



SOCIAL DETERMINANTS
OF HEALTH ALLIANCE

***Putting food on the table* for socially disadvantaged Australians:
Food security as a social determinant**

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Royal Flying Doctor Service

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What I'll cover today

- Recent Australia literature on food security
- Recent Australian evidence on food as a social determinant of health
- Policy and practical priorities drawn from the literature and evidence for action on social determinants of health and improved food security

Recent Australian **literature** on food security

Bastian & Coveney in 2012: Food insecurity impact on population health not fully quantified

Food security refers to the ability of individuals, households and communities to acquire appropriate and nutritious food on a regular and reliable basis using socially acceptable means. It is determined by both the food supply and people's ability to access and use food. Food insecurity refers to any of the following: (i) not having sufficient food; (ii) experiencing hunger as a result of running out of food; (iii) eating a poor-quality diet as a result of limited food options and access; (iv) anxiety about acquiring food; or (v) having to rely on food relief.

As food insecurity impacts on nutritional intake it can contribute to a number of diet-related diseases. **Chronic disease risk and incidence, adult obesity (especially in women), HIV infection, diminished cognitive performance, academic achievement and behaviour problems in children have all been associated with food insecurity** in developed countries.

In South Australia an average of 5.6% of survey respondents aged over 16 years reported to 'have run out of food and could not afford to buy more.' However, the real number experiencing food insecurity is likely to be more as individuals of highest risk such as **homeless people and people with mental health, drug and alcohol problems can be missed** by population health surveys.

Bastian, A., & Coveney, J. (2012). Local evidenced-based policy options to improve food security in South Australia: The use of local knowledge in policy development. *Public Health Nutrition*, 15(8), 1497-502.

Watson & Merton in 2013: Australian food security concern should be for vulnerable

- Australia is an unlikely country for its citizens and politicians to be worried about “food security.” **Australia produces enough food today to feed approximately 60 million people.** Over 90 per cent of fresh produce (including fresh fruit, vegetables, meat, milk and eggs) is domestically produced. Australia’s farm sector exports more than half (55–60 per cent) of its production.
- It turns out that discussion of food security is more like a codeword, or catch phrase, loosely used in response to other issues, some of them serious and some of them trivial. Sometimes, the controversy surrounding food security is little more than pursuit of self-interested claims on behalf of the agricultural sector, or parts thereof. **Concern for food security has become, in effect, a stalking horse** and an excuse for all sorts of decisions in farmers’ favour.
- Food is affordable to most Australians; Australians spend on average 17 per cent of their total household income on food and non-alcoholic beverages, and average incomes are rising faster than food prices. While enough food is produced in aggregate to feed the Australian population, not everyone shares in this good fortune. **There are pockets of poverty and social disadvantage with attendant under-nutrition or malnutrition, especially for Indigenous Australians.**

Watson, A., & Merton, E. (2013). Food security in Australia: Some misplaced enthusiasms? *Economic Papers*, 32(3), 317-327.

Thornton, Pearce, and Ball in 2014: Education attainment and dietary behaviors key

Consumption of **fruit and vegetables is below recommended guidelines for the majority of the population in high-income countries** including Australia, the USA, the UK and other European nations. Although adherence to nutritional guidelines remains a concern in most countries, for a significant proportion of the population of high-income countries the interrelated issue of food insecurity is an additional cause for concern.

Two samples of low-income women from disadvantaged neighbourhoods in the UK and Victoria found the influence of nationality, marital status and children in the household on the dietary outcomes varied between the two nations. **Obtaining greater education qualifications was the most telling factor associated with healthier dietary behaviours.** Being employed was positively associated with low-fat milk consumption in both nations and with fruit consumption in the UK, while income was not associated with dietary behaviours in either nation. In Australia, the likelihood of being food secure was higher among those who were born outside Australia, married, employed or had a greater income, while higher income was the only significant factor in the UK.

