Food security

CouncilFest 2015

**Background**

There are three key components of food insecurity: inadequate access to food, inadequate supply and the inappropriate use of food (e.g. inappropriate preparation of food). The prevalence of food insecurity amongst the Australian population is estimated at 5 per cent. People living in rural and remote areas are particularly susceptible to food insecurity for a number of reasons:

- The cost of basic nutritious food is higher outside metropolitan areas. This is exacerbated by lower incomes in regional areas compared with major cities.
- The availability of fresh food and vegetables declines with remoteness (see chart below).
- 90 per cent of people living in metropolitan areas normally travel less than five kilometres to shop at their regular supermarket but almost a quarter (23 per cent) of people living in regional areas travel more than ten kilometres.
- Public transport is very limited in many rural towns.
- Those with lower levels of completed education (educational attainment generally declines with rurality) are less likely to have knowledge of and adhere to nutrition guidelines.
- The equipment and resources necessary to safely store and prepare foods in the home, including refrigerators, potable water supply and waste management, and other resources for safe food preparation are sometimes inadequate or non-existent.

We (the policy team) recognise the correlation between poorer access to healthy food and higher rates of obesity and diabetes, however, this is not covered in this paper.

**Food insecurity in Indigenous communities**

The evidence of poor nutrition in remote Indigenous communities is stark. For example, in one study 20 per cent of children under two years old in the Top End of the Northern Territory were found to have malnutrition. In another, Aboriginal children aged between one and five admitted to hospital were 120
times more likely to be diagnosed with malnutrition than others of the same age. In Western Australia, a survey of nutritional indicators found that only 35.9 per cent of Indigenous children ate sufficient vegetables. Diabetes and obesity are both higher in prevalence and earlier in onset in Aboriginal and Torres Strait Islander people. Poor nutrition is a factor in both these problems.¹

In the Alliance’s Submission on Development of a National Food Plan (2012), it noted that the licensing of community stores in remote parts of the Northern Territory and the Outback Stores program have been shown to improve the availability of nutritious food in the Indigenous communities where these programs are in place. The Alliance recommended that these programs should be extended to a greater number of Indigenous communities and to small rural and remote towns in other states as well as the Northern Territory where people are dependent on a single food outlet. Licensing of such food outlets can help to assure people in these communities that the required standards are met in store infrastructure, freight and cold chain arrangements, food handling and stock control; that prices are not inflated; and that there is an appropriate quantity of good quality nutritious food available. Education and support for store managers is an essential part of such programs.

The engagement and employment of individuals and community members, especially Aboriginal Health Workers, in managing community stores can be beneficial in increasing community control and ownership of healthy food supplies and improving food security.

Food insecurity among older people

Healthy eating in later life is important for reducing the risk of chronic conditions such as cardiovascular disease, metabolic syndrome, osteoporosis and cognitive decline – and keeping as healthy as possible if they do develop. It can also stave off loss of muscle mass which can lead to increased falls and risk of protein-energy malnutrition, which in turn is associated with impaired muscle function, decreased bone mass, immune dysfunction, anaemia, reduced cognitive function, poor wound healing, delayed recovery from surgery, and ultimately increased morbidity and mortality.²

Older people may be at nutritional risk due to physiological, social, psychological and socioeconomic reasons. Physiological problems include declining digestive and absorptive capacities, decreased taste and smell sensitivity, poor dentition, reduced total energy needs, physical disabilities, and acute and chronic health conditions. Social psychological issues affecting the elderly include less social support contributing to social isolation and loneliness, poverty, depression, dementia and other mental health conditions. These issues are compounded by lifestyle changes such as loss of a spouse, friends or family.

For older people in rural areas with limited mobility and transport options, grocery shopping is often restricted to the local general store. In this instance food prices are extremely high and choices limited. The high cost of food is exacerbated by the low socioeconomic status of rural elderly due to dependence on pensions and lower employment levels.³

Healthy ageing can be supported through good nutrition, but this requires sound nutrition policy and local action, which supports the availability of, and equal access to, health-promoting foods and evidence-based nutritional advice and services. It also requires the strong participation of health and

³ Barriers To Introducing Nutrition Services In Rural Communities, Michelle Aud’s presentations at the 3rd NRHC, http://www.ruralhealth.org.au/PAPERS/3_MICAUL.pdf
Some measures to address food insecurity include:

- Education campaigns about nutrition guidelines and health food choices designed, tested and delivered through appropriate means for rural and remote audiences. Marketing messages on health promotion are usually designed with metropolitan audiences in mind and are often unsuccessful in influencing behaviours of rural and remote consumers (witness current anti-smoking campaigns and their lack of effectiveness in rural areas).
- Initiatives relating to regulating certain substances and promoting 'healthy choices' on the basis of food or brand content (e.g. the health star rating system).
- Small grants to support the establishment or improvement of community food initiatives, such as farmers’ markets, food cooperatives, food hubs, community gardens and city farms. Consumers are beginning to make choices that can contribute to local sustainability by purchasing food sold in local farmers’ markets and locally grown produce to reduce ‘food miles’.
- Food and agriculture related education resources linked to the Australian curriculum. Resources might cover primary and secondary subjects, including science, geography, technologies and health and physical education.
- Food subsidies (although this has recently been a contested issue). A study evaluating nutritional and health outcomes for disadvantaged Aboriginal children involved in a fruit and vegetable subsidy program found that their health and nutrition improved. There were significant decreases in GP/hospital visits for illness and in prescriptions for oral antibiotics.
- Additional Commonwealth investment in employment and upskilling of Aboriginal and Torres Strait Islander Health Workers to enable them to have a greater influence on food security and to address health promotion and nutrition at the local level.

National Food Plan

The Alliance prepared a Submission on the National Food Plan (2012) focused on ensuring that people in rural and remote Australia have reliable and sustainable access to acceptable, nutritious, and affordable food at all times and that rural food businesses and communities remain viable.

The National Food Plan White Paper (2013), addresses food security, the affordability and quality of food, and the sustainability of Australian food production. It will need a specific focus on rural and remote Australia - where the nation’s food is produced but where, ironically, people’s access to healthy food is relatively poor.

The rural-specific industry action outlined in the Plan includes:

- supporting innovation along the food supply chain by investing in our world-leading rural research and development system—currently around $700 million annually; and
- investment in infrastructure and biosecurity that supports our food supply chain, including investing $5.8 billion in the Sustainable Rural Water Use and Infrastructure Program as part of the Water for the Future initiative.\(^5\)

In terms of the more people/community-orientated rural-specific actions, the plan includes:

- investing up to $87 million in the Aboriginal and Torres Strait Islander Chronic Disease Fund to promote healthy, active lifestyles in Indigenous communities over four years from 2013–14;

---


• investing $18.2 million in the Stephanie Alexander Kitchen Garden National Program to develop gardens in more than 650 schools across Australia to 2015 (in its Submission, the Alliance supported the proposed extension of funding for the Stephanie Alexander Kitchen Garden program and recommended that the program should increase its focus on rural areas); and supporting disadvantaged Australians through social safety nets and programs, including community stores in remote Indigenous communities