



# Access to Healthy Food

## **NCOSS Cost of Living Report**

September 2018

# About NCOSS

The NSW Council of Social Service (NCOSS) works with and for people experiencing poverty and disadvantage to effect positive change in our communities.

When rates of poverty and inequality are low, everyone in NSW benefits. With 80 years of knowledge and experience, NCOSS is uniquely placed to bring together civil society, government, and business to ensure communities in NSW are strong for everyone.

As the peak body for health and community services in NSW, we support the sector to deliver innovative services that grow and evolve as the needs and circumstances of low-income households change.

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# Message from the Interim CEO

We hear a lot about how important healthy food is to maintaining a healthy weight and a healthy lifestyle. People on low incomes, particularly parents, know this too. However, they are often priced out of a healthy diet because healthy food is not affordable or accessible to them. This has huge flow on effects to their day to day lives, and their children's lives, affecting their health and wellbeing throughout their life.



For the past three years, NCOSS has travelled around NSW, speaking to our members about the issues that are important to them and their communities. Cost of living has come up as one of the key challenges, particularly in the context of its impact on healthy eating and the affordability of healthy food.

In 2016, NCOSS released a report [Overweight and obesity: Balancing the scales for vulnerable children](#). The report brought an equity lens to the issue of childhood overweight and obesity, examining the actions Government could take to address the multiple risk factors making disadvantaged children more vulnerable to being an unhealthy weight. The cost of healthy food was one of these factors.

This report builds on our earlier work, surveying more than 400 people on low incomes to explore the reason why a healthy diet is out of reach for so many.

It was sobering to discover that 39% — of our sample had been food insecure in the past 12 months; that they had run out of food and could not afford to buy more. This is well above the State average of 6.9%. When we look at healthy food, respondents in our sample consumed far less fruit and vegetables than the NSW average; only 2% of respondents consumed the recommended daily intake of vegetables and 12% of respondents consumed the recommended daily intake of fruit.

The pillars of food security help us understand these results:

- In terms of **availability**, nearly half (49%) of respondents stated they would be more likely to eat fruit and vegetables if the range and quality was better where they currently live. This issue is important to families; it was particularly highlighted by respondents with children.
- In terms of **access**, nearly three quarters (74%) of respondents mentioned that they would be more likely to eat healthy food if it was cheaper.
- In terms of **utilisation**, nearly half (49%) of respondents mentioned that they would be more likely to eat healthy food if they were confident in cooking healthy meals that are tasty, 59% of respondents with children highlighted a lack of time to cook healthy meals.

In this report, we explore some actions the Government could take right now to tackle food insecurity, as well as some future policy options to explore going forward on the issue.

Right now, the NSW Government could improve availability, accessibility and use of food for low-income families by:

- Undertaking regular monitoring of food pricing and availability in NSW
- supporting the development of pop-up farmers' markets
- advocating to raise the rate of income payments like Newstart and Youth Allowance, to make healthy food and cost of living more affordable
- limiting junk food advertising in public spaces
- investing in more holistic nutrition education programs which use a capacity building approach.

The NSW Government should also explore more systemic changes that would make a significant impact on food security and affordability, as well as promoting healthy living. Options to explore include:

- improving planning to make health and wellbeing play a key role in planning decisions and processes
- zoning a portion of fertile land for agricultural purposes to promote access to healthy food in local communities
- improving supply chains for better and more equitable access to healthy food in rural and regional communities
- supporting efforts to subsidise healthy food for low-income families and increasing taxation on unhealthy food, including a health levy on sugar sweetened beverages
- developing place-based food hubs that create opportunities for people to develop skills around healthy eating and food preparation.

We look forward to continuing to work with the NSW Government, our members and cross-sectoral partners to reduce food insecurity, ensuring that all people in NSW are supported to access a healthy diet and thrive in life.



Dr Kathy Chapman  
Acting Chief Executive Officer

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# Executive Summary

Food insecurity in NSW is an issue that mostly affects households from low socioeconomic backgrounds, and is associated with limited access to healthy and affordable fresh food, poor quality of fruit and vegetables that are available, and inadequate access to nutritional information. Food insecurity in NSW affects 6.9% of people and this rate more than doubles among Aboriginal people (18.5%). Overall, in Australia, 22% of children are currently living in a 'food insecure' household, and the impact of that is increased overweight and obesity rates among children and life-long consequences.

This report provides a snapshot of how NSW families on low incomes are experiencing food insecurity and cost of living pressures, and the impact this has on their lives.

The report was based on answers to a survey conducted by Essential Media Communications on behalf of NCOSS, to which 402 people across NSW responded. The findings are supported by data from the Australian Bureau of Statistics and a range of literature on food insecurity and obesity.

The key findings from this report are outlined below:

- Households with the lowest incomes are mostly vulnerable of being priced out of accessing a nutritional diet, as they spend less per person on food, but a greater proportion of their income on food. While NSW households spend \$249 per week on food and non-alcoholic beverages, (around 13% of disposable weekly income), households in the lowest quintile spend nearly half of that amount, \$142 per week, and yet this amount is equivalent to around 24% of their income. The survey found that 85% of respondents on a household income of less than \$512 per week spent less than \$150 on food, but this is the equivalent of around 29% of those respondents' income.
- Over one third (39%) of respondents have been food insecure in the past 12 months, and some of the money-saving measures they adopted to ensure food availability on a daily basis included cutting down the size of the meal (41% of respondents), forgoing essential items, such as medication, transport and clothing (40% of respondents), and delaying paying bills (30% of respondents). A significant number (40%) of respondents with dependent children mentioned they were serving extra carbohydrates in order to have enough money to buy food for the family.
- One third (33%) of respondents were unable to walk to local shops, or even catch a bus to a grocery shop (31%). Food insecurity is determined by the inability to access affordable healthy food, which is the result of factors including a limited number of full-service grocery stores in the area, inadequate access to nutritional information and limited transport to food retail outlets.

- 18% of respondents reported that fruit and vegetables were less available in their local shops. In contrast, shops that sold takeaway food and alcohol were omnipresent, with a vast majority reporting that their local shop had takeaway food (85%) and sold alcohol (83%).
- The consumption of fruit and vegetables among respondents were low:
  - 48% stated that they only consumed between 1 to 5 serves of vegetables per week, which is 30 serves below the recommended amount per week of 35 serves
  - Only 12% consumed over the recommended 14 serves of fruit per week.
- The cost of fruit and vegetables was mentioned by 58% of respondents as the main reason why they didn't consume fruit and vegetables every day. Availability was another reason associated with under-consumption of fruit and vegetables, with 24% of respondents mentioning the poor quality of food and 18% mentioning that fruit and vegetables were not available in local shops.
- Nearly three quarters (74%) of respondents mentioned that they would be more likely to eat healthy food if it was cheaper. Nearly half (49%) of respondents stated they would be more likely to eat fruit and vegetables if the range and quality was better where they currently live.
- Taxes and subsidies to improve diet and health is a measure that has been adopted in a number of countries and there is support for similar measures according to this survey. Two in five (40%) of respondents mentioned that they would be more likely to eat fruit and vegetables if the price of takeaway food was more expensive, and over one third (39%) of respondents mentioned that subsidies to reduce the cost of healthy food in the community would make a big difference to them and their family.

The report highlights some immediate actions Government could take to address food insecurity, as well as outlining future options to explore in relation to changing policy settings to promote affordable healthy eating.

# Preface

This Cost of Living 2018 report is the fifth in a series of reports focusing on the cost of living in New South Wales and its impact on people experiencing poverty and disadvantage. This report highlights the challenges faced by low-income households in accessing affordable, healthy and nutritious food.

Research has shown that dietary patterns and health outcomes vary across certain socio-economic population groups in Australia<sup>1</sup>. People with high incomes, higher levels of education and those living in more advantaged areas are more likely to eat a balanced diet and have better health outcomes<sup>2</sup>. On the other hand, people with a disability, Indigenous Australians, those receiving government support payments and those in more remote and socioeconomically disadvantaged areas are less likely to buy and eat healthy food, are more likely to be overweight or obese, and are more likely to develop diet-related illnesses and/or die from chronic diseases<sup>3</sup>.

While income is a major factor when it comes to nutrition, physical access to healthy food is an issue associated with food security. According to the UN Food and Agriculture Organization, people are considered to be 'food secure' when they have, at all times, physical and economic access to sufficient, safe and nutritious food that meet their dietary needs and food preferences for an active and healthy life<sup>4</sup>. However, for many people, this is not the case day-to-day, with 6.9% of people in NSW being food insecure<sup>5</sup>.

For many socioeconomically disadvantaged families, food can account for a large proportion of their weekly income, and in this context healthy food can become a discretionary expense when compared to other necessities such as housing, medical, and energy costs. The combination of stress to make 'ends meet' and poor nutrition can make disease management even more challenging, with many families that are food insecure often having to grapple with other socioeconomic issues which make it difficult to maintain good health.

This report analyses food security in New South Wales and draws attention to the cost, quality and availability of healthy food among low-income households. The survey findings also build on previous research and literature on the topic, reinforcing the need to act and ensure healthy food is available and affordable to all people, especially households from low socioeconomic backgrounds.

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<sup>1</sup> VicHealth 2015, *Promoting equity in healthy eating*, Victorian Health Promotion Foundation.

<sup>2</sup> Ibid 2015.

<sup>3</sup> Commonwealth of Australia 2013, *State of preventive health 2013*, Australian National Preventive Health Agency.

<sup>4</sup> Food and Agriculture Organization of the United Nations 2009, *Declaration of the World Summit on Food Security* (delivered at the World Summit on Food Security, 16-18 November 2009).

<sup>5</sup> NSW Health 2015, *Food insecurity, persons aged 16 years and over, NSW 2002 to 2014*, HealthStats NSW. Available at: <[http://www.healthstats.nsw.gov.au/Indicator/beh\\_foodsec\\_age/beh\\_foodsec\\_age](http://www.healthstats.nsw.gov.au/Indicator/beh_foodsec_age/beh_foodsec_age)>



# Methodology and approach

The Cost of Living Report 2018 provides a snapshot of low-income residents in NSW and current issues around food insecurity. The research involved a 10 minute online survey that was designed by NCOSS in conjunction with representatives from the NSW Ministry of Health, Cancer Council NSW, Western NSW Local Health District, and Essential Media's Online Research Unit.

The online survey was conducted between 15–22 May 2018 and produced 402 responses across NSW (the Cost of Living survey). The research targeted low-income households in NSW and those living below the poverty line, according to the definition developed by the Australian Council of Social Service (ACOSS) and the UNSW's Social Policy Research Centre (SPRC). The most recent ACOSS definition of the poverty line was used as a basis for the sample structure<sup>6</sup>. The target population was selected based on a combination of household structure and income, with quotas placed on households with children, households outside Sydney areas, and households with pensioners. The total sample was weighted to match the Australian Bureau of Statistics (ABS) 2016 NSW general community profile, based on gender, age and location<sup>7</sup>. Further information on the weighted data is provided in Appendix A.

The survey was conducted by Essential Media's Online Research and data analysed by the Institute of Public Policy and Governance at the University of Technology Sydney (UTS IPPG; 'the Institute'). The Institute analysed the data using SPSS and Q statistical software, and analysis was conducted for key demographic groups, such as gender, age, income and household structure. For all comparisons of demographic differences, significant testing was conducted using standard inferential statistics (in Q Statistics) with a confidence level of 0.95.

The research design and fieldwork for this project were conducted in line with ISO 20252 accreditation: the international ISO quality assurance standard for market and social research.

Detailed information on the respondents' profiles are provided in Appendix B.

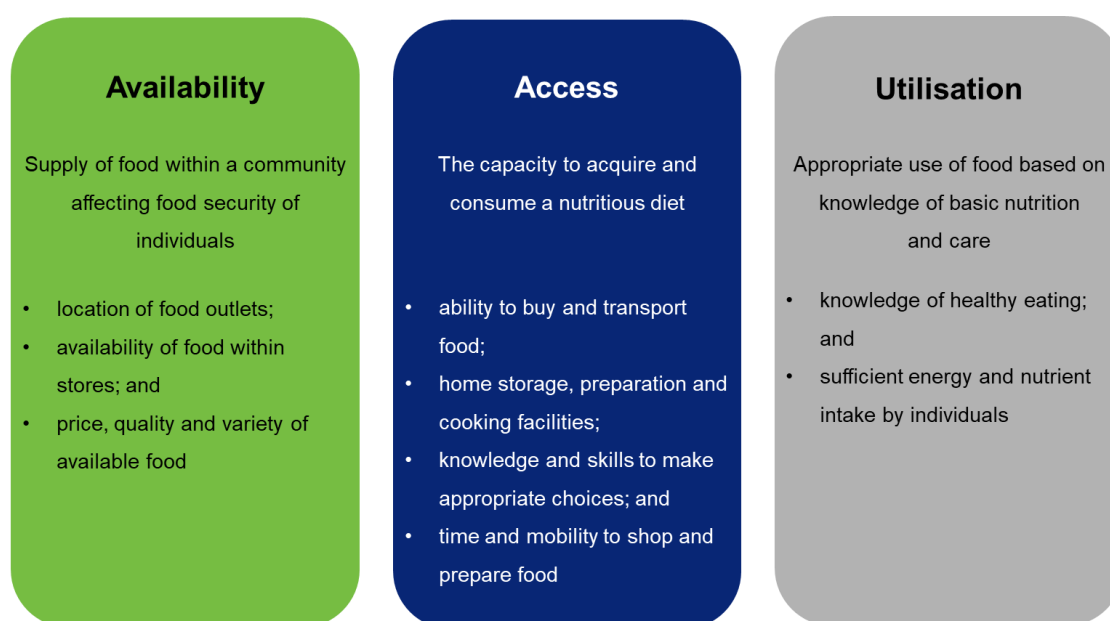
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<sup>6</sup> ACOSS and SPRC 2011, *Poverty in Australia 2016*.

<sup>7</sup> Australian Bureau of Statistics 2016, *Census Community Profile*, available at [http://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/communityprofile/036?opendocument](http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/communityprofile/036?opendocument).

# Availability and access to healthy food

Food security is defined as the ability for individuals to have, at all times, physical and economic access to sufficient, safe and nutritious food that meet their dietary needs and food preferences for an active and healthy lifestyle<sup>8</sup>. This may occur as a consequence of a specific mix of food supply, access and utilisation factors, which influence people's general food purchasing and consumption patterns. More broadly, food security can be allocated to three main pillars: availability, access and utilisation<sup>9</sup>.



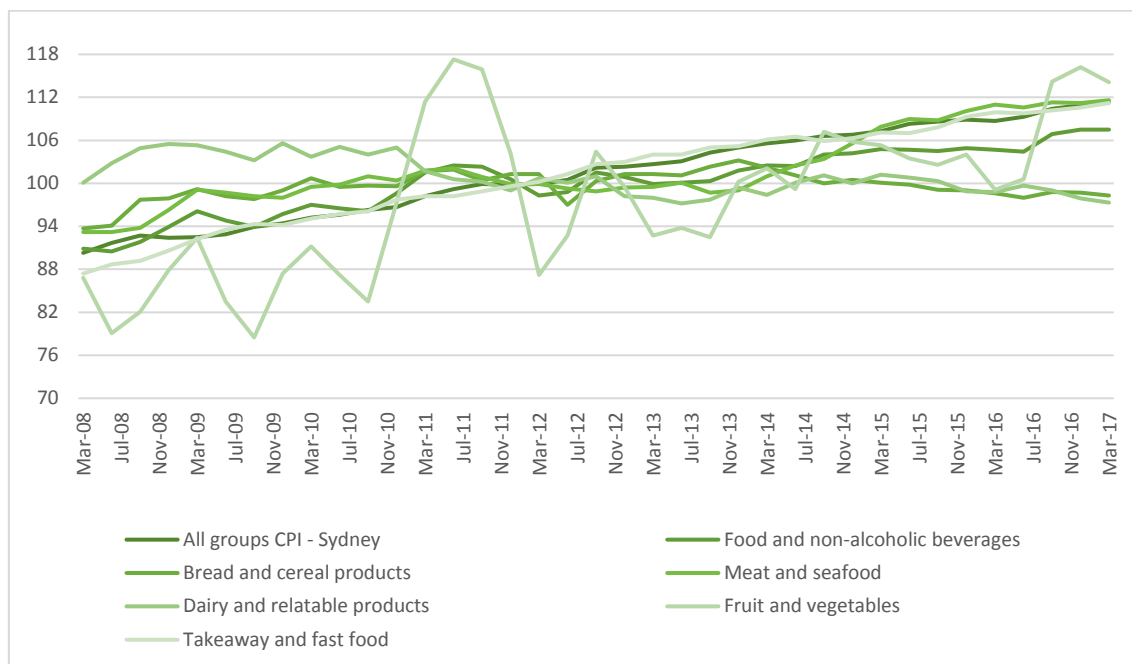
## Cost of healthy food

Price can influence the choices made regarding food and grocery items. In March 2017, the price of fruit and vegetables increased above the overall consumer price index (CPI) in Sydney (see Figure 1). The overall cost of food and non-alcoholic beverages, however, remains below CPI since 2012. This relative stability in food prices is the combined result of an appreciating Australian dollar and an intensely competitive food retail sector. While the cost of food in general has been lower than CPI for the aforementioned period, the cost of utilities (electricity and gas), housing and health has increased in the last 5 years (Figure 2). Medical, housing and utilities costs are the largest areas of expenditure for NSW households, and soaring prices have a great impact on people's ability to access and consume healthy foods.

<sup>8</sup> Food and Agriculture Organization of the United Nations 2009, *Declaration of the World Summit on Food Security*, (delivered at the World Summit on Food Security, 16-18 November 2009).

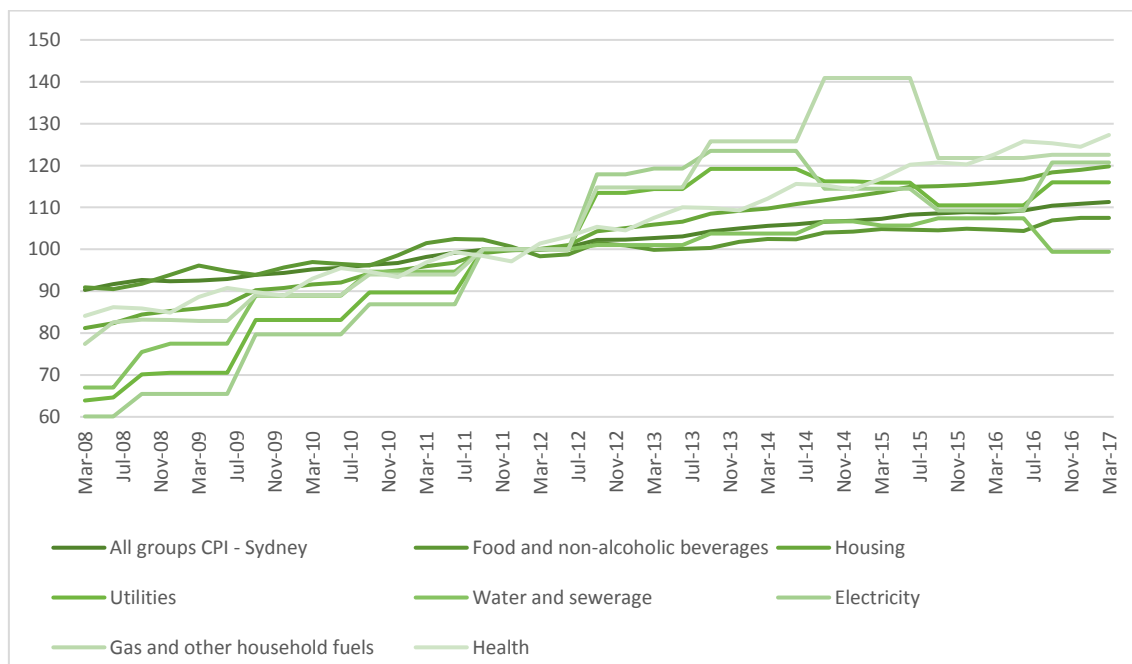
<sup>9</sup> Food and Agriculture Organization of the United Nations 1996, *Declaration on Food Security and World Food Summit Plan of Action* (delivered at the World Food Summit, 13-17 November 1996).

**Figure 1: Sydney CPI and food price indices**



Data source: Australian Bureau of Statistics 2018, *Consumer Price Index, Mar 2018*, cat. no. 6401.0

**Figure 2: Sydney CPI and cost of living comparison**



Data source: Australian Bureau of Statistics 2018, *Consumer Price Index, Mar 2018*, cat. no. 6401.0

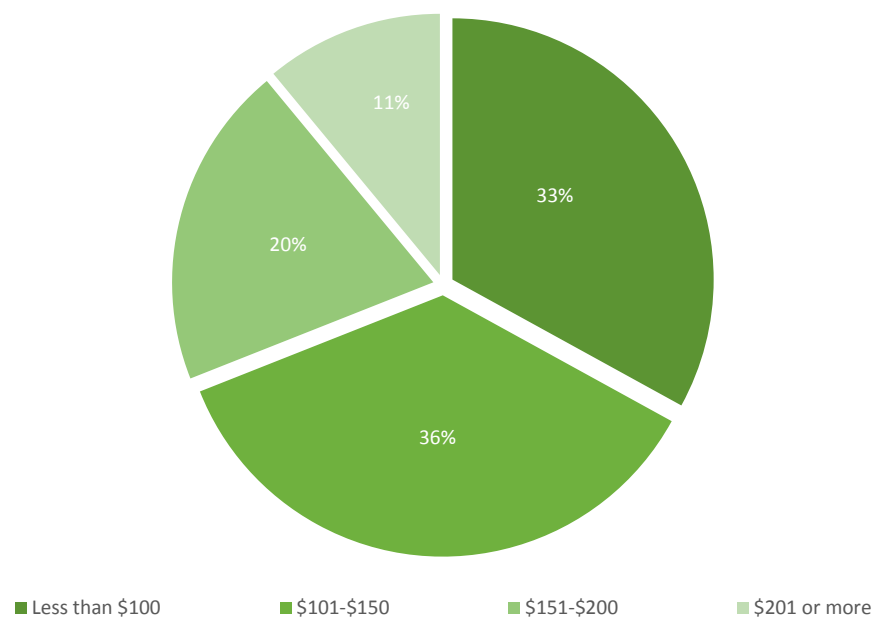
Households in the lowest incomes are the most vulnerable to being priced out of accessing a nutritional diet, as they spend less per person on food, but a greater proportion of their income on food. Overall, NSW households spend \$249 per week on food and non-alcoholic beverages, which is equivalent to around 13% of households' disposable weekly income. In contrast,

households in the lowest quintile spend nearly half of that amount, \$142 per week, and this amount is equivalent to around 24% of their income<sup>10</sup>.

The Cost of Living survey found that two thirds (69%) of respondents spent less than \$150 on food each week, as illustrated in Figure 3. Notably, 85% of respondents on a household income of less than \$512 per week spent less than \$150 on food, which is equivalent to around 29% of respondents' income. This is close to placing these respondents in 'food stress'<sup>11</sup>.

Furthermore, one third (33%) of respondents spent less than \$100 on food per week, with those on a single age pension and respondents whose main source of income coming from government support payments being significantly more likely to spend this amount (49% of respondents aged 55 to 64 years; 46% aged 65 to 74 years; 52% on single age pension; 45% on government support payments). As there were more people in the household, respondents with dependent children were significantly more likely to spend around \$151 to \$200 on food each week (30% of respondents). This means food choices had to be made carefully, making it harder for them to purchase healthy food.

**Figure 3: Amount households spend on food each week**



Overall, households in Australia spend more purchasing unhealthy food than the amount required to purchase healthy options, with the majority (53–64 %) of the food budget being spent on 'discretionary' choices, including take-away foods and alcohol, when a healthy diet costs between 20–31 % of disposable income of low income households,<sup>12</sup>.

<sup>10</sup> Australian Bureau of Statistics 2014, *Household Expenditure Survey, Australia 2015-16*, cat. no. 46530.0.

<sup>11</sup> Equivalent to housing stress when 30% of income is spent on housing.

<sup>12</sup> Lee, A. et al 2016, *Testing the price and affordability of healthy and current (unhealthy) diets and the potential impacts of policy change in Australia*, BMC Public Health, 16:315.

## Food insecurity and low-income households in NSW

Lower income households are more likely to spend around 20% to 30% of their disposable income on healthy food<sup>13</sup>, with this proportion increasing to up to 40% among those in welfare-dependent families<sup>14</sup>. In this context, food expenditure becomes a major variable item in households' budgets, which means that the quantity and quality of food purchased and consumed by families is likely to suffer during times of financial hardship. Furthermore, food insecurity in Australia is seen as a 'hidden paradox' and national data indicates that obesity is most prevalent amongst those at highest risk of being food insecure, as low-income consumers would deliberately select energy-dense food<sup>15</sup>.

Food insecurity is a stressful situation for individuals, families and households. When people do not know where their next meal is going to come from, finding that next meal often becomes their central focus and can take priority over things that are less immediately urgent but still important for one's health.

Figure 4 shows that over one third (39%) of respondents have been food insecure in the past 12 months – that is, there were times when respondents ran out of food and couldn't afford to buy more. This finding is notably higher than the reported 6.9% overall rate of food insecurity in NSW in 2014 and the 18.5% rate among Aboriginal people<sup>16</sup>. Furthermore, Foodbank research conducted in April 2018 found that 22% of children in Australia are currently living in a food insecure household<sup>17</sup>.

Importantly, the Cost of Living survey identified that respondents currently living in rented public or community housing were significantly more likely to report being food insecure in the past 12 months (58%) compared to those that own their house outright (28%).

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<sup>13</sup> Lee, A. et al 2016, *A healthy diet is cheaper than junk food but a good diet is still too expensive for some*, The Conversation.

<sup>14</sup> Kettings C., Sinclair A. and Voevodin M. 2009, *A healthy diet consistent with Australian health recommendations is too expensive for welfare-dependent families*, Australian and New Zealand Journal of Public Health, 33:566–72. Australian Bureau of Statistics 2014, *Household Expenditure Survey, Australia 2015–16*, cat. no. 46530.0.

<sup>14</sup> Equivalent to housing stress when 30% of income is spent on housing.

<sup>14</sup> Lee, A. et al 2016, *Testing the price and affordability of healthy and current (unhealthy) diets and the potential impacts of policy change in Australia*, BMC Public Health, 16:315.

<sup>14</sup> Lee, A. et al 2016, *A healthy diet is cheaper than junk food but a good diet is still too expensive for some*, The Conversation.

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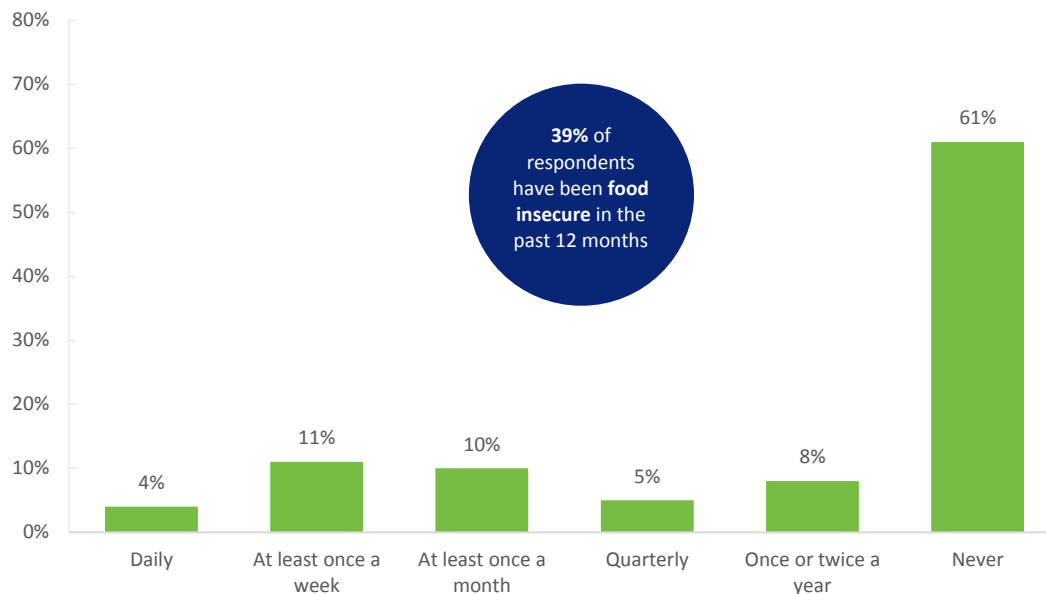
<sup>15</sup> Burns, C. 2004, *A review of the literature describing the link between poverty, food insecurity and obesity with specific reference to Australia*, VicHealth.

<sup>16</sup> NSW Health 2015, *Food insecurity, persons aged 16 years and over, NSW 2002 to 2014*, HealthStats NSW. Available at: <[http://www.healthstats.nsw.gov.au/Indicator/beh\\_foodsec\\_age/beh\\_foodsec\\_ses](http://www.healthstats.nsw.gov.au/Indicator/beh_foodsec_age/beh_foodsec_ses)>

<sup>17</sup> Foodbank 2018, *Rumbling Tummies: Child Hunger in Australia*. Available at: <<https://www.foodbank.org.au/rumbling-tummies/>>.



**Figure 4: Households with not enough food or unable to afford it in the past 12 months**



### Impact of food insecurity

Often low-income households have to adopt some money-saving measures and strategies to ensure food availability on a daily basis, as shown in Figure 5. The survey identified that 41% of respondents had to cut down the size of their meals to make sure food went further and lasted longer. This measure was more common and prominent among those on a disability support pension (61%).

Low-income households also had to forgo essential items, such as medication, transport and clothing (40% of respondents), and this measure was significantly higher among young respondents aged 25 to 34 years (55% of respondents) and those with dependent children (50% of respondents).

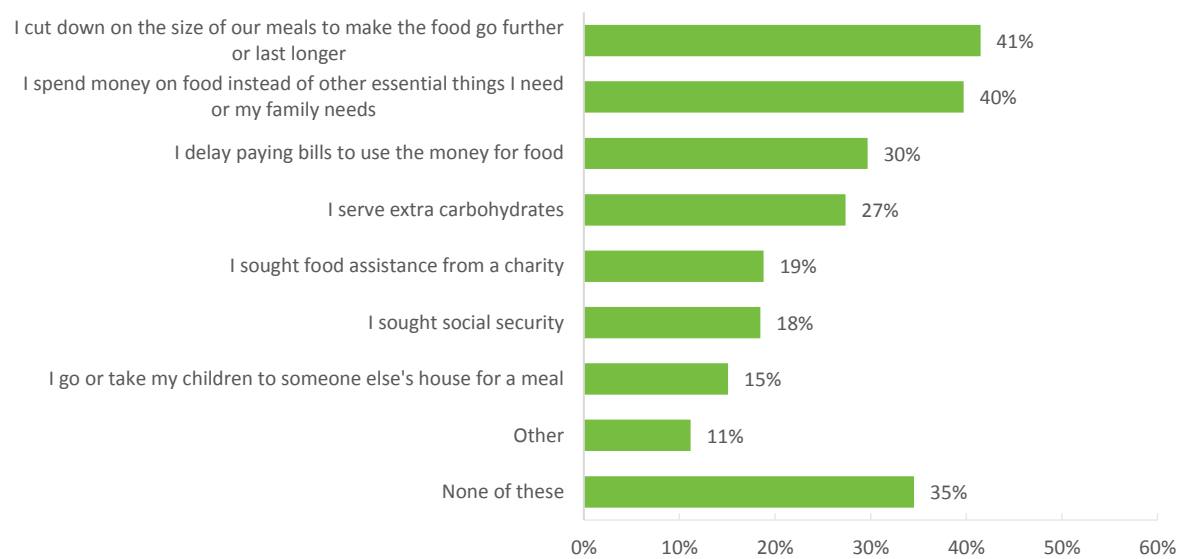
Furthermore, nearly one third (30%) of respondents reported they had delayed paying bills to use the money on food, with this measure being more prominent among those that have government support payments as their main source of income (40%). This finding is supported by the *Cost of Living 2015* report from NCOSS, which found that families in NSW were particularly concerned with their ability to manage utility bills (including electricity, water, sewerage and gas), and the cost of utilities comprised 4.8% of weekly expenditure for households in the lowest income quintile<sup>18</sup>.

**Spending money on food instead of essential items, delaying paying bills and cutting down the size of meals are measures that make low-income households anxious or uncertain**

<sup>18</sup> NSW Council of Social Service 2015, *NCOSS Cost of Living Report: The experience of cost of living pressure for low to middle income families with dependent children in NSW*.

about their ability to afford food on a weekly basis – these respondents are food insecure without hunger.

Figure 5: Actions taken and food affordability



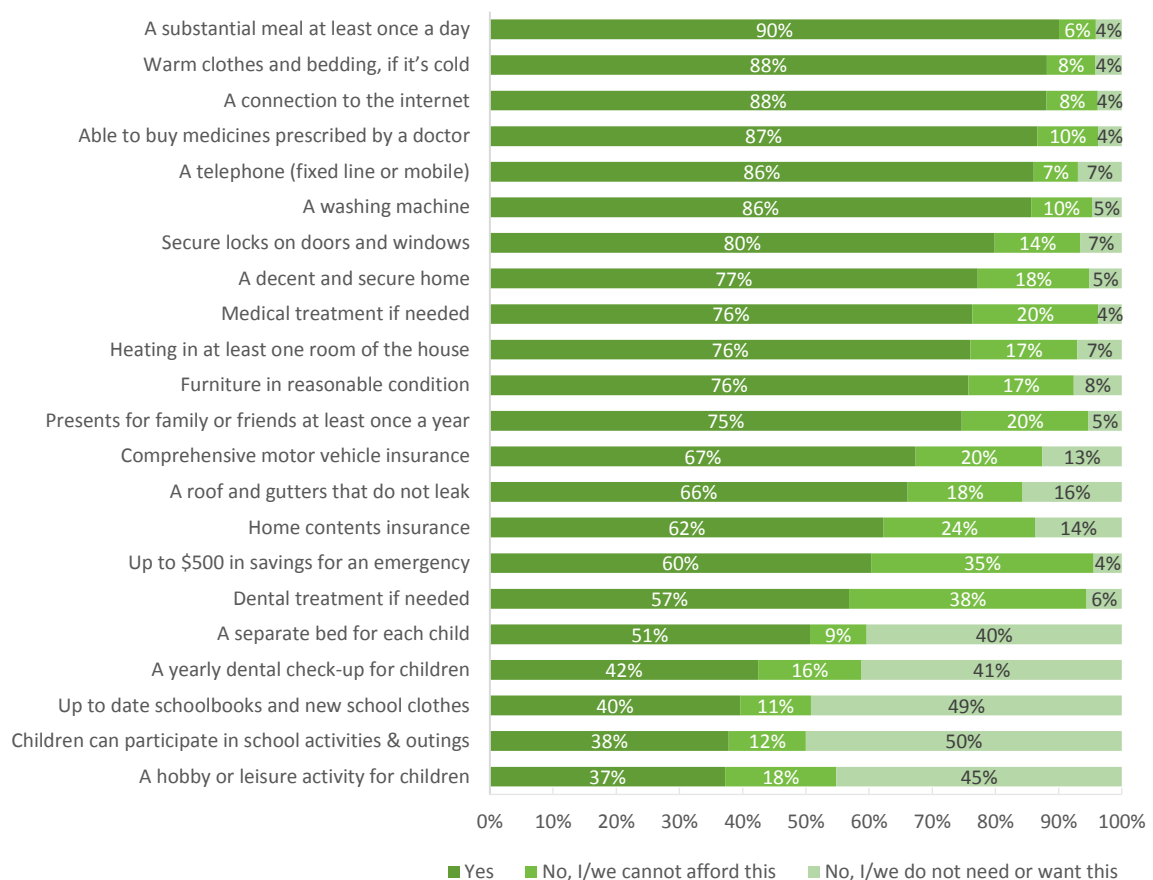
People miss out on essential items

Similarly, respondents did without basic necessities for Australians as identified from a research study from the Social Policy Research Centre (SPRC)<sup>19</sup>.

As illustrated in Figure 6, the *Cost of Living Survey* showed that over one third (38%) of respondents mentioned they cannot afford dental treatment when needed, and 35% mentioned they do not have up to \$500 in savings for an emergency. The absence of savings, combined with the fact that nearly one quarter (24%) of respondents cannot afford home and contents insurance and 20% wouldn't be able to afford medical treatment, place lower income residents in a vulnerable situation.

<sup>19</sup> Saunders, P., Naidoo, Y., Griffiths, M., 2007, *Towards new indicators of disadvantage: deprivation and social exclusion in Australia*, Social Policy Research Centre, University of NSW.

**Figure 6: Household affordability of key items**



## Childhood obesity

Food insecurity affects children from low-income households most severely, contributing to an increased obesity rate. Research shows that children from low socioeconomic backgrounds are more likely to be overweight than their wealthier peers, a phenomenon which increases as children age<sup>20</sup>. The Cost of Living survey found that households with dependent children were more likely to state that they were serving extra carbohydrates to compensate for the lack of food (40% of respondents).

## Healthy food availability and access

Whilst at its core food insecurity and a poor diet are predominately determined by economic factors, it is also a consequence of other social and demographic factors. For many people, the inability to access affordable healthy food can be the result of a limited number of full-service grocery stores in the area, as well as inadequate nutritional information, limited transport to food retail outlets, physical immobility and language barriers<sup>21</sup>. Other factors can also include

<sup>20</sup> Jansen PW, et al (2013) *Family and Neighbourhood Socioeconomic Inequalities in Childhood Trajectories of BMI and Overweight: Longitudinal Study of Australian Children*, PLoS ONE 8(7):

<sup>21</sup> Rural Industries Research and Development Corporation 2016, *Food Security and Health in Rural and Remote Australia*, National Rural Alliance.

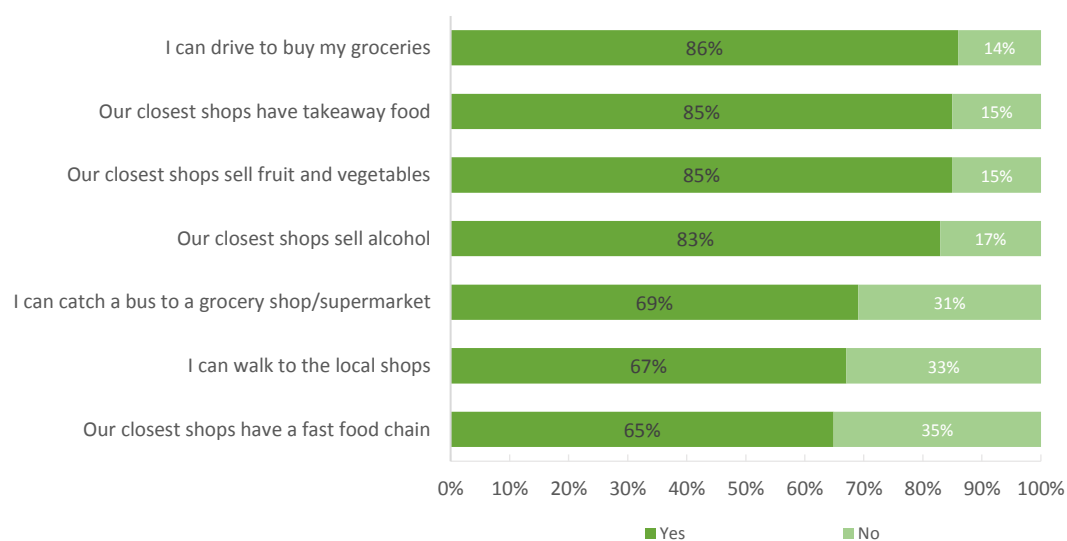
‘time-poor’ working families and the aging population, who are frequently less mobile and socially isolated.

The ‘food desert’ metaphor is commonly used by public health experts to describe areas with limited access to supermarkets selling quality fresh fruit and vegetables, coupled with a high abundance of unhealthy takeaway and fast food options<sup>22</sup>. Such factors can lead to limited opportunities for people to choose and consume healthy and nutritious meals.

Figure 7 shows that one third (33%) of respondents reported they were unable to walk to local shops, or even catch a bus to a grocery shop (31%). While this restriction was due to a mobility issue (64% of respondents unable to walk to local shops were aged 75 or more, and 49% of respondents unable to catch a bus were aged 65 to 74 years), the location of shops was also a factor among respondents in other parts of NSW, with 46% of respondents outside Sydney unable to walk to local shops (compared to 26% in Sydney), and 52% unable to catch a bus (compared to 20% in Sydney).

Shops that sell takeaway food and alcohol were, however, omnipresent, with a vast majority reporting that their local shop had takeaway food (85%) and sold alcohol (83%). Two thirds of respondents (65%) also had ready access to fast food chains.

**Figure 7: Food availability and access**

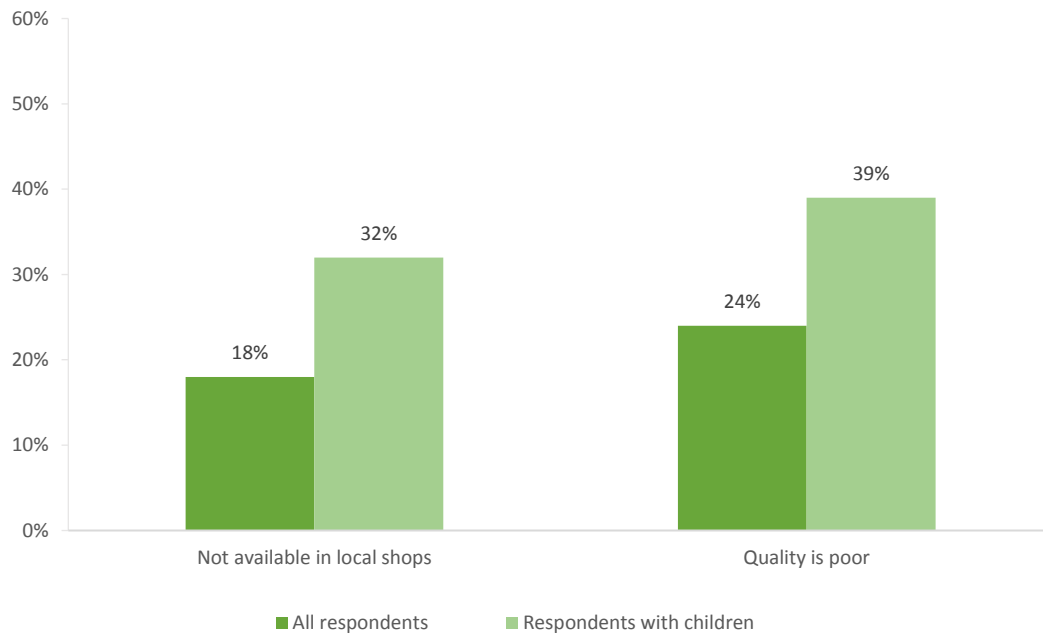


The quality of fruit and vegetables available to consumers affect nutritional value and acceptability for purchase, and it is a key factor in achieving food security<sup>23</sup>. The poor quality and unavailability of fruit and vegetables in local shops were mentioned in the Cost of Living survey as an issue, with respondents in households with children significantly more likely than other population groups surveyed to report that fruit and vegetables were not available at their local shops (32%); and if they were, the quality was poor (39%).

<sup>22</sup> Cummins S. and Macintyre S. 2002, “Food deserts” – evidence and assumption in health policy making, British Medical Journal, 325:436-438.

<sup>23</sup> The Cancer Council NSW 2007, NSW Healthy Food Basket: Cost, Availability and Quality Survey.

**Figure 8: Accessibility to fruit and vegetables for households with children**



This demonstrates that action needs to be taken to improve access to healthy food options for families on low incomes.



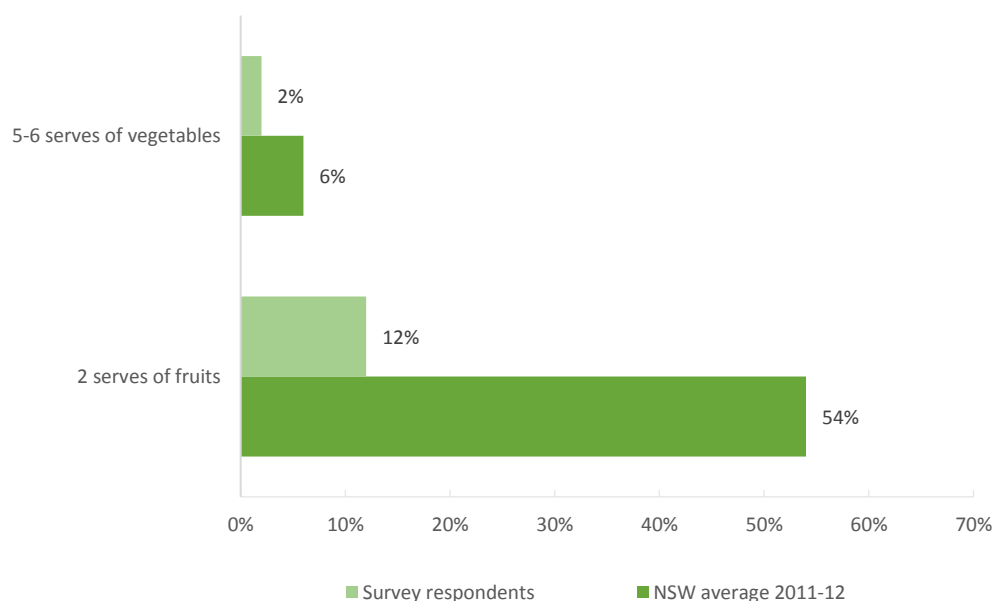
# Food consumption and habits

## Guide to healthy eating

The access to, and cost of, healthy food has been the subject of much political and community debate in Australia over the years. According to the Australian Dietary Guidelines (ADG), adults should consume between five and six serves of vegetables and two serves of fruits every day. A diet rich in fibre, fruit, and vegetables is critical in promoting wellbeing and helping to protect against chronic diseases such as type 2 diabetes, heart disease, and some cancers. However, according to the ABS, only 6% of people in NSW consumed the recommended daily intake of vegetables and 54% of people met the recommended daily intake of fruits<sup>24</sup>.

The daily intake of fruit and vegetables by respondents from the Cost of Living survey was significantly lower than the NSW average (Figure 9), with only 2% of respondents consuming the recommended daily intake of vegetables and 12% of respondents consuming the recommended daily intake of fruits.

**Figure 9: Daily intake of fruit and vegetables**

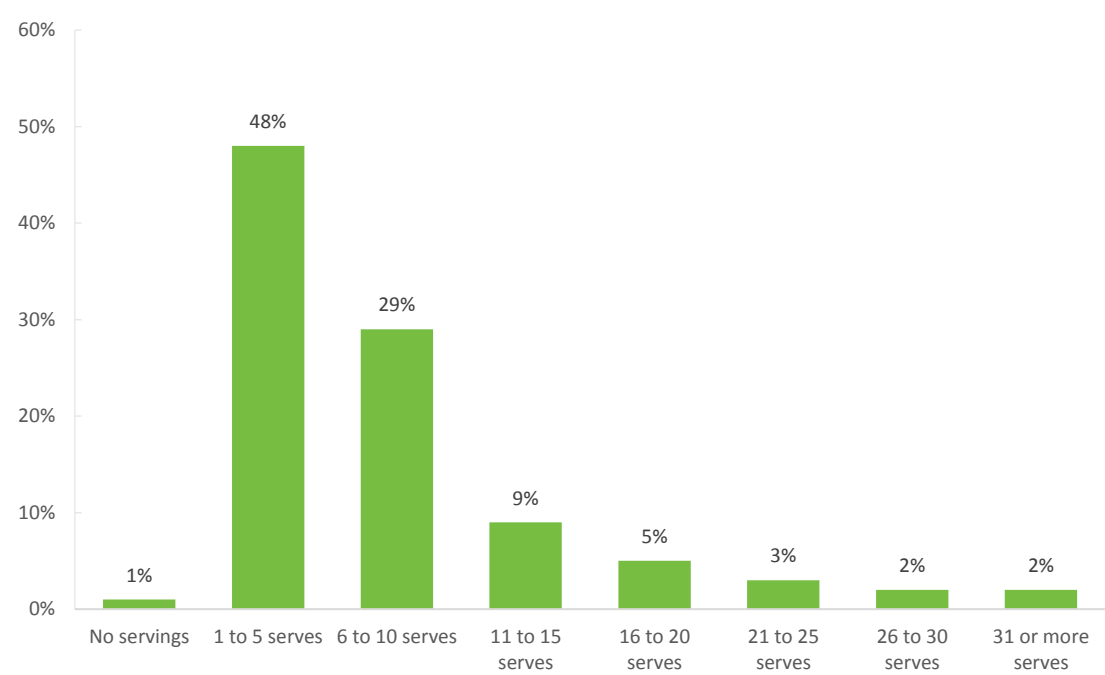


Figures 10 and 11 show in greater detail weekly consumption patterns of fruit and vegetables among respondents, with nearly half of them (48%) stating that they only consumed between one to five serves of vegetables per week, which is thirty serves below the recommended amount per week (the recommended weekly amount is 35 serves of vegetables).

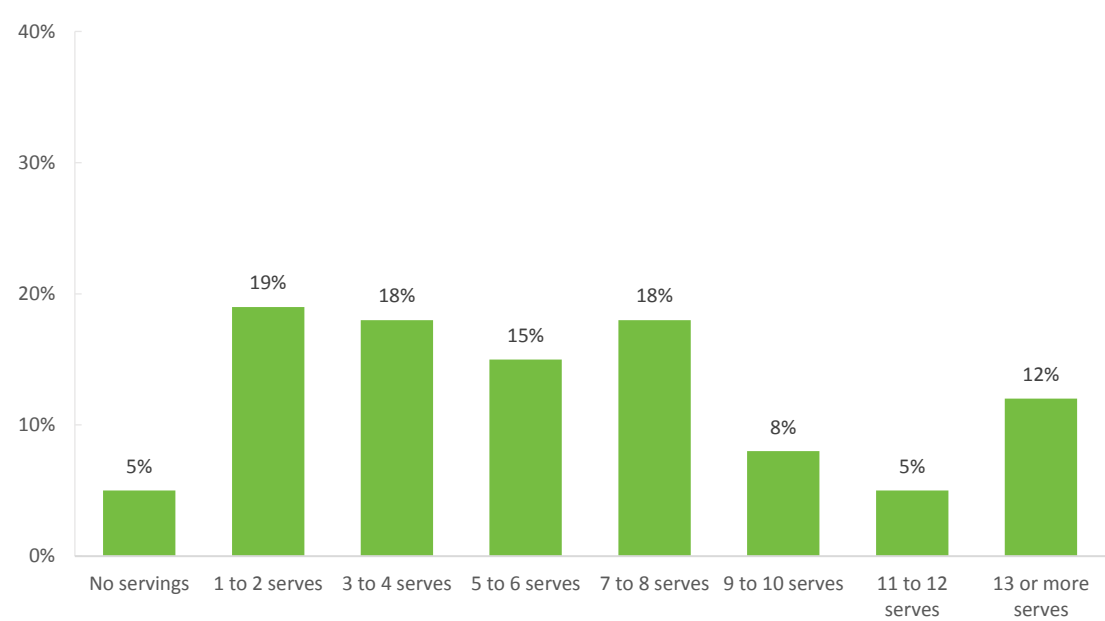
<sup>24</sup> Australian Bureau of Statistics 2014, *Australian Health Survey: Nutrition - State and Territory results 2011-12*, cat. no. 4364.0.55.009.

In regards to the consumption of fruit, respondents performed slightly better in meeting the recommended weekly consumption, with around one in ten (12%) consuming over the recommended 14 serves per week.

**Figure 10: Serves of vegetables per week consumed by respondents**

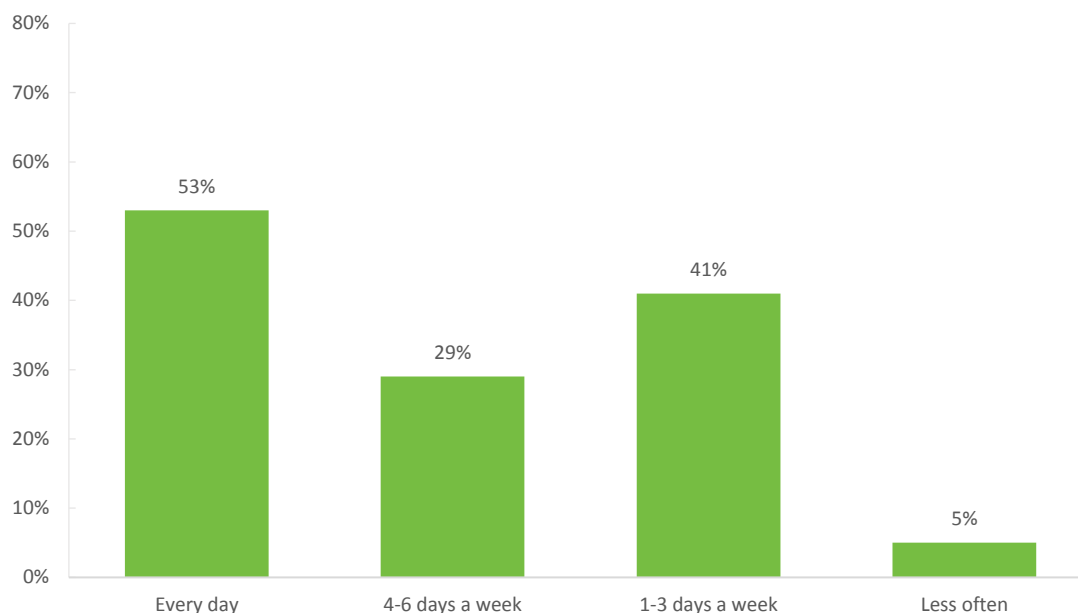


**Figure 11: Serves of fruits per week consumed by respondents**



In fact, 47% of respondents mentioned that they do not eat fruit and vegetables on a daily basis (Figure 12). Interestingly, weekly income wasn't found to have a significant impact on fruit and vegetables consumption.

**Figure 12: Frequency of fruit and vegetables consumption in the household**



Among those respondents that do not eat fruit and vegetables every day (47% of total respondents), 58% reported that cost was the main deterrent (Figure 13). This affordability issue is significantly higher among respondents aged 45 to 54 years (89%). Availability was one of the reasons associated with under-consumption of fruit and vegetables, as 24% of respondents mentioned the poor quality of produce and 18% mentioned that fruits and vegetables were not available in local shops.

With regard to *access* to healthy food, just over one quarter (28%) of respondents mentioned they are not confident cooking or preparing healthy food and don't have much time to cook. Not surprisingly, respondents with children at home were significantly more likely to mention that they don't have enough time to cook for the family (43%).

The disapproval of the taste of fruit and vegetables was also mentioned by 28% of respondents as a reason for not consuming fruit and vegetables every day, and these findings were significantly higher among households with children (45% of respondents).

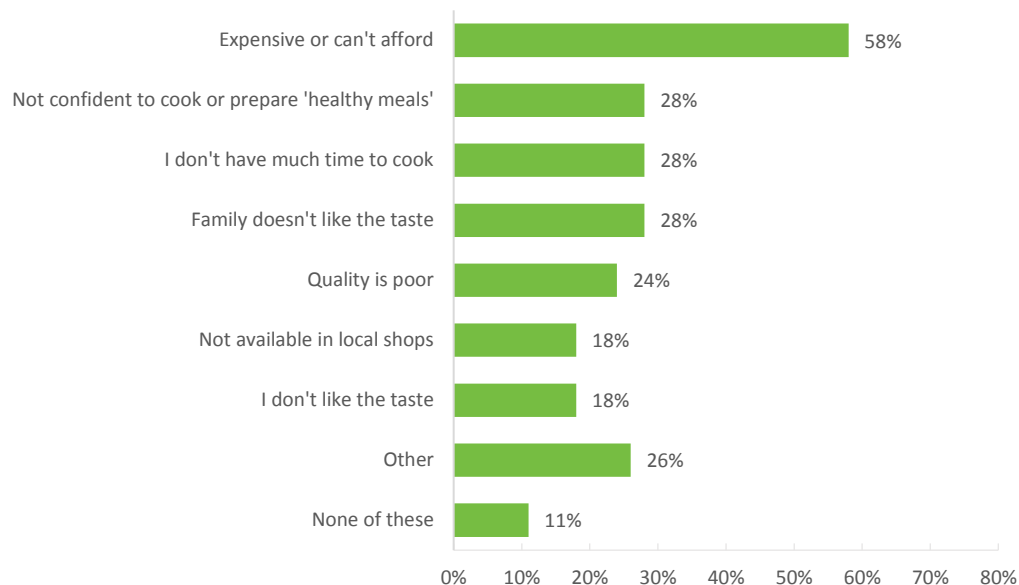
Nutritional knowledge, eating habits and food preferences are associated with the *utilisation* pillar of food security<sup>25</sup>. This demonstrates the importance of nutritional education taking a holistic approach to building participants' capacity and confidence in cooking healthy food.

In summary, food price is only one part of the food insecurity issue, with factors associated with convenience, desirability and taste, coupled with ubiquitous availability and marketing of

<sup>25</sup> See the reference to the three pillars of food security at p 9.

discretionary food, poor food literacy and cooking skills, and busy lifestyles influencing food choices in Australia<sup>26</sup>.

**Figure 13: Reasons for not consuming fruit and vegetables every day**



Base: Respondents that did not eat fruit and vegetables every day n=185

## Takeaway food: a matter of taste

Takeaway and fast food consumption in Australia often comes down to taste, availability and marketing, but convenience and price are also important factors in determining which fast food chains Australians visit. The *Cost of Living* survey found that around one third (34%) of respondents bought takeaway or 'convenience food'<sup>27</sup> for dinner at least once a week – this included burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster or local takeaway places. Notably, the age of respondents seemed to affect the frequency of takeaway food consumption, with the younger the respondent the more likely they are to consume takeaway. Respondents aged 25-34 years were more likely to buy takeaway food for dinner around two and three times a week (29%), those aged 35-44 years were more likely to do so once a week (36%), and those aged 45-54 years consumed takeaway less than once a week (67%). Households with children were significantly more likely to consume takeaway food 3 times a week (21%) when compared to all other respondents.

According to the ABS, people in NSW obtain around one third (34%) of their daily energy from discretionary foods<sup>28</sup>. Across all households, a majority (58%) of food budgets are spent on 'discretionary' food choices, which includes takeaway food and alcohol<sup>29</sup>.

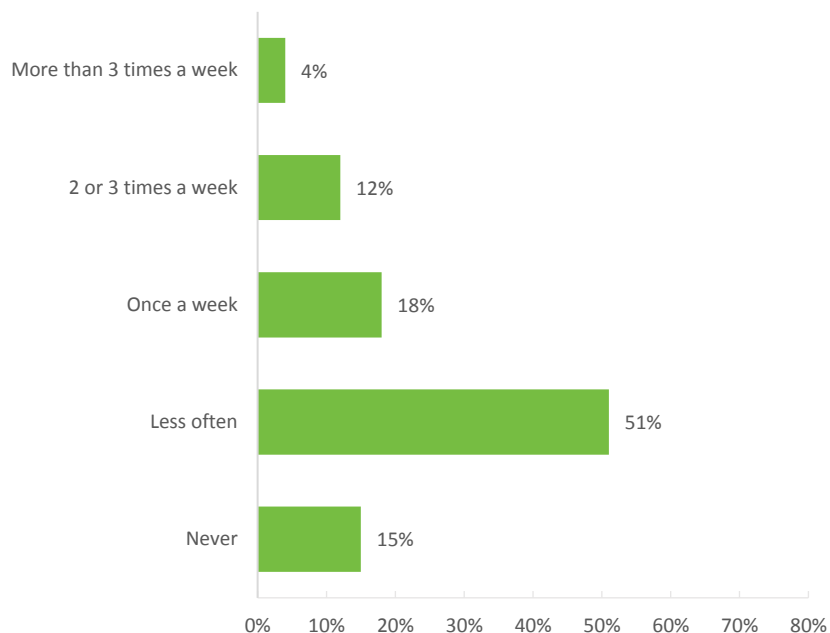
<sup>26</sup> Lee, A. et al 2016, *Testing the price and affordability of healthy and current (unhealthy) diets and the potential impacts of policy change in Australia*, BMC Public Health, 16:315.

<sup>27</sup> Definition of takeaway and convenience food in the questionnaire: burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster or local takeaway places.

<sup>28</sup> Australian Bureau of Statistics 2014, *Australian Health Survey: Nutrition - State and Territory results 2011-12*, cat. no. 4364.0.55.009.

<sup>29</sup> Lee, A. et al., 2016, *Testing the price and affordability of healthy and current (unhealthy) diets and the potential impacts of policy change in Australia*, BMC Public Health, 16:315.