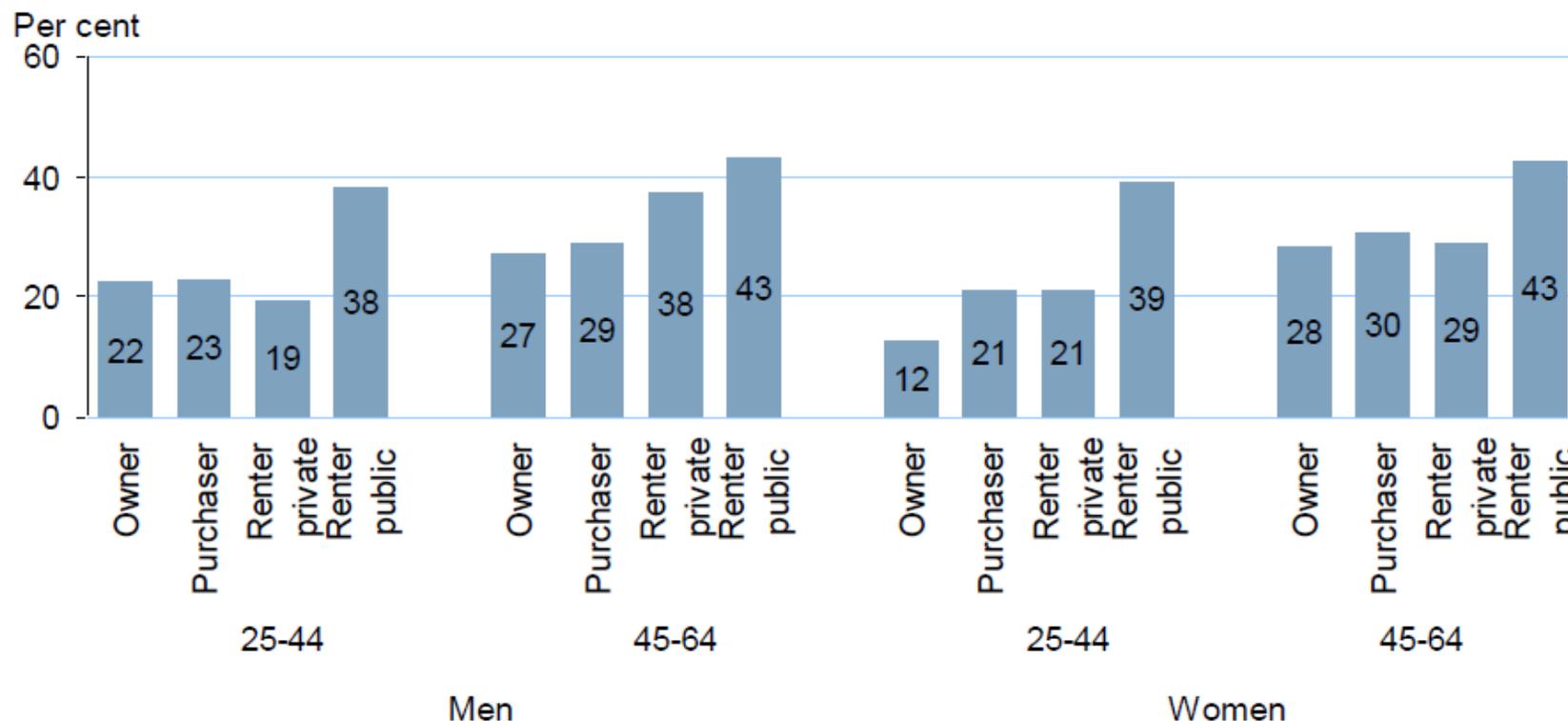
The **identification of factors that differently influence dietary behaviours** and food security in socio-economically disadvantaged populations in the UK and Australia suggests continued efforts need to be made to ensure that interventions and policy responses are informed by the best available local evidence.

Thornton, L., Pearce, J., & Ball, K., (2014). Sociodemographic factors associated with healthy eating and food security in socio-economically disadvantaged groups in the UK and Victoria, Australia. *Public Health Nutrition*, 17, pp 20-30.

