

Improving the Health of Your Low Income Patients: The Special Diet Supplement and Reducing Poverty in Ontario

What is the Special Diet Supplement?

- The “special diet supplement” was established by Ontario Social Services to provide additional funds for nutritional interventions to treat or prevent illness. The supplement requires a health care provider (MD, RN(EC), or dietician) to complete a form declaring a social assistance recipient has a medical condition warranting a special diet. Social Services will provide funding for multiple prescribed special diets up to a maximum of \$250 per month.

Why should I fill out the Form?

- It has been well documented that one of the strongest determinants of health is poverty.ⁱ Low income results in huge disparities in key health indicators, including life expectancy, infant mortality, disability and long-term illness.ⁱⁱ On an individual level, Canadians living in poverty are at higher risk of dying from cancer, heart disease, diabetes, and respiratory diseases.ⁱⁱⁱ These effects accumulate across the life-span. Childrens’ immediate and future health is especially susceptible to such exposures to material deprivation.^{iv}
- Researchers from the University of Toronto have demonstrated convincingly that current welfare rates are inadequate to meet the nutritional needs of recipients, for single person, single parent, and two parent family households.^v A survey of food bank users in Toronto demonstrated that 94% experienced some level of food insecurity over the previous year.^{vi} A prospective study of low income lone mothers demonstrated that these women compromised their nutritional intake to provide their children with adequate nutrition.^{vii}
- In filling out the form you are intervening to reduce your low income patients’ risk for the medical conditions associated with poverty, including nutritional deficiencies. Approving an extra \$250 a month for a person on welfare represents a high impact health intervention.

How should I fill out the form?

- The special diet supplement form contains a list of specific diets you can approve for your patients. Each approved diet results in a standard amount of money added to your patient’s social assistance cheque each month, not in the provision of actual dietary substances. The maximum allowable \$250 per month is available for each recipient and each of her or his dependents.
- Some commonly prescribed special diets and their corresponding values include: Organic diet \$190, Vitamin/herb supplements \$40, Iron rich foods \$30, Bottled water \$30, prunes \$10
- The form requires a health care provider to certify that each special diet is warranted by a “medical condition.” In the case of recipients of social assistance, the unifying medical condition is the high risk for nutritional deficiency posed by living far below the poverty line. This elevated risk justifies the full \$250 per month supplement, regardless of which special diets are prescribed to achieve it.
- As of July 22, in an attempt to place barriers in the way of social services recipients claiming this supplement, the City of Toronto imposed new guidelines for filling out the form. These stipulate that only an original version of the form, with a client’s name

- typed in by Social Services will be accepted. (As of August 15, the requirement for the “Limitations to Participation” & “Consent to Release” forms are no longer in effect and these should not be completed.)
- You may receive calls from workers at Social Services questioning your decisions in filling out these forms. Social Services clearly states in their policies that lay workers are not qualified to assess specific medical diagnoses, and may not request more detailed information regarding the medical condition warranting a special diet. You have no obligation to discuss health care decisions with them, and this may in fact constitute a breach of patient confidentiality.

The connection to the Raise the Rates campaign

- Welfare rates in Ontario were cut by 21.6% in 1995, and have decreased, in real terms, steadily with inflation in the ten years since, leaving recipients with 21-37% less spending power than they were entitled to in 1994. Welfare incomes in 2003 in Ontario provided 35-59% of the income needed to reach the poverty line (depending on the size of the family receiving assistance).^{viii}
- The campaign to approve the Special Diet Supplement for all social assistance recipients in Ontario rests on the belief that, given the inadequacy of current welfare rates to cover basic needs for shelter, clothing, and food, living on currently available levels of social assistance places one at high risk for nutritional deficiency and other health conditions strongly associated with poverty. With the decline in welfare rates, the exceptional need for a “special diet” has become a general need to prevent nutritional deficiency.
- Ultimately, this campaign’s goal is to advocate for an increase in welfare rates for all recipients of social assistance, to address a strong, reversible risk factor for poor health for hundreds of thousands of Ontarians.
- For further information about the campaign to Raise the Rates, please see ocap.ca/taxonomy/term/44

If you wish to discuss these issues with another health care provider, please contact Kathy Hardill, RN(EC), at khardill@hotmail.com, or Gary Bloch, MD, at gary.bloch@utoronto.ca. To become involved with the campaign, please contact the Ontario Coalition Against Poverty at ocap@tao.ca.

Please Note: The information presented here is, to the best of our knowledge, accurate to August 16, 2005. Social Services has changed their policies regarding the special diet application process numerous times since June, 2005, and may change them again. Any further changes will be communicated through future information releases.

ⁱ N. Auger, M. Raynault, R. Lessard, & R. Choinière, “Income and Health in Canada,” In D. Raphael (Ed.), *Social Determinants of Health: Canadian Perspectives*. 2004, Toronto: Canadian Scholars Press. pps. 39-52

ⁱⁱ Dennis Raphael, “Increasing Poverty Threatens the Health of All Canadians,” *Canadian Family Physician*, September 2001, 47: 1703-1706.

ⁱⁱⁱ R. Wilkins, J.-M. Berthelot, & E. Ng, “Trends in mortality by neighbourhood income in urban Canada from 1971 to 1996,” *Health Reports* (Stats Can), 2002: 13(Supplement), 1-28.

^{iv} G. Davey Smith (Ed.), *Inequalities in health: Life course perspectives*. 2003, Bristol, UK: Policy Press.

^v Nicholas Vozoris, Barbara Davis, Valerie Tarasuk, “The Affordability of a Nutritious Diet for Households on Welfare in Toronto,” *Canadian Journal of Public Health*, Jan/Feb 2002, 93(1): p. 36-40.

^{vi} Valerie S. Tarasuk, George H. Beaton, “Household Food Insecurity and Hunger Among Families Using Food Banks,” *Canadian Journal of Public Health*, Mar/Apr 1999, 90(2): p. 109-113.

^{vii} Lynn McIntyre, et. al., “Do low-income lone mothers compromise their nutrition to feed their children?” *CMAJ*, 18 March 2003, 168(6): p. 686-691.

^{viii} Welfare Watch, <http://www.ncwcnbes.net>.