



The Cost of Eating in Newfoundland & Labrador - 2003

A Discussion Paper

February 12, 2004

Dietitians of Newfoundland and Labrador
Newfoundland and Labrador Public Health Association
Newfoundland and Labrador Association of Social Workers

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Dietitians of Canada (**DC**) is the voice of professional dietitians in Canada. *DC provides leadership and support to enable its members to speak out on local food and nutrition issues.* DC members are committed to taking action to improve the health of Canadians through food and nutrition. Provincial members of DC through Dietitians of Newfoundland and Labrador (**DNL**) speak out on food and nutrition matters important to the health and well-being of the population of this province.

The Newfoundland and Labrador Public Health Association (**NLPHA**) is a voluntary non-profit association with a community health perspective. Membership in NLPHA includes people working in health and community services, educators and researchers, and individuals interested in health and social issues that affect their community. NLPHA's mission is: *"To advocate for the social, physical, emotional, economic and environmental well being of the people and community."*

The Newfoundland and Labrador Association of Social Workers (**NLASW**) is the professional association and regulatory body for professional social workers in this province. The NLASW mission is to *"Ensure excellence in the social work profession"*. Social workers are dedicated to the well being of individuals, to the achievement of social justice and to the development of resources to meet individual, family and community needs.

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EXECUTIVE SUMMARY

A nutritious diet is fundamental to good health and optimal psychosocial functioning. Inadequate income can limit people's ability to purchase adequate amounts of nutritious foods to meet their needs. Food becomes the area that is compromised to accommodate other basic needs.

The Dietitians of Newfoundland and Labrador (**DNL**), Newfoundland and Labrador Public Health Association (**NLPHA**) and the Newfoundland and Labrador Association of Social Workers (**NLASW**) collaborated to review the ability of Newfoundlanders and Labradorians with low income to afford sufficient, nutritious food in light of current data on the cost of healthy eating in the province. We recognize that these recommendations are not the total answer to the problem. The recommendations are to stimulate discussion and action on this important topic. They must be worked on in a broad context within the realm of the Strategic Social Plan and other provincial pursuits.

It is recommended that government:

1. Implement the provincial Food and Nutrition Strategy and resource this strategy to allow for its effective implementation. Broaden the scope of the Food and Nutrition Strategy Committee to include other government departments and key community stakeholders to address food security in our province.
2. Promote policies that support and protect the affordability of basic food staples in all areas of the province.
3. Continue the Newfoundland Nutritious Food Basket survey annually and include Labrador in the next survey along with the island portion of the province.
4. Annually index the minimum wage to the cost of living.
5. Modify income support rates to provide an income that allows all people on income support to purchase adequate nutritious food and meet their other basic needs.
6. Support school meal programs in all areas of the province.

Introduction

In 1989, the Newfoundland Dietetic Association, Newfoundland Association of Social Workers and the Newfoundland Public Health Association collaborated on a food costing survey and position paper *A Time for Change: Adequate Food for the Poor in Newfoundland and Labrador, A Position Statement on Food Costs for Social Assistance Recipients*. For recommendations from that paper see **Appendix A**.

Since that time, the federal and provincial governments introduced new initiatives aimed at improvements for people with low income. However, statistics indicate that food bank use in this province continues to rise. Dietitians, social workers, public health nurses and other public health professionals see the impact of this reality daily in their practices. It is clear that further improvements are needed. In 2001, the NL government initiated an annual *Newfoundland Nutritious Food Basket* survey (**NNFB**). The survey is based on Health Canada's standardized survey tool, the *National Nutritious Food Basket 1998*.¹ The template was adjusted to reflect information from the 1996 *Survey of Family Food Expenditure in Canada* pertaining to Newfoundland households' purchasing patterns. To date, the survey has been conducted only on the island portion of the province.

In 2003, Dietitians of Newfoundland and Labrador (**DNL**), the Newfoundland and Labrador Association of Social Workers (**NLASW**) and the Newfoundland and Labrador Public Health Association (**NLPHA**) again collaborated to review the ability of low-income Newfoundlanders and Labradorians to afford sufficient, nutritious food in light of current data on the cost of healthy eating in the province. This paper aims to bring attention to the issue, offer recommendations and stimulate discussion on this important topic.

Quick facts about poverty and food insecurity

"Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life."² Food insecurity exists when that access is compromised.

According to a recent provincial government report:

- based on before-tax income, 26% of NL children lived in poverty in 2000 – up from 21% in 1991;
- almost half the Canadian children living in poverty were from single parent families; women primarily head single-parent families;
- NL had the highest percentage of seniors in Canada receiving the senior's Guaranteed Income Supplement;
- the provincial employment rate was 59% in 2001; an improvement but still lower than the Canadian employment rate which was 74% in 2001.³ "In 1998, 31% of women working in full year, full-time jobs earned \$15,000 or less, compared to 16% of men;"⁴ and
- 1/3 of all social assistance cases in NL in 2001 were persons with physical, developmental, mental and/or social disabilities.⁵

- 10% of Newfoundlanders and Labradorians worry about not having enough to eat.
- 15% could not eat the quality or variety of foods they wanted because of lack of money.

From The Ground Up p 14

According to the federal government's new Market Basket Measure:

- 23.4% of Newfoundlanders did not have enough disposable income to buy the basic necessities of food, shelter, clothing and transportation.⁶

According to a summary of provincial minimum wage rates:⁷

- the minimum wage in this province, \$6.00 per hour, is among the lowest in the country.⁸

In the *Report of a Consultation on the Social Assistance Act*, in 2001:

- 1/10 of the NL population received social assistance each month; and
- youth 18-29 were a significant part of the assistance caseload.⁹

A 2001 Statistics Canada report, *Food Insecurity in Canadian Households* reported:

- people relying on social assistance were at a greater risk of experiencing food insecurity;

- children were the age group most likely to live in food insecure households; and
- 32% of lone-mother households experienced food insecurity.¹⁰

A recent study of low-income, lone mothers with children in Atlantic Canada found that:

- 34% of lone mothers skipped meals or ate less when food was scarce.¹¹

Food banks tend to be the primary response to food insecurity. Food bank statistics are a poor indicator of food insecurity as not all food insecure households are included.¹² However, according to the Canadian Association of Food Banks report, *Hunger Count*

A 1999 United Church Food Aid Centre, St. John's survey revealed it now served {in many cases} the children of those adults first served in 1989.