Recent Australian **evidence** on food as a social determinant of health

Brown and Nepal in 2010: Socioeconomic status determines obesity prevalence

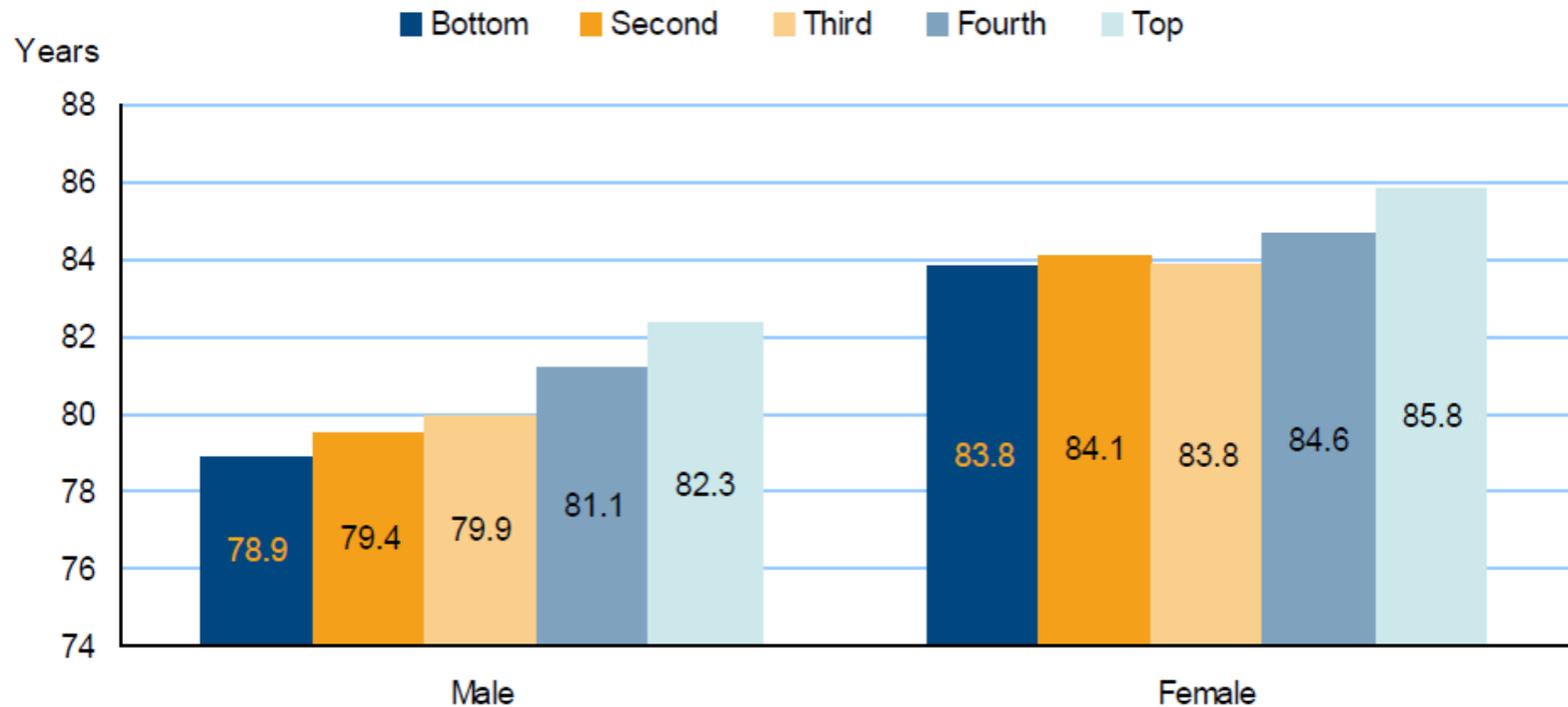
Figure 18 Per cent of persons reporting an obese BMI by age, sex and housing tenure



Brown, L., & Nepal, B., (2010) Health lies in wealth: Health inequalities in Australians of working age, *CHA-Natsem report on Health Inequity*, University of Canberra.

