



FOOD FOR ALL

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

Melton Shire

Final Report

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EXECUTIVE SUMMARY

Project Aims

The purpose of this study was to investigate the specific and local issues affecting the ability of older people in the Shire of Melton to access nutritious food.

Participants and Study Design

During October 2007, Community dwelling older people from a range of cultural backgrounds were invited to complete a questionnaire and participate in a focus group or, if unable to attend a focus group, to be interviewed. The questionnaire comprised of items from the *Food Security Survey Model*^{1, 2}, plus additional items generated from discussions with the funding body (Melton Shire Council and VicHealth).

At the request of the funding body, recruitment targeted older people from Anglo-Australian, Maltese, Serbian and Macedonian communities. Eligible participants were actively recruited by council workers via council services and programs (e.g. Meals-on-Wheels, community transport, physical activity groups, senior citizens centres, and ethno-specific senior groups).

Six focus groups were conducted in the Melton senior citizens centre; one for each of the Macedonian, Serbian, and Maltese groups and three for the Anglo-Australian participants. The Anglo-Australian focus groups were conducted by the researchers, and the Macedonian, Serbian, and Maltese focus groups were conducted by bilingual translators, in the presence of two of the researchers. For those participants not taking part in focus groups, interviewers administered the questionnaire in people's own homes.

Eighty one people participated in the study and completed a questionnaire (32 male and 49 female). Forty four people participated in the focus groups, and 35 had individual interviews. Participants ranged in age between 56 and 94 years (mean 76 +/- 9 yrs). Fifty-five (68%) reported themselves to be Anglo-Australian.

Summary Findings

From the data eleven key themes affecting food security were identified, and many of the issues raised by the participants transcend a number of different themes and unifying constructs. Their key themes were:

- Transport
- Deteriorating health, frailty and disability
- Family
- Community support and social connectedness
- Community and council services
- Financial considerations
- Impact of gender
- Life skills and experiences

- Illiteracy and information about services
- Personal strategies and solutions
- Personal safety

Whilst there were common themes across all groups for this, such as their likely loss of physical capacity and private transport, including death of the driving-spouse; some of the reasons differed somewhat between the CALD and Anglo groups. For example, the surveyed people from CALD backgrounds were generally younger and more active, and coupled with the fact that they belonged to a club that provided a support network, meant that as yet, food security was not much of an issue (bar cost limiting what they could buy). However, for the Anglos, who were generally older and already dependent on, and using services, their food access needs have to some extent already been addressed by the existing services and for this reason, they do not appear to be food insecure.

Overall, the data indicates that for the surveyed groups, food security has the potential to become a major issue, but was not at present due to the provision of services and support networks. However, based upon their responses around their knowledge of existing services it was evident that it could become a significant problem within the next five years.

Additionally, it should be recognised that this study may not have reached those who are at most risk of food insecurity, and even amongst those who did participate, there is always the possibility that they did not admit to it. Consequently and in light of this becoming an impending problem, the findings are presented to inform decisions concerning future policy and services. In summary:

- Amongst those who used them, there was general positive support for current services available through Melton Council. However, older people from CALD backgrounds appeared to be less aware of, and have less access to, these services. Therefore it is important to develop strategies for informing these cultural groups in which there is a high level of illiteracy, even in their preferred spoken language.
- The participants spoke positively about the community transport services, although some refinements were suggested concerning the specific destinations and time spent at shopping venues. In view of the increasing number of older people losing their capacity for private transport, these services are likely to be in increasing demand. And in conjunction with public transport services, they will be needed to provide the necessary transport to places for the purchase and/or consumption of food.
- The participants were enthusiastic about expanding joint initiatives between Melton Council, local supermarkets and commercial services.
- They were also enthusiastic about the existing community groups, community kitchens (seniors community centre dining room), lunch-clubs etc., which not only provide food security but a vital social setting. Supporting existing community networks such as these is also likely to strengthen community capacity to continue to look after its own.

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General background

A key component of a healthy lifestyle is eating healthily, which means eating nutritious food that includes having a wide variety, consuming it regularly and consistently, and in moderation as part of a balanced diet (VicHealth, Healthy Eating, August 2006). However, concern has been expressed by council staff and others who work with older people that many older people are at risk of not having adequate access to nutritious food. Based upon previous reports, some of the reasons for this include: 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 a lack of availability and variety of culturally appropriate food choices (VicHealth, 2006).

Purpose of the study

The purpose of this study was to investigate the specific and local issues affecting the ability of older people in the Shire of Melton to access nutritious food. It is intended that the findings of this study will then be used to inform future policy, initiatives and planning to meet the needs of older people in this locality. It is also intended that, with the agreement of the funding body, the findings be disseminated to a wider audience through local forums, conference presentations and research publications. Specifically this study:

1. Investigated the extent to which food security is an issue amongst targeted groups of older people living in Melton Shire;
2. Identified the barriers that prevent older people from Melton Shire accessing healthy food;
3. Considered future trends in food security for this locality and its ageing population; and
4. Considered how barriers to food security may be overcome, and what factors could facilitate improved food security for older people in this locality.

Methods

During October 2007, community dwelling older people from a range of cultural backgrounds were invited to complete a questionnaire and participate in a focus group or, if unable to attend a focus group, to be interviewed. The questionnaire comprised of items from the *Food Security Survey Model*^{1,2}, plus additional items generated from discussions with the funding body (Melton Shire Council and VicHealth). The questionnaire was piloted to alert the researchers to its feasibility, length, flow and degree of comprehensiveness.

This study was not designed to be a statistically representative sample, but rather was a convenient sample of older people who volunteered to participate. At the request of the funding body, recruitment targeted older people from Anglo-Australian, Maltese, Serbian and Macedonian communities. Eligible participants were actively recruited by council workers via council services and programs (e.g. Meals-on-Wheels, community transport, physical activity groups,

senior citizens centres, and ethno-specific senior groups). Ethics approval was obtained from the RMIT Human Ethics committee. For those people expressing an interest, a plain language explanation about the study was provided, along with details of focus group dates, venues and interviews. Informed consent was obtained prior to completing the questionnaire, focus group or interview. All documents (plain language statement, informed consent, and questionnaire) were translated into the participants preferred language.

The focus groups took place in the Melton senior citizens centre. Each focus group participant completed the questionnaire prior to the group discussion. Six focus groups were conducted; one for each of the Macedonian, Serbian, and Maