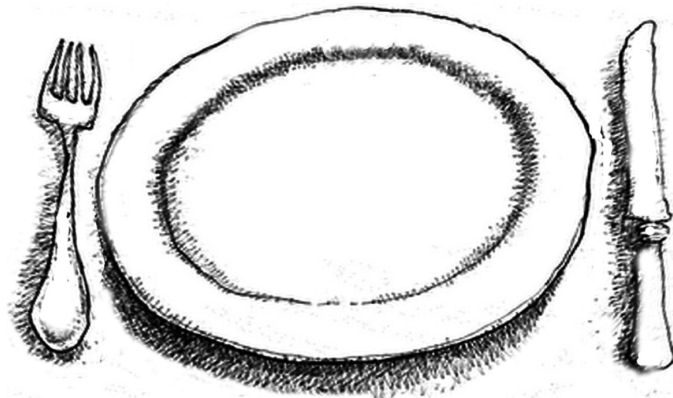


Hunger Crisis:

Report of the Hunger Inquiry

RECESSION RELIEF COALITION



HUNGER INQUIRY

Recession Relief Coalition
2011

RECESSION RELIEF COALITION

The Recession Relief Coalition (RRC) held an all day Hunger Inquiry in downtown Toronto on November 23, 2010. The RRC now presents ***Hunger Crisis: Report of the Hunger Inquiry (2011)***. This report contains shocking testimony about hunger in Ontario as well as recommendations to help resolve this preventable crisis.

Based on the evidence presented at the Hunger Inquiry, panelists agreed that the principle means by which hunger should be addressed in Ontario should be to raise incomes and made a number of recommendations toward this end. The RRC have responded to the recommendations with a focus on social assistance rates which we believe must be raised immediately in order to stave off a drastic increase in serious health concerns stemming from widespread hunger and malnourishment among the poorest Ontarians.

Ontarians have just been informed about a new lengthy review of Ontario's social assistance programs, however, the situation is critical for many people and there needs to be immediate action. The RRC now joins the call for a 55% increase in social assistance rates for singles and for increases in all other social assistance rates to restore the buying power they had before the cuts made by Mike Harris' provincial Progressive Conservatives in 1995. Many--including the Liberal and NDP opposition parties--protested bitterly at the time of the 21.6% cuts; restoring social assistance rates has been a widespread goal since then. The increase would cover inflation over the past 16 years, raising the income of a single person on welfare, for example, from approximately \$600 to \$900 per month. Any less of an increase and a recipient's ability to eat and pay the rent is severely compromised.

An Ontario-wide campaign will soon be launched, challenging governments to "Raise the Rates." We encourage you to join and/or support this call to action.

We hope that you will find this report helpful in both inspiring and supporting efforts to alleviate the suffering that many people now endure.

In solidarity,

The Recession Relief Coalition

Executive Summary	3
Introduction	4
Keynote Address	5
Background	6
Impact of Hunger on Health	7
Hunger and Chronic Disease	8
Problems with Access to Nutritious Food	9
The Structural Causes of Hunger	11
Solutions Proposed by Witnesses	13
Can we afford to end hunger?	15
Recommendations	16
Panelists and Speaker's List	18
References	19

The number of malnourished, chronically hungry Canadians is growing at an alarming rate. In these recessionary times the problem of hunger is actually far worse than statistics about food bank use alone would suggest. The Recession Relief Coalition, which comprises a diverse group of individuals, social service agencies and other non-governmental organizations concerned about the impact of the recession on Canada's most vulnerable people, organized a public inquiry in Toronto to investigate the issue in late November 2010.

A panel of knowledgeable experts heard evidence from people who have experienced hunger, those who study the problem of hunger, social service providers and those who are trying to put an end to hunger. Dr. Valerie Tarasuk, Professor of Nutritional Sciences at the University of Toronto, opened the inquiry with a keynote presentation about the incidence of hunger. Other expert witnesses made submissions about the impacts of hunger and proposals for solutions. The evidence presented and the panelists' recommendations form the basis of this report.

Dr. Tarasuk noted that food insecurity is tightly tied to problems of income. This view was supported by the more than 30 speakers at the inquiry who talked about poverty as the cause of hunger and most of the other problems that accompany it. Speakers agreed that immediate changes are needed in provincial and federal income security programs in order to ensure that all people have the resources required to buy nutritious food. The situation is dire and immediate changes are required to raise incomes whether people are receiving their income from income security programs or from employment.

Witnesses focusing on the impact of hunger on health stressed the critical importance of adequate income as a precondition for good health. Others referred to a structural economic problem that is blocking Ontarians' access to nutritious food: the lack of affordable housing. The shortage of affordable housing means families of modest means are forced to confront the "pay the rent or feed the kids" dilemma on a monthly basis. Evidence was presented regarding the daily struggle to obtain food of any kind – nutritious or not. Some people live in "food deserts," entire neighbourhoods where there is no convenient place to buy affordable, nutritious food. When people turn to food banks and other charitable food programs they feel the stigma of relying on handouts, quantities are often insufficient and available food may be of poor quality with little choice offered.

Panelists convened following the inquiry to develop a set of recommendations to address the problem of hunger arising from the evidence presented. The panel noted the imperative to ensure people have the purchasing power required to access nutritious food, rather than relying on food charity, as the primary solution to the problem of hunger and identified Toronto Public Health's Nutritious Food Basket as a useful tool in measuring the adequacy of incomes to meet nutritional need. In particular, the panel noted the need to raise social assistance rates and emphasized the responsibility of business to pay a living wage to employees in addressing the problem of hunger among working people.