Guzzwell, H. The United Church Food Aid Centre
Food Security Network online Newsletter No. 1 January – May 2002

2003, NL continues to have the highest provincial per capita food bank use. The report also notes that 39% of food recipients were children and that the majority of recipients were on social assistance. The working poor, those who received disability income or other income support such as Employment Insurance and those with no income at all were also included.¹³

Food insecurity impacts health and well being

Food choices play a direct role in nutritional health and significantly influence health status. Food choices are not simply a matter of personal choice. Economic and social factors, coping skills, environment and working conditions all influence a person's capacity to make food and nutrition choices.¹⁴

Compromised nutrition can affect an individual's physical and mental health and quality of life.

- One Canadian study reported food insecurity was associated with poor self-rated health among families with children.¹⁵
- Another Canadian study found that caregivers in families reporting child hunger were more likely to rate their health poorly and had at least one chronic health condition.¹⁶

Newfoundlanders and Labradorians report higher rates of diabetes, heart attacks and strokes and some cancers than the Canadian average.

From the Ground Up. Pg 7.

Food insecurity may affect nutrition-implicated chronic disease prevention and management.¹⁷

- There is evidence that good nutrition combined with physical activity can help prevent, slow progression and lessen the effects of type 2 diabetes.¹⁸ According to a Statistics Canada report, for people aged over 35 years, those with diabetes were more likely than those without diabetes to have lower levels of income adequacy.¹⁹ Healthy eating is a challenge when incomes are limited.
- Insufficient consumption of fruits and vegetables puts individuals at risk for chronic diseases such as cardiovascular disease and certain types of cancer.²⁰ Canada's Food Guide to Healthy Eating (CFGHE) recommends that people eat between five and ten servings of fruits and vegetables per day.²¹ A study on the Dietary Approaches to Stop Hypertension (**DASH**) eating approach shows that even with constant salt intake, the benefits of a diet high in fruits and vegetables and milk products can surpass the benefits of antihypertensive drugs.²² A study by Tarasuk reported that as food insecurity worsened, fruit and vegetable intake decreased.²³

Running out of food can create stress.

- The "fight or flight" reaction induces mechanisms that can produce lipid abnormalities and high blood pressure.²⁴
- High stress levels can also produce behaviours to alleviate tension that result in high-fat, high-calorie diets and poor nutrition.²⁵

Paradoxically, food insecurity is associated with obesity.

- Data from the National Longitudinal Survey of Children and Youth indicated that higher proportions of children living in low-income families were overweight and obese and that the proportion of overweight and obese children decreased as family income increased.²⁶ Food insecure low-income families tend to buy cheaper high-calorie foods out of necessity (rather than choice) over more expensive healthy food choices including fruits and vegetables.²⁷
- Being overweight increases the chances of developing high blood pressure, high blood cholesterol, diabetes and heart disease.²⁸

- 22% of adult Newfoundlanders and Labradorians have a Body Mass Index (**BMI**) categorized as obese and 38% a BMI categorized as overweight (BMI is a measure of weight based on an individual's height and weight).²⁹
- Childhood obesity is a growing concern. A recent study reported that Atlantic Canadian children were the most obese in Canada and were getting bigger; 36% of NL children were obese, an increase from 11.4% in 1981.³⁰
- Doctors now see type 2 diabetes in school-age children. Until recently this was considered an adult disease unheard of in children.³¹

Food insecurity and learning

The implications of inadequate nutrition on learning are well known.

- Inadequately nourished children score lower on vocabulary, reading, comprehension, arithmetic and general knowledge tests and have poorer psychosocial outcomes.³²
- Under-nourished children have decreased alertness, are unable to perform school tasks as well as their better-nourished peers and are more susceptible to illness.³³
- School meal programs help to address nutrition inequities for some children but they have limitations e.g. they do not address the needs of preschool children; they only operate when school is in session; they are not found in all schools and they do not address the underlying problems that lead to child hunger.^{34, 35}
- The Coalition for School Nutrition documented the need for school food and nutrition policies for all K - 12 schools in the province of NL and the need for further support for school milk and meal programs.³⁶ Others call for a universal school meal program.³⁷ Such recommendations seek to improve the food available in schools to promote and model healthy eating for students. Their implementation would have a positive impact on all students including those from financially challenged families. Such initiatives, though, are only one part of the solution to ensure that all children have access to sufficient healthy food at all times.

Social exclusion and social equity programs

Social and economic exclusion happens when people do not have things they need to live comfortably and participate in society as valued, respected community members. "Those who are excluded, whether because of poverty, ill health, gender, race or lack of education do not have the opportunity for full participation in the economic and social benefits of society."³⁸ The stress of exclusion may continue to impact health in later years.³⁹

Social exclusion - graded phenomena of material deprivation:

- exposure to hunger
- lack of quality food
- poor quality housing
- inadequate clothing
- poor environmental conditions at work & home
- lack of participation in societal activities
- exclusion from full participation in decision-making and civic participation.

Raphael p.29

The view that lifestyle is secondary to social exclusion in regards to health outcomes challenges us to look beyond changing behavior solely through health education. Food security is a prime example of this need. Along with providing programs, services and support for the nutritionally vulnerable, a focus is needed on reducing inequities that result in food insecurity.

Providing advice alone to hungry families does not feed them. In a study reviewing the *Basic Shelf Program*, participants acknowledged that they were providing the best quality food possible within their budget constraints. The program could not change the amount of money people had for food. At month end some participants still ran out of money. One person reported, "My friend and I are both on limited income. The program made you feel like, okay, we're doing everything we can. If it's not working, it's not our fault. We're doing the best that we can. We're feeding our kids. We're following all the rules. We're following the way you should shop. If it's not going far enough, that's not my fault."⁴⁰ People need adequate incomes whether from employment, from income support programs or a combination of both.

Participants in the Department of Human Resources and Employment (**HRE**) community consultations stated that the HRE Income Support Program did not adequately meet clients' basic needs – food, shelter, and clothing. Basic rates must be sufficient for people to eat healthfully, not only to provide calories and nutrients for growth and development, but also to help prevent chronic diseases.⁴¹ (In NL, people receive a basic assistance rate with costs for food, clothing and household supplies bundled together. The rate is not based on the actual costs for basic needs.)

Participants also urged government to assist clients to participate fully in their communities (social inclusion) and not just alleviate financial distress. They identified that more comprehensive programs are needed to help for people to develop life skills and budgeting skills. Community-based services are needed to help fill gaps in the current system.⁴²

Life skills education requires a higher priority than presently given. Many among the younger generations have lost meal planning, food preparation and budgeting skills. This is partially explained by the increased pace of life, an influx of ready made or fast foods and lack of time for working parents to teach their children these skills. These youth become adults who are then unable to teach these skills to their children.⁴³ 'Nutritionally challenged' people are found at all income levels. "Nutrition education programs for the public should emphasize practical skill development e.g. food selection, storage and preparation skills."⁴⁴ *HomeSmart* (a pilot project) offered through the United Church Food Aid Centre provides hands on training in many of these areas. Unpublished results to date are positive.⁴⁵

Making food more affordable for all

The prices of healthy food staples must be supported to make them more affordable. Though consumer demand typically drives the marketplace, in NL liquor and beer prices remain constant throughout the province.⁴⁶ The same supportive policy does not apply to basic food staples such as milk, bread and eggs. Despite their significant nutritional value, milk and milk products are inadequately consumed in low-income populations.⁴⁷ Often the population that can least afford the price pays the most.

