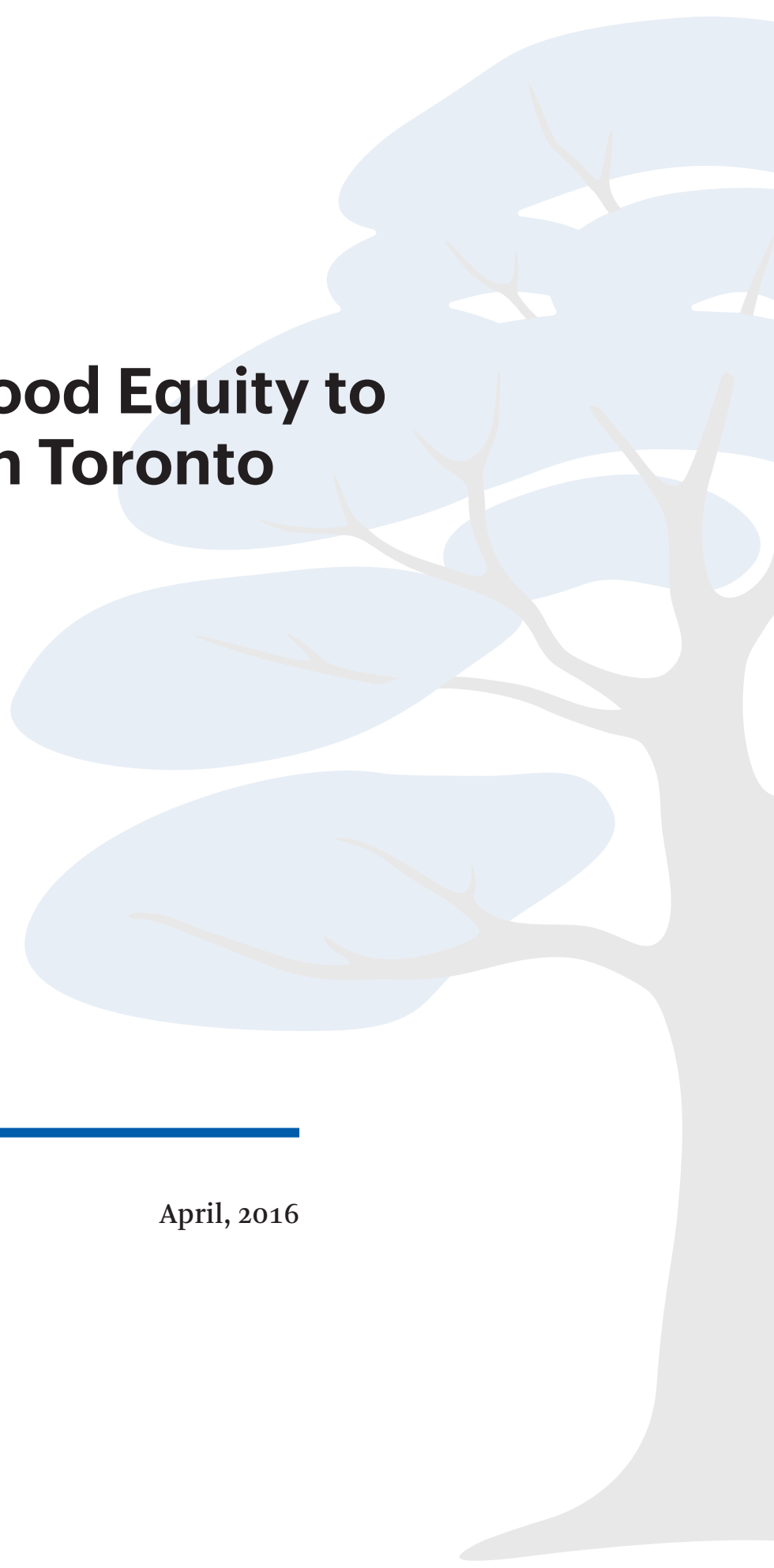


# Bringing Food Equity to the Table in Toronto

By Laura Anderson



Wellesley Institute is a research and policy institute that works to improve health equity in the GTA through action on the social determinants of health.

