inequity at the health unit. And should be a critical indicator, within the context of any kind of determinants of health work that health units are doing.” (PHD #23)*

Provides credibility with & connections to community

- *“It gave the health unit a lot of credibility within the anti-poverty movement in [city]; you know, the fact that we were speaking out, and we were saying that income is the issue. And then, it also, so it was helpful in that way, in terms of just building more trust with, with the community.” (KI #2)*
- *“I get a lot of requests for it all the time, for the data from that because I think it really does help to show how low-income, how much percentage just gets evaporated so fast through housing and through food, and that food is that variable cost that will be that one thing that gets compromised for other priority expenses. So I think a lot of those things have been so valuable for the community...” (PHD #9)*

More powerful when combined with additional evidence & amplified provincially

- *“It would be right there with the Hunger Count, Nutritious Food Basket and Valerie’s data. Those are the three sources of data that we have, when we’re looking for funding or trying to advocate for increased social assistance. Those are the three tools that were recognized, mandatory sources of data.” (KI #2)*
- *“That work [from PROOF & OSNPPH] really legitimized the issue of food insecurity ... Information and research was available and we could use that information in reports, and it was an issue that was being promoted at the provincial level, which allowed us to do more work locally, because you knew you’re piggybacking on provincial messaging.” (PHD #23)*

Could easily be used to ensure income security

“I don't know where in Canada the nutritious food basket is used to set food allowances, for example, or basic living allowances, for people on social assistance. I mean, it should be used everywhere. But I'm pretty sure it's not used that way in Ontario. If it were, there's no way those welfare rates would look like they do.” (V. Tarasuk, key informant)

How it gets used for advocacy

- educating re cost of food & inadequacy of social assistance/minimum wages
 - internal Health Unit staff; Board of Health; community organizations; public; media; municipal & provincial politicians; local employers

“You could see other people [in the community] taking ownership of it, and then using it” KI #2

- getting Boards of Health to write advocacy letters to province
- obtaining funding for food for HU programs

- supporting the orientation of HU programs around adequate income
- providing community groups with info for program funding applications
- tool for building capacity within community organizations for advocacy

“One is related to the Christmas food drives, wanting to get people to do more than donate; at the same time that they donate, to send a postcard to the premier and acknowledge that it takes more than food to solve the hunger issue ... we need policy change and income solutions.” (PHD #6)

- helps set foundation for health unit endorsement of other health equity issues/programs, e.g., OSNPPH position statement on food insecurity; basic income; housing issues
- helps to hold politicians to account

Community use:

“Grassroots community organizations are using it and they are using it as part of their advocacy because they don't have the manpower to collect that kind of evidence and ... our agency is seen as a legitimate agency so I think it makes it easier for them to make the case when they use it... When we surveyed people a couple years ago [we learned] that some are doing education in the community with it and some are using it for advocacy, and some are using it to apply for funding to make the case for affordability of healthy food being a concern.” (PHD #5)

Support for the basic income pilots:

“Somebody is hearing the message, I'm hoping. Or maybe it's not from public health, but at least we're providing the documentation. ... Basic income is one of those moments where, like, 'Okay, something is happening.' Right? It's not enough. But it's actually a pilot. ... Many of the health units have asked for that. So, I'm not, certainly not going to say it's directly because of public health (laugh) but we're part of that conversation, and I think NFB is linked with that strongly.” (PHD # 10)

Role of public health in addressing food insecurity

- providing the evidence
- education
- keeping the focus on poverty as the problem
- working in active coalition with community organizations –
 - anti-poverty groups, food policy councils & networks, community development groups, faith groups, health ngos, emergency food providers, other coalitions, living wage groups, immigrant groups, community health centres, farming & food organizations, United Way, women's centres, Indigenous groups, community health resource centres, schools
- convincing politicians of the need for healthy public policy

“Making sure messages are evidence informed, and I think we've been doing that; raising awareness around the message still, yeah. Being present. I think there's a blend of being behind the scene, collecting evidence, working with researchers, if we can, but also being at the table, and present to share it at the community level, and hearing what's actually happening in communities. So I think it's across the spectrum still. Like, it's still, we need to be behind the scenes, but we also need to be at the table, to really understand our communities.” (PHD #10)

“So our role is to provide the reports and the community would advocate with that.” (PHD #14)

“We are the translators of the knowledge for the knowledge brokers and we are the conduit through which community awareness and change can happen. That's our key role.” (PHD #7)

- *“I think there’s really a role for everybody, at one level or another. And we can help support that.” (PHD #6)*
- *“I think our biggest focus should be on those who need support the most, the vulnerable population. Our priority population. Those are the ones that we need to be focusing on the most so that there aren't health inequities and so our recommendations and how we disseminate information to our community partners needs to always be in mind of the priority population and how to make them the healthiest and how to reduce the divide. I think that's the role of public health in the determinants of health.” (PHD #5)*

