NORTHERN MIDLANDS COUNCIL – COMMUNITY FOOD ACCESS
PROFILE

Introduction & disclaimer – This profile has been developed by the Heart Foundation Tasmania as part of the Healthy Food Access Tasmania Project. The information highlighted in this profile was gathered in 2014. At the time we put it together it was up to date. Sometimes things change and when they do we are happy to update it for you. Also if there is other information you think should also be included please contact us.

Why does access to healthy food matter?
Limited or poor access to healthy food has both health and social consequences. There are many health conditions and diseases which are associated with or caused by a poor diet, as a result of poor economic or physical access to healthy food. These diseases include heart disease\(^1\), diabetes\(^2\), some cancers\(^3\) and other health conditions such as overweight\(^4\) and obesity\(^5\). Reduced access to healthy food can cause poor physical development in children and impact their learning and attendance at school\(^6\). For adults who have poor access to healthy food it is often very stressful and causes them to be anxious and ashamed\(^7\). This often also means they avoid social occasions in their communities and with family and which can lead to them becoming socially isolated\(^8\).

How are the residents of Northern Midlands Council doing?
Currently 44.2% of adults living in Northern Midlands eat the recommended two pieces of fruit per day and 8.5% eat the recommended five serves of vegetables, compared with 42% and 9.8% for state averages\(^9\). Northern Midlands residents are unfortunately eating slightly less fruit and vegetables in 2013 when compared with 2009 (47.5% and 14.8% respectively). For adults living in Northern Midlands 28.2% are obese\(^9\). Compounding this 22.6% of Northern Midlands adults report that their health is poor or fair, slightly more than the 19% which is the state average\(^10\).

While we don’t have results for children at the local government level we do know that rates of overweight and obesity are increasing across Tasmania. The teenage years are particularly significant. Up to 30% of young people across Tasmania are overweight or obese\(^11\).

Food Security - How easy is it to access healthy food across Northern Midlands Council?
Often we hear about people being food insecure across Tasmania. People who are food insecure do not have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active healthy life. Across Tasmania about 5-10% of the adult population\(^12\) can be described as food insecure. However it is estimated to be as high as 25% in low income households\(^13\).
The Healthy Food Access Tasmania project is focused on improving physical and economic access to fruit and vegetables in communities across Tasmania. When we think about access to healthy food we think about what is available and where, and how affordable it is? Can all residents easily get to the shops?

**Food Access for Northern Midlands Residents**

Across Northern Midlands resident’s ability to get to the shops is of course impacted by where shops are located and what transport they may have available to them. Recent research conducted by the University of Tasmania showed that there is wide variety of shops across the Northern Midlands area. In total there are 7 shops where fresh food such as fruit and vegetables can be purchased. This total comprises a mix of major supermarkets (1 - Longford) minor supermarket (1- Campbell Town), and general stores (5- Poatina, Avoca, Cressy, Evandale and Longford) . There are no fruit and vegetables shops.

As a general observation, there are no shops located in the areas where the average household income is in the lowest range. This means for people living in these areas getting to the shops to purchase healthy food can be difficult. Some low income households do not have access to a car and may also have inadequate access to public transport.

The Northern Midlands also has a number of independent or community operated points of sale. Regular markets are held at Avoca (3rd Saturday of the Month) Campbell Town (last Sunday of the month), Epping Forest Market ( 2nd and 4th Saturday), Evandale Sunday Market ( each week), Liffey Valley Market ( 2nd Saturday of each month), Ross Village Market ( 3rd Sunday) and Ut Si Café Growers market in Perth fortnightly. Farmgate options also abound across the Midlands seasonally.