The panel developed 27 recommendations clustered around 6 themes: Raise incomes/invest in income security programs; increase access to adequate affordable housing; improve access to and quality of emergency food programs; recognize poverty and hunger as major risk factors for physical and mental health issues; respect human dignity in eliminating hunger. The recommendations have been directed at a diverse group of stakeholders in recognition of the complexity of the problem. Hunger is created and maintained by a multiplicity of factors and the recommendations have been directed to all levels of government, business, individuals, organizations and groups including community based organizations, health care providers, and social justice groups to both address the problem and work toward lasting solutions.

The Hunger Crisis

Chronic hunger and poor nutrition among Canadians are problems growing at an alarming rate. In March 2010, 867,948 people were helped by food banks across the country - the highest number on record ever (Food Banks Canada, 2010).

In 2010, there were nearly one million visits to food banks in the city of Toronto— a city with a total population of 2.5 million. This represents a 14% increase over 2009, which in turn recorded a 9% increase over 2008 (Daily Bread Food Bank, 2010). As alarming as these statistics are, they tell only part of the story of hunger and food insecurity in Canada – one of the world’s wealthiest nations. Food banks are often the last resort for people coping in tough times. There is a path to reliance on a food bank after a job loss, illness or family break-up. Before reaching the food bank doors people deplete their assets, spend their savings and exhaust all other available options to feed themselves and their families. People are already hungry before they reach a food bank for the first time and that hunger is not represented in the statistical picture. Even though local and national food bank statistics paint the worst picture on record – in these recessionary times the problem of hunger is actually far worse.

The Recession Relief Coalition (RRC) is a broad based group of individuals, members of social service agencies and other non-governmental organizations concerned about the impacts of the recession on Canada’s most vulnerable people. Concerned about growing hunger, the RRC organized a public inquiry into hunger in late November 2010. At a day-long event held at Church of the Holy Trinity in downtown Toronto, people who have experienced hunger, those who study the problem of hunger, social service providers and those who are trying to put an end to hunger told their stories and presented evidence to a panel with a wide range of expertise on the issue. Presentations were grouped into three categories:

- health impacts
- problems with food access
- the socioeconomic dimensions of hunger

Each section ended with open microphone contributions from people attending. At the end of the day, the panelists met to consider what they had heard and to develop recommendations for necessary changes required to eliminate hunger. The evidence presented and the panelists’ recommendations form the basis of this report which is intended to provide a snapshot of the extent and impact of hunger and, more importantly, to propose solutions.

“Our lives are not anecdotes ... We are tired and hungry. Enough reports have been done. Oh Canada, what has happened to us?”

– Cheryl Smith
Peacock Poverty

“Is there any part of human experience that is not sustained and enhanced by food? ... When you are hungry, nothing else matters. No one in this country should know hunger.”

– Curtis Bishop
Houselink

“Life is very hard when you have no food in your cupboards and live with bedbugs and cockroaches ... I want to quit going to drop-ins to get bites to eat. I want to go to a place where I live and cook the food I want to eat.”

– Shamanda
Inquiry Participant

The Incidence of Hunger

Dr. Valerie Tarasuk, Professor of Nutritional Sciences at the University of Toronto, presented evidence that food insecurity has been studied nationally since 1994. Food insecurity ranges in severity from worry and anxiety over where the next meal will come from, to an inability to eat an appropriate variety and quantity of food, to skipping meals, and finally, experiencing absolute food deprivation.

Food insecurity is associated with very low intakes of fruits, vegetables and milk products (Kirkpatrick and Tarasuk, 2008). Researchers monitor food insecurity as they do heart disease, because it is a serious problem that warrants attention. The prevalence of household food insecurity in Ontario is currently rising, from 7.6% in 2005 to 9% in 2009 (Health Canada, 2010). However, national and even provincial statistical averages hide that fact that, in low-income communities, a very high percentage of people do not have enough nutritious food to maintain good health. For instance, a 2006-2007 survey of almost 500 low-income families in 12 high-poverty neighbourhoods in Toronto revealed that two-thirds of the families were experiencing food insecurity, *nearly 10 times the provincial average*. In 10% of these families adults had gone whole days without eating to give what food they had to their children. A survey done a year later showed that most of those low income families were still food insecure and that a substantial increase in income over the year contributed to the small number of families reporting improved food security (Kirkpatrick and Tarasuk, 2009).

Food insecurity is closely tied to problems of income. Dr. Tarasuk told the inquiry that the gap between social assistance payments in Ontario and the basic cost of food and shelter in Toronto is about \$400 a month for individuals. Recent small incremental increases in social assistance rates tied to the presence of children in the home are not sufficient to end hunger for families in Ontario. Health Canada data indicate that, in 2007-2008, over half of food insecure Ontario households depended on employment income, and 21% depended on social assistance (Health Canada, 2010). According to Dr. Tarasuk, the required solution for these households is a substantial increase in income rather than appeals for increased donations to food charities.

The growth of charitable food giving since the 1980s indicates Canadians find it unacceptable to have hunger in our communities yet food charity is an inadequate response to meet growing demand. The network of food charity institutions, which includes food banks and community based agencies cannot provide resources that come anywhere near the levels needed to deal adequately with growing food insecurity. Community gardens and community kitchens can help, but they do not constitute solutions. Most people in Canada get food by buying it and when people don't have food it is typically because they have no money. Dr. Tarasuk told the panelists that food insecurity in Ontario is rising drastically: "we are talking about thousands and thousands of people." Dr. Tarasuk concluded that the data are known; more extensive studies are not needed as a basis for an evidence-based policy decision to raise incomes as the principal means by which hunger should be addressed.