The rent squeeze

*"A major reason why social housing is so crucial is that the rent is generally kept in line with the tenant's income, making it affordable. The exact amount that one must pay depends on the jurisdiction in which one lives, as well as the situation one is in."*⁴⁸

Shelter needs come first. It is assumed that a 'reasonable' monthly rent is no more than 30% of a renter's income.⁴⁹ The majority of renters on low income or who are poor must choose between heat, shelter and food. Housing for Aboriginals is much worse than for non-Aboriginals.⁵⁰ Waiting lists for affordable social housing are growing.⁵¹ Affordable housing is a responsibility of federal, provincial, territorial and municipal government levels. In NL almost 50% of adults who receive income assistance live in rental accommodation. Of these people, only 11% live in subsidized rental housing.⁵² Province-wide, the Newfoundland and Labrador Housing Corporation (**NLHC**) rents to low-income families, seniors, non-elderly single people, native people, disabled individuals and others in need of income based housing.⁵³ Waiting lists for NLHC housing are long and social housing is not readily available throughout the province. The lack of adequate, affordable housing for low income Canadians is viewed as a crisis in this country.⁵⁴ While this issue is beyond the scope of this paper, its resultant impact weighs heavily on the purchasing power for adequate nutritious food for Newfoundlanders and Labradorians with low-income.

The Newfoundland Nutritious Food Basket

The NNFB 2003 costings (**Appendix B - Table 1**) can be used to develop monthly food costs.⁵⁵ **A NNFB does not constitute a recommended diet but is a list of foods, which can be priced to estimate the cost of healthy eating for different age and gender groups.** The NNFB is based on food purchasing patterns in NL and is comprised of a list of foods generally purchased in the province. Miscellaneous

foods such as tea, coffee, condiments, seasonings, and cooking materials such as baking powder were factored into the NNFB cost. Sale price items are included and take-out, ready to eat and more expensive foods are excluded. **Thus the NNFB cost is generally lower than that purchased by the average person.** NNFB costs may not reflect individual eating patterns, or factors such as special diets, snacks or other cultural foods.

Monthly costs are obtained by multiplying the weekly NNFB costs by 4.33 (the number of weeks in a month). Weekly NNFB food costs calculated by age and gender used the servings recommended in CFGHE (**Appendix B - Table 2**). For families larger or smaller than the reference family, the appropriate economy of scale factor is applied (**Appendix B - Table 3**).

The NNFB results reflect the May-June time period when costings were conducted, the time period when costs are closest to average thus compensating for the need to do monthly and seasonal costings. Historically, food costs are even higher in the Labrador and Northern Newfoundland areas.⁵⁶ Though Northern Newfoundland was included in surveys to date, Labrador was not. The unique challenges faced by Labradorians to secure adequate nutritious food need to be captured. The first step in this process is to annually cost food in Labrador. Government established an interdepartmental committee to discuss the impact of the NNFB results on government's programs and services. To date, no public information has been released.⁵⁷

According to the NNFB results it would cost approximately \$6747 per year to provide a nutritious diet to feed a family of 4 in NL in 2003. In reality, unless a family knows how to budget for nutritious foods, the cost could be much greater. For those with low income and at poverty level, the situation is worse. They face additional obstacles such as transportation, limited cooking facilities, inadequate resources for bulk buying, lack of food storage such as freezers and access limited to neighbourhood stores. One study revealed that the biggest factor contributing to higher grocery costs in poor neighbourhoods was that large chain stores, where prices tend to be lower, are not located in these neighbourhoods. Thus people who shop in non-chain stores paid a significant premium on food.⁵⁸

Can people with low incomes afford to eat?

To fully appreciate the problem, it is sometimes best to look at real life situations. The data below uses monthly disposable incomes. *The food cost is calculated using the cost of eating a nutritious food basket, and the appropriate economy of scale factor for families larger and smaller than the reference family (Appendix B Tables 1- 3). **Other costs such as telephone, transportation, clothing, personal toiletries, cleaning and laundering supplies, family recreation, school costs are not included in the scenarios.***

Scenario 1: Working family with low income

2 parent family - mom 33 yr. old & dad 34 yr. old	
2 girls 12 & 10 years old	
Earned net income	= \$1252.00
Child Tax credits	= 465.00
GST/HST credits	= 83.00
Subtotal	= <u>\$1800.00</u>
Monthly rent & heat/light (\$550 +150)	= 700.00
After heated shelter income	= <u>\$1100.00</u>
Cost to feed this family	= - 550.21
Amount left for all other living expenses	= <u>\$ 549.79</u>

The total combined family monthly income is \$1800. This family uses 39% of their income for shelter plus heat and light. According to the NNFB it would cost \$550 to put nutritious food on this family's table. They are not able to do so, as this family would need to use 50% of their after shelter disposable income for food. This family cuts back on the monthly food bill to make ends meet. Unlike a family on income support, they are responsible for their medical, dental and prescription drug costs (not listed here).

Scenario 2: Family on income support

1 parent family: mom 31	
2 girls: 8 & 2 years old	
1 boy: 13 years old	
Income support (incl. \$433 for rent)	= \$ 933.00
Child Tax credits	= 688.64
GST/HST credits	= 53.00
Subtotal	= <u>\$1674.64</u>
Rent (3-bedroom)	= 650.00
Heat & light	= - 175.00
After heated shelter income	= \$ 849.64
Cost to feed this family	= - 463.22
Amount left for all other living expenses	= <u>\$ 386.42</u>

This family's total monthly income is \$1675. They do not live in subsidized housing. One child is a teenage male; therefore a 3-bedroom rental is required. Rent exceeds their \$433 allotment by \$217. This difference is taken from income that potentially could be used for food. This leaves \$850 as disposable after heated shelter income. According to the NNFB it would cost \$463 to eat nutritious food or 54% of the remaining disposable income, which they are not able to do. If they did, the amount this family is left with to cover all other living expenses would be \$89 per week. To subsidize their food, the family utilizes a local food bank monthly. They would do so more frequently but are restricted by food bank policy of providing assistance once per month.⁵⁹

Scenario 3: Youth on income support

1 female youth: 19 years old	
Income support	= \$ 96.00
GST/HST credits	= 19.67
Subtotal	= <u>\$115.67</u>
Cost to feed this youth	= - 137.67
Amount left for all other living expenses	= - <u>22.00</u>

This young woman's total monthly income (including tax benefits) is \$116, less than the \$138 needed according to the NNFB for her food and a 3-person family economy of scale. She would need 119% of her income for food. She lodges with her mother & younger sibling who are also on income support. How does she manage to obtain nutritious food and have any money to cover other living expenses?