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10 Alcorn Ave, Suite 300  
Toronto, ON, Canada M4V 3B2  
416.972.1010  
[contact@wellesleyinstitute.com](mailto:contact@wellesleyinstitute.com)



## Introduction

Torontonians do not have equal access to good, healthy food. Over one in eight people living in Toronto cannot afford to eat an adequate, healthy diet (Tarasuk et al. 2014). In addition, many aspects of Toronto's food environment do not support access to affordable healthy food choices. The availability of healthy food varies by neighbourhood (Cook et al. 2015). This makes accessing healthy food in Toronto an equity issue because while some people can easily get good, healthy food, others cannot.

There is a complex interaction of factors which lead to inequality in individuals' ability to access the food required for their health and well-being. For lower-income individuals and families, a food environment in which healthier foods are neither the easiest nor the cheapest results in a higher likelihood of poor dietary intake. Income is essential to achieving equity, but policy solutions to address the food environment must be addressed to improve health equity in Toronto.

Achieving equity in access to food requires reaching two separate but related goals. The most important is to ensure no one faces inadequate or insecure access to food due to financial constraints (household food insecurity — Anderson et al. 1990; Tarasuk et al. 2014). Household food insecurity stems from the failure of our social support systems to ensure that people have enough money in their budget for healthy food. This is a gap which urgently needs to be addressed. The second is improving equity in the food environment, which encompasses where food is available, what kinds of food are available, how much it costs, and how it is distributed. Both these circumstances are necessary and neither is sufficient on its own to ensure access to a nutritionally adequate diet for a population. Even in a food environment rich in healthy, affordable options, without enough income individuals are unable to afford to make the choice to eat a rich, nutrient-sufficient diet. Likewise, in a city with inconsistent access to healthy options, and a high density of processed unhealthy foods high in sodium and trans fats, even those with adequate income may not live in an environment which enables them to optimize their diets.

## Household Food Insecurity

Hundreds of thousands of Torontonians struggle daily to afford sufficient, safe, and nutritious food (Kirkpatrick and Tarasuk 2010; Tarasuk et al. 2014). This negatively affects the quality of both adults' and children's dietary intake and nutritional status (Bhattacharya et al. 2004), physical health (Casey et al. 2005), and mental health and development (Perez-Escamilla et al. 2012). Food insecurity is closely linked to an increased likelihood of overweight, obesity, and chronic disease (Seligman et al. 2010; Gucciardi et al. 2009). Further, it negatively impacts children's mental development and health later in life (Perez-Escamilla et al. 2012). The impact of insufficient access to food in childhood can serve to reinforce health inequities throughout the life course. It can also undermine our investments in education; kids who experience food insecurity at home are most likely to experience difficulties focusing in class and have poorer academic outcomes (Jyoti et al. 2005).

A high quality diet is important for the prevention of chronic disease, obesity, and cardiovascular disease (Mente et al. 2009). Increased consumption of fruits, vegetables and whole grains, alongside reduced consumption of processed foods, meats, trans fats, and sodium can substantially improve health outcomes such as cardiovascular disease, diabetes, and all-cause mortality (Bazzano et al. 2003; Steffen et al. 2003;

Teegala et al. 2009; Yang et al. 2011). The presence of food insecurity alongside overnutrition, and with it the rise of obesity and chronic disease has been described as a “nutrition paradox” (Tanumihardjo et al. 2007), but in fact it isn’t all that surprising. Fundamentally, a healthier diet characterized by low consumption of calorie-dense food, and high consumption of a variety of nutrient-dense foods is more expensive, and more time-consuming to prepare, than a less healthy diet (Rao et al 2013).

## Food, Inequity, and Health

### Defining the Food Environment

The food environment includes food available from stores, community resources and programs, and institutional food environments – including food in schools and other institutional facilities such as long term care homes and supportive housing facilities<sup>1</sup>.

There are four key features of the food environment: 1) geographic food access: the geographic availability of food stores, restaurants, and community food sources; 2) food availability: the specific foods that are available in a geographic area; 3) food affordability: the cost of food in a geographic area; and 4) food quality: freshness and nutritional value (Health Canada 2013). As a developing field, there is a wide variety of methodologies for measuring and describing the food environment (for a detailed discussion, see Story et al. 2008). A high-quality food environment provides a range of high-quality foods available at affordable prices, usually either at large supermarkets or in smaller retail stores. Poor-quality food environments can have low availability of high quality foods, high availability of low-quality foods, or a combination of both. One common descriptor of a type of low-quality food environment is “food deserts,” an area in which there is limited, or no access to food within a close geographical range (Walker et al. 2010). While there is evidence of food deserts in urban areas of the United States, there is limited evidence of food deserts in Toronto, and most areas of Canada. There is, however, evidence of “food swamps,” areas with high geographic access to non-nutritious food sources (Health Canada 2013).

There is a growing body of evidence in the Canadian literature linking the food environment with health and dietary outcomes. Higher-quality food environments are associated with better quality diet, higher quality of life and lower likelihood of overweight/obesity among children. Among adults, better geographic access to non-nutritious sources of food is positively associated with overweight and obesity, although a review of the Canadian literature found no association in urban Ontario and British Columbia (see Health Canada 2013 for a detailed review). Fast food outlets and convenience stores are major sources of these high-fat, high-calorie foods, and those who live closer to a convenience store have been found to report a less healthy diet and higher body mass index (Minaker 2013). Overall the shifts towards cheaper, energy dense foods disproportionately affect lower-income people, which necessitates equity-focused

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1 Beyond the scope of this paper, but worthy of note is the food provided through the charitable sector: There were nearly 900,000 individual visits to food banks in Toronto in 2015, and over 300,000 meals are provided weekly through community organizations in Toronto. However, as the Daily Bread Food Bank acknowledges food bank use only scratches the surface: many of those who need help do not even use food banks (Daily Bread Food Bank 2015). Food banks continue to provide emergency food assistance because they are filling a gap that no one is. However, they aren’t able to drive the systemic change that we need to address the fundamental problem of persistent hunger experienced by many Toronto families.

policy responses (Friel et al. 2007).

## A Framework for Examining Equity in Access to Food

A multi-faceted approach to addressing these complex problems is warranted. Using health equity as a lens, the framework below models how inequities in dietary outcomes arise at a population level. It assesses how political, economic, social and environmental factors interact to facilitate healthy dietary intake in some, while inhibiting it in others.

