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An apple a day CAN keep the doctor away

Jul. 3, 2006. 01:00 AM

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If three apples cost \$1.87 while three boxes of macaroni and cheese cost \$1.65 at your grocery store, which would you buy to feed your family if money was tight? Sadly, this is not a math problem in a grade school textbook. People living in poverty in Toronto face this kind of decision every day.

During my second year of medical school at the University of Toronto, I carried out a research project for my "Determinants of Community Health" course. This research brought to light the huge impact social policies can have on the health of Canadians.

Poverty is strongly linked to poor health, for a number of reasons. A key component is the way food is currently priced.

Sugary, fatty foods are the cheapest way to fill the cupboards; nutritious foods such as fruits, vegetables, and dairy are simply unaffordable to those living in poverty.

Thus, many low-income families end up with low-quality diets, even though they understand how the nutritional value of foods differ. This directly increases the risk of serious health problems like heart disease and diabetes, putting even more strain on an already overburdened health-care system.

According to Toronto Public Health, the cost of nutritious food has risen dramatically in the last decade. In sharp contrast, social assistance rates have decreased by 40 per cent (when inflation is taken into account) in the last 10 years.

A little-known provision in welfare regulations — the special diet allowance — temporarily helped to address this huge discrepancy. It allowed doctors to authorize a monetary supplement (up to \$250) if they felt a patient required a "special diet."

Last year, several physicians, along with the Ontario Coalition Against Poverty, held large clinics to sign up welfare and disability recipients for the special diet allowance on the grounds that poverty alone was a diagnosis worthy of special dietary funding.

However, the Ontario government did not appreciate this "expanded use" of the supplement.

Instead, they made drastic changes to the allowance in October 2005. Under the new criteria, a social assistance recipient must have one of a limited list of medical conditions, meaning far fewer individuals now qualify. Moreover, many individuals who originally qualified are seeing their supplement shrink or disappear.

The government is saving a few bucks right now. But what will be the health cost to low-income Ontarians?

I surveyed 17 patients at a St. Michael's Hospital health centre. Before they received the supplement, every participant felt their health suffered because they could not afford nutritious food.

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With the special diet allowance, individuals reported feeling significantly healthier and less worried about food security. They bought more nutritious foods, especially fruit, vegetables and dairy products, and their use of food banks declined. One woman said that without the supplement, her children's health would have deteriorated.

My results suggest approximately 70 per cent of those low-income Ontarians who currently benefit — rely, even — on the special diet allowance will see this supplement and all its accompanying health benefits withdrawn under the new rules.

This study adds to the growing evidence that people living on welfare struggle to meet even their basic nutritional needs in Toronto. Given the serious adverse health consequences of poor diets, not only for individuals, but also for the health system, it is in the province's best interest to make the "nutritious" choice an affordable one.

The special diet allowance, though it helps, is not the only, nor the best, answer. An increase in social assistance rates would certainly help, but since the government seems reluctant on this front, perhaps it could approach the problem from a different angle.

One example is "The Good Food Box" developed by the Toronto organization, FoodShare. This program addresses food insecurity by providing fresh fruits and vegetables in the community at affordable prices; very simple, very effective.

If the government doesn't want to give cheques so those in need can buy healthy food, it should seriously consider expanding such programs. If it does not, the current structure of food pricing will continue to strongly disadvantage low income individuals. Wouldn't it be nice if apples were cheaper than Kraft Dinner?

Milvi Tiislar is entering her third year of medical school at the University of Toronto.

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