Widespread and still growing poverty in Ontario and Canada

According to Statistics Canada, 3 million Canadians were considered low income in 2008, virtually unchanged from 2007. This accounts for 9.4 % of the population (Statistics Canada, 2010). The number of Ontarians receiving social assistance, known as “Ontario Works,” jumped from 370,000 to 459,039 during the period from October 2008 to September 2010, representing a 36% increase for singles and a 24% increase for all family structures during that period (Ontario Social Assistance Monthly Statistical Reports). The sharp jump in the number of single people on social assistance – over one-third – indicates a social trend rather than an incidental occurrence. Ontario’s child poverty rate jumped to 15.2% in 2008, up from 14.1% a year earlier; over 400,000 children and young people in the province are living in poverty (Monsebraaten, 2010).

This increase in the number of people requiring social assistance reflects a continuing high rate of unemployment. The national unemployment rate stood at 7.6% in November 2010, and the rate for young people from 15 to 24 years of age stood at 13.6% (Statistics Canada, 2010). The official unemployment rate, of course, does not tell the whole story of unemployment and underemployment in these recessionary conditions; hundreds of thousands more Canadians have left the job market altogether due to the poor prospects of finding a job (reflected in a sharp decline in labour force participation), and hundreds of thousands more work in part-time and precarious jobs though they need full-time, permanent work. Continued recessionary conditions throughout 2010 mean that the number of Canadians who cannot adequately provide for their basic needs, including food, will continue to rise unless decisive interventions are taken to support individuals and families.

In this recession, Canadians who are unemployed or unable to work must depend on Employment Insurance and provincial income assistance programs to cover the costs of their basic needs. Since a high percentage of these payments must be allocated for housing, little is left every month for food or other essentials. According to the City of Toronto’s report *Housing Opportunities Today – An Affordable Housing Action Plan*, 200,000 tenant households (47% of Toronto’s tenant households) pay more than 30% of their income on rent (Housing Opportunities Today, An Affordable Housing Action Plan, p. 17, quoted in the Housing Action Now presentation to the Hunger Inquiry).

In Ottawa, the federal government recently issued a report proposing a basic guaranteed income for people with disabilities (Canada, 2010). The Senate issued a similar report earlier in 2009 (Canada, 2009). The Ontario government has launched a poverty reduction strategy and a housing strategy, and has also committed itself to a review of social assistance programs. A number of speakers at the inquiry called for a guaranteed annual income. Still there is no sign of resolute action and hunger is growing apace with poverty.

A life and death issue

The World Health Organization (WHO) describes the social determinants of health as the conditions in which people are born, grow, live, work and age; conditions which include the health system. The social determinants of health are shaped by the distribution of money, power and resources at global, national and local levels which are in turn influenced by policy choices. The WHO recognizes that the social determinants of health are mostly responsible for health inequities (WHO, n.d.). Speakers focusing on the impact of hunger on health in the Canadian context stressed the critical importance of the social determinants of health, focusing in particular on adequate income as a precondition for good health.

Dr. Lynn Anne Mulrooney, a Senior Policy Analyst with the Registered Nurses Association of Ontario told the panel that hunger is “. . . literally a life and death issue. From our daily nursing practice and from the overwhelming evidence, nurses know that not having access to nutritious food and affordable shelter is why those with lower incomes are sicker and die earlier compared with those who have more resources.”

The WHO Commission on the Social Determinants of Health made three overarching recommendations: Improve daily living conditions; tackle the inequitable distribution of power, money, and resources; and, measure and understand the problem and assess the impact of action (WHO, n.d.). “We need to work on all three of these areas to improve health for everyone.” Mulrooney continued, “Ontario’s nurses call for social assistance rates that reflect the actual local cost of living. The social assistance system needs to be transformed from an incoherent tangle of contradictory rules to a person-centred system that treats everyone with dignity.”

“Access to the conditions that permit health, including access to health services, are fundamental human rights.”

– Lynn Anne Mulrooney
Registered Nurses
Association of Ontario

Diabetes, Hepatitis C and HIV/AIDS

Dr. Dennis Raphael of York University presented his research on diabetes in low income neighbourhoods. His research concluded that if you are poor you are twice as likely to have diabetes; indeed, he said that type 2 diabetes may be called a “disease of low income.” Dr. Raphael talked about his research which shows that low income people are more likely to get diabetes and, once they get it, are more likely to suffer from complications. Dr. Raphael reported that nearly three quarters of the participants in his study said that they lacked the economic resources required to obtain the kind of diet that they needed to follow. Dr. Raphael pointed out that there is a clear disconnect between the Canadian government’s statements about health and the public policies that are pursued. Returning to the social determinants of health, Dr. Raphael noted that raising benefits and wages, providing adequate affordable housing, and integrating health care outcomes with public policy decisions are some of the measures required to manage both prevention and treatment of life-threatening illnesses like diabetes.

“If you are poor, it doesn’t matter if you are fit or fat – being poor is the main determinant of getting diabetes.”

– Dr. Dennis Raphael
York University

Emily Cooper works as a Hepatitis C nurse at the South Riverdale Community Health Centre. She told the inquiry that hepatitis C is another illness that disproportionately affects low income people. She noted that the treatment for hepatitis C is similar to chemotherapy, and can cause people to lose up to 10% of their body weight and that an adequate diet is important in adherence to the treatment and to recovery. Ms. Cooper spoke of her clients being dismayed and worried when changes to the Special Diet Allowance were announced since the cutbacks would make it impossible for them to maintain a healthy diet.