Scenario 4: Single person on income support

1 female: 62 years old	
Income support (incl. \$149 for rent)	= \$ 489.00
GST/HST credits	= 24.00
Subtotal	= <u>\$ 513.00</u>
Rent (\$149 paid directly by HRE)	= - 149.00
Heat & Light	= - 50.00
After heated shelter income	= \$ 314.00
Cost to feed this single person	= - 147.59
Amount left for all other living expenses	= <u>\$ 166.41</u>

This woman's total monthly income is \$513. She is fortunate in that her housing is subsidized by NLHC. This woman would spend \$148 or 47% of her after shelter income for food alone according to the NNFB and an economy of scale for a 1-person family. She cannot, as she would have only \$38 per week for all other living expenses. She cuts back on the monthly food bill to make ends meet and occasionally skips a meal i.e. goes hungry.

The average Canadian family with one earner spent approximately 17% of their personal disposable income on food.⁶⁰ Those on low incomes spend 34% of their income on food.⁶¹ In the above scenarios, Newfoundlanders would need to spend 28-119% of their income on nutritious food! These examples illustrate the seesaw relationship between providing nutritious food and balancing other living costs, leading to various degrees of food insecurity (**Appendix C**).

The role of government and society in addressing poverty and hunger

Food security is a precursor to an active, healthy lifestyle, social inclusion and healthier communities. Food security has many dimensions transecting the mandates, policies and strategies of many government levels, ministries, sectors and jurisdictions.⁶² Therefore food *insecurity* has a strong relationship to population health outcomes and health care costs. Policies aimed at improving food security are a major factor in reducing the poverty cycle and must be integrated into government health and social programs.

In the 2002 Draft Declaration of the World Food Summit, countries participating in the International Alliance Against Hunger declared under Political Will: " We specifically urge governments to review their ongoing national food security policies with a view to filling gaps, identifying new initiatives, removing implementation obstacles and streamlining inter-ministerial and inter-departmental policy initiatives." And furthermore, the Heads of State and Government or representatives reaffirmed the right of everyone to have access to safe and nutritious food.⁶³

Communities also have an integral role and responsibility in supporting efforts to build food security for all residents. (For information about some of the existing community-based food security initiatives and programs available in NL see **Appendix D.**)

Some recent government initiatives

The Population Health Model (**Appendix E**) guides the provincial government's health and social strategies.⁶⁴ This model is based on a range of factors called health determinants, which affect the overall health status of the population. Government's *Strategic Social Plan* released in 1998 is a framework that identifies the present and future social development needs of NL. *Healthier Together: A Strategic Health Plan for Newfoundland and Labrador* released in September 2002, sets out the health and community services direction for the next five years.⁶⁵ Specific to food security, the document focuses on Population Health and the need to reduce inequities, including socio-economic variables which impact on health and access to services. To support these directions, a Provincial Wellness Strategy is being developed. According to the Strategic Health Plan, a starting point of the Wellness Strategy will be the implementation of the provincial food and nutrition strategy, *Eating Healthier in Newfoundland and Labrador*. Food security is included as a priority food and nutrition issue. Much work has been done on the development of the provincial food and nutrition strategy over the past number of years. It is time for the provincial government to move forward with the release and implementation of the Strategy and to allocate adequate resources to support its effective implementation.

Government departments involved in the current Food and Nutrition Strategy Committee include: Health and Community Services, Education, Human Resources and Employment, Fisheries and Aquaculture, Tourism, Culture and Recreation, and Forest Resources and Agrifoods. Other departments are noticeably absent, as are stakeholders from the community.

The Canada Child Tax Benefit (**CCTB**), a federal government program aimed at low and middle-income families, appears to make a difference for families with children.⁶⁶ The McIntyre study reported that children experienced some improvement in nutritional intake during the study time that was possibly related to food purchases made when women received the CCTB or GST/HST rebates.⁶⁷ The CCTB is a step forward in reducing the effects of poverty. However, while the CCTB benefits households with children, it does not cover the total costs of raising a child. Also, consider that households without children and single individuals receive no such benefit.

Canada Child Tax Benefit (CCTB) is:

- based on the age, # of children under age 18 & child care expenses;
- paid monthly;
- indexed to inflation since July 2002; and
- non-taxable.
<http://www.nationalchildbenefit.ca/ncb/govtofcan4.shtml>

It is commendable that the government of this province is one of the few that does not claw back the CCTB from income support payments.

In 2001, the provincial government introduced the Mother Baby Nutrition Supplement (**MBNS**). It is a monthly benefit provided to eligible low income (family net income under \$22,397), expectant women and families with children under the age of one.⁶⁸ This supplement is \$45 each month and is meant to assist with the extra costs of eating healthy during pregnancy and throughout the child's first year.

The **Mother Baby Nutritional Supplement (MBNS)** is:

- provided from pregnancy to age 1;
 - paid monthly; and is
 - non-taxable.
- <http://www.gov.nf.ca/releases/2001/hre/1203n01.htm>

Income support recipients, who find work, may be eligible for an extended drug card for six months.⁶⁹ While this time frame may be sufficient in some cases, in others the waiting period for an employer's medical coverage to start is longer or coverage is not available. More flexibility is needed to bridge the time gap for the employment medical plan (if existing) to take effect.

Conclusions

In light of the current data on the cost of healthy eating in the province, it is clear that many Newfoundlanders and Labradorians with low income are unable to buy sufficient, nutritious food. If the goal of the Strategic Health Plan, "to achieve healthy individuals and communities"⁷⁰ is to be met, it is essential that people be able to meet their basic food needs. It is this important issue that has brought our organizations (DNL, NLPHA, NLASW) together.

Government, non-government organizations, professional associations, and communities all have a role in addressing the issue of food security for the population of Newfoundland and Labrador. Success in this area will improve the overall health and well being of our population. Collectively DNL, NLPHA and NLASW support the following recommendations. We do not profess to have all the answers. The recommendations are to stimulate discussion and action on this important topic. They must be worked on in a broad context within the realm of the Strategic Social Plan and other provincial pursuits.

