



# Food For All

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An assessment of the barriers to older people  
accessing nutritious food in Melton Shire

25 June 2008

SEMINAR SERIES

Accessing Affordable and Nutritious Food:  
Influences on Healthy Ageing

# Nutritious food...

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# Project team

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- RMIT and Monash Universities
- Melton Shire Council
- Funded by VicHealth



# Background

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Concern raised by Local and State Government that many older people are at risk of being food insecure because of:

- insufficient income to purchase nutritious food;
- physical inability to get to the shops and carry purchases home;
- lack of public transport options and safe walkable routes; and
- and a lack of availability and variety of culturally appropriate food choices.

# Purpose of the study

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To investigate food security amongst targeted groups of older people from CALD backgrounds living in Melton Shire:

- To identify barriers to accessing healthy food, and how they may be overcome;
- To consider future trends in food security in this locality; and
- To identify strategies to improve food security for older people in this locality.

# Definition of food security

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*The state in which all persons obtain nutritionally adequate, culturally acceptable, safe food regularly through local non-emergency sources.*

*(VicHealth, 2006)*

# Methods

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- Qualitative and quantitative
  - Essential combination
- Interviewer administered surveys with meals-on-wheels users (n=37)
- 6 Focus group discussions with non-meals-on-wheels users (n=44)
  - Self-administered surveys completed prior to focus group
  - Location – seniors dining room, Melton
  - Transport and lunch provided
  - Bilingual facilitators and translators provided for CALD groups

# The dining room...



# Recruitment

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Melton Council workers coordinated recruitment

Strategic recruitment to ensure representation of target groups

- CALD
- Service users
- Community transport bus
- Accommodation
- Age
- Gender

# Participants

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- 81 community dwelling older people (32 men; 49 women):
  - Macedonian (n=6)
  - Maltese (n=8 )
  - Serbian (n=8)
  - Anglo-Celtic (n=59)
- Age range 56 – 94 yrs (mean 76 ± 9 yrs)
  - CALD mean 68 yrs
  - Anglo mean 77 yrs

*Note: Age a factor in the different responses.  
Increased prevalence of widowhood and living alone in older groups.*

# Participant profile

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- 54% Married (91% CALD; 40% Anglo)
- 34% Lived alone (9% CALD; 43% Anglo)
- 54% Lived with spouse/partner (86% CALD; 43% Anglo)
- 12% Lived with family/friends (5% CALD; 14% Anglo)
- 84% Pension primary source of income (73% CALD; 91% Anglo)
- 58% Received HACC services (9% CALD; 77% Anglo)

# Study findings

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Of the 60 participants who responded to a question concerning food in their household:

- 52 reported to have enough of the kinds of food they wanted
- 8 reported to not get enough or enough of the kinds of food they wanted. Reasons included:
  - Too hard to get to shops
  - Not able to cook or eat because of health problems
  - On a special diet
- No one reported a lack of money to buy food
  - But money sometimes restricted choice

# Study Findings

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Whilst survey questions asked participants to report their own situation, in the focus group discussions the participants also acknowledged the experiences of others.

# 1. Too hard to get to the shops

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- 43% reported having either fair or poor health

*“I found it hard because three years ago I had a bad accident, and [injured] my left ankle, and I found it hard to go to the local shop which is only say 400-500 metres away from my house. If you can’t walk, even the front gate seems a long way.”*

# 1. Too hard to get to the shops

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- 69% used private transport to shop

*“Say for argument sake, something happened to Brian, it could affect her because she can’t drive and as I said, she lives out of town. It would be very hard for her. She would have to have family help of some sort.”*

*“In ten years time - maybe even earlier than that - I think some of them won’t be able to drive anymore and if there isn’t public transport close to where they live, what are they going to do then?”*

# Too hard to get to the shops?

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# 1. Too hard to get to the shops

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- 35% reported not having shops within walking distance of their home

*“Can’t go for a walk. Nowhere to walk. There are buses nearby but 1km from my house.”*

## 2. Not able to cook or eat because of health problems

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- o 35% had at least some difficulty in preparing meals

*"I found with the pumpkin I started leaving the skin on it...The pumpkin is too hard on my hand I have a dislocated thumb so I can't cut pumpkin and my hands they bruise very easily now so I just get the meat cleaver, if I can't cut it I get it and press on that and split it open, throw the pieces in and the same with carrots, I can't cut them up I cook them and then cut them up."*