Effective treatment of people with HIV is also strongly linked to food security, but many people with HIV experience food insecurity, according to Mara Brotman of the Canadian AIDS Treatment Information Exchange (CATIE). The nutritional needs of people with HIV are higher than those of a healthy person because the body must work overtime to deal with a chronic viral infection - yet food insecurity is prevalent among people with HIV in Ontario. The current situation of the nearly 2000 people with HIV who receive the Special Diet Allowance in Ontario is unclear. Cuts to the program have been promised by the Ontario government, and those who receive the allowance have been left in a vulnerable situation with little information, Brotman concluded.

The immediate and critical importance of protecting the Ontario Special Diet Allowance from recently announced plans for cancellation or cuts was underlined by several speakers at the inquiry. The Special Diet Allowance is a payment of up to \$250 a month to Ontario Works (OW) and Ontario Disability Support Program (ODSP) recipients for food costs related to specific medical conditions. The Ontario government, concerned about mounting costs for this essential entitlement, announced in March 2010 that the allowance would be discontinued and replaced with a less costly program. This reasoning completely omitted consideration of the high costs of nutrition-related sickness. One heart attack caused by diabetes, for example, costs the health care system \$18,000 according to the Canadian Diabetes Association (reported in the *Toronto Star*, 23 August 2010). Anti-poverty groups like the Ontario Coalition Against Poverty and the Special Diet Coalition have expressed strong resistance to the cutback. (Update: In February 2011 the Ontario Government announced that the Special Diet Allowance will change on April 1, 2011 to make the program more accountable and comply with a Human Rights Tribunal of Ontario decision, however recipients are still not clear what the new changes will mean for them and many are facing cuts).

“People have contemplated suicide over cuts to the Special Diet. We don’t know what is going to happen.”

– Bonnie Briggs
Special Diet Coalition

Sarah Vogelzang of Toronto Public Health told the inquiry that Toronto publishes the cost of a nutritious food basket annually and since 2006 the cost of food has increased by over 9% (Toronto Public Health, 2009). Ontario Works (OW) and Ontario Disability Support Program (ODSP) rates are not keeping pace with these cost of living increases. Individuals reliant on OW and ODSP are simply not able to obtain enough nutritious food to protect their health. Toronto's Medical Officer of Health (MOH) made two recommendations to City Council after presenting the 2010 Nutritious Food Basket, both directed at the provincial government, Vogelzang reported. The first recommends a comprehensive and timely review of Ontario's income security system and the second urges the provincial government to consult with the City of Toronto and key stakeholders from the health and social service sectors, including public health, throughout the review and to complete it as soon as possible.

Speakers talked about the daily struggle to obtain food of any kind – whether it is nutritious food or not. The difficulties experienced by those who must rely on food banks and community meal and snack programs are four-fold:

- Inadequate quantities of food
- Poor quality food
- Stigma associated with having to rely on charitable food sources
- “Food deserts” or neighbourhoods lacking affordable grocery stores

The food bank system is a volunteer-run network that cannot come even close to meeting the nutritional needs of Canada's hungry people. Food Banks Canada reported in 2010 that 27% of food banks lack adequate funding. Nearly one third of food banks (31%) do not have enough food to meet users' needs. One half of food banks have been forced to give out less food than usual. Nearly half of food banks in Canada have no paid staff (Food Banks Canada, 2010). Children's Aid worker Faudia Azeez told the inquiry that families are reporting to child welfare agencies that less food is available for them at food banks.

Food that is available through the food charity network may be of poor quality. Mary Milne, a community advocate reporting on the findings of focus groups conducted with approximately 100 people who attend drop-ins told the inquiry that “the quality of food served at food banks was reported as being of low quality. Food is sometimes past its expiry date and is often made up of processed goods which are high in carbohydrates and sodium levels. Although drop-in centres serve fruits and vegetables, these foods are often not available at food banks and are too expensive to buy at grocery stores.” Issues with the quality of food bank food were echoed by speakers Martha Kivanda and Rene Adams.

“We need the voice of the community to push for change. “

– Sarah Vogelzang
Toronto Public Health

“Food is sometimes past its expiry date”

– Mary Milne
Community Advocate
Report from Drop-in
Centre Focus
Groups

The process of obtaining food through food banks can be embarrassing or even intimidating. Martha Kivanda spoke about the process at some food banks as “shameful and invasive. Why do they need so much personal information?” She suggested that food services should be “more youth friendly and less intimidating; more supportive and resourceful to families.”

Low-income people often live in the inner suburbs or in less accessible downtown areas where food stores and services are inaccessible or scarce. One open microphone speaker talked about the problems of people who live in what are known as “food deserts,” who may have to travel for miles, possibly on expensive public transit, to use a supermarket, convenience store, or food bank. This speaker called for “neighbourhoods with access to food versus food deserts.”

Mary Milne also reported on the impact of hunger in people’s lives based on the comments provided from the focus groups conducted in drop-ins. “People are experiencing severe physical, emotional and social effects due to hunger. Physical effects include weakness, dizziness, and infection due to lack of nutrition and wounds healing more slowly. Emotional impacts include mental tiredness, apathy, and lack of motivation to accomplish short and long term goals. These are major barriers to traveling, caring for children, maintaining relationships, attending school/training. Hunger can exacerbate mental illness and has serious psychological effects itself including feelings of shame, depression and defeat. Extended periods of hunger can be socially isolating, increasing depression, and can inhibit ability to complete short/medium/long-term goals like school. Simple tasks like travel, accessing supports, and working are impeded by hunger.”

On a positive note, there are programs provided by drop-in centres and other non-governmental organizations that significantly improve the lives of their users. Shane Patey of the People with AIDS Foundation (PWA) described two such programs: the Essentials Market and Food for Life. The PWA Essentials Market, which is a food bank that serves people living with HIV/AIDS, offers staples such as bread, milk, fresh produce, and cereal. The Food for Life program is a meal delivery program that ensures that people living with HIV/AIDS receive one nutritious prepared meal every day. Patey noted that these and other similar programs are helpful, but they are “insufficient and short term.”