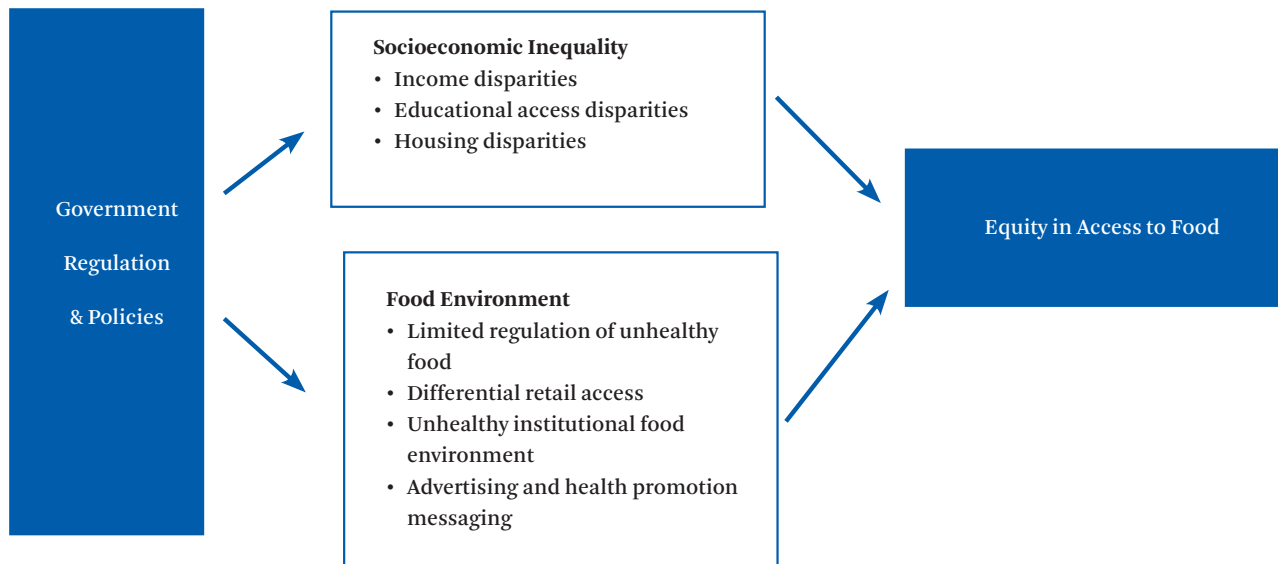


Figure 1: Framework for Equity in Food Access

## Inadequate Income for Food

In Toronto, over one in eight households is food insecure, which means individuals in that household face inadequate or insecure access to food due to financial constraints (Anderson et al. 1990; Tarasuk et al. 2014). These individuals are unable to afford the food they need to ensure their health and well-being for themselves and for their families. Families with children, those on social assistance, recent immigrants, and those of Indigenous backgrounds are more likely to be food insecure (Tarasuk et al. 2014).

Over the last decade, median employment income in Toronto has stagnated, social assistance rates have failed to keep up with the cost of living, and the cost of living has continued to increase (Tiessen 2015). Further, the cost of food is forecast to continue to rise. If these trends continue, more and more individuals will be unable to afford their food. This situation represents a failure of the state to ensure the population has access to a basic necessity – food – which could further increase health disparities unless we address our income assistance programs to ensure that all individuals and families receive an adequate income. The provincial government and the City of Toronto have developed Poverty Reduction Strategies which aim to decrease poverty, which have the potential to impact the breadth and depth of

food insecurity in Toronto and Ontario. There are many changes or additions to our current suite of income supports which could significantly decrease the impact of household food insecurity. Toronto Public Health annually calculates the cost of feeding individuals and families according to Canada's Food Guide (Medical Officer of Health, 2015). Using this measure to set a minimum wage which reflects a living wage, or to calculate a basic income guarantee for all Canadians, are just two examples of policy instruments which could dramatically impact food insecurity. And, while income security is an essential piece of the puzzle, research has shown that food insecurity does not track directly to income (Olabiyand and McIntyre 2014). Research to understand what circumstances keep some individuals food insecure – such as mental or physical health barriers – will help develop social support programs which ensure all Torontonians are protected against food insecurity.

## **The Food Environment and Health Equity in Toronto**

The food environment is particularly important from a health equity perspective because there is evidence to suggest that eating patterns of socially or economically disadvantaged individuals may be more strongly associated with the quality of their food environment, whereas other factors may be more important for people who have more resources to access desirable food (Lytle 2009). Poor quality environments disproportionately impact low-income people. The following sections examine institutional and retail environments in Toronto, and potential solutions to promote healthy, equitable environments.

### **Institutional Food Environments**

Institutional food environments include schools, workplaces, and health care and social service sectors, such as long term care homes and supportive housing. In Toronto, The City of Toronto Long Term Care Homes and Services Division operates 2496 beds in ten long term care homes, in which the food and nutrition departments are run by City of Toronto staff. As of July 2015, the daily budget for each resident was \$8.03/day, which does not come close to enabling kitchens to provide residents with adequate food for a healthy diet (City of Toronto, 2015). Long term care homes and other city services serve some of the city's most vulnerable residents. Currently the programs are unable to meet their food needs.

