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The Honourable Deb Matthews
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

July 20, 2010

Dear Minister Matthews:

As front line health providers, we are very interested in the shape of the upcoming replacement to the Special Diet Allowance program. We believe you are aware of the Five Principles proposed by the 25 in 5 Coalition, as guides in the formation of a new financial supplement for nutritional needs. We fully support these principles, but feel there are other, health provider-specific, elements that need to be considered if this new program is to grow from the lessons learned from the Special Diet Allowance program.

These suggestions are developed through our experiences as front line health providers working with people who rely on social assistance, and from our experience with the Special Diet program. We hope these principles will help the new program avoid some of the frustrations of the Special Diet program for health providers, and for our patients who live on social assistance.

Our four suggestions are:

1. *Any new program should have clear guidelines as to requirements to qualify for the nutritional allowance.* If a certain level of diagnosis is expected for a medical condition, this should be made clear. This could be expressed as a threshold, a range, or through a case example. This level of clarity will allow health professionals to act as health providers, not gatekeepers, with clear guidelines as to the extent and intent of the program. It is hoped this will allow health providers to feel comfortable they understand the requirements for completing the application for recipients.

Guidelines should be set from an evidence-based standpoint, and should be reviewed after the first six months, then at least annually for the first three years of the program. The review committee should be made up of experts in health and nutrition,

with a mandate to consider the program's contribution to the health of people living on social assistance.

2. *The new program should allow some discretion for health providers to add conditions and suggested remuneration amounts, with justification.* From our work with the Special Diet Allowance program, we have learned that no list of conditions can capture all individual nutritional needs. Such a special access process is available in numerous other areas of health care, including access to drug insurance, and access to expensive diagnostic tests. This program should be treated similarly, as a health intervention warranting access based on justifiable individual health needs.
3. *The government should look to its own Special Diet Expert review panel report for guidance on evidence, conditions, and dollar values.* This expert review panel produced a cogent, comprehensive report that detailed an evidence-based approach to determining both included health conditions and appropriate amounts to allow for a healthy supplemental diet for individuals with those conditions. Using the panel's findings would provide important legitimacy for this new program within the health community.
4. As has occurred in the latter days of the Special Diet program, especially within Toronto Social Services, *the government should expressly disallow non health professionals to override the professional opinions of health providers.* This practice has resulted in considerable abuse of vulnerable individuals living on social assistance, and in unjust denial of benefits to individuals in high need. It has also angered and alienated health professionals, who find their assessments questioned by non-professional social services workers, based on innuendo and assumption. We find this offensive and contradictory to basic standards of professional integrity.

We sincerely hope the new nutritional allowance program can move forward from some of the frustrations experienced with the Special Diet Allowance program, by health providers, and by social assistance recipients. We also hope that, as the professionals tasked with completing applications for this program, the experience and suggestions of health providers will be taken into consideration when constructing this program.

We would of course be happy to meet with you or your designate to discuss these suggestions further.

Sincerely,
(mailed copy with signatures)

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for Health Providers Against Poverty

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