Facilitating the use of NFB in advocacy

- Internally
 - strong leadership, esp MOH, AMOH, & direct manager – “health equity champions”
 - respectful relationships; respect for PHD’s professional expertise (not micro-managed)
 - cross-unit communication, collaboration & focus
 - commitment to work collaboratively in community development model
 - supportive Board of Health

Externally

- strong existing community groups & coalitions
- OSNPPH/ODPH (!!!!!!!)
- data & analysis from PROOF



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No Money for Food is...Cent\$less

OSNPPH (now ODPH)

“There usually aren’t very many registered dietitians in public health and some health units have very few, so OSNPPH is a way of bringing people of like-minds together and some who may feel a little bit isolated in their health units because there aren’t many of them and not many other professionals who understand some of the challenges that they face.” (PHD #6)

“I don't know how dietitians in public health can do their work without being connected to OSNPPH. It is a support and it adds clarity and it helps me focus on what I need to do, and the supports they provide are incredible, and it's great. Even as a group of us have been working on reports right now, to our boards of health, we're actually sharing those, so that we can align some of the messages and the asks. I think that is really important because, medical officers of health and our boards of health all connect as well, so the more we can unify what we're doing, it helps to raise awareness at those levels too.” (PHD #8)

- *“It's having mentors as well. You know? That's what OSNPPH has provided, for this kind of work, it's really having people that have that knowledge and have worked in the area for a long time...It's a way for us to do collaborative work, and bring forward messages that might be a challenge sometimes, at the local level.” (PHD #23)*
- *“Five years ago, 7 years ago, I might have been a lot ‘oh, I don’t want to upset anybody and I don’t want to do something that’s wrong and I don’t want to’—and now I’m a bit more like—or a lot more—and I think confidence has come from OSNPPH, from me really understanding—yeah, all the literature that we know now, we have a lot of evidence to show, to prove—especially when we talk about food insecurity—it is not about the cost, it’s about the fact that people are not getting enough money. So I very freely will say that and I’m just a little bit less worried about what might happen.” (PHD #19)*

- *“When it’s about proposed solutions, then it’s OSNPPH or the [local food network]. So where the rubber really meets the road is solutions, like the basic income or increasing social assistance rates. Those kinds of suggestions for solutions come from OSNPPH for me or the [local food network]. (Interviewer: Because you can’t say that in your role as a public health dietitian?) Right.” (PHD #20)*
- *“Oh, OSNPPH is just unreal in so many ways—we’re so fortunate to have that link.” (PHD #19)*
- *“I think what OSNPPH is doing with the data now is amazing. I mean, I love these little clever charts that I see ... that are contrasting these rates to social assistance. I think they're absolutely brilliant, and the fact that that is happening, across the province and that, so that people who see that stuff can put it in their context, I just think it's excellent.” (V. Tarasuk, KI)*

Challenges

- Problems with the NFB
 - out of date (e.g., portion sizes)
 - estimate is too meager
 - not culturally specific
 - complicated to conduct in some regions (large, rural, northern)
 - not used as intended
 - doesn't reflect household food purchases
 - lack of resources in some health units
 - conducted differently in different health units
 - lack of support in the Ministry

Challenges & Politics of Communication

Challenges communicating the link between food insecurity & poverty; food insecurity as a health equity problem; moving from food to income

Internally: other staff, MOH, BOH

- *“I think some leadership perspectives may be to limit advocacy to avoid being adversarial to funders.” (PHD #12)*
- *“One of my co-workers had wanted to do a huge fundraiser at public health for the local food bank and the director forwarded the email to me “This just came in” and I said “Well, if you on your own want to organize a group of co-workers in the lunchroom and bring some food in or raise some money and do a private donation, that’s fine but for public health to do a whole campaign on that would be very misleading to the public” and I explained all the reasons why that was not a good idea.” (PHD # 9)*

- *“And you know, that's why it's really important to get it to the Board and to start with the language that you use, and I mean, that's the kind of thing where people could pair up with their health equity person, and start to look at it through that lens. You know? Put food insecurity--don't keep it on the nutrition page. Put it on the health equity page. Move it. Move it away from food, to social determinants of health which include income.” (PHD #21)*
- *I think there's still a lot of work to be done, with professionals, to really get our thinking around, it's really about income. (PHD #22)*

Community level

- *“And I see others just not quite getting it and I feel like a lot of groups I can present to again and again and again and they say they get it but then you can see when we get down to what we want to do at a local level, they go back to, again, the food programs and community gardens and the whole bit. And it’s just a constant challenge to try to get through to people (laughs), how to move the action in different areas.” (PHD #9)*
- *“So I share with our food policy council locally. And it brings awareness, because we are a council that's diverse. We've got people who are focusing on farming and local food, and so this isn't on their radar at all necessarily. So, for them to see it, I think is important just to raise awareness in that way.” (PHD #10)*