Without an effective policy response, the ongoing decline of income and productivity in the economy increases poverty levels and undermines efforts to provide adequate food and housing for all individuals and families. Most of the speakers who addressed structural causes of hunger identified inadequate income support programs as the chief immediate cause of hunger in Toronto and Ontario. There is a hunger epidemic in the city, and peoples' health is suffering. This is a direct result of government policy and low social assistance rates, according to Zoe Dodd from South Riverdale Community Health Centre.

Other speakers pointed to a policy change that occurred in the mid-1990s after the election of the Conservative Mike Harris government in Ontario. The effects of this change, which greatly intensified poverty in Ontario, are continuing to underlie the current crisis. "At that time, the provincial government determined to create a social assistance system that was deliberately inadequate, restrictive, and punitive," said Jennefer Laidley of the Income Security Advocacy Centre. Ontario Works rates were cut by almost 22% at this time. Ontario Disability Support Program rates were frozen (Income Security Advocacy Centre, 2010). John Clarke of the Ontario Coalition Against Poverty told the inquiry that it was clear that the aim of these cuts, which made it virtually impossible to subsist only on social assistance payments, was to force people into the lowest paying jobs. The changes were not just in the amount of money people receive. "Surveillance and intrusion into people's lives are the order of the day. Income rules mean that people's incomes are effectively capped, condemning them to consistent and persistent poverty," reported Laidley.

Since 2004, there have been some modest improvements in Ontario's social assistance system both in terms of rates and tax-delivered benefits. The Ontario Child Benefit has become available to parents on OW and ODSP, and also to parents working in low wage jobs. Yet at the same time, other benefits such as the winter clothing and back-to-school allowance were cancelled leaving families no further ahead. Despite the change in government in 2003, the Ontario government has not instituted the drastic increases needed to lift people out of a life of poverty.

"At that time [1995], the provincial government determined to create a social assistance system that was deliberately inadequate, restrictive, and punitive"

– Jennefer Laidley
Income Security
Advocacy Centre

Recent cuts to the federal Employment Insurance (EI) program have also lessened peoples' ability to keep themselves above the poverty line. The tightening of eligibility rules meant that only 38% of unemployed Ontarians received regular Employment Insurance benefits in 2009 (Ontario Social Assistance Review Advisory Council, 2010. p. 14). Winnie Ng of the Good Jobs for All Coalition told the inquiry that, in Toronto, 910 hours of work are required for entitlement. Many part time workers are not able to accumulate that many hours. At the same time, the benefits amount has been reduced to 55% of earnings during the last 20 weeks of employment, which are often a worker's lowest paid weeks.

Speakers also referred to the lack of affordable housing as a structural economic problem that is blocking Ontarians' access to nutritious food. People with low incomes who cannot obtain subsidized housing may spend half of their incomes or more on rent and have little or nothing left in their budgets for food purchases. Richard Matern of the Daily Bread Food Bank told the inquiry that most of the food bank's clients pay nearly 75% of their income on rent when affordable rent is defined as 30% of an individual's or family's income. Rent greater than 50% of one's income places an individual or family at risk of homelessness (Daily Bread Food Bank, 2010). Barbara Hurd of Housing Action Now told the inquiry that, in Ontario, this problem has been compounded by the provincial government's abandonment of rent control in the mid-1990s. The shortage of affordable housing forces families of modest means to confront the "pay the rent or feed the kids" dilemma on a monthly basis.

Witnesses agreed that a complete overhaul is needed in provincial and federal income security systems in order to bring an end to poverty in Ontario and Canada. At the same time, speakers recognized that fundamental change will take some time and that even small increments are desperately needed by low income people and that they must be enacted immediately.

Lynn Anne Mulrooney of the Registered Nurses Association of Ontario (RNAO) called for an immediate \$100 increase in provincial social assistance rates as a “first small step toward adequacy.” In addition to these changes, programs like Ontario’s Special Diet, which has been slated for drastic changes, must be protected. Others also called for substantial increases in social assistance and disability payments. Zoe Dodd from the South Riverdale Community Health Centre called for a 40% increase in social assistance rates. There were some calls for a return to social assistance rates in the early 1990s, before the Harris cuts (plus adjustments for inflation), as well as proposals for use of Toronto Public Health’s Nutritious Food Basket as a standard for setting payments. Speakers referred also to the need for legislative initiatives to set an adequate minimum wage, and another initiatives to pressure private employers to pay a “living wage” to their employees, so that working families can avoid poverty and hunger. The gap between the current minimum wage and a living wage in Ontario continues to be substantial.

A number of speakers argued for the critical importance of the Special Diet Allowance in the daily lives of those who depend on it. Action is needed to prevent both legislative cuts to the program and the program’s erosion through the discretion currently allowed to the social service workers who authorize or, if they so decide, fail to authorize it – thus overriding the opinions of health care professionals who must complete the forms attesting to the need for the supplement.

The changes proposed were not just in the amounts of money, but in the way that funds are administered. There was general agreement that Ontario’s income support programs are administered in ways that are demeaning and unnecessarily intrusive.

There was a call for an overhaul of the system of rules that prevent most people caught in poverty from escaping it. Jennefer Laidley of the Income Security Advocacy Centre summed up the calls and proposals made by many speakers: “We need to move these programs from inadequacy to decent incomes. From punishment to support; from surveillance to respect and dignity; from compulsion to autonomy and choice; from suspicion to collaboration; and from first available job to sustainable and sustaining employment.”