RECOMMENDATIONS

It is recommended that government:

1. Implement the provincial Food and Nutrition Strategy and resource this strategy to allow for its effective implementation. Broaden the scope of the Food and Nutrition Strategy Committee to include other government departments and key community stakeholders to address food security in our province.
2. Promote policies that support and protect the affordability of basic food staples in all areas of the province.
3. Continue the Newfoundland Nutritious Food Basket survey annually and include Labrador in the next survey along with the island portion of the province.
4. Annually index the minimum wage to the cost of living.
5. Modify income support rates to provide an income that allows all people on income support to purchase adequate nutritious food and meet their other basic needs.
6. Support school meal programs in all areas of the province.

APPENDICES

Appendix A Recommendations from: A Time for Change

Recommendations from: A Time for Change. Adequate Food for the Poor in Newfoundland and Labrador, A Position Statement on Food Costs for Social Assistance Recipients, Newfoundland Dietetic Association, Newfoundland Association of Social Workers and the Newfoundland Public Health Association 1989 follow.

1. That social assistance rates be increased to cover the real costs of adequate nutrition, clothing, rent, heat, light and personal needs.
2. That food allowances be costed as a separate benefit, subject to revision every six months.
3. That the allowance for food be based on a formula that meets the different nutritional needs of each family member. This would allow varying assistance rates in relation to need.
4. That the Department of Social Services make funding available to establish nutrition education programs for people receiving social assistance. These programs should be designed by registered dietitians in consultation with those affected and implemented using community development processes.
5. That the Departments of Health, Education and Rural Agriculture and Northern Development fund an evaluation of the need for nutrition supplementation through the school system.

Appendix B Tables related to the cost of eating

Table 1: WEEKLY cost of eating in NL (excluding Labrador) 2003

Monthly costs are obtained by multiplying the weekly NNFB costs below by 4.33 (the number of weeks in a month).

Group	Age	Western	Grenfell	Labrador	Central	Eastern	St. John's
Family of 4		\$128.53	\$132.17	N/A	\$127.19	\$130.96	\$130.44
Child	1 year	\$15.40	\$15.95	N/A	\$15.18	\$15.71	\$15.34
	2-3 years	\$16.60	\$17.11	N/A	\$16.29	\$16.86	\$16.49
	4-6 years	\$21.24	\$21.84	N/A	\$20.79	\$21.49	\$20.98
Boy	7-9 years	\$25.33	\$25.93	N/A	\$24.82	\$25.60	\$25.28
	10-12 years	\$31.18	\$32.03	N/A	\$30.66	\$31.65	\$31.27
	13-15 years	\$36.74	\$37.74	N/A	\$36.27	\$37.35	\$37.01
	16-18 years	\$42.58	\$43.70	N/A	\$42.16	\$43.33	\$43.48
Girl	7-9 years	\$23.95	\$24.62	N/A	\$23.57	\$24.32	\$23.93
	10-12 years	\$28.89	\$29.79	N/A	\$28.41	\$29.40	\$28.79
	13-15 years	\$29.98	\$30.86	N/A	\$29.47	\$30.49	\$29.86
	16-18 years	\$29.49	\$30.36	N/A	\$29.13	\$30.07	\$29.77
Man	19-24 years	\$40.09	\$41.15	N/A	\$39.75	\$40.83	\$41.14
	25-49 years	\$38.76	\$39.85	N/A	\$38.54	\$39.58	\$39.94
	50-74 years	\$36.29	\$37.39	N/A	\$36.18	\$37.17	\$37.55
	75 + years	\$33.57	\$34.66	N/A	\$33.48	\$34.46	\$34.73
Woman	19-24 years	\$29.84	\$30.72	N/A	\$29.53	\$30.44	\$30.28
	25-49 years	\$29.07	\$29.97	N/A	\$28.80	\$29.72	\$29.55
	50-74 years	\$29.08	\$29.98	N/A	\$28.84	\$29.75	\$29.64
	75 + years	\$28.00	\$28.91	N/A	\$27.82	\$28.69	\$28.62
Pregnancy & Breastfeeding	13-15 trimester 1	\$34.75	\$35.84	N/A	\$34.30	\$35.43	\$34.61
	13-15 trimester 2	\$36.83	\$37.96	N/A	\$36.34	\$37.53	\$36.67
	13-15 trimester 3	\$36.83	\$37.96	N/A	\$36.34	\$37.53	\$36.67
	13-15 breastfeeding	\$37.35	\$38.45	N/A	\$36.79	\$38.00	\$37.15
	16-18 trimester 1	\$34.14	\$35.23	N/A	\$33.82	\$34.89	\$34.41
	16-18 trimester 2	\$36.76	\$37.91	N/A	\$36.36	\$37.52	\$36.92
	16-18 trimester 3	\$36.76	\$37.91	N/A	\$36.36	\$37.52	\$36.92
	16-18 breastfeeding	\$37.72	\$38.86	N/A	\$37.26	\$38.44	\$37.80
	19-24 trimester 1	\$33.27	\$34.32	N/A	\$32.91	\$33.97	\$33.41
	19-24 trimester 2	\$35.46	\$36.52	N/A	\$35.03	\$36.15	\$35.61
	19-24 trimester 3	\$35.46	\$36.52	N/A	\$35.03	\$36.15	\$35.61
	19-24 breastfeeding	\$36.54	\$37.59	N/A	\$36.07	\$37.19	\$36.64
	25-49 trimester 1	\$31.52	\$32.55	N/A	\$31.20	\$32.23	\$31.66
	25-49 trimester 2	\$33.51	\$34.57	N/A	\$33.15	\$34.22	\$33.64
	25-49 trimester 3	\$34.21	\$35.30	N/A	\$33.84	\$34.95	\$34.29
	25-49 breastfeeding	\$35.53	\$36.63	N/A	\$35.11	\$36.28	\$35.50

Table 2: Food group daily servings: NNFB & CFGHE

Food group	NNFB approximate # of servings/day for:				CFGHE
	Age and Gender				
	Girl 7 to 9 years	Boy 13 to 15 years	Women 25 to 49 years	Man 25 to 49 years	Recommended # of servings
grain products	9	12	9	12	5 to 12
vegetables & fruits	7	9	9	10	5 to 10
milk products	2	3	2	2	2 to 4* * Assumes the following servings: • Children 4 to 9 years: 2 to 3 servings; • Youth 10 to 16 years: 3 to 4 servings; and • Adults: 2 to 4 servings.
meat & alternatives** ** Assumes the following serving sizes, as purchased: • Girl 7 to 9 years: 50 grams; • Boy 13 to 15 years: 70 grams; • Woman 25 to 49 years - 80 grams; and, • Man 25 to 49 years - 100 grams.	2	3	2	3	2 to 3
fats & oils	4	6	3	6	no recommendation
sugar & other sweets	4	5	3	4	no recommendation

Table 3: Economies of scale factor for families larger & smaller than the reference family⁷¹

Use the following adjustment for family size:

- 1 person: increase food costs by 15% (multiply by 1.15)
- 2 people: increase food costs by 10% (multiply by 1.10)
- 3 people: increase food costs by 5% (multiply by 1.05)
- 4 people: make no change
- 5 people: decrease food costs by 5% (multiply by 0.95)
- 6 people: decrease food costs by 10% (multiply by 0.90)

Appendix C Definitions used in Food Security discussions

Food scarcity or deprivation – also known as hunger, food poverty, food insufficiency and household food insecurity.

