

YARRA FOOD INSECURITY DEMONSTRATION PROJECT

LITERATURE REVIEW

Food is a need all people share and so is the need for food security. Food insecurity has a high cost to individuals, families and society as a whole in terms of reduced physical, mental, spiritual and social health and well being. The contributing factors to food insecurity are numerous and interact in a complex way. Many are related to social issues linked to the cycle of poverty. As such, the development of solutions, and strategies to reduce food insecurity will be a slow process and will require action across many sectors.

This paper will provide a review of available literature that defines food insecurity and its determinants. There will also be a focus on reviewing literature about the local initiatives trailed during the Food Insecurity Demonstration Project. The strategies selected by the community to address food insecurity for homeless people in the City of Yarra were; a subsidised Café Meals Program, Smart Food Market Bus, a Community Garden, input into local municipal public health plan and Food Insecurity Training sessions and resource development for workers. Documented food insecurity interventions both within Australia and internationally will be discussed, with a particular focus on those interventions trialed for people who experience homelessness.

BACKGROUND

North Yarra Community Health (NYCH) Catchment and Demographics.

The City of Yarra comprises 19.5 square kilometres of inner Melbourne immediately North-East of the central business district. It includes the suburbs of Abbotsford, Burnley, Clifton Hill, Collingwood, Fitzroy, North Carlton, North Fitzroy, Richmond and the southern portion of Alphington. The City of Yarra is in the top three of most population dense areas in Victoria, with a total population of 70,128 with an expected projected rise of 7.5% by 2021 (ABS 2002). Presently, Yarra has a young population, with nearly 40% of residents 20 to 34 years. However, 9.9% of the population are aged over 65 years (ABS 2002).

Yarra specific homelessness and 'at risk' populations.

- Yarra has the highest proportion of public rental housing stock of any municipality in Victoria. 15% or 9000 people live in public housing.
- 55.6% of public housing units in Yarra are flats in high-rise blocks.
- Collingwood ranks number 1 in the state for percentage of suburb paying rent to the government.
- Yarra has higher numbers of single parents and single people than are found elsewhere in Northern Metropolitan Region (NMR). 34% of the population live alone. 44% of public housing units have one resident.
- A high proportion of people live in transient circumstances (apartments, public housing, rooming and boarding houses).

The high level of public housing means an extremely high concentration of people with high level of need for services and support. The number of people living alone and number of sole parents indicate a high risk of social isolation and social exclusion. Living alone is a central indicator for levels of social integration and being at risk of food insecurity.

What is Food Insecurity?

For food security to exist it is vital that *'all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet dietary needs and food preferences for an active and healthy life'* (Canada's Action Plan for Food Security, 1998). Food security means that food intake is:

- Sufficient
- Nutritious
- Culturally and Socially Acceptable
- Reliable
- Safe
- Sustainable

Therefore **food insecurity** exists whenever the availability of nutritionally adequate, safe foods or the ability to acquire personally acceptable foods in socially acceptable ways is limited or uncertain (Campbell, 1991). In most populations at any given time, a proportion of people experience some degree of food insecurity. Whether it be not having enough food, only having access to food that is of poor quality or not knowing where the next meal is coming from. Food insecurity can lead to poor physical and mental health, particularly among disadvantaged groups such as the homeless population. Improving food security can therefore improve the health and well being of individuals, communities and entire populations.

Food insecurity may occur at an individual or community level. Factors which indicate risk of community food insecurity include (Wood 2001):

1. Absence of a source of free and clean drinking water in local outdoor areas.
2. No local food supply (within 2.5km or walking distance).
3. No car; inability to walk to the nearest food supply; inadequate public transport to the nearest food supply.
4. No real choice in local food outlets.
5. Limited choice of food in local outlets (food type, unit size, packaging, quality, cost).
6. Difficulty buying small amounts of each food required (1-2 servings).
7. Difficulty locating the food wanted inside the nearest food store (poor access and signs).
8. Absence of local food outlets that provide a choice of cheap cooked or prepared meals (not just snacks) and a community meeting place.
9. Addictive behaviour (prescription drugs, excessive alcohol use, hard drugs, gambling).

Wood highlights that the factors that affect food insecurity are the same all over the world, whether a person lives in rural Australia or in a Metropolitan City.

Determinants of Health

Many of the factors influencing health, including food security, lie in the complex social, economic and physical environments in which people live, and therefore require a more social view of health. Medical care can prolong survival after some diseases, but the social and economic conditions that affect whether people become ill in the first place are more important for health gains in the population as a whole. Poor conditions lead to poorer health.

In the last two decades, primary research, literature reviews and various government reports have confirmed that socially patterned inequalities in health are common and increasing, both in Australia and overseas (Rychetnik & co, 2002). Economic inequality and social disadvantage gives rise to inequitable access to job opportunities, education, health care, housing and other essential services for individuals and communities in Victoria. This can both precipitate homelessness and compound its effects (VHS, 2002).

To address inequalities in health, such as food insecurity, requires more than simply trying to improve the health status of an individual or population. It requires working on relevant social, political and bureaucratic levels because factors that impact on choices made by an individual or population include state economies, social values and political priorities.

In 1998 the World Health Organisation and the International Centre for Health and Society published a 10-point plan to address the social determinants of health in key areas. These recommendations were based on available evidence from the **social model of health**, which is a conceptual framework that acknowledges that improvements in health and wellbeing are achieved by addressing the many social, cultural, environmental, biological, political and economic determinants of health.

Prevalence of Food Insecurity.

Food insecurity exists in Australia, however the prevalence of food insecurity is difficult to ascertain. One study has reported about one in ten Victorian adults running out of food at some time during 1995, and did not have enough money to buy more (Australian Institute of Health and Welfare, 1995). Food insecurity has also been estimated by a single question on the 1995 National Nutrition Survey ("*In the last 12 months, were there any times that you ran out of food and couldn't afford to buy more?*"). Results from this survey suggest that 5% of the population over 16 years of age is at risk of food insecurity. This figure rose to 16% for adults paying rent or board compared with 2% for those who owned their own dwelling (McLennan 1998). These figures are likely to be conservative estimates, as the survey did not include homeless people and single, unemployed people were under represented (Booth 2001).

The above data collected is a useful indicator of food insecurity in Australia, however it only addresses one aspect of food insecurity -running out of food as a result of running out of money. There needs to be further measures to better measure food insecurity, including surveying those at highest risk of being food insecure, that is, the disadvantaged members of our community such as the homeless population. Other parameters that could be useful to collect data include asking questions about whether people live in circumstances that put them at risk of food insecurity; actual food intake; transport accessibility, distance to walk to the nearest shops, or whether people can purchase foods socially and culturally acceptable at those shops close to them.

Who is at risk of Food Insecurity?

Population groups at risk of food insecurity in Australia include people living in remote areas, indigenous Australians, homeless people, injecting drug users, people with a low income, disabled and aged people, one person households, asylum seekers and migrants (Booth 2001). Eat Well Australia identified a number of population groups who are especially vulnerable to food insecurity due to structural and financial constraints, with the key aim being to improve food security among these vulnerable groups, including homeless people. The Victorian Food and Nutrition Policy Document identified homeless people (particularly youth, women, elderly) as one of the groups at greatest risk of food insecurity. However, people who are homeless may also fall into one or more of the other above mentioned categories, further exacerbating their experience of food insecurity.

A person who is **homeless** can be defined as someone who is '... without a conventional home and lacks the economic and social supports that a home normally affords. He or she is often cut off from the support of relatives and friends, has few independent resources and often has no immediate means and, some cases, little prospect of self-support.' (Council to Homeless Persons). Homelessness has been recognised as going beyond categorising someone as 'living on the streets' (Chamberlain, 1999). The homeless population also includes people who are in insecure housing or in housing lacking facilities such as kitchens or bathrooms or people relying on friends, family or crisis accommodation for temporary housing. One hundred and sixty thousand Victorians used night shelters in the last year, and 30,000 of the 40,000 homeless people in Victoria are children (Australian Broadcasting Commission, 1999).

Homeless people are at such risk of food insecurity because they usually have many barriers that are associated with food insecurity, such as limited resources and capacity to acquire food (financial, transport, knowledge and skills, storage and cooking facilities, time and mobility and social supports) and a poor local food supply, meaning limited locations and availability of food outlets, high prices, poor quality and the variety of food being limited.

Determinants of Food Insecurity.

Food insecurity is multi-factorial in terms of its determinants. Refer to Appendix 1: Figure 1 Determinants of Food Security (Rychetnik & co, 2002) for an excellent overview.

Food Access and Food Supply

'If we value life, we need to make sure people have access to food. If we value health, we must make sure that people have access to healthy food.' (Dowler, E &co. 2001.)

One important means of improving community food security is by improving food access within the community. **Food access** has been defined as *"access to quality food in local communities which is safe, affordable at competitive prices, culturally acceptable and nutritious, and provides the opportunity for healthy food choices. It is available within walking distance, or by readily available, frequent and affordable public transport"* (Wood 2001). People are considered at risk of poor food access when there is limited or no economic, physical, safe, culturally appropriate or secure access to food.

Economic access means that people must have enough money to buy appropriate food and access to affordable food prices. Research has shown that a low income is one of the principal barriers to adopting a healthy diet (Santich 1992). The major component of expenditure for many people on a low income is housing and bills. This may be followed by spending on personal costs including medication costs, clothing alcohol and cigarettes, with little remaining for food (Department of Health, 1996, Northeast 1992). *Physical accessibility* requires that people can physically obtain appropriate foods. This will depend on both the location of food outlets and the variety of foods available within these shops. The nearest food supply should be within walking distance (2.5km), or readily accessible by public transport (Wood 2001).

Access to food is about being able to make use of a local food supply. **Food Supply** refers to those aspects of the supply of food in a community that affect the food security of individuals, households or an entire population (Rychetnik & co, 2002). These aspects include location of food outlets, availability of stores, price, quality and variety of the food. And lastly how that food is promoted. Although it may be important to examine and modify national or state food supplies when promoting food security, for particular disadvantaged groups it is often most relevant to consider their local food supply.

A number of projects have been undertaken to increase understanding and improve local food access in Australia (Cox M.& Ballinger, M.1999, Reid R.1998) and overseas (NZNAFP,1999,). Some of these projects (Dowler &co,2001) have identified that food access issues need to be addressed as part of the mainstream national and regional level policy agenda in order to tackle poverty and social exclusion and reducing inequalities in health. Making this happen requires more recognition of the problem and its local manifestations, and better collaboration over solutions across government departments- and between central and local levels- than is taking place at the moment.

Yarra Specific Food Access and Food Supply Issues

One of the concerns reported from focus groups carried out in public rental housing areas in Fitzroy, Collingwood and Richmond during 1999, was access to clean and cheap food (Wilson 2000). This report highlighted the need to assess food security in the City of Yarra to identify potential barriers contributing to food insecurity.

A Market Basket Survey (MBS) assessed the cost, availability and accessibility of food in the City of Yarra in 2002 (Hughes, A. & co., 2002). This report concluded a disparity in food cost and availability exists between different suburbs in the City of Yarra, contributing to food insecurity for those at most disadvantage. Results indicated;

- Limited affordability /physical access within City of Yarra, with 13 out of 19 supermarkets surveyed unable to be included in the cost analysis due to poor availability of required foods.
- A disproportionate number of take away food shops, cafes, restaurants to supermarkets were found in clusters throughout the City of Yarra, with restaurants being most prevalent.
- The average fortnightly cost of a healthy food basket for a family of 6 was \$397, and for a single person \$104. The cost of food is greater for a single person, however a single person spends a smaller proportion of their total income on food.

This data is particularly relevant to the City of Yarra in which a high proportion of single person households reside. With over 50% of the population of Yarra on an income of less than \$300 a week, this makes it extremely difficult to purchase the MBS food items to follow a healthy diet, even with access to healthy food items and good transport options.

Poverty

Homeless populations usually have a limited income, cooking and storage facilities, among other factors, which limit the ability to purchase and safely consume food. Hence, food insecurity is closely related to poverty. **Poverty** in Australia can be both absolute and relative. *Absolute poverty* exists where income is inadequate to secure minimum amounts of food, clothing and shelter. Where as people living *in relative poverty* lack the 'resources to have the living conditions and amenities and participate in activities which are widely encouraged and approved in the society in which they live'. (Saunders, 1996).

Stating the obvious-living in poverty increases the risk of food insecurity. People in public housing/rooming houses pay a larger proportion of their income on rent, leaving less available for other expenses. A major concern for people on a low-income affecting food choice is cost. Healthy choices are both less available and more costly in areas of low socio-economic status (Northeast 1992, Santich 1992). This has been found to be especially evident for items from the meat, fruit and vegetables food groups. Areas of high socio-economic status had a greater range of fruit and vegetables available, and were more likely to stock lean meat.

People on a low income may develop shopping strategies to cope with the disproportionate cost of food, such as buying generic brand products and items on special (Santich 1992). While buying in bulk can reduce the cost of food, one study in Melbourne found this practice to be rare and attributed this to the lack of kitchen facilities, kitchen utensils and storage facilities of the client group (Croxford 1995). Research indicates that overall, low income families are good at budgeting but have too little money for all their basic needs (NZNAFP, 1999). In addition low income families have difficulties getting low price foods due to a lack of transport or enough money to buy in bulk, let alone having enough room to store large quantities of food.