**Figure 14: Consumption of takeaway or convenience food for dinner**



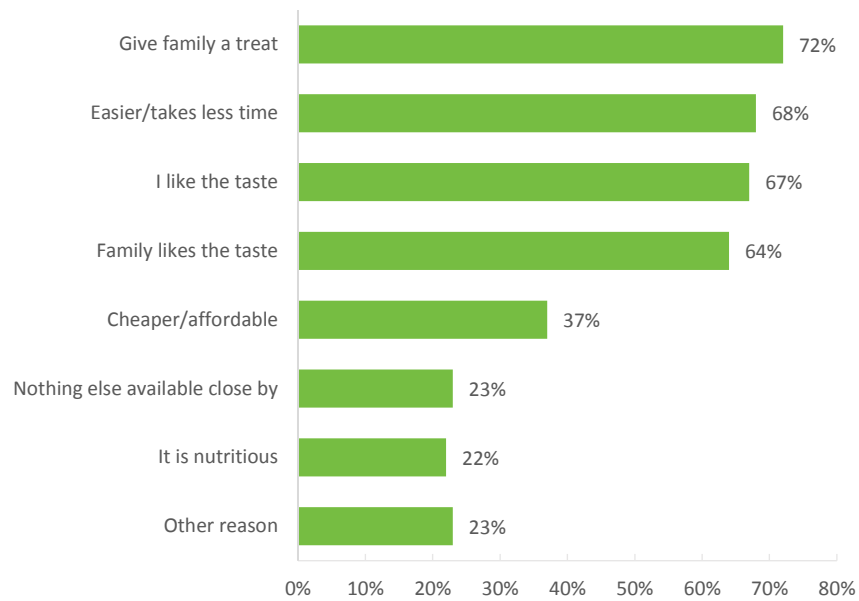
The Cost of Living survey found that takeaway and convenience food is generally perceived as a treat for families, with the added benefit of tasting good and saving time (Figure 15). The vast majority of respondents (72%) consumed takeaway as a treat, and those aged 35 to 44 years and respondents with dependent children were significantly more likely to do so for that reason (86% of respondents for both groups). The taste of takeaway food was the third most cited reason for regular consumption (68% of respondents like the taste and 64% of respondents mentioned the family like the taste).

In addition to taste, takeaway and convenience food allow households to save time spent in the kitchen and local shops – time buying the ingredients, cooking a meal from scratch and doing the dishes. These benefits are reflected in the survey, with over two thirds (68%) of respondents citing that takeaway food is an easier option for dinner, and those aged 35 to 44 years (88%) and respondents with dependent children (80%) more likely to agree with this reason.

For many, takeaway food is also perceived as an affordable and nutritious option, with 37% of respondents consuming takeaway because of affordability and 22% for its nutritious value. Notably, the perception that takeaway food is nutritious extends to respondents with dependent children – 32% of respondents mentioned that takeaway foods are nutritious.



**Figure 15: Reasons for consuming takeaway or convenience food**



These results again point to the value of holistic nutritional education, building the capacity of parents to cook healthy food efficiently.

# Household priorities

## Promoting healthy eating

According to the Cost of Living survey, the top priority in terms of access or support that would make the most difference to respondents' lives is financial assistance for paying the bills, such as electricity, gas and water. Nearly one in five (17%) respondents indicated that this assistance is a main priority for them. Affordable dental care, healthy food, and general health services were also cited as top priorities for 12% of respondents (Figure 16).

Bills for essential services are by far the largest household expense and the one that usually affects people's ability to save money, which can be directed toward healthy eating. Survey respondents affirmed that assistance with bills would make a big difference to their budget and would improve their wellbeing and lifestyle.

*'These are the largest bills for our household and assistance with these bills would allow us to put money aside for emergencies.'*

*'We spend money on these bills and have to scrimp on food bills.'*

*'If we have cheaper utilities we would have more to spend on food and better living.'*

*'After paying the rent, buying food, and putting petrol in the car, there is not much from our pension to pay the bills.'*

This finding is aligned with the previous NCOSS Cost of Living research, which stated that over one in five households in the lowest income quintile reported being unable to pay their bills on time, and the number of households being disconnected from utilities increased by 37% in the five years to 2013<sup>30</sup>.

Healthy food, which includes fruit and vegetables, lean meat, dairy foods, and even organic food are seen as costly and sometimes inaccessible to many low-income households. Therefore, affordability of healthy food was cited as a priority in people's lives and the type of support that would make a significant difference to residents' budgets and wellbeing.

*'... food is one of the most important staples after having a roof over your head. My food budget after I've put money away for electricity and all of the other small things I need to run my house, I have \$40 for the fortnight. I wouldn't even say you have to be creative, you'll just have to do without when you have that little amount of money.'*

*'I choose to feed my family healthy meals, but the cost of fresh fruit and vegies and meat and cheese is ridiculous.'*

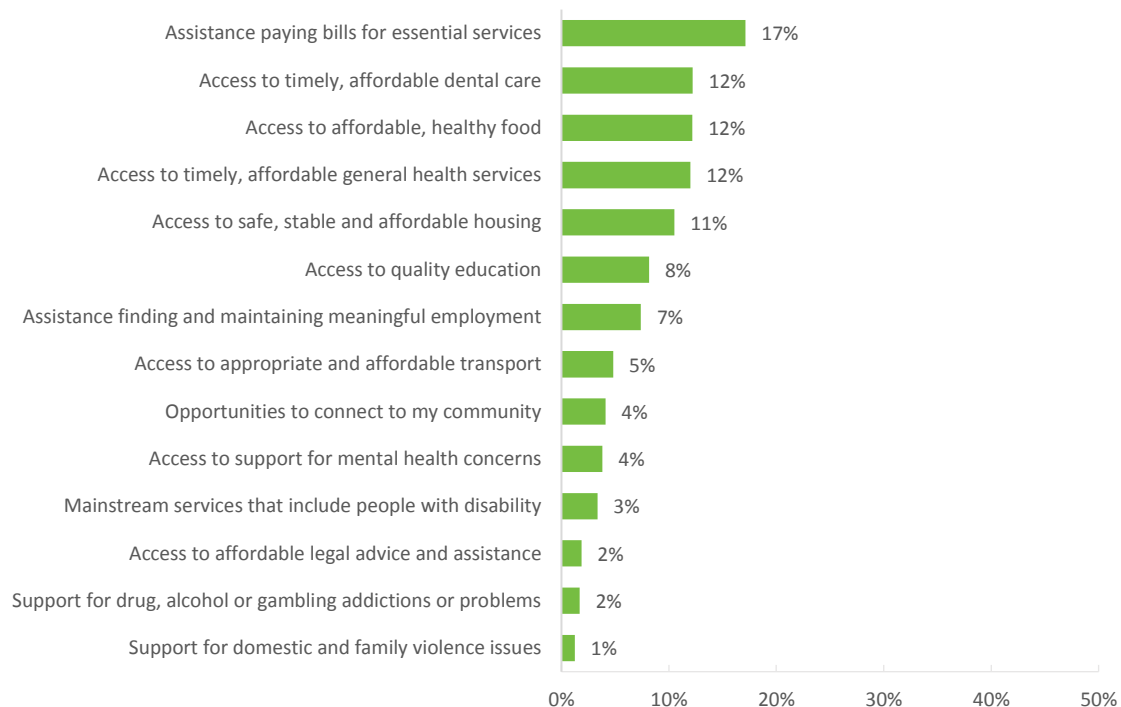
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<sup>30</sup> NSW Council of Social Services 2015, NCOSS Cost of Living Report: The experience of cost of living pressure for low to middle income families with dependent children in NSW.

*‘To eat healthier food has become very expensive.’*

*‘Organic food is usually quite costly so affordable organic food would be beneficial.’*

**Figure 16: Top ranked access or support that would make the most difference to respondents’ lives**

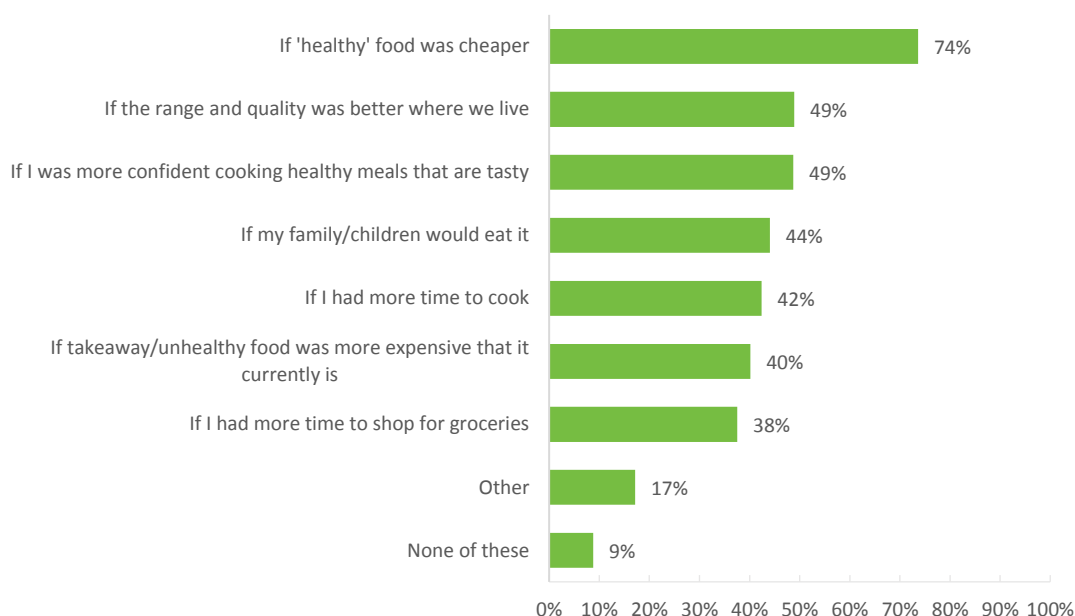


Nearly three quarters (74%) of respondents mentioned that they would be more likely to eat healthy food if it was cheaper (Figure 17). While the cost of food was by far the biggest concern among respondents, the range and quality of fresh food was also highlighted as an issue associated with accessing healthy food. Nearly half (49%) of respondents stated they would be more likely to eat fruit and vegetables if the range and quality was better where they currently live. Respondents with dependent children and those working full-time were significantly more likely to mention availability as an issue when accessing fruit and vegetables (61% of respondents for both groups).

Other factors discouraging people from consuming healthy food were linked to perceived knowledge and skills about how to prepare healthy meals, as well as time to shop for the ingredients and prepare the food. Nearly half (49%) of respondents mentioned that they would be more likely to eat healthy food if they were confident in cooking healthy meals that are tasty – this acknowledgement was significantly higher among respondents aged 25 to 34 years (69%) and respondents with dependent children (60%). Lack of time to cook healthy meals was mentioned as an issue by 42% of respondents, with this being more predominant among young people (71% of respondents aged 25 to 34 years), respondents with dependent children (59%), those earning more than \$768 per week (57%), spending between \$151–200 in food per week (59%) and living in metropolitan Sydney (48%).

Taxes and subsidies to improve diet and health is a measure that has been adopted in a number of countries and consists of taxing unhealthy food components (saturated fats, excess salt, sugars) and subsidising healthy foods (fruits and vegetables), making healthier food a better cost benefit<sup>31</sup>. The cost-effectiveness of tax and subsidy combinations is achieved by implementing the sugar tax first, followed by the salt tax, saturated fat tax, sugar-sweetened beverage tax, and fruit and vegetable subsidy<sup>32</sup>. There is also support for similar measures according to this survey. Two in five (40%) respondents mentioned that they would be more encouraged to eat fruit and vegetables if the price of takeaway food was more expensive. This result was significantly higher among young respondents, 25 to 34 years (55%) and respondents with dependent children (49%).

**Figure 17: Factors that would encourage people to eat healthy food, such as fruit and vegetables**



## Government initiatives

Healthy eating and an active lifestyle are critical to the maintenance of good health and wellbeing, and governments are able to promote and support healthy decision-making. The Cost of Living survey found that subsidies to reduce the cost of healthy food in the community was mentioned by over one third (39%) of respondents as a government initiative that would make a big difference to respondents and their families – 44% of respondents mentioned it would make some difference (Figure 18). Respondents with dependent children were significantly more likely to mention that subsidies would make a big difference in leading a healthy lifestyle (45%) compared to those without children (33%).

