

Needy get help tapping into diet subsidy

Activists use clinics to aid the poor to improve nutrition

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SANDRO CONTENTA

FEATURE WRITER

Dr. Gary Bloch ticks off the ailments on a government checklist like a man on a mission.

Chronic constipation – \$10. Diabetes – \$42. Extreme obesity – \$20. Hepatitis or liver failure – \$10.

There are 41 physical disorders on the Ontario special-diet list, with each raising monthly social assistance payments. Bloch is using all of them like weapons in a guerrilla war.

Bloch is a founder of Health Providers Against Poverty, a group seeking a 40 per cent increase in welfare rates, currently \$548 a month for a single person. He dismisses the 2 per cent rise announced in the recent Ontario budget as "paltry."

Bloch's group believes poverty is "the Number 1 health risk facing Ontarians today" and a 2002 study done for the Canadian Diabetes Association backs that up. It found that Ontario women with low incomes had four times the risk of developing diabetes than did women with high incomes.

With social assistance rates still well below their peak of a decade ago (when they were slashed under Premier Mike Harris), Health Providers Against Poverty is determined to take full advantage of the province's special diet fund.

"We're willing to do what it takes to help alleviate people's poverty," says Bloch, a 32-year-old physician at St. Michael's Hospital.

"Poverty is about health," he adds, "and this is a health crisis."

Bloch doesn't just talk the talk. He spends two mornings a week treating the homeless at the Seaton House emergency shelter. He was born in South Africa, immigrated to Vancouver as a child and later worked in an HIV clinic in the South African enclave of Lesotho before moving to Toronto in 2002.

He says the Ontario diet fund was little known until poverty activists began holding clinics like the one his group conducted in Regent Park recently, which attracted people on social assistance from as far away as Etobicoke.

They answered yes or no to the checklist of 41 ailments and left with a provincial application form, signed by Bloch, for their special diet money. Fifty people were processed in just two hours.

The Liberal government used to provide a flat, \$250 monthly supplement for special diets on the recommendation of doctors or nurse practitioners. But it introduced the checklist of payments, capping the maximum at \$250, after the diet clinics caused demand to soar.

Signe Dewar, who had been getting the full \$250, suddenly saw her supplement slashed to \$50.

"Try taking (almost) \$250 a month from your income and see how that feels," says Dewar, 58, after going through the checklist with Bloch.

Dewar, who suffers from hepatitis C, osteoporosis, constipation and severe weight loss, got Bloch to back her claim for an extra \$55 on top of the \$930 she gets in monthly disability benefits. (No tests are required to claim the money, only a medical assessment.)

"Hepatitis C gets you \$10 a month. Who decided that? Some big fat doctor making 500 grand a year decided \$10 a month was enough for hepatitis C?" she says. "I would like to know who has this power over my life."

There are no specific dietary requirements for hepatitis C, but sufferers can lose their appetite, making inexpensive foods like macaroni and cheese unpalatable. For the obese, the extra diet funding helps recipients shift from cheap, high-caloric garbage foods to more expensive but healthy foods like vegetables and fibre-rich bread.

For Dewar, who pays \$800 a month for a one-bedroom apartment in the St. Clair and Oakwood area, the extra money she receives doesn't prevent her from winding up at food banks.

"You don't find fresh fruits and vegetables there. I don't want to whine about it – it's better than nothing. But this is a rich country, for goodness sake. We shouldn't be treating people this way."

Marilyn Graves left the clinic with forms signed by Bloch for more than \$100 in special diet benefits. A 41-year-old single mother, Graves suffers from obesity, food allergies and anemia.

Graves lives in Etobicoke with her three children, including a 19-year-old daughter who has her own 2-year-old child. She's left with \$396 in monthly welfare payments when her subsidized rent is deducted. Her daughter receives \$348 a month.

"We eat a lot of chicken because it's cheap," says Graves. "Hamburger, too, but I'm tired of hamburger."

"And Kraft dinners," adds her son, Dequan, 11.

She buys big \$10 bags of fish cakes – "They last us a while." And \$2 TV dinners – "We buy, like 30 of them," she says. She, too, ends the month at the food bank.

"It's a hard life," she says.

Two years ago, workers at the Regent Park Community Health Centre collected data on 350 families who attended special diet clinics, mostly in Toronto. Forty-five per cent said they had no money left for food after paying rent and utilities. Thirty-six per cent said they had visited a food bank at least once the previous month.

Health Providers Against Poverty was formed in 2005 by a handful of caregivers, including Bloch and Kathy Hardill, a nurse practitioner. For them, the link between ill health and poverty is so clear – Statistics Canada has determined that the poorest 20 per cent of urban neighbourhoods have higher mortality rates for cardiovascular disease, cancer, diabetes and respiratory diseases – that the province's stingy social assistance policy is akin to withholding the antidote for a plague.

"It's criminal," says Hardill, 42, a nurse at the Regent Park health centre.

Hardill has worked in Regent Park for 20 years. Twice a week, she cruises the streets, handing out condoms to prostitutes and giving basic care to homeless people in shelters and at food banks.

She has seen up close how low-income families struggle to eat properly. The monthly cost of a nutritious food basket for a family of four was \$538 a month last year, according to Toronto's

department of public health. Monthly welfare payments for such a family are \$1,215, including shelter allowance.

"I've gone to a lot of funerals," says Hardill, referring to her clients. "A lot of people die and they die young – they're almost never over 50."