Food Insecurity - a continuum, progressing from dietary quality compromises as food supplies are depleted, followed by anxiety, altering adults' {and children's} eating patterns, to having socially unacceptable meals, using emergency food acquisitions and other food augmentation strategies and ultimately, when food supplies and resources are exhausted, to actual hunger among adults and children. It may be chronic or transitory.

*Tarasuk, V.
Discussion Paper on Household and Individual Food Insecurity
Valerie Tarasuk, 2001. pp. 1 & 13.*

Hunger - a continuum progressing from a change in what is usually eaten, eating less, skipping meals, seeking food help from relatives, friends or a food bank resulting in an uneasy or painful sensation caused by a lack of food.

*L. McIntyre.
Food Security: More than a Determinant of Health.
Policy Options. March 2003 p 47.*

Food Security - exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.

*Canada's Action Plan for Food Security, 1998
Part I Defining Food Security, pp.5*

Appendix D Community actions focused on increasing food access & food security

Across NL there are a number of program and policy initiatives that support food security. Projects vary in size and scope and aim to help people access nutritious, safe, and personally acceptable and culturally appropriate foods through normal food distribution channels. The sustainability of these initiatives is heavily dependant on continued volunteer efforts, government funding and fundraising.

Substitution strategies involve replacing one program with another and embrace skill-building and empowering individuals & the community to build food security. Often referred to as "hand-up" programs, they include projects such as community gardens & kitchens and food buying clubs.

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Below is a list of initiatives categorized as *Substitution* or *Redesign* strategies. This is by no means a complete list. For more information about local food security initiatives, contact the community nutritionist with Health and Community Services in your Health and Community Services region.

Redesign strategies involve

- examining root causes and long term solutions to food insecurity
- focus on food policy development targeted to minimizing food insecurity.

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Substitution Strategies:

Community Kitchens - Community kitchens have been started in a number of NL communities. A community kitchen is made up of people who get together to cook in large quantities for themselves and their families, share costs and labour, and take home the prepared meals. Groups usually meet twice a month. They first plan menus and shop; then, they cook, usually in the kitchen of a community centre, church or school. Sometimes group members share childcare responsibilities and a meal together. Community kitchens help people develop their cooking and shopping skills, help stretch the food budget and offer a supportive network.

Community Gardens - In a community garden, people work together to grow their own produce. Each gardener in a community garden had a plot of their own, but tools and facilities such as watering and storage may be shared. Gardens may be sanctioned by, but not necessarily operated by local municipalities. Public land or private donated land may be used for the garden. Community gardens allow apartment dwellers and low-income families the opportunity to improve their food access. These types of gardens, commonly referred to as allotment gardens, are taking hold in this province.

Farmers Markets - Farmers markets provide an opportunity for farmers to sell their products directly to the public and to earn a reasonable income. The public not only can support local sustainable agriculture but also can see who grows their food and how it has been handled.

School Food Programs - School councils, school boards, dietitians, public health nurses, social workers, parent groups, churches, community groups as well as students and teachers are involved in various school meal programs around the province. *The Kids Eat Smart Foundation Newfoundland and Labrador*⁷² assists with starting and sustaining school meal and snack programs in NL. They have established sustaining partnerships with Petro Canada, the Department of Human Resources and Employment (**HRE**) and Breakfast for Learning. Petro Canada and Breakfast for Learning each provide \$50,000 annually to support child nutrition programs. HRE recently announced \$500,000 in funding for the fiscal year 2003-04 to support school meal programs. NAPE is also a long-term community partner. 139 schools currently have meal programs. Research done in partnership with Memorial University determined that these programs are equally accessible to rural and remote schools and communities.⁷³

Prenatal Nutrition/Support Programs - The Canada Prenatal Nutrition Program (**CPNP**)⁷⁴ funds 9 Healthy Baby Clubs in NL, all sponsored by organizations that also receive funding through the

Community Action Program for Children (**CAPC**). In 2002-03, 548 pregnant women participated in the Clubs at the CPNP sites. The NL Government supports Healthy Baby Clubs in other family resource centres with funding from the NCB and the Early Childhood Development Initiative (**ECDI**). In 2002-03, the NCB sites through ECDI funding provided Healthy Baby Club support to 269 participants in 31 different NL communities. Healthy Baby Clubs provide support to pregnant women and their newborn babies. While activities vary by club, all provide food supplements, prenatal and breastfeeding support, education, and postnatal follow-up.

Other Initiatives - *HomeSmart* is a recently developed program of the United Church Food Aid Centre in St. John's, NL. Based on the popular Basic Shelf Program, *HomeSmart* has added several modules in an effort to take a 'life skills' approach in offering this service to clients. Targeted to people making regular use of food banks, participants learn skills to prepare healthy, nutritious, balanced, low-cost meals. Food is prepared on site. Groups sit down to a meal they have prepared and discuss what they have learned. Drop-in modules include budgeting, smart-shopping, problem-solving and conflict resolution, to name a few. A registered social worker is available on-site to handle any issues which may require a more in-depth approach. This program is very unique in that it marks a distinct change from usual food bank practice of providing handouts to actually giving people a hand-up!⁷⁵

Redesign Strategies:

Provincial Food and Nutrition Strategy - Citizens, professional associations and community groups advocated for a provincial food and nutrition policy for a number of years. Food and nutrition is a multifaceted strategy area. Government formed an interdepartmental committee to address this initiative, with the Department of Health and Community Services serving as lead. This committee's collaborative efforts resulted in the draft food and nutrition policy document, *Eating Healthier in Newfoundland and Labrador*. In the consultation process, approximately 800 recommendations and comments were received. During the final revision, *Eating Healthier in Newfoundland and Labrador* was changed from a policy to a strategy to better reflect the nature of the document.