*"I get tired, I enjoy it once I get started but sometimes I'm too tired to cook but he insists on vegetables every night and he gets it every night."*

*“...my hands they bruise very easily...”*

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### 3. On a special diet

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- 28% were diabetic –availability and expense of special dietary products were an issue

*“But down in [supermarket chain]...the sweets [sugar free] are all gone...He [Employee] says yeah I’ll get them in, I’ll get them in, but he still hasn’t...there’s nothing there to get to bring home, nothing.”*

*“Well, if you go to the health shop, that’s when it gets very expensive, and I just can’t do it.”*

# Strategies to get food

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- 30% relied on assistance from family, friends and local government

*“If I wasn’t with my son I would use Meals-on-Wheels or frozen food and quick meals.”*

*“..my friend meets me and she comes around with me, and I tell her; she takes me into every place and I tell her what I want, I have it written down, and she tells me the price and all that and we put it in the trolley.”*

# Strategies to get food

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*"We must have the community bus to be able to get up there to get these things, we've no other way of doing it. I can't get on and off transport, Edna can't get on and off transport, so therefore it's vital that we have this community bus. Our driver will assist us on and off, he puts me in the wheelchair."*

*"I think once you get to the stage where you can't drive a car or you haven't got your licence or you haven't got access to a car but you need that transport, you need like a community bus, you'll need something to rely on to get you to the shops; you can't always walk especially if it's raining."*



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*“...it’s vital that we have this community bus...”*

# Strategies to get food

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- Of the 31 who reported difficulties, 9 (29%) sought help from relatives

*"The children will be there to help and to at least to bring the shopping over."*

*"We are also family oriented and we do things together as a family – shopping, cooking and such."*

*"It's being said here that it's not necessarily that the kids are unwilling, but consider that the kids are, apart from their family responsibility, some may be in debt and therefore they're working longer hours. They're not available because they got to pay off their debt."*

# Strategies to get food

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- 23% had sought assistance from food relief agencies in times of emergency

*"Well if you've got a lot of bills coming in, the money goes. You just go down there [food bank] and you tell them and you give them your pension card and they put it down on record. You can't go very often, about every three months. You can't go every day type of thing but you can pick out one of everything. They've got all this food there and you can have one of everything. You can make up meals when you get home."*

# Strategies to get food

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The most popular community actions that the respondents identified were:

- Home delivery service (56%)
- Growing local fruit and vegetables (48%)
- Cheap/free transport to food outlets ('shopping shuttle') (47%)
- Cheaper public transport to shops (36%)
- Lunch clubs (36%)
- Increasing public transport routes (35%)
- Community or collective kitchen (seniors community centre dining room) (32%)



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- 12% reported their main source of fresh food was grown in their garden

*“We grow mint, peppers, tomatoes, everything. There is not a Macedonian household that doesn’t do that.”*

# Focus groups - key themes

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- Transport
- Deteriorating health, frailty and disability
- Family
- Community support and social connectedness
  - Centres and Programs
- Community and council services

# Focus groups - key themes (cont.)

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- Financial considerations
- Impact of Age, Gender and CALD
- Life skills and past experiences
- Illiteracy and information about services
- Discrimination and ageism

# Policy and planning - key considerations

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- Changing health circumstances with age
  - Reduced capacity for shopping, private transport, food preparation and cooking
- Pivotal role of transport
  - Gender and CALD issues – accessing local providers
  - Local public transport
  - Council Services
- Partnerships with local food providers
  - Strengthen partnerships – Council, supermarkets
  - Elderly ‘friendly’ environment

# Policy and planning - key considerations

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- High levels of illiteracy and implications for health promotion
  - Alternative avenues of information
- Informal food networks
  - Extensive hidden local fresh food providers
- Family, social and community support
  - Current safety net – voluntary and vulnerable
  - Changing role of family

## Policy and planning – key considerations

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- Rising food and fuel prices

*“...if you’ve got a few bills coming in. Like we get registration, the insurance on the car and the rates and you’ve got to pay them haven’t you? You’ve got to find the money. That is difficult for pensioners you know because of the rising cost of the food.”*

# Policy and planning - key considerations

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- Central role of LGAs
  - To maintain existing services given an ageing population with increasing proportions of older CALD people
  - To promote an integrated and whole-of-government approach
  - Strategic planning



Thank you!