Brown and Nepal in 2010: Socioeconomically disadvantaged Australians die on average 3 years before more affluent Australians

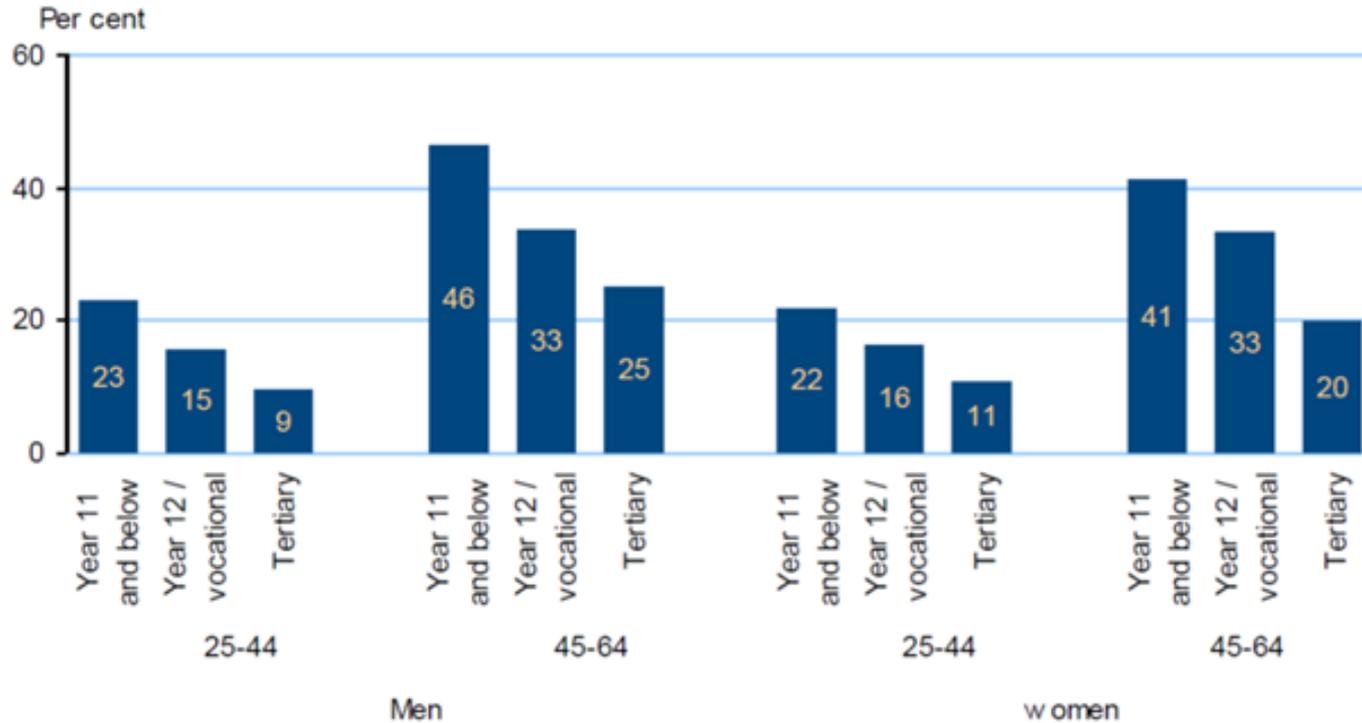
Figure 1 Life expectancy at birth by quintiles of Index of Relative Socioeconomic Disadvantage, Victoria, 2003-2007



Brown, L., & Nepal, B., (2010) Health lies in wealth: Health inequalities in Australians of working age, *CHA-Natsem report on Health Inequity*, University of Canberra.

Brown and Nepal in 2010: Educational attainment improves health status

Figure 11 Per cent of persons reporting a long-term health condition, by sex, age and education



Source: HILDA Wave 8 datafile.