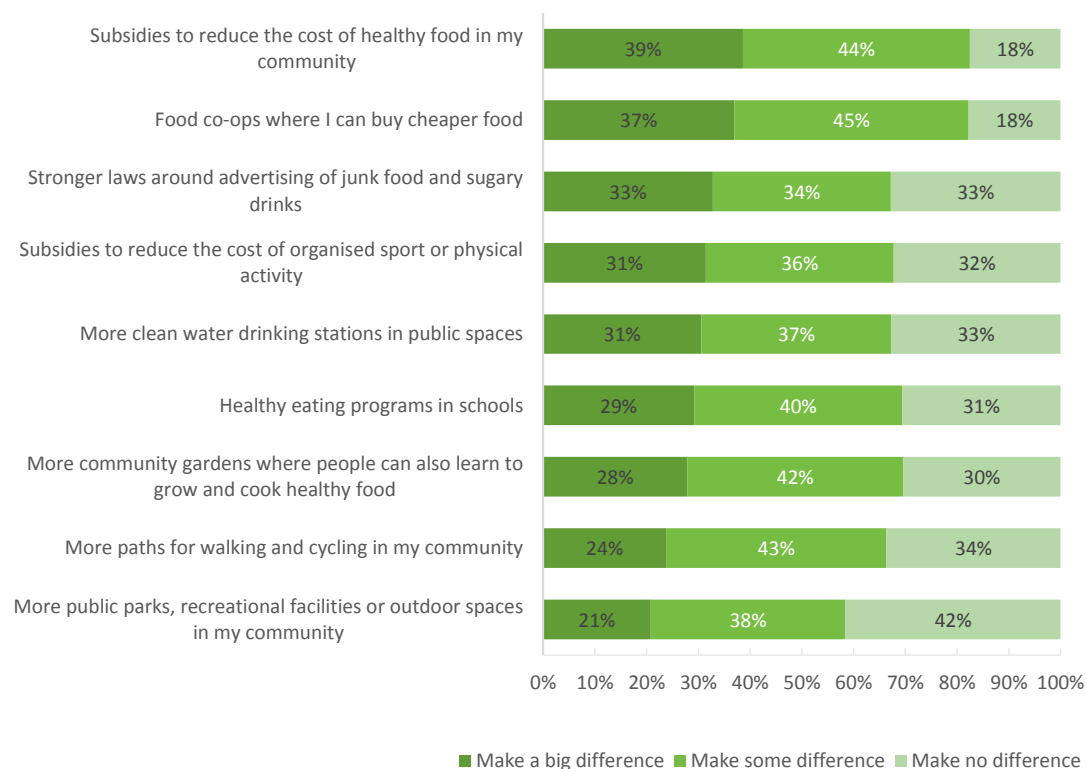
<sup>31</sup> Cobiac, L., Veerman, L. and Blakely, T. 2017, *Why the government should tax unhealthy foods and subsidise nutritious ones*, The Conversation.

<sup>32</sup> Cobiac, L. J. et al 2017, *Taxes and Subsidies for Improving Diet and Population Health in Australia: A Cost-Effectiveness Modelling Study*, PLoS Medicine 14:2.

Food co-ops were also stated as an important initiative that can have a big impact on low-income households. An overwhelming majority (82%) of respondents mentioned that food co-ops would make a difference (37% big difference and 45% some difference). Respondents on a single age pension were significantly more likely to mention that food co-ops would make some difference (68%).

Another factor that can adversely influence food education and knowledge is targeted marketing and advertising of unhealthy food and sugary drinks. The exposure to unhealthy food promotion has an impact on consumption behaviour, with increased snacking, higher energy intake and less healthy choices<sup>33</sup>. The Cost of Living survey found that one third (33%) of respondents acknowledged that stronger laws around advertising of junk food and sugary drinks would make a big difference to their families in helping them to eat healthier food.

**Figure 18: Government initiatives to help families to eat healthier and lead healthy lifestyles**



<sup>33</sup> Cairns G. et al. 2013, *Systematic reviews of the evidence on the nature, extent and effects of food marketing to children. A retrospective summary*, *Appetite*, 62:209-15.



# How can we tackle food insecurity?

Key elements of food security			
	<b>Availability</b> <i>Supply of food within a community</i>	<b>Access</b> <i>Capacity to acquire and consume a nutritious diet</i>	<b>Utilisation</b> <i>Appropriate food use based on knowledge of nutrition and care</i>
<b>Starting actions</b> <i>What can we do now?</i>	Undertake regular monitoring of food prices and availability in NSW  Support the development of 'pop-up farmers' markets' in low-income areas	Make healthy food and cost of living more affordable for low income families  Limit junk food advertising in public spaces	Invest in holistic nutrition education programs using a capacity building approach
<b>Future options</b> <i>What should we consider going forward?</i>	Improve planning and zoning laws, as well as land use  Improve supply chains	Subsidise healthy food for low-income families and increase taxation on unhealthy food	Develop place-based food hubs that create opportunities for people to develop skills around healthy eating and food preparation

## Starting actions

### 1. Undertake regular monitoring of food prices and availability in NSW

There is evidence of varying food prices, especially for fresh fruit and vegetables, across NSW. States like Queensland, Northern Territory and Western Australia have undertaken regular market basket surveys. In 2016, the Australian Bureau of Statistics, in partnership with the Department of Health, analysed Consumer Price Index data with reference to the food groups in the Australian Dietary Guidelines to construct new Dietary Guideline Price Indexes.<sup>34</sup> This one off report helped to better understand the long term price changes occurring across different food and beverage categories. The NSW Government could recommend the Australian Bureau of Statistics add a health filter to the Consumer Price Index surveys, as a way of being able to monitor food prices through an existing mechanism.

<sup>34</sup> Australian Bureau of Statistics. 6401.0 - Consumer Price Index, Australia, Dec 2015: Feature article: Australian Dietary Guidelines price indexes. 2016. Canberra Australia, Australian Government. <http://abs.gov.au/ausstats/abs@.nsf/products/3D5F8447CDA65199CA257F45000D7DD9?OpenDocument>

## **2. Improve the availability of healthy food for families in low income areas by supporting the development of 'pop-up farmers' markets'**

Survey respondents with children were significantly more likely to report that fruit and vegetables were not available at their local shops (32%); and if they were, the quality was poor (39%). 61% stated they would be more likely to eat fruit and vegetables if the range and quality was better where they currently live.

To address this type of issue, Foodbank Victoria runs pop-up farmers' markets in low income areas through the Farms to Families program. The markets provide people on low incomes access to free fruit, vegetables and dairy products<sup>35</sup>. The development of a similar program in NSW would improve access to healthy food in disadvantaged communities, likely leading to an increase in consumption.

### **Spotlight: Farms to Families Program**

Foodbank Victoria partners with NGO and corporate partners to provide pop up farmers markets in areas of need. Each market can provide up to 300 families with enough fresh food for a week, including vegetables, fruit and dairy products. This initiative improves access to healthy food for people experiencing disadvantage, as well as supporting the agricultural industry and assisting charities to expand the reach and impact of their food relief programs.<sup>36</sup>

## **3. Make healthy food and cost of living more affordable for low income families by raising the rate of income payments (such as Newstart and Youth Allowance)**

This report shows high rates of food insecurity among people on low incomes, positioning this in a context of general disadvantage. Almost two in five (39%) of respondents had been food insecure in the past year, and a substantial percentage also reported they had been unable to afford the following items, generally viewed as essential to a decent life:

- medical treatment if needed (20%)
- a decent and secure home (18%)
- \$500 savings for an emergency (38%)

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<sup>35</sup> Foodbank Victoria. Available at < <https://www.foodbankvictoria.org.au/our-work/farms-to-families/>>

<sup>36</sup> Ibid

In the Cost of Living survey, 30% of respondents noted they delayed paying bills to use the money for food. Respondents also emphasised that rising utility bills accounted for a substantial portion of the household budget, affecting their ability to buy healthy food. Indeed, in the context of rising costs of living, people on low income can view fruit and vegetables as “luxury items”<sup>37</sup>.

Assistance paying utility bills was nominated by respondents as the top support making a difference to people’s lives. In terms of an equitable approach to utility subsidies, we reiterate the recommendations in our 2017 Cost of Living report [Turning Off The Lights: The Cost of Living in NSW](#).

Our current and previous Cost of Living research affirms that people on low incomes continue to have insufficient funds to meet all their basic needs, including eating a healthy diet. While the possibility of food subsidies is explored here as a future option to consider, we call on the NSW Government to urge the Commonwealth Government to immediately [raise the rate](#) of income payments, to ensure all Australians have access to a decent standard of living. This will improve the capacity of low income families to make ends meet and afford healthy food on which to thrive.

#### **4. Discourage children from consuming unhealthy food by limiting junk food advertising in public spaces**

The food preferences of children and young people are shaped by their exposure to food and information about food in a variety of settings. We know that children from low-income backgrounds are more exposed to marketing messages that promote the consumption of unhealthy food, and therefore measures that limit exposure to these messages are likely to significantly benefit these children. Two thirds (67%) of respondents believed that stronger laws around advertising of junk food and sugary drinks would make a difference to families’ healthy eating and lifestyle.

As a first step, the NSW Government should:

- eliminate unhealthy food marketing in spaces it owns and leases; and
- take action to remove unhealthy food marketing promotion and sponsorship in all children’s sport.

#### **5. Improve knowledge and skills around healthy food use by investing in holistic nutrition education programs using a capacity building approach**

The survey illustrates that respondents’ perceived their more limited knowledge and skills in relation to healthy food affected their consumption of it. Six in ten (60%) respondents with dependent children agreed they would be more likely to eat healthy food if they could

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<sup>37</sup> Mission Australia 2018, *Ageing and homelessness: solutions to a growing problem*. Available at <https://www.missionaustralia.com.au/publications/position-statements/homelessness/741-ageing-and-homelessness-solutions-to-a-growing-problem/file>, p 21.

confidently cook tasty, healthy meals. Over half (59%) noted they lacked the time to cook healthy food.

These results highlight the value of nutrition education programs which take a capacity building approach. Over the last year, we have heard similar messages in community conversations about childhood obesity across the state. For example, in Lismore we heard about Red Cross's FoodREDi<sup>38</sup>, a school food and literacy program targeted at vulnerable and hard to reach groups which is based on knowledge sharing and development of life skills. In Shoalhaven, we heard about "Let's Play Let's Eat"<sup>39</sup>, a nutrition and play program run through a family service centre. The program is run through a partnership between Family Services Illawarra, the Local Health District and Wollongong University's Early Start Facility.

We know that until recently Local Health Districts have worked with community volunteers to deliver Cancer Council NSW's "Eat It To Beat It", a capacity building program delivered to parents in a school setting. Evaluation showed this program increased parents' confidence to pack healthy lunches<sup>40</sup>, which would increase fruit and vegetable consumption among lower income cohorts.

We recommend investment in similar capacity building programs in all Local Health Districts, in partnership and co-developed with local communities and NGOs. Healthy eating programs in schools received broad support among survey respondents, with 70% nominating this as an initiative which would make some difference to eating healthier and leading healthier lifestyles.

The survey results show parents substitute convenience food for healthier options – 68% believing takeaway was an easier option for dinner, and 49% stating lack of confidence in cooking healthy food was decreasing their consumption of it. Accordingly, it would be beneficial for more nutrition education programs to include a practical cooking component, as well as budgeting skills.

### **Spotlight: FoodREDi Community Nutrition Education**

FoodREDi is a nutritional education program targeting a wide range of vulnerable and hard to reach groups including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse communities, migrants, refugees, prisoners, older people, people with mental illness and young people. The program is holistic and community based, staff and volunteers deliver flexible training sessions on healthy eating, physical education and budgeting over four to eight weeks.<sup>41</sup>

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<sup>38</sup> Information available at <https://www.redcross.org.au/about-us/how-we-help/food-security/foodredi-education-programs>

<sup>39</sup> Information available at <http://www.fsi.org.au/lets-play-lets-eat/>

<sup>40</sup> Boylan, S. 2015 *Highlights of current PRC research* Prevention, Research Collaboration Newsletter. Available at <<https://wordvine.sydney.edu.au/files/1159/10840/#notices-1>>

<sup>41</sup> FoodREDi Community Nutrition Education, <https://www.redcross.org.au/about/how-we-help/food-security/foodredi-education-programs>.

## Future policy options

### 1. Improve availability of healthy food through utilising planning and zoning laws, and improving land use and investment in agriculture

#### Planning and zoning laws

The built environment plays an important part in creating opportunities for healthy lifestyles, and facilitating access to healthy food. The survey confirms that improvements are needed in this area; one third (33%) of respondents were unable to walk to the local shops, a figure which rose to 46% for respondents in areas outside of Sydney. Two thirds (67%) of survey respondents also stated that walking and cycling paths would improve their ability to lead a healthy lifestyle.