All the above mentioned strategies may be useful for those who have accommodation, but for those people who are truly 'living on the street' food insecurity is not able to be addressed by any other means than accessing emergency relief food options.

Yarra specific income and poverty figures.

There is sufficient data available that indicates an increased risk of food insecurity and reduced overall health status for over 40% of the population in the City of Yarra due to limited income.

- The City of Yarra has a large proportion of residents in the low income bracket.
- Thirty-nine percent of Yarra's population earn an income less than \$300 per week and are sufficiently disadvantaged, receiving a government allowance.
- The disadvantage rating for Yarra is 984 compared to Vic 1056.96
(Note – the lower the rating the greater the level of disadvantage on IRSED index).
- 1/3 population in Yarra, 22,600 people, are HCC or Pension Card holders
- Collingwood has the highest level of social disadvantage in Yarra when considered in relation to the 'unequal in life indicators'.
- Collingwood is also amongst the most disadvantaged ratings for the municipality: from lowest (most disadvantages) to highest (least disadvantaged): Collingwood 44, Fitzroy 119, Abbotsford 199, Richmond 262, Clifton Hill 418 and Carlton North 537 (Department of Human Services 2000).

Consequences of Food Insecurity.

Food insecurity is a significant factor in reducing health status and quality of life amongst many disadvantaged groups in Australia. There is a confirmed link between low socio-economic status and lower life expectancy at birth. Lifestyle behaviours for diseases reducing health status include tobacco, alcohol, poor nutrition, obesity and lack of physical activity.

Dietary factors have been identified as important risk factors for 56% of all deaths in Australia. In 1996, major diet-related risk factors contributing to the overall Australian burden of disease and injury included obesity (4.3%), inadequate fruit and vegetable consumption (2.7%) and high serum cholesterol (2.6%) (Mathers 1999). Populations with a high intake of fruit, vegetables and legumes have lower risks of coronary heart disease, stroke, several major cancers, and possibly hypertension, type 2 diabetes, cataracts and macular degeneration of the eye (NHMRC 2001; Baghurst 1999).

There is much research that shows a strong correlation between diet quality and socio-economic status (Dowler, 2001). A study on homeless people in Melbourne found that less than 10% of this population regularly consumed items from all the food groups, and that intake of fruit, vegetables and dairy products was particularly low (Northeast 1992). These findings suggest that people at risk of food insecurity are likely to have distorted nutrient intakes. This is supported by research in Australia and the United Kingdom showing that lower socio-economic status groups have a lower intake of micronutrients, fibre, fruits and vegetables (Smith 1993). This pattern of dietary intake is associated with adverse health effects in the long-term, and this group has been reported to suffer higher rates of diet-related diseases throughout life, including low birth weight, childhood and infant anaemia, lowered immunity from infectious diseases, dental caries, obesity, hypertension, type 2 diabetes, heart disease and stroke (Luder 1990).

Paradoxically, food insecurity may also be associated with higher rates of overweight and obesity (Townsend, 2001). If the food supply is unpredictable and/or of poor quality people may over consume cheap or free foods when available, thus increasing the risk of obesity (NZNAFP 1999, Booth 2001). There is some evidence that groups with a low socio-economic status in Australia are more overweight, but this finding has not been universal.

This data supports the strategies for the Yarra Food Insecurity Demonstration Project to trial a market bus, rooming house garden and café meals program. All these strategies aim to address issues of limited food access and supply, particularly providing a strategy for the homeless population 'living on the street' by providing the Café Meals Program as well as strategies for those in insecure housing by providing the market bus and rooming house garden strategies.