Eating Healthier in Newfoundland and Labrador will serve as a framework to guide and support government, organizations, community groups, industry and citizens in food and nutrition decisions. It is also a supporting strategy for *Healthier Together: A Strategic Plan for Newfoundland and Labrador*. Active living is integrated in *Eating Healthier in Newfoundland and Labrador* to reflect the strong relationship between healthy eating and active living in health and well-being.

Healthy Eating/Active Living Awareness and Support, Maternal and Infant Health, Child and Youth Health, Seniors Health and Food Security are the initial food and nutrition strategy implementation priorities. These preceding frameworks and initiatives need further implementation and support. Strategy implementation will occur over time and time frames have yet to be determined.⁷⁶

The latest published draft of the strategy included many specific food security actions in areas including food access, availability, food pricing, self-reliant food production, income support initiatives, supplemental food programs, community initiatives/education, food safety, water quality and sustainability of food supply.

Food Security Networking and Awareness Building

The Food Security Network of Newfoundland & Labrador is a non-profit organization formed in St. John's in April 1998. Members include individuals and organizations throughout the province that are involved in: health care, education, farming, community development, family services, anti-poverty work, emergency food aid, school nutrition programs, and environmental protection. The Network's mission statement is "To actively promote comprehensive, community based solutions to ensure access to adequate and healthy food for all".⁷⁷

Appendix E Population Health

Population Health Promotion Model (PHP) guides provincial government health and social strategies.^{78 79} This model addresses the entire range of factors, which impact health and thereby affect the overall health status of the population.^{80 81} These factors are influenced by other factors inside and outside the health system. For example, *income and social status* is a health determinant, which considers the impact of living conditions such as safe housing and the ability to buy sufficient good food.^{82, 83} *"Without sufficient income, some families are unable to feed or care for their children adequately. This often leads to hunger, illness, exclusion and social isolation, which may in turn result in failure in school, delinquency and other problems for the individual and society."*⁸⁴

Factors that determine health:

- Income & Social Status
- Social Support Networks
- Education
- Employment /Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices & Coping Skills
- Healthy Child Development
- Biology & Genetic Endowment
- Health Services
- Gender
- Culture

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Thus, the health sector can no longer act alone. An integrated coordinated collaborative approach is needed amongst many sectors – economic, education, environmental, employment, social services, along with the voluntary, professional, business consumer and labour organizations - to improve overall health.

An assumption underlying the PHP Model is professional health organizations' roles to analyze possibilities for action on those determinants that are within their expertise and influence other sectors to ensure their policies and programs have a positive impact on health.⁸⁵

ENDNOTES

- ¹ See Lawn, Judith (1998). *National Nutritious Food Basket*. Ottawa: Health Canada.
- ² Government of Canada, Agriculture and Agri-Food Canada. (1998). *Canada's action plan for food security: a response to the World Food Summit*. <http://www.ari.ca/cb/fao/emain.html>
- ³ Government of Newfoundland and Labrador, Strategic Social Plan. (2003). *From the Ground Up*. <http://www.gov.nf.ca/ssp/FromTheGroundUp/FromTheGroundUp.pdf>
- ⁴ Ibid.
- ⁵ Ibid.
- ⁶ Williamson, D.L. (June 2001). *The Role of the Health Sector in Addressing Poverty*. *Canadian Journal of Public Health* 92(3):178-283.
<http://canadaonline.about.com/library/bl/blminwage.htm>
- ⁸ http://www.gov.nf.ca/openingdoors/articles_newsreleases/minimumwage.htm
- ⁹ Government of Newfoundland and Labrador. (August 2002). *Report of a Consultation on the Social Assistance Act*. <http://www.gov.nf.ca/hre/publications/pdf/SARReport.PDF>
- ¹⁰ Che, J. & J. Chen (2001). *Food insecurity in Canadian households*. *Health Reports* 12(4). Statistics Canada, Catalogue 82-003. <http://www.statcan.ca/english/indepth/82-003/feature/hrab2001012004s0a01.htm>
- ¹¹ McIntyre, L. (March 2003). *Food Security: More than a Determinant of Health*. *Policy Options*. <http://www.irpp.org/po/index.htm>
- ¹² Tarasuk, V. (2001). *Discussion Paper on Household and Individual Food Insecurity*.
- ¹³ Canadian Association of Food Banks. (2003). *Hunger Count 2003*. http://www.cafb-acba.ca/pdfs/other_documents/HC2003_ENG.pdf
- ¹⁴ Government of Canada, Health Canada, Joint Steering Committee. (1996). *Nutrition for Health An Agenda for Action*. http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/nutrition_health_agenda_e.html
- ¹⁵ Tarasuk, V., Beaton, G.H., Geduld, J. et al. (1998). *Assessment of Dietary Adequacy and Food Security of Women in Food Bank Families in Metropolitan Toronto*.
- ¹⁶ McIntyre L, S.K. Connor & J. Warren (2000). *Child hunger in Canada: results of the 1994 National Longitudinal Survey of Children and Youth*. *Can Med Assoc J* 163(8):961-5.
- ¹⁷ Ibid.
- ¹⁸ *Key found to preventing type 2 diabetes*. (Nov. 1, 2002). *DIABETES, A Joint Venture supplement with the Canadian Diabetes Association*. *National Post*. P JV5.
<http://www.statcan.ca/Daily/English/021018/d021018b.htm>
- ²⁰ <http://www.5to10aday.com/>
- ²¹ Government of Canada, Health Canada. *Canada's Food Guide to Healthy Eating*. http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/food_guide_rainbow_e.html
- ²² MacDonald, H.B. (Autumn 2001). *Between Dietitians*. *Canadian Journal of Dietetic Practice and Research* (62)3:163.
- ²³ Tarasuk .
- ²⁴ Raphael, D. (2003). *Bridging the gap between knowledge and action on the societal determinants of cardiovascular disease: how one Canadian community effort hit – and hurdled – the lifestyle wall*. *Health Education*. 103(3):177-189.
- ²⁵ Che & Chen.
- ²⁶ <http://www.statcan.ca/Daily/English/010815/d010815a.htm>
- ²⁷ MacDonald, H.B. (Autumn 2001). *Between Dietitians*. *Canadian Journal of Dietetic Practice and Research* 62(3):18-19.
- ²⁸ Dietitians of Canada. *FAQs and Fact Sheets*. <http://www.dietitians.ca/>
- ²⁹ Newfoundland and Labrador Centre for Health Information. *Fast Facts. Eating Well, Living Well*. <http://www.nlchi.nf.ca/pdf/NutritionFastFacts.pdf>
- ³⁰ Wilms, J.D., Tremblay, M.S., Katzmarzyk, P.T. (2003). *Geographic and Demographic Variation in the Prevalence of Overweight Canadian Children*. *Obesity Research* 11:668-673.
- ³¹ Diabetes. 01/02.