School feeding programs also have the potential to create a levelling environment to ensure that all children have equal potential for a large proportion of their weekday consumption to be healthy. Students who consume a morning meal are more likely to be able to focus during the day, and have better academic outcomes (Rampersaud et al., 2005). In Ontario, the Student Nutrition Program provides a morning meal to over 750,000 students, but is not universal. The implementation of a publicly-funded universal student nutrition program would make a substantial impact in leveling the dietary playing field for Toronto students. While children of lower economic backgrounds may be at higher risk of having a poor diet, children of all economic backgrounds benefit from having healthy, nutrient rich foods more easily available than calorie-dense foods high in sugars, salts and trans fats.

Providing food for student nutrition programs and other institutional programs is currently prohibitively expensive, but food systems-level solutions can be explored to determine the best ways to connect institutional food programs with producers to ensure they are able to get the highest quality food at the best prices. Models like this are being explored in Toronto to provide community sector and institutional

food programs with an alternative platform to aggregate buying across the community sector to leverage the purchase of healthy foods at lower prices (Toronto Public Health, 2015). Alternative models to community food procurement can help bring equity to the food system to ensure that all sectors, and neighbourhoods at all income levels, have the same access to healthy foods. Further research on how institutional and community programs can work together to procure healthy, affordable food will need to examine how needs of diverse programs can align.

## **Retail Environment**

Across Canada and the United States there is a growing body of research documenting the impact of interventions in small food stores to change the food environment. These interventions employ a range of strategies including increasing the availability of healthier foods, promoting healthier foods at point of purchase, community engagement, business training and nutrition education (Gittelsohn et al. 2012). In Toronto, Toronto Public Health's Healthy Corner Stores pilot project is helping connect owners with fresh produce distributors, in-store health promotional materials, and connecting them with local residents. Building on these initiatives to increase the quality of local food retail environments will help connect more Torontonians to healthier, affordable foods (Toronto Public Health, 2015).

## **Changing the National Food Environment: Government Food Policy and Pricing**

Consumption of excess sodium and trans fats are well documented to be risk factors for hypertension, cardiovascular disease and stroke (Strazzullo et al. 2009; Mozaffarian et al., 2009). This issue has recently been brought into focus by the federal government. The Minister of Health's Mandate letter in 2015 included the goal of improving public health by:

introducing new restrictions on the commercial marketing of unhealthy food and beverages to children, similar to those now in place in Quebec; bringing in tougher regulations to eliminate trans fats and to reduce salt in processed foods, similar to those in the United States; and improving food labels to give more information on added sugars and artificial dyes in processed foods (Office of the Prime Minister)

Public health action to reduce trans fat and dietary salt intake in the US and UK has substantially impacted the food environment in jurisdictions where regulation has taken place. While it is well-recognized that trans fat and salt intake has a negative impact on health, educational campaigns to change behaviour have been well-documented to actually increase health disparities (Gillespie et al. 2015). Another way impacting consumption of salts and trans fats is through mandatory reformulation. Since 2007, the Toronto Board of Health has advocated for national regulation of trans fat, recommending the elimination of artificial trans fat from the Canadian food supply (City of Toronto, 2016). Elimination of trans fats from the food supply, and reduction of sodium would have the potential to significantly impact equity in access to food for Canadians, but regulations like these require careful consideration to ensure health and health equity impacts are maximized.

## Conclusion

Too many people in Toronto do not have access to the food that they need to ensure their health and well-being. There is a range of policy options to address both the constraints on individual income, and the inequities in the food environment. Income-based solutions are essential to addressing the problem of food insecurity. But income support needs to be supplemented by changes in the food environment in order to maximize dietary outcomes in the population, and to improve both population health and also health equity. Changes to the food environment – improving the retail environment, school food programs, reducing salts and trans fats in all prepared foods – can have an impact and help ensure no neighbourhood or community would be at a disadvantage. These approaches need to be taken in tandem. The persistence and depth of this problem underscores the need to rethink the role of governments at all levels in ensuring adequate nutrition as a part of a healthy Toronto. The state of inequity in access to food has reached unacceptable levels and governments need to examine these and other policy solutions which hold promise to address this pressing problem.



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