Yarra Specific Diet and Health figures

- The mortality rate in Yarra is around 30% above that of Victoria and as high as 60% above the best Melbourne Metropolitan rates. "The mortality rate appears to be getting worse despite the influx of a more affluent and professional population".(City of Yarra Discussion Summary)
- The male population in Yarra have the lowest life expectancy of all men in Victoria - 71.7 years. (The Victorian average is 76.1 yrs.) For females the life expectancy is 80.1 years, the 4th lowest in the state.
- Leading causes of death: 41% cardiovascular, 28% cancer, 31% other causes. Risk behaviours for these systemic diseases are tobacco, alcohol, poor nutrition, obesity and lack of physical exercise.
- There is an average 10 years of life lost due to premature death – the leading causes of premature death are 30% cardiovascular disease, 30% cancer and 10% injuries.
- Men are dying of diabetes in Collingwood at 6 times the rate of state average. Pneumonia and other respiratory disease causes of mortality amongst men in Yarra at more significant levels than elsewhere
- Breast cancer, diabetes (endocrine disease) and digestive system disease are major causes of death amongst women in Yarra.
- Yarra also has the highest rate per capita alcohol consumption in the NMR.
- Yarra had 46.44 alcohol abuse and disease related admissions per 10,000 population in 2000 (37% above state average).
- the highest number of ambulance callouts (22.9%) for confirmed heroin related cases of all local government areas in Melbourne (Department of Human Services 2000).

What is being done to Improve Food Security?

An uncertainty exists around how to address food insecurity, partly because the concept of food insecurity is relatively new in policy and practice settings. In many places interventions aimed at improving food security are being implemented and evaluated for the first time. The Yarra Food Insecurity Demonstration Project is just one of many projects in Australia addressing food insecurity at a local level. The project workers are aware the project strategies can only address the issue on a local level for a small number of homeless people, but that this is part of an important process to improve food security in the City of Yarra.

As stated, food insecurity incorporates many broader social factors that influence people's access to food. Not only is food access an issue but outside factors such as cost of housing, transport, education, government policies and cultural /religious factors influencing food choices. There is an increasing awareness and understanding of the key factors that influence food insecurity. Developing innovative approaches and enhancing existing strategies to more effectively respond to food insecurity, which involves addressing social inequalities in health outcomes, will improve the health of all Australians as well as improving food security.

Internationally.

International studies have shown that people from all income groups are healthier when people from low-income groups are also healthy (Raphael, 1998, Wilkinson, 1996, Loon, 1992). The key is for agencies, both government and non-government, to develop, implement, evaluate and disseminate programs that are effective and locally appropriate.

A review of 25 food projects that aimed to reduce health and social inequalities in the UK found that six elements were required to make food programs work. These were flexibility; community ownership where local people are regarded as equal partners in the project; patience; committed back up; training and support and access to funding that was long term and not only focused on innovation. (Rychetnik & co,2002).

It is useful to understand and be aware of the wide range of programs that have addressed food insecurity overseas, however it is beyond the scope of this review to describe these in detail. The following is a list of projects that can be referred to for further detail.

CANADA

Canada's Action Plan for Food security
Toronto's Food Policy Council
The Hartford Food System

USA

Community Food Security Assessment Toolkit
From Land To Landfill: A systems Perspective

UK

Sustain: The alliance for better food and farming
Child Poverty Action Group: School Meals initiative

Other general initiatives occurring globally include: better monitoring, research and surveillance of food insecurity; advocacy; food policy and planning networks around food insecurity; government subsidies and incentive schemes; food education programs such as farmers markets; school Breakfast programs; community Garden programs; and food aid and subsidised meal programs. Refer to Appendix 2 for table summary of interventions.

The 'Food Security Options Paper.A planning framework and Menu option for policy and practice interventions.' DRAFT Form. NSW Centre for Public Health Nutrition, NSW Health Department. (Rychetnik & co,2002) provides an excellent overview and details about the many food insecurity interventions so refer to that report for further details.

Nationally.

Food insecurity is becoming recognised as an important issue at national, state and local levels in Australia. At a national level, the issue of food security has been identified as a priority in the Eat Well Australia- Action for Public Health Nutrition document (SIGNAL, 2001). Eat Well Australia identified a number of population groups who are especially vulnerable to food insecurity due to structural and financial constraints, including homeless people. At a state level, the department of Human Services Nutrition Advisory Committee (NAC) have decided to focus attention on food insecurity and vulnerable groups.

Previous projects have identified some of the complex factors affecting food security. Examples of programs and activities that have addressed the issue of food insecurity for vulnerable groups in Australia and overseas are listed in Appendix 2. There are many more projects run by a wide variety of workers that could be classified as food insecurity projects.

Some of the projects listed in Appendix 2 have made suggestions to improve the success of food insecurity projects. The Penrith Food Project suggests that adequate feasibility assessment before the project commences, taking steps to create sustainability at the outset, using guidance from organisational and collaboration theory and planning and implementation, and regular formative evaluation are paramount in the success of such a project.