Brown, L., & Nepal, B., (2010) Health lies in wealth: Health inequalities in Australians of working age, *CHA-Natsem report on Health Inequity*, University of Canberra.

Policy priorities for action on social
determinants of health and improved food
security

World Health Organisation

2008 Commission on Social Determinants



“The structural determinants such as **safe pregnancy, early childhood experiences, educational attainment, secure employment, safe housing, and conditions of daily life** constitute the social determinants of health and are responsible for a major part of health inequalities.

There is **no necessary biological reason why there should be a difference in life expectancy** between social groups in any given country. Change the social determinants of health and there will be dramatic improvements in health equity.”

WHO Commission on Social Determinants of Health “*Closing the Gap*” 2008.

socialdeterminants.org.au

World Health Organisation

2008 Commission on Social Determinants



It is important to support the initiation of breastfeeding within the first hour of life, skin to skin contact immediately after birth, exclusive breastfeeding in the first 6 months of life, and continued breastfeeding through the second year of life, as is **ensuring the availability of and access to healthy diets for infants and young children** through improving food security

Poverty and hunger are inextricably linked. Addressing widespread hunger and **food security cannot be done without linking it with work security and social security.**

Climate change stands out as a priority area for attention in relation to health inequities. **Climate change, urbanization, rural development, agriculture, and food security are intertwined determinants of population health and health equity.** It is critical to ensure that economic and social policy responses to climate change and other environmental degradation take into account health equity. But much more analysis of the relationship between social determinants, environmental change, and health inequities is needed to inform the necessary development of policy and practice.

WHO Commission on Social Determinants of Health “*Closing the Gap*” 2008

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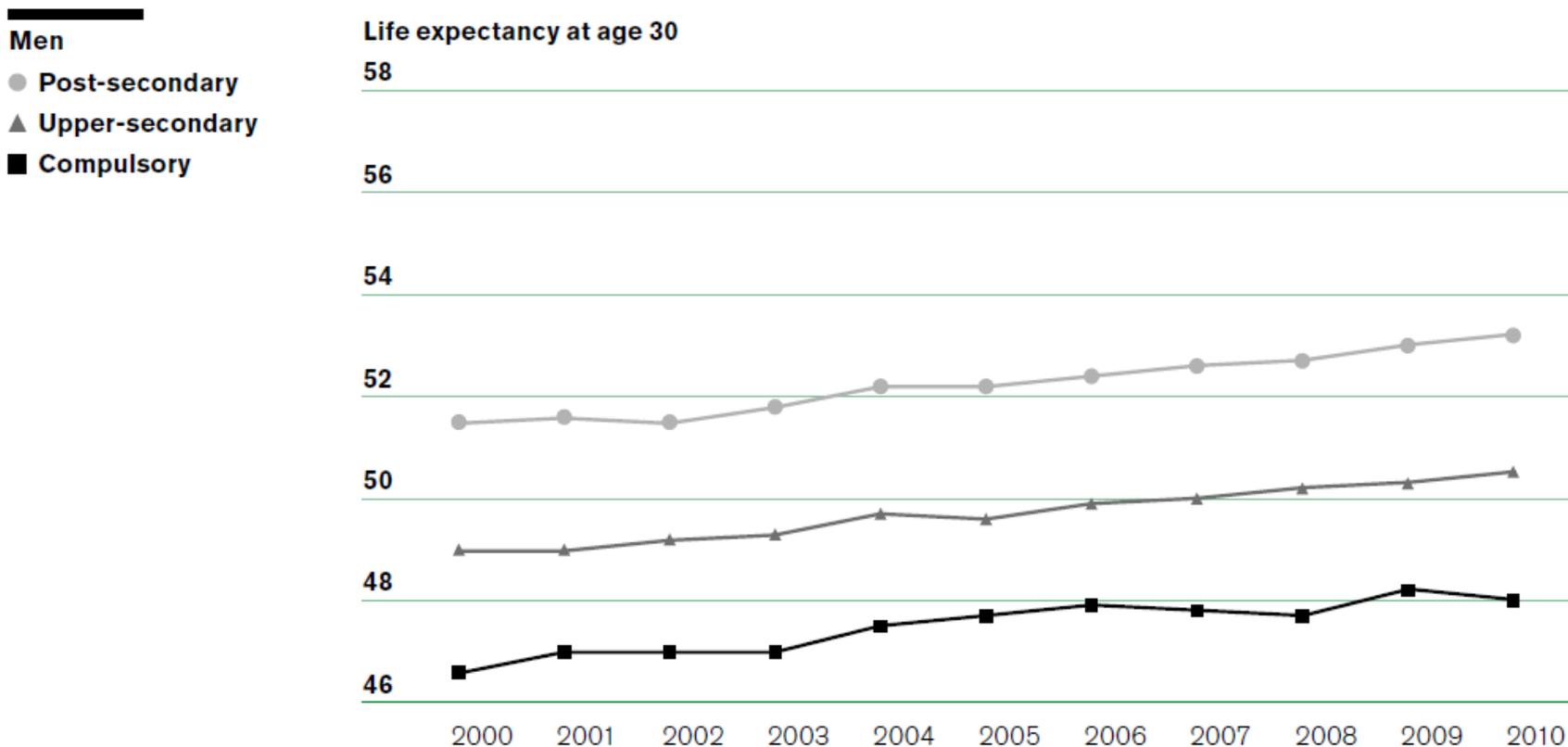
Labor/Liberal/Greens Senate Inquiry recommendations of March 2013



- The committee recommends that the Government **adopt the WHO Report** and commit to addressing the social determinants of health relevant to the Australian context.
- The committee recommends that the government adopt administrative practices that ensure **consideration of the social determinants of health in all relevant policy** development activities, particularly in relation to education, employment, housing, family and social security policy.
- The committee recommends that the government place **responsibility for addressing social determinants of health within one agency**, with a mandate to address issues across portfolios.
- The committee recommends that the NHMRC give greater emphasis in its grant allocation priorities to **research on public health and social determinants research**.
- The committee recommends that **annual progress reports to parliament be a key requirement** of the body tasked with responsibility for addressing the social determinants of health.

Practical priorities for action on social determinants of health and improved food security

Thornton, Pearce, and Ball in 2014: Education most telling factor



Statistics Sweden, (2011), Life expectancy in Sweden 2001-2010

Bastian & Coveney in 2012: 44 practical proposals



3 examples from the 44 proposals:

2 - Strategically increase housing density of existing suburbs to an appropriate density to support food retail businesses.

4 - Set targets for the food industry (including for supermarket home brands) on major nutrients like salt, saturated fat, energy and fibre.

6 – Research the true cost of living v income for individuals receiving welfare payments. This would look at the non-flexible costs of housing, utilities, transport and how much is left over for food v the true cost of eating a healthy diet.

Bastian, A., & Coveney, J. (2012). Local evidenced-based policy options to improve food security in South Australia: The use of local knowledge in policy development. *Public Health Nutrition*, 15(8), 1497-502.

Thornton, Pearce, and Ball in 2014: Factors that differently influence dietary behaviours

Michie et al considered **what physical activity and healthy eating behaviour change interventions are effective**

Meta-analysis review of **122 studies** on physical activity and healthy eating behaviour change to determine what of 26 different interventions were effective

Found **interventions typically produce small effects**, with passive provision of information the least effective in achieving behaviour change

Five self-regulation techniques, derived from **control theory** found more effective:

- (1) prompt intention formation or goal setting
- (2) specify goals in relation to contextualised actions
- (3) active self-monitoring of behaviour
- (4) feedback on performance
- (5) review previously-set goals

Michie S, Abraham C, Whittington C, McAteer J, Gupta S, (2009) *Effective techniques in healthy eating and physical activity interventions: a meta-regression*, Health Psychol;28(6):690-701

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