**Healthy Food Access Basket Survey – Tasmanian results 2014**

In March and April of 2014 the University of Tasmania, as part of the Healthy Food Access Tasmania project, conducted a price and availability survey for healthy food across Tasmania. The Healthy Food Access Basket survey collected data on 44 foods which are consistent with the Australian Guide to Healthy Eating (AGHE). The AGHE was developed by the Commonwealth Department of Health and provides recommendations for how Australian’s should eat for good health across the lifespan. This survey has been used widely in Australia as measure of the cost of eating well. Data was collected in 142 of Tasmania’s 353 stores where fresh food is available. On page 3 there is a summary of the state wide results contained in Table 1. These results show the range in the price by the different kinds of stores and also the percentage of income required for 4 common household types using Centrelink payments as the income. It shows that the cost of healthy foods vary across store types and the varying impost on the household budget depending on household type. The range of cost of food was determined by the survey results and the calculation for the percentage of income has been made by the Healthy Food Access Tasmania Project. Results from the fruit and vegetables shops are not included here. **These results are preliminary findings only and will be reviewed and updated in September 2014.**
Table 1. Healthy Food Access Basket Survey – Preliminary results

<table>
<thead>
<tr>
<th>STORE TYPE</th>
<th>FAMILY TYPE</th>
<th>Range</th>
<th>% Income</th>
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<tbody>
<tr>
<td>2 parents (female and male age 44) &amp; 2 children (ages 18 &amp; 8)</td>
<td>2 parents (female and male age 44) &amp; 2 children (ages 18 &amp; 8)</td>
<td>$311-413.38</td>
<td>23-31%</td>
<td>$211.50-$284.33</td>
<td>20-27%</td>
<td>$98.67-$129.43</td>
<td>20-26%</td>
<td>$76.18-100.73</td>
<td>10-13%</td>
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<tr>
<td>Single parent (female age 44) and 2 children (ages 18 &amp; 8)</td>
<td>Single parent (female age 44) and 2 children (ages 18 &amp; 8)</td>
<td>$258.48-$377.89</td>
<td>25-36%</td>
<td>$119-$173.24</td>
<td>24-35%</td>
<td>$90.70-132.43</td>
<td>12-18%</td>
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<tr>
<td>Single Male (&gt;31 years)</td>
<td>Single Male (&gt;31 years)</td>
<td>$125.93-$173.52</td>
<td>25-35%</td>
<td>$99.23-$136.05</td>
<td>13-18%</td>
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<td>Age Pensioner (age 70)</td>
<td>Age Pensioner (age 70)</td>
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Which residents in Northern Midlands may have difficulty accessing healthy food?

In the Northern Midlands local government area there are 4,750 households and 12,248 residents. The residents and households who are likely to find it hard to access healthy food are likely to be:

- Households with low incomes including residents on Centrelink payments (30% of the local population are Concession Card Holders; 6% unemployed) often have a reduced ability to buy sufficient healthy food as there are many other costs such as housing, transport and utilities which drain the household budget.

- Single parents and their children, particularly if they rely on Centrelink payments. (there are 185 single parent households and 15% of children 0-14 are estimated to be living in poverty across the local government area).

- People with a disability or chronic disease (22.6% of adults report their health as fair or poor and 642 residents are receiving the disability support payment) because they may have difficulty carrying shopping and their medical expenses reduce the household food budget.

- Households without a car (5% of households)

- People experiencing housing stress. This is people who have a low income (bottom 40% of income distribution) and who pay more than 30% of their household income on rent or mortgage (21.6% of local households).

- People living in areas which rely on general stores, or do not have any shops at all within walking distance, limiting their physical access to healthy food.

- People who have inadequate access to public transport.
What can we do about improving access to healthy food for local residents?

While the data about Northern Midlands resident’s health and diets may paint a daunting picture, there are some terrific programs and initiatives that are working towards improving outcomes. When these are combined with a systems approach good results can be achieved. Australian research has shown that when several particular factors occur together, residents are able to eat well even if they have a low income. We call these resilience factors, which means people can still eat well despite other challenges.

In order to have the resilience to make healthy food choices easy choices, it is important that a number of the success factors are present in order to give people the support they need. These success factors include:

1. Residents having good personal skills around food preparation, cooking and shopping. Being able to grow some of your own food is also very helpful.

2. Growing up or living in a family or community that values healthy eating and sees it as a ‘normal’ thing to do. This includes eating fruit and vegetables.

3. Importantly, residents must have access to affordable healthy food. This means it must be available in their community or it must be easy to get to where it is available.

Using these success factors we have compiled some of the characteristics of the Northern Midlands Local Government area to show how strengthening coordination between these factors, as well as the organisations and/or program activities that are underway, can help contribute towards to building a community in which healthy eating is achievable for all.
Linking and coordinating these factors present in the community will contribute towards making healthy food choices easy choices for Northern Midlands residents.

- **Seasonal Farmgate sales** provide an opportunity for residents to purchase affordable, locally grown food direct from growers.
- **Regular Markets** in Avoca, Campbell Town, Epping Forest, Evandale, Liffey Valley, Ross Village and Perth selling seasonal fruit and vegetables.
- **Supermarkets and general stores**
  - Meals on wheels and home delivery from the supermarkets and other shops helps ensure people who can’t get to the shops can still get nutritious food.
  - Agencies which provide fresh fruit and vegetables as part of their food relief for residents who are food insecure.

**Supportive environments influencing healthy food access and supply**

**Individual skills, knowledge to shop, cook, grow and prepare healthy food**

- Schools and community groups and gardens and other community organisations may be running programs that teach people to cook, grow food, shop/budget and how to eat well and affordably.
- Huon Valley Rural Primary Health Service
- Family Food Patch Volunteers

**A culture of healthy eating in a variety of community settings**

- Schools and early childcare centres which are part of the Move Well Eat Well program are working towards children, young people and their families regarding healthy eating as normal and important to achieve.
- Healthy catering or food at community events assists people to make healthy food choices more often.
- Blessing of the Harvest festival and Evandale Village Fair
- Promoting locally grown food.
How can it make a difference when we connect it all together?

Seeing the resilience factors as a ‘system’ and ensuring they are linked to each other can have a positive impact on making healthy food choices easy choices for local residents. For example, if cooking programs use local seasonal produce available in local shops it is easier for people to purchase affordable, healthy food and prepare and eat it. If schools teach children that eating tasty fruit and vegetables are important and ‘normalise’ it, this makes the family meal more enjoyable for the ‘cook’ and the whole family. If shops and markets in neighbourhoods and towns have a ready supply of affordable fruit and vegetables, this makes it easier, even for people on a tight budget to buy it and eat well. If it is locally grown it is also a great boost to the local economy. Making sure that people who need support in times of crisis also receive healthy food such as fruit and vegetables will help them to continue to eat well and maintain their health during challenging times.

Below is a list of the businesses, organisations and groups who have an interest in improving access to healthy food that we are currently aware of.

**Supportive environments influencing healthy food access and supply**

- Emergency Relief Food Agencies including those who distribute fresh rescued fruit and vegetables from SecondBite
- Markets, and Farmgate sales
- Supermarkets and general stores
- Community Transport

**A culture of healthy eating in a variety of community settings such as schools and early childcare and community meals programs**

- Move Well Eat Well Schools - Campbell Town DHS (primary campus), Cressy DHS (Primary campus), Evandale PS, Perth PS
- Move Well Eat Well Early Years Education and Care Centres - Campbell Town early Learning, Perth Child Care Centre
- After School and vacation care
- Breakfast programs and accredited school canteens

**Individual skills, knowledge to shop, cook, grow and prepare healthy food**

- Community and school gardens
- Cooking programs
- Family Food Patch Volunteers
What can partnership between local government and other important community organisations, businesses and members achieve?

There is no doubt that when the efforts of groups of people are combined and linked together, many of the reasons why people have poor access to healthy food can be resolved. As a guide there are 10 key ways to act. They are listed below along with examples to explain their importance:

1. Allocate Responsibility – it is key that there is strong leadership and also that the responsibility is shared. Forming a network or coalition to drive change is important.

2. Build the local picture – it is important to understand the local reasons why people have poor access to healthy food by collecting information and speaking with the people who are impacted. This helps to inform future decisions and approaches.

3. Develop Policy and Plans – when you understand the issues, develop a response to bring about change and create a connection between organisations and people who can bring about change together. Make sure you discuss your ideas with the people who you hope will benefit.

4. Set a good example – where you work or live, demonstrate what healthy affordable eating looks like, consider your catering, events or canteen policy to model good behaviour.

5. Use Regulatory and fiscal power – regulation can be used to promote healthy affordable food choices across a variety of locations. As examples, they could positively influence the food sold in community spaces, vending machines, or ensure there are no local laws to prohibit food growing in public spaces.

6. Land use planning – protect land for farming and make sure within townships, land use is mixed-use to support growing food together within open spaces and neighbourhoods.

7. Healthy eating for residents – support training and skill building opportunities through grants programs, and providing access to kitchens in public buildings as a place for education opportunities.

8. Growing food locally – make the connection between what is grown locally and what is available for purchase. This strengthens the local economy and can also apply to home growers who swap and share food.

9. Getting food and residents together – consider that not everybody can jump in the car and get to the shops easily. Work on solutions that get people to food and food to people.

10. Advocacy – get your voice heard. When the issues are well understood, it is important to speak out and make submissions to bring about change.
Healthy Food Access Tasmania

The Healthy Food Access Tasmania project runs until mid 2016. We hope to work with communities and stakeholders from the paddock to plate to increase access to fruit and vegetables, preferably locally grown, in communities across Tasmania. The Healthy Food Access Tasmania project seeks to make healthy food choices easy choices by ensuring that fresh foods (preferably locally grown) are readily available across Tasmania. The project will contribute towards addressing this important health, economic and social objective over the next two years. Healthy Food Access Tasmania is a Tasmania Medicare Local funded project (and will seek to link with Social Determinants of Health projects). The project will be led by the Heart Foundation with the University of Tasmania as a key project partner. We believe the project will have positive health, social and economic benefits for communities across Tasmania.

We encourage communities to consider the important issues raised in this profile and welcome inquiries about how the HFAT project might support your effort to better understand and address local determinants of access to healthy food.

We are committed to Tasmanians in all communities being able to make healthy food choices which are easy choices.

For more information please contact the Healthy Food Access Tasmania Project Manager Leah Galvin  6220 2210 or leah.galvin@heartfoundation.org.au

2 Seligman HK, Bindman AB, Vittinghoff E, Kanaya AM, Kushel MB. Food insecurity is associated with diabetes mellitus: results from the National Health Examination and Nutrition Examination Survey (NHANES) 1999-2002. Journal of General Internal Medicine
5 Burns C, 2004, A review of literature describing the link between poverty, food insecurity and obesity with specific reference to Australia. Victorian Health Promotion Foundation
8 King S, Moffitt A & Carter S, 2010 When the cupboard is bare: food, poverty and social exclusion State of the Family Report: When there is not enough to eat. Volume 1 Essays Canberra: Anglicare Australia
9 Department of Health and Human Services Tasmania ( 2009 & 2013) Tasmanian Population Health Survey. The 2013 survey was funded by the Commonwealth Department of Health. Confidence Intervals – Fruit 25.5%,44.1% and Vegetables 5.3%,13.3%

The Social Health Atlas of Australia includes data on a range of population characteristics, including demography, socioeconomic status, health status and risk factors, and use of health and welfare services.
12 Tasmanian Food Security Council, 2012. Food For All Tasmanians: A food security strategy
14 University of Tasmania, 2014. Preliminary results; Availability and cost of health food basket Tasmania
Phillips B, Miranti R, Vidyattama Y and Cassells R, 2013. Poverty, Social Exclusion and Disadvantage in Australia. NATSEM University of Canberra & Uniting Care Australia

Burns C, Bentley R, Thornton L & Kavanagh A, 2011. Reduced food access due to lack of money, inability to lift and lack of access to a car for shopping: a multilevel study in Melbourne. Public Health Nutrition

Le Q et al., 2013. Tasmanian food access research coalition TFARC; research report. Hobart