Low profile of public health nutrition provincially

- ON is the only province/territory that does not have a designated nutritionist position in the Ministry of Health & LTC
- ON opted out of the Household Food Security Survey Module in the 2015-16 CCHS
- use of the NFB is no longer mandatory
- at the same time: Ontario Food Security Strategy & Basic Income Pilots & revised OPHS with emphasis on health equity

Top 3 goals of PH Programs & Services

- To increase the use of public health knowledge and expertise in the planning and delivery of programs and services within an integrated health system
- To reduce health inequities with equity focused public health practice
- To increase the use of current and emerging evidence to support effective public health practice

OPHS 2018

Response to my inquiry:

Removal of the Nutritious Food Basket protocol under the modernized standards means that the Ministry would no longer require public health units to report data on Nutritious Food Basket costs specifically using the Nutritious Food Basket costing tool. However, under the revised Population Health Assessment and Surveillance Protocol, public health units will still be required to collect data on food affordability, without specifying the tools to be used.



Amy Gartner
Manager
Health Improvement Policy and Programs Unit
Population and Public Health Division
Ministry of Health and Long Term Care
27 November 2017

Throughout the last number of years the Ministry received feedback from public health units stating that the NFB protocol, guidance document, and food costing methods were presenting challenges given that they no longer reflected their communities' purchasing realities.

Thank you for contacting us. Do not hesitate to email us if you have further questions.

Amy Gartner
Manager
Health Improvement Policy and Programs Unit
Population and Public Health Division
Ministry of Health and Long Term Care
27 November 2017

“I think we're at a very scary place in Ontario, because we can not see things if people turn the light out on you. And that's what's happened with the food insecurity measurement. ...if there's no more food insecurity measurement, and no more nutritious food basket costing. What, where will we be thrust back to? ... The fastest way to end food insecurity in Canada is to stop measuring it.” (V. Tarasuk, KI)

“If you're going to be a province with nutrition related policies, for god's sake, get yourself somebody who knows a bit about it. Like, if you're going to have people in the government, doing these things, why wouldn't you hire someone who also has professional credentials.... [In FPT nutrition meetings], the Ontario people who came on the phone would never be interested or engaged in the conversation, because frankly, they were managers. You know? They might have had a psychology degree or something. They climbed the ranks; they weren't even health professionals.” (KI #3)

Case Studies

Characteristics of PHDs (from the research)

- patience
- persistence
- creativity in re-framing issues
- passionate
- build relationships
- stick out their necks
- cooperative; share successes & failures with each other
- willingness to vulnerable; to try new things
- to support community groups but not look for credit

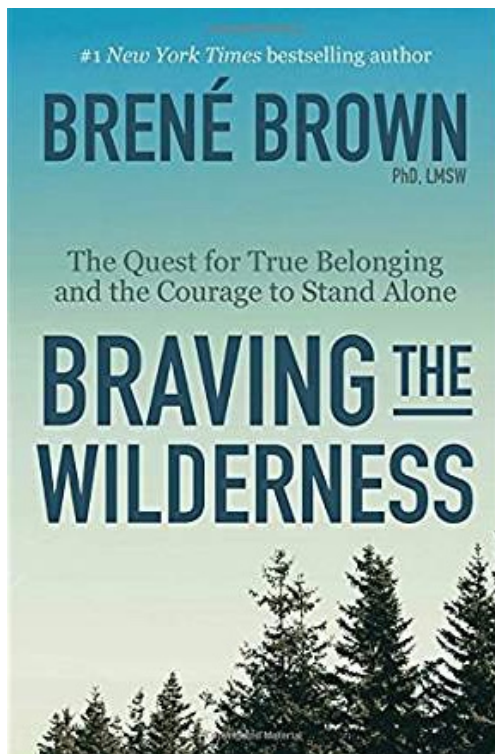
**Canada needs 'a little more swagger'
promoting homegrown innovations: Trudeau**



Prime Minister Justin Trudeau participates in an armchair discussion with Shopify CEO Tobias Lutke in Toronto on Tuesday, May 8, 2018. THE CANADIAN PRESS/Nathan Denette

*Do public health dietitians need
a little more swagger using
their knowledge & expertise to
advocate for income security?*

Other traits, characteristics, images?



- bravery?
- courage?
- standing in truth?
- integrity?
- willingness to be vulnerable?

What else is needed to increase awareness of the value & use of the NFB for health equity advocacy?

Summing up:

Many, many thanks to all participants.

Special thanks to Tracy Woloshyn & Mary Ellen Prange, the ODPH Nutrition Exchange organizers, and to you, the audience.

Questions & feedback welcome!



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada

Canada 

This research was supported by the Social Sciences and Humanities Research Council of Canada.