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Pay now, or pay later

Does it not make sense to provide the poor with higher incomes so they can afford healthier food and reduce the risk of developing serious illness, asks *Kathy Hardill*

The men, women and children relying on social assistance in Ontario do not receive enough money to be healthy. One of the primary reasons is something called "food insecurity," colloquially known as "going hungry." You don't have to take my word for it. Reams of data compiled by much bigger brains than mine fill library shelves and public health data banks.

They provide evidence, for example, that low-income, single mothers routinely compromise their own nutritional intake so that their children do not become nutritionally deficient.

One study, published in the *Canadian Medical Association Journal* in 2003, found that low-income mothers did not consume enough daily calories and they lacked a number of essential nutrients including folate, vitamin C, vitamin B6, vitamin A, iron, calcium and zinc.

Another Canadian study published in the journal of the American Society for Nutritional Sciences in 2003 revealed that household food insufficiency was associated with higher rates of heart disease, diabetes, high blood pressure and major depression.

Dietary intake has been implicated in other acute and chronic health problems including iron deficiency anemia, osteoporosis, some types of cancers and obesity.

Most health professionals now agree that diet plays a significant role in both the development and treatment of many health conditions. Poverty, itself, is associated with higher rates of illness and a ticket to an early grave.

Ontario's Liberals increased social assistance rates by 3 per cent in the May 2004 budget. However, this translates into less than \$16 a month extra for a single person on Ontario Works.

In its annual report, *Hungercount 2004*, the Canadian Association of Food Banks argues that the increase "is unlikely to have much impact on food-bank use." It goes on to argue that in real dollar terms, Ontario Works rates have declined by more than 35 per cent over the past 11 years if one factors in inflation.

Currently, in what amounts to classic bureaucratic perversity, if you are living on social assistance in Ontario, and your child has iron deficiency anemia, your Ontario Drug Benefit card will cover the cost of iron supplements to "treat" the condition — but your income will not provide enough money to feed your child so that he/she doesn't become anemic in the first place.

If you are a woman on assistance who develops osteoporosis, you may be eligible for an extra \$30 a month for a "high calcium" diet. But, in a typical case of closing the barn door after the horse is gone, by the time you have osteoporosis, it is too late to start

consuming calcium.

Women need to store calcium starting in adolescence if they are to prevent osteoporosis after menopause and avoid fractures down the road.

As a nurse, I am supposed to promote health and prevent disease. It wouldn't be so hard to do, really, if my clients could buy real fruit juice and fresh produce and lean cuts of meat, and avoid trans-fats and chemical additives.

But if my clients are impoverished, if they are homeless or spending their entire incomes on rent — which they are — they and their children will be using soup kitchens and food banks, they will be going hungry, and they will have no hope of avoiding illness. The odds are good that they will die prematurely.

If a health practitioner certifies that someone on assistance requires a so-called "special diet allowance," that person can be eligible for up to \$250 extra every month to cover the cost of items such as vitamin and mineral supplements, iron rich foods, high fibre diet and extra calories.

This begs the question: Knowing what we know about the causes of illness, is it not medically prudent and epidemiologically correct to understand that everyone on social assistance is at risk of nutritional deficiencies, which, in turn, put them at risk of developing many of the primary causes of death and disability in Ontario?

Does it not make sense to provide people with more income on a monthly basis, so they can afford healthier food and reduce the risk of developing serious chronic conditions like heart disease and diabetes?

Does it not make sense to provide people living with serious illnesses such as AIDS enough money to eat healthily? Does it not make more sense to help women prevent osteoporosis in their pre-menopausal years, so we are not paying the hospitalization costs of their preventable hip and spine fractures down the road?

Giving the full special diet benefit to all social assistance recipients won't solve poverty in Ontario. But it will dramatically improve the lives and health of those forced to rely on assistance.

In 2004, the Ontario Coalition for Social Justice found that a Toronto family with two adults and two kids receives \$14,316. This is \$21,115 below the poverty line.

This is something the Liberal government should reflect on as it prepares to deliver its budget tomorrow. The Ontario government can invest now in the health of low-income Ontarians, by providing the dietary benefit to all social assistance recipients, or it can pay much more, later, in health-care system costs.

Who will be paying? Will it be the ministry of community and social services today, or the ministry of health tomorrow?

Kathy Hardill is a street nurse who has been working with homeless people since 1988.