-
- ³² Brown, L., Pollitt, E. (1996). *Malnutrition, poverty and intellectual development*. Scientific American 274(2):38-43.
- ³³ Tufts University School of Nutrition, Centre on Hunger, Poverty and Nutrition Policy. (1994). *Statement on the link between nutrition and cognitive development in children*.
³⁴ <http://www.ccsd.ca/perception/234/sf.htm>
- ³⁵ McIntyre, L., Travers, K. and Dayle, J. *Children's Feeding Programs in Atlantic Canada: Reducing or reproducing inequities?* Canadian Journal of Public Health 90(3):196 –200.
³⁶ http://www.nlta.nf.ca/HTML_Files/coalition/survey.html
³⁷ <http://www.irpp.org/po/archive/jul00/howe.pdf>
- ³⁸ Guildford, Janet. (2000). *Making the Case for Economic and Social Exclusion*. Population and Public Health Branch, Atlantic Regional Office, Health Canada.
³⁹ Raphael.
- ⁴⁰ DeWolfe, J.A. & Greaves, G. (Summer 2003). *The Basic Shelf Experience: A Comprehensive Evaluation*. Canadian Journal of Dietetic Practice & Research 64(2):51-57.
- ⁴¹ *Report of a Consultation on the Social Assistance Act*.
⁴² Ibid.
- ⁴³ *Bad diet habit has society eating its way to trouble*. (November, 2003). DIABETES AWARENESS, A Joint Venture supplement with the Canadian Diabetes Association. National Post. J.V7.
⁴⁴ *Nutrition for Health An Agenda for Action*.
- ⁴⁵ Personnel Communication. The United Church Food Aid Centre.
- ⁴⁶ Personal Communication. NL Liquor Control Board.
- ⁴⁷ Tarasuk. *Discussion Paper on Household and Individual Food Insecurity*.
- ⁴⁸ Falvo, Nick. *Gimme Shelter!* (May 2000). CSJ Foundation for Research and Education. Toronto.
- ⁴⁹ Communities Count. (2000). *Basic Needs and Social Determinants of Well-being –Affordable Housing*. http://www.communitiescount.org/B_affordable_housing.htm
- ⁵⁰ Falvo.
- ⁵¹ Falvo.
- ⁵² *Report of a Consultation on the Social Assistance Act*.
⁵³ <http://www.nlhc/rentalho.htm>
- ⁵⁴ Falvo.
- ⁵⁵ Government of Newfoundland and Labrador, Department of Health and Community Services, Planning and Evaluation. (2003). *Cost of the Newfoundland Nutritious Food Basket*.
- ⁵⁶ Food Prices Review Board. (November 1974). *Food Prices in Newfoundland: Comparison with Mainland Regions*.
- ⁵⁷ Government of Newfoundland and Labrador, Department of Health and Community Services, Planning and Evaluation. (2001). *Nutritious Food Basket for Newfoundland and Labrador*.
- ⁵⁸ Chung C., & S. Myers. (1999). *Do the poor pay more for food? An analysis of grocery store availability and food price disparities*. J Consumer Affairs 33(2):276–96.
⁵⁹ http://www.cafb-acba.ca/about_facts_e.cfm
- ⁶⁰ Dietitians of Canada and the Community Nutritionists Council of BC. (October 2003). *The Cost of Eating in BC Low-income families are more desperate than ever*.
- ⁶¹ Economic Research Service. USDA (1999). *Food Expenditures and Income*.
<http://www.ers.usda.gov/publications/sb965/sb965e.pdf>
- ⁶² *The Cost of Eating in BC. 2003*.
- ⁶³ FAO Headquarters. (June 2002). *World Food Summit- five years later. Draft Declaration*.
<http://www.fao.org/DOCREP/MEETING/004/Y6948E.HTM>
- ⁶⁴ Government of Newfoundland and Labrador. (1998). *People Partners and Prosperity, A Strategic Social Plan for Newfoundland and Labrador*. <http://www.gov.nf.ca/ssp/ssp.pdf>
- ⁶⁵ Government of Newfoundland and Labrador. (May 2003). *Provincial Wellness Strategy Update from the Provincial Wellness Advisory Council*. Issue 1.
- ⁶⁶ Ibid.
- ⁶⁷ McIntyre, L., Glanville, T., Raine, K.D. et al. (2003). *Do low-income mothers compromise their nutrition to feed their children?* Journal of the Canadian Medical Association. 168(6):686.
⁶⁸ <http://www.gov.nf.ca/releases/2001/hre/1203n01.htm>
- ⁶⁹ *Report of a Consultation on the Social Assistance Act*.

-
- ⁷⁰ Government of Newfoundland and Labrador. (September 2002). *Healthier Together. A Strategic Health Plan for Newfoundland and Labrador.*
<http://www.gov.nl.ca/health/strategiehealthplan/pdf/HealthyTogetherdocument.pdf>
- ⁷¹ Ontario Ministry of Health. (June 1998). *Monitoring the Cost of a Nutritious Food Basket Protocol. Appendix C.*
<http://www.kidseatsmart.ca/>
<http://www.coespecialneeds.ca/> or <http://www.nutritionhealthdevelopment.ca/>
- ⁷² Personal Communication. Health Canada.
- ⁷³ Contact Executive Director, United Church Food Aid Centre at <<mailto:ucfac@firstcity.net>>
- ⁷⁴ Personal Communication. Department of Health and Community Services, Government of Newfoundland and Labrador.
<http://www.foodsecuritynews.com/>
- ⁷⁵ *Healthier Together. A Strategic Health Plan for Newfoundland and Labrador.*
- ⁷⁶ *People Partners and Prosperity.*
- ⁷⁷ Health Canada, Health Promotion Development Division, Prepared by Nancy Hamilton and Tariq Bhatti. (February 1996). *Population Health Promotion: An Integrated Model of Population Health and Health Promotion.*
- ⁷⁸ Health Canada. (December 1996). *Towards a Common Understanding: Clarifying the Core Concepts of Population Health, A Discussion Paper.*
<http://www.hc-sc.gc.ca/hppb/phdd/docs/common/ - Map>
- ⁷⁹ Prepared by the Federal, Provincial & Territorial Advisory Committee on Population Health for the Ministers of Health meeting. (September 1994). *Strategies for Population Health Investing in the Health of Canadians.*
- ⁸⁰ *Towards a Common Understanding.*
- ⁸¹ *People Partners and Prosperity.*
- ⁸² *Population Health Promotion: An Integrated Model of Population Health and Health Promotion.*