The Mt Druitt Food Project, NSW, identified key factors in Western Sydney that influence food security to be: low income, lack of public transport, expensive home delivery services, ease of access to take away foods, poor supply and quality of fruit and vegetables, and poor access to more nutritious staple foods. Other projects have also identified similar risk factors for food insecurity (Mt Druitt Food Project 2001).

A Café Meals Program has been trailed in the City of Port Phillip, Melbourne, 1997-8. The program noted several difficulties with setting up and running a Café Meals Program and the program was revised several times but did not succeed in obtaining secure ongoing funding after the 6month pilot phase.

There are many projects that have looked at setting up community gardens in a variety of settings including schools, public housing estates and utilising public space within the community. Of particular relevance to Yarra is the Collingwood College Kitchen Garden and Cultivating Communities, an organisation who create community gardens in a variety of settings. However, there are no documented reports about any programs setting up a community garden in a public rooming house, although they do exist. Some of the difficulties other programs have noted with setting up a community garden include maintaining interest and support as well as funding issues. 'Community gardens are informal entities and lack specific objectives against which to measure performance. This makes the estimation of progress difficult' (Australian Community Gardens Network, 2000).

The difficulties reported with previous programs have been taken into account when setting up the activities for the Yarra Food insecurity Demonstration Project, in the hope of setting up successful activities. However some of the issues highlighted are difficult to resolve, such as involving local government that is vital for planning and policy development around food security. While lastly some of the food insecurity projects were not sourced until well into the Yarra Food insecurity Demonstration Project, hence providing great insight but a little too late!

There is already increased awareness of food insecurity issues community workers in the City of Yarra, partnerships are developing and long term problems are beginning to be addressed to improve food security and access for those in need, largely due to the hard work, individual and organisational commitment and partnerships developed during the Yarra Food insecurity Demonstration Project.

Conclusion.

The long-term prospect for a secure food future is often linked closely to the environment, whether this is social, economic or physical. Linked closely to food security is food sustainability. Lasting food security will lie in environmental or structural change. Capacity building, partnerships are crucial if we are to expand our vision of food insecurity beyond short-term goals of providing food. We need to think about developing skills, networks, alliances and securing future resources to improve food security long term.

To improve food security we must intervene to change those aspects of the environment that are promoting food insecurity. We cannot continue to simply deal with food insecurity after it appears, or keep urging individuals to change their attitudes and lifestyles, when the environment in which we live and work does not support people to have food security.

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APPENDIX 1.

Figure 1: Determinants of Food Security.

Sourced from:

Rychetnik, L., Webb, K, Story, L. & Katz, T., (2002). Food Security Options Paper. A planning framework and Menu of option for policy and practice interventions. DRAFT Form. NSW Centre for Public Health Nutrition, NSW Health Department.

APPENDIX 2.

SUMMARY OF INTERVENTIONS

Table 1: Overview of Intervention options

<p>1 <u>Generic intervention strategies</u></p> <p>1.1 Food policy coalitions or councils</p> <p>1.2 Research monitoring and evaluation</p> <p>1.3 Advocacy for food security</p> <p>1.4 Government subsidies and incentive schemes</p> <p>1.5 Community development and grant schemes</p> <p>1.6 Harnessing applied technology</p>	
<p>2 <u>Interventions to improve food supply</u></p> <p>2.1 Food system education</p> <p>2.2 Food production</p> <ul style="list-style-type: none"> • Growing local fruit and vegetables <ul style="list-style-type: none"> - Home gardens - Community allotments - Community gardens - School gardens - Edible landscape • Supporting local farming and agriculture • Designing foods (primary produce design) <p>2.3 Food processing</p> <ul style="list-style-type: none"> • Reformulate food products • Modify portions and packaging <p>2.4 Food transport</p> <p>2.5 Food retail outlets</p> <ul style="list-style-type: none"> • Location of supermarkets • In-store price, availability & promotion • Improving convenience stores • Order from home & home delivery • Rural & remote store policies <p>2.6 Prepared food outlets</p> <ul style="list-style-type: none"> • Institutional food services • Catering companies • Clubs, restaurants and takeaways <p>2.7 Food aid and subsidised meals</p> <ul style="list-style-type: none"> • Soup kitchens • Emergency food parcels • Food banks • Subsidised meals • School meals 	<p>3 <u>Interventions to improve access to food</u></p> <p>3.1 Integrated services and referral systems</p> <p>3.2 Income support</p> <p>3.3 Transport to food suppliers</p> <p>3.4 Appropriate storage and kitchen facilities</p> <p>3.5 Health education: food & nutrition and life skills</p>