“We need to move these (income security) programs from inadequacy to decent incomes; from punishment to support; from surveillance to respect and dignity; from compulsion to autonomy and choice; from suspicion to collaboration; and from first available job to sustainable and sustaining employment.”

– Jennefer Laidley
*Income Security
Advocacy Centre*

Several witnesses proposed a guaranteed annual income (GAI). The GAI has been periodically considered since the 1970s in Canada. Anne Egger, a nurse practitioner and member of the Street Nurses Network, argued that a guaranteed income level must be considered. Ms. Egger referenced a recent *Globe and Mail* article with the headline “To end poverty, guarantee everyone in Canada \$20,000 a year” (Anderssen, 2010).

A call was made by Winnie Ng of the Good Jobs for All Coalition for improvements in access to Employment Insurance, which she said is now being treated as a privilege rather than an entitlement, despite the fact that employees pay into the system when they are working. Good Jobs For All would like the hours qualification reduced to 360 hours and the level of benefits raised to 60%, based on the best 12 weeks of earnings. The coalition is also recommending an additional year of special extension Employment Insurance benefits if the unemployment rate exceeds 6.5%.

Although most witnesses pointed towards solutions which would strengthen income supports, both for people who are working and not working, other ideas were also presented including the necessity for long term structural solutions to the economy’s declining productivity, and a call for a less technology-intensive economy. As well, access to basic needs as a right of Canadians must be recognized and honoured. Lynn Anne Mulrooney of the RNAO called access to food essential and reported that RNAO members believe that access to basic needs is a fundamental human right. Lawyer Peter Rosenthal reported on a Charter of Rights and Freedoms challenge that has been launched in order to achieve recognition of a right to housing. His presentation posed this question: how can you have security of person, which is guaranteed by section seven of the Charter of Rights and Freedoms, when you do not have housing?

Richard Matern of the Daily Bread Food Bank spoke of a proposal for a housing benefit that would pay 75% of the costs of rent from a floor amount to the median cost of housing. It is estimated that almost 66,000 families and 129,000 individuals would receive an average benefit of \$1,236 a year, representing a monthly housing benefit of \$96 to \$119 (A Housing Benefit, 2008). In Toronto average market rent for a bachelor unit is \$759 and the Ontario Works housing allowance covers 47% of that cost (CMHC, 2010). With the proposed housing benefit, the proportion of average market rent a single Ontario Works recipient in Toronto could afford for a bachelor apartment would increase to 62%.

Laura Hanson of Health Providers Against Poverty (HPAP) suggested that food issues pose an ethical question. HPAP members would argue this is the case because health care providers “have a moral obligation to maintain people’s health.”

Can we afford to end hunger? A more appropriate question might be can we afford *not* to end hunger. When we force people to live in poverty and hunger, we all end up paying a significant price – including the escalating costs of government programs like health care. The hunger inquiry panelists heard from an international expert on diabetes, who pointed out the strong links between diabetes and poverty. We save a few dollars by cutting back income supports for a poor person – but then we pay tens of thousands of dollars through medicare when that person develops diabetes. The same logic applies to other conditions strongly influenced by the social determinants of health. We are cutting off our fiscal noses to spite our faces when we fail to provide necessary income supports to the poor and hungry among us. One way or another, we will all pay if Canadians continue to go hungry.

Taxes in Canada have declined since 2000, as a result of repeated reductions in corporate income taxes, personal income taxes, and other taxes. The foregone revenue lost to governments by these tax cuts now totals in excess of \$75 billion per year (Stanford, Personal Correspondence, February 9, 2010). Most of the decline in taxes has been implemented at the federal level, but some was at the provincial level. A small fraction of this forgone revenue, devoted to the sorts of measures proposed by speakers at the inquiry, would easily allow us to eliminate the shame and collective costs of hunger from Canada. We made a choice that it was more important to cut taxes than to address poverty, hunger and other social problems. We are now seeing the impact of that choice not to invest in social well-being, in the form of rising health costs and swelling ranks of the poor and hungry.

A recent report by Canada Without Poverty notes that “the impact and cost of poverty is not borne by the poor alone, though the poor bear the brunt of it. There is an impact and cost to society as a whole, from greater demands on the health care and criminal justice systems, to diminished workplace and economic productivity, to unnecessary, harmful and unwholesome divisions in society based on economic status and ‘class’. In dollar terms, one recent estimate of the cost of poverty to Ontario alone placed that cost at \$32 to \$38 billion – annually” (Ontario Association of Food Banks, 2008). Does it not make more sense to pay up front, in a concerted and integrated effort to prevent hunger, rather than to try and fix the health and other problems caused by hunger after the fact?

“The impact and cost of poverty is not borne by the poor alone, though the poor bear the brunt of it. There is an impact and cost to society as a whole ...”

– Canada
Without
Poverty

Panelists developed a set of recommendations, noting the imperative to ensure people have the purchasing power required to obtain nutritious food, rather than relying on food charity, as the primary solution. The panel identified Toronto Public Health's Nutritious Food Basket as a useful tool to measure the adequacy of incomes to meet nutritional need, and reiterated the need to raise social assistance rates. It emphasized the responsibility of business to pay employees a living wage to addressing hunger among working people. The panel developed 27 recommendations clustered around 6 themes directed at a diverse group of stakeholders. Hunger is created and maintained by a multiplicity of actors and the recommendations have been directed to all levels of government, business, individuals, organizations and groups including community based organizations, health care providers, and social justice groups.

Raise incomes and invest in income security programs

1. The **Federal Government** must renegotiate and expand the Canada Social Transfer to better support provinces to provide decent minimum social assistance rates.
2. The **Federal Government** must immediately raise the Canada Child Tax Benefit to \$5,000 indexed to the cost of living.
3. The **Federal Government** must provide additional access to Employment Insurance beyond the 50 week maximum until such time as the recession ends and unemployment rates decline; it must lower the eligibility threshold to 360 hours, calculating the benefit as 60% of the best 12 weeks of earnings; additionally it must change the threshold for earnings claw backs to allow people to keep more earned income while receiving benefits to support them to lift themselves out of poverty.
4. The **Ontario Government** must increase the minimum wage to a living wage to ensure people working full time can afford to meet basic needs, maintain a safe, decent standard of living in their community and save for future needs and goals.
5. The **Ontario Government** must immediately implement a substantial increase to social assistance rates.
6. The **Ontario Government** must set Ontario Works and Ontario Disability rates annually according to a rational process based on the cost of living so people receiving support from these programs can afford nutritious food, access to adequate housing and other essentials of living a life with dignity.
7. The **Ontario Government** must maintain the Special Diet Allowance at current levels of funding or higher and should not withdraw or reduce this support until a new program offering at least the same level of benefit is established. Ensure the dignity of Special Diet Allowance recipients is not threatened by requirements to reveal medical information to non-medical professionals. A new program should be focused on both treatment and prevention of disease, and must ensure adequate funds to meet the real demand for good nutritious food required to meet the special dietary needs of people receiving their incomes from social assistance in the Province of Ontario.
8. The **Ontario Government** must increase income supports for families with youth transitioning out of child benefits payments, including those with children in post-secondary education.
9. **Businesses and other employers** must pay a living wage to all employees to ensure people working full time can afford good nutritious food, access to adequate housing and other essentials of living a life with dignity.

Increase access to adequate, affordable housing

10. **Federal Members of Parliament** must vote for Bill C-304, a bill for a National Housing Strategy that will bring all levels of government together to enact a plan to increase safe, affordable housing across Canada.
11. **Individuals, organizations and groups** must support the landmark *Right to Adequate Housing Charter Challenge* which is asking the court to find against the federal and Ontario governments for creating and maintaining conditions that lead to and sustain homelessness and inadequate housing as a violation of rights under sections 7 and 15 of the Canadian Charter of Rights and Freedoms.

Consider access to good, nutritious food in community and urban planning

12. **All levels of government and funders** must invest in community-based organizations to create community food hubs providing good, nutritious food and community cooking opportunities.
13. The **City of Toronto** must ensure geographic diversity when funding emergency food programs.

Improve access to and quality of emergency community food programs

14. **Community based organizations and the City of Toronto** must increase access to emergency food programs in York, North York, Scarborough and Etobicoke.
15. **Food banks** must remove restrictions to access based on postal code, number of previous visits and presentation of identification.
16. **Emergency food programs** must improve access to service for youth.
17. **Emergency food programs** must provide healthy food including providing fresh fruits and vegetables.
18. **Emergency food programs** must ensure the food they provide allows people to make culturally appropriate food choices.

To recognize poverty and hunger as major risk factors for physical and mental health issues

19. **Federal, provincial and municipal governments** must measure health outcomes to assess the impact of social policy decisions regarding income and affordable housing.
20. **Federal, provincial and municipal governments** must consider the long term cost to the health system of not addressing poverty and hunger now.
21. The **Ontario government** must increase access to dental care for individuals and families with low incomes including those in receipt of social assistance.
22. **Health care providers** must make treating poverty and hunger high priority health issues requiring the devotion of professional time and health system resources equivalent to other major health issues.
23. The **Ontario Ministry of Health** must devote resources to reducing poverty.

To respect human dignity when addressing the elimination of hunger

24. **Anti-poverty and social justice groups** must engage in public education through media and other activities to increase public awareness of the root causes of hunger.
25. **Funders, foundations and community organizations** must build capacity and leadership among the people most affected by hunger to address its root causes, and pay them appropriately for this work.
26. **Governments and community based organizations** must reject charity as the means by which hunger is addressed and see access to food as a basic human right to be addressed through public social programs.
27. **Social service providing organizations and emergency food programs** must ensure all representatives are promoting dignity, respect and collaboration with the people who access their services in addressing hunger.

The Recession Relief Coalition would like to thank the panelists who shared their time, knowledge and experience in promoting the event, hearing the evidence and crafting the recommendations.

In particular we would like to acknowledge the panelists' collective commitment to listening.

Thank you,

Joshna Maharaj, Celebrity Chef and Food Activist

Bruce McLeod, Former Moderator of the United Church of Canada

Jim Stanford, Economist, Canadian Auto Workers

Gary Bloch, Family Doctor, St. Michael's Hospital

Linda Chamberlain, Dream Team

Toni Panzuto, FoodShare

Speaker's List*

Keynote speaker: Valerie Tarasuk, PhD. Professor – University of Toronto

NAME	ORGANIZATION
Dr. Lynn Anne Mulrooney , RN, MPH, PhD	Registered Nurses Association of Ontario
Sarah Vogelzang	Toronto Public Health
Dr. Dennis Raphael	York University
Mara Brotman	CATIE – Canadian Aids Treatment Information Exchange
Emily Cooper BScN, BSc	South Riverdale Community Health Centre
Laura Hanson , MN	Health Providers Against Poverty
Anne Egger	Street Nurses Network
Duberlis Ramos	Colour of Poverty/Hispanic Development Council
Curtis Bishop	Houselink
Cheryl Smith	Voices from the Street
Shane Patey	Toronto PWA Foundation
Rene Adams	
Richard Matern	Daily Food Bank
Michelle Quintal, Maureen Arlain, Mary Milne	Toronto Drop-in Network
Faudia Azeez , MSW	Children's Aid Society Toronto
Martha Kivanda	Children's Aid Society Toronto
Nawal Ateeq	Thorncliffe Neighbourhood Office
John Clarke	Ontario Coalition Against Poverty
Kate Kenny, Zoe Dodd, Jean Guy	South Riverdale CHC - Community Group
Jennefer Laidley	Income Security Advocacy Centre
Theresa Schrader	
Michael Rosenberg	Economics of Technology Working Group
Beric German	Street Health
Peter Rosenthal	Housing as a Right Charter Challenge
Barbara Hurd	Housing Action NOW
Winnie Ng	Good Jobs For All Coalition

* In addition to the above 31 scheduled speakers, there were eleven open microphone speakers throughout the day.

A Housing Benefit for Ontario: One Housing Solution for a Poverty Reduction Strategy Available at <http://www.onpha.on.ca/AM/AMTemplate.cfm?Section=Home&CONTENTID=3882&TEMPLATE=/CM/ContentDisplay.cfm> September 2008

Eric Anderssen (2010, Nov. 20) To End Poverty, Guarantee Everyone in Canada \$20,000 a Year. The Globe and Mail, p. F1.

Canada, Parliament, House of Commons. Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities. *Federal Poverty Reduction Plan: Working in Partnership Towards Reducing Poverty in Canada*. 40th Parliament, 3rd Session. Available at <http://www2.parl.gc.ca/HousePublications/Publication.aspx?DocId=4770921&Mode=1&Parl=40&Ses=3&Language=E> November 2010

Canada, Parliament, Senate. Standing Senate Committee on Social Affairs, Science and Technology – Report of the Subcommittee on Cities. *In from the Margins: A Call to action on poverty, housing and homelessness*. 40th Parliament, 2nd Session. Available at <http://www.parl.gc.ca/40/2/parlbus/commbus/senate/com-e/citi-e/rep-e/rep02dec09-e.pdf> December 2009

Daily Bread Food Bank (2010, Nov.) Presentation to the Recession Relief Coalition Hunger Inquiry.

Food Banks Canada (2010, Nov.) Retrieved from <http://foodbanksCanada.ca>

Good Jobs for All <http://goodjobsforall.ca>

Health Canada, Office of Nutrition Policy and Promotion, Household Food Insecurity in Canada in 2007-08. Ottawa: Health Canada, 2010.

Health Canada, Office of Nutrition Policy and Promotion, Summary Tables on Household Food Insecurity in Canada in 2007-08. Ottawa: Health Canada, 2010.

Housing Action Now (2010, Nov.) Presentation to the Hunger Inquiry Sponsored by the Recession Relief Coalition.

Income Security Advocacy Centre (2010, Nov.) Presentation to Recession Relief Coalition Hunger Inquiry.

Kirkpatrick, S. & Tarasuk, V. (2009) Food insecurity and participation in community food programs among low-income Toronto families. *Canadian Journal of Public Health*, 100(2), 135-9.

Kirkpatrick, S. & Tarasuk, V. (2008) Food insecurity is associated with nutrient inadequacies among Canadian adults and adolescents. *Journal of Nutrition*, 138, 604-12.

Monsebraaten, Laurie (2010, Nov. 24) Child Poverty on the Rise in Ontario. *Toronto Star*, p. A4

Ontario Association of Foodbanks (2008, Nov.) The Cost of Poverty. An Analysis of the Economic Cost of Poverty in Ontario. Retrieved from <http://www.oafb.ca/assets/pdfs/CostofPoverty.pdf>

Ontario Social Assistance Monthly Statistical Reports.

Retrieved from <http://www.mcass.gov.on.ca/document/en/mcass/social/reports/OW EN 2010-09.pdf>

Ontario Social Assistance Review Advisory Council (2010, May) Recommendations for an Ontario Income Security Review: Report of the Ontario Assistance Review Advisory Council <http://sareview.ca/wp-content/uploads/2010/07/SARAC-Report-FINAL.pdf>.

Social Determinants of Health (n.d.). In World Health Organization.

Retrieved from http://www.who.int/social_determinants/en/

Statistics Canada (2010, Dec.) Labour Force Survey.

Toronto Public Health, *Nutritious Food Basket Backgrounder*.

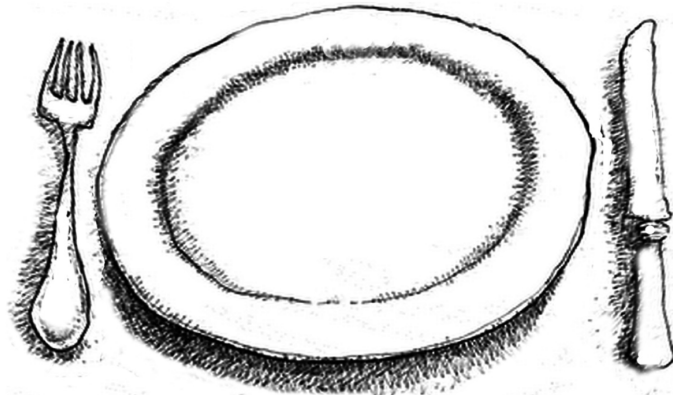
Available: http://www.toronto.ca/health/pdf/food_campaign_09.pdf. 2009

World Health Organization, Social Determinants for Health (n.d.), Retrieved February 1, 2011 from http://www.who.int/social_determinants/en/

Hunger Crisis:

Report of the Hunger Inquiry

RECESSION RELIEF COALITION



HUNGER INQUIRY

Recession Relief Coalition
2011

website:

<http://www.recessionreliefcoalition.org>

email:

info@recessionreliefcoalition.org