We were pleased to see that in line with recommendations in our 2016 report [Overweight and obesity: Balancing the scales for vulnerable children](#), the *Environmental, Planning and Assessment Act 1993* (EPA) was amended in November 2017 to incorporate the following objectives:

- promotion of good design and amenity of the built environment;
- protection of the health and safety of occupants of buildings.

The incorporation of these objectives lays the foundation for regional and local level planning processes, and can facilitate a variety of strategies which promote healthy eating and living.

In addition, health impact assessments should be required for all major new developments to ensure they are designed in order to best enhance the health of existing residents and facilitate the health of future residents. For example, when approving a fast food restaurant, a health impact assessment would require local governments to consider factors including the proximity of nearby schools, levels of overweight, obesity, non-communicable disease or other diet and lifestyle related health indicators in the local community and the number and density of other fast food outlets in the local area<sup>42</sup>.

Zoning would also be an effective way to improve the availability of healthy, fresh food, particularly from an equity perspective. In New York City, the 'Green Card Permit' provides exemptions to zoning requirements in designated disadvantaged neighbourhoods to increase the availability of outlets selling fruit and vegetables<sup>43</sup>.

A number of local councils in the United Kingdom and Detroit USA have banned hot food takeaway shops from opening within prescribed distances of schools, youth facilities and

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<sup>42</sup> Obesity Policy Coalition 2015, [Prioritising Health: Reforming Planning Laws To Reduce Overweight And Obesity In Australia](http://www.opc.org.au/downloads/positionpapers/policy-brief-planning-laws.pdf). Available at <<http://www.opc.org.au/downloads/positionpapers/policy-brief-planning-laws.pdf>>

<sup>43</sup> Obesity Policy Coalition 2017, [Healthy Food Environment Policy Index \(Food EPI\)-Australia 2016: NSW Government](http://www.opc.org.au/downloads/food-policy-index/Food-EPI-Australia-2016-NSW-Government.pdf). Available at <<http://www.opc.org.au/downloads/food-policy-index/Food-EPI-Australia-2016-NSW-policy-details.pdf>> p 30

parks<sup>44</sup>, and South Korea has established 'green zones' around schools where no unhealthy food can be sold<sup>45</sup>.

### Spotlight: Gerringong Fruit Barn

The Gerringong Fruit Barn was established in response to the poor quality and range and high price of produce available in a small regional town. The local Council was proactive in assisting the business to register as a food premises and undertake the necessary inspections. As a home business, the Fruit Barn could operate out of a purpose-built garage on weekdays. Fresh seasonal produce is sourced from Sydney twice a week.

The Gerringong Fruit Barn is the only greengrocer in the Kiama Municipality. Many community members access the shops by walking or cycling, and a sense of community has developed. The Fruit Barn increases access to and affordability of fresh food for residents of a local community, and it is encouraging to see these efforts supported by local Government.<sup>46</sup>

### Improving land use and investment in agriculture

The planning system could also protect a portion of fertile land for agricultural purposes. The NSW Farmers Federation notes that there has been a decline in the amount of land in productive use across NSW<sup>47</sup>. This impacts on supply chain issues discussed below, exacerbating barriers to availability, affordability and access to fresh healthy food.

As part of amendments to the planning system highlighted above, the promotion of agricultural land use would improve access to healthy food in local communities, particularly benefiting people in regional communities. Increased investment in agriculture should be explored; as well as improving food production, this would create multiple benefits in regional communities, including job creation.

### 2. Increasing availability of and access to healthy food by improving supply chains

Inefficient supply chains are a significant barrier to the availability, accessibility and affordability of fresh produce. As food distribution centres become centralised, the cost of food production increases, driving up prices for consumers. This particularly affects consumers in rural and regional areas, whose access to healthy food is limited by the cost of shipping produce back to where it was grown. NSW Farmers' Federation data highlights price variation of fresh produce between metropolitan and rural areas<sup>48</sup>. Remote areas are particularly disadvantaged; recent

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<sup>44</sup> Ibid at 27.

<sup>45</sup> Ibid.

<sup>46</sup> Heart Foundation, *Healthy Living By Design*, Gerringong Fruit Barn, Available at <http://www.healthyactivebydesign.com.au/case-studies/gerringong-fruit-barn>.

<sup>47</sup> NSW Farmers Federation 2018, *Submission to NSW Legislative Council Inquiry into fresh food pricing*, Available at <https://www.parliament.nsw.gov.au/lcdocs/submissions/60875/0008.%20NSW%20Farmers.pdf> p 24.

<sup>48</sup> NSW Farmers Federation 2018, note 12, p 16-17.

research has shown that in Western NSW, a basket of healthy food for a family of four costs 34% of income support payments<sup>49</sup>.

Supply chains could be improved by:

- decentralising the packing, distribution and ‘value adding’ of produce. In addition to improving access to healthy food, regional economies would benefit from job creation<sup>50</sup>;
- investing in rail corridors to improve the transportation of food, including upgrading infrastructure and creating integrated transport hubs<sup>51</sup>; and
- facilitating the co-operation and clear communication between all parties in the supply chain (suppliers, freight operators and store owners in remote areas)<sup>52</sup>.

### **3. Make healthy food more affordable for low-income householders by subsidising healthy food for people on low incomes and taxing unhealthy food**

Subsidising the cost of healthy food was supported by the vast majority (83%) of survey respondents, who felt that this Government initiative would make it easier to consume healthy food. In addition, more than half (59%) of respondents who did not eat fruit and vegetables everyday nominated cost as the main reason for this.

Research shows that subsidies of healthy food can be an effective method of decreasing obesity<sup>53</sup> (presumably by increasing the consumption of the subsidised food). However, as noted in the report, to be most effective the subsidy should be added to a package of taxes on unhealthy food so that money saved would not be spent on less healthy foods<sup>54</sup>.

A ‘health levy’ on sugar sweetened beverages has considerable community support, including from 53% of respondents in the 2016 NCOSS Cost of Living Survey.<sup>55</sup>

It is critical that:

- revenue raised from a health levy on sugar sweetened beverages should be channeled towards measures increasing the availability of healthy food (including subsidies) and health prevention and promotion initiatives that encourage healthy eating; and
- prior to the introduction of a health levy, care must be taken to ensure that affordable and appropriate alternative beverages are readily available in all locations, with particular attention paid to circumstances in rural and remote Indigenous communities.

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<sup>49</sup> Priestly J 2016 *Tackling Food Insecurity: Getting Healthy Food on the Table*. Available at <[https://www.csu.edu.au/\\_data/assets/pdf\\_file/0005/2622173/Tackling-Food-Insecurity.pdf](https://www.csu.edu.au/_data/assets/pdf_file/0005/2622173/Tackling-Food-Insecurity.pdf)>

<sup>50</sup> NSW Farmers Federation 2018, note 12, p 8.

<sup>51</sup> Ibid.

<sup>52</sup> Lovell I. Freight and Health in Remote Indigenous Communities 2008 | Issues Magazine quoted in National Rural Health Alliance 2016, *Food Security and Health in Rural and Remote Australia*. Available at <https://agrifutures.infoservices.com.au/downloads/16-053> p 41

<sup>53</sup> Flores, M., & Rivas, J. 2017. Cash incentives and unhealthy food consumption. *Bulletin of Economic Research*, 69(1), 42-56.

<sup>54</sup> Cobiac, L. et al 2017, *Taxes and Subsidies for Improving Diet and Population Health in Australia: A Cost-Effectiveness Modelling Study PLOS Medicine*. Available at <<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002232>>

<sup>55</sup> NCOSS (2016) *Cost of Living Survey*.

The NSW Government can advocate in COAG for the introduction of a package of subsidies and taxes to improve access to healthy food. Until the rate of income payments is raised, the NSW Government could also consider subsidies as a method of improving economic access to food for people on low incomes.

**4. Improve access to and consumption of healthy food by developing place-based food hubs that create opportunities for people to develop skills around healthy eating and food preparation**

The Government could support the development of food hubs and encourage collaborations between community groups, producers and local businesses in order to increase the supply of fresh fruit and vegetables available in local areas. These models can also include community kitchens and gardens, creating opportunities for people to develop skills around healthy eating and food preparation in a supportive environment. Community Food Centres Canada is a successful example of this model<sup>56</sup>.

**Spotlight: Food Centres Canada**

A Community Food Centre is a welcoming space in a low-income neighbourhood where people come together to grow, cook, share, and advocate for good food. The centres provide a variety of programs in a welcoming environment. They facilitate a range of important objectives:

**Access to healthy food;** Food centres offer community meals, affordable produce markets and healthy food distribution programs.

**Food skills;** Community kitchens, gardens, and after-school programs help people build the skills, knowledge, and confidence to grow and prepare healthy food for themselves and their families. They also empower people to take control of their health and nutrition within the context of their circumstances, and make lasting and sustainable changes in their diets.

**Education and engagement;** Food centres can also support people to become involved in advocacy, providing volunteer programs and community action training.<sup>57</sup>

A significant majority of respondents (82%) believed that food co-ops would make a difference to their healthy eating and lifestyle. Community gardens also enjoyed strong support, at 69% of respondents.

<sup>56</sup> Information available at < <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002232>>

<sup>57</sup> Food Centres Canada, More information at: <https://cfccanada.ca/en/Our-Work/Community-Food-Centres>



# Conclusion

This report highlights that for people on low incomes, a healthy diet is often out of reach. Nearly two in five respondents had been food insecure in the past year, due to a range of access and affordability factors. General cost of living pressures particularly high electricity prices, clearly impacted on the affordability of healthy food.

This report highlights a range of possible measures to reduce food insecurity by addressing the pillars of availability, access and utilisation.

Some of these measures can be implemented immediately by the NSW Government, including supporting pop-up farmers' markets and investing in holistic nutritional education to build the confidence and capacity of parents to prepare and cook healthy food. A food cost monitoring system is vital.

Some recommended measures require systemic re-examination of policy settings in this area, such as making health and wellbeing a key driver in planning laws, zoning portions of land for agriculture and taking steps to improve supply chains and therefore access to food in rural areas.

Other measures require the NSW Government to advocate to the Federal Government through COAG. Importantly the NSW Government should advocate for an immediate increase in the rate of income payments to ensure all Australians have access to a decent standard of living. This will improve the capacity of low income families to make ends meet and afford healthy food on which to thrive.

# Appendices

## Appendix A: Weighted data

The final and total sample was weighted to match the Australian Bureau of Statistics (ABS) 2016 NSW general community profile. Weightings applied were based on gender, age and location, as detailed in Table 1.

**Table 1: Results for weighted data**

Profile	%	n
Males	49	197
Females	51	205
19-24 years	5	21
25-34 years	25	99
35-44 years	17	68
45-54 years	17	68
55-64 years	15	60
65-74 years	12	48
75 or more	9	36
Sydney	65	261
Other NSW	35	141
Total	100	402

## Appendix B: Detailed profile of survey respondents

**Table 2: Profile of survey respondents in New South Wales**

	Profile	%
Gender	Male	49
	Female	51
Age	18-24	5
	25-29	12
	30-34	12
	35-39	10
	40-44	7
	45-49	10
	50-54	7
	55-59	6
	60-64	9
	65-69	7
	70-74	5
	75-79	5
	80-84	3
	85+	1
Household location	Sydney	65
	Regional or rural NSW	35
Number of children under the age of 18 living at home	None	54
	1	18
	2	15
	3	8
	4	4
	5+	1
Household weekly income after tax	0 - \$427	23
	\$428 - \$512	20
	\$513 - \$639	15
	\$639 - \$682	7
	\$683 - \$767	12
	\$768 - \$818	6
	\$819 - \$894	7
	\$895 - \$1075	10

Main source of household income	Government support payments	34
	Combination of government payments and full-time work	4
	Combination of government payments and part-time work	6
	Combination of government payments and casual or contract work	5
	Full-time work	30
	Part-time work	9
	Regular casual or contract work	1
	Irregular casual or contract work	2
	Other	8
Home ownership	Owns home outright (no mortgage)	29
	Owns home and paying a mortgage	28
	Renter (private rental market)	27
	Renter (public or community housing)	11
	Living in an aged care facility or nursing home	1
	Living in a share house	4
Language other than English at home?	Yes	21
	No	79
Are you of Aboriginal or Torres Strait Islander origin?	Yes	4
	No	95
	Prefer not to say	1
Do you, or anyone in the household have a disability?	Yes	25
	No	73
	Prefer not to say	2