

UN Rapporteur to the Right to Food Meeting
May 7, 2012

Right to food is a question of access! For women with disabilities there are economic, social, health and education aspects to access.

It is a well-known fact that the economic situation of many women with disabilities in Canada is one of poverty and isolation. Social assistance rates in Canada have many women with disabilities living at or below the poverty line. In addition, the diminishing number of affordable social housing unit in many regions, leave women with disabilities with the impossible choice of choosing between food and shelter sometimes on a daily basis. In addition, in this current economic climate social assistance programs are being reduced or frozen at current rate which further adds to the financial stress of having enough financial resources for food.

The economic constraints are further highlighted by the social community constraints brought on by physical inaccessibility and lack of access to transportation options in local communities. In order to consume food you must be able to get it first. While community food cupboards and local food banks do offer a considerable community response, these community-based programs can only offer limited solution and community programs are further limited by geographical area and many rural residents do not have access to them.

Beyond the money and the procurement of food, whether it is bought at a grocery store or a community agency food cupboard, many women with disabilities struggle with the preparation aspects of a meal and require assistance for preparation including cleaning, cooking, plating and feeding. The inability to carry out these tasks leads to improper nutritional intake and adverse health concerns. Provincial homecare systems recognize these concerns but because of resource constraints the assistive measures of the healthcare system are inadequate and not universally available. Leaving some women without any assistance and vulnerable to worsening health conditions because of not enough community intervention and others no intervention.

Women with disabilities also hold the majority responsibility for the care of families whether it is children or aging parents and will often ensure the care and nutrition of those who they are caring for before themselves.

For women with disabilities living in poverty the challenge is making food last throughout a given month and the choice of economical options that do not always provide the best nutrition for their healthcare needs. It is necessary to consider food strategically in those cases and education around strategies for the preparation and preservation of food community agencies is one viable option. But more viable options are needed to ensure a healthy and comprehensive response.

Response

- Social assistance benefits and allowances and the availability of affordable housing units need increasing so women with disabilities do not have to make the choice between food and shelter.
- Access to food must be ensured through the assurance of access to the community by the availability of accessible and affordable transportation options.
- Access to food must be universal regardless of geographical location.
- Homecare home support assistance must include the parameters of all aspects of preparation and enjoyment of food and those services should be made universally available.
- Collaborating with women with disabilities to think strategically about ways to prepare and preserve nutritious food will lead to a healthy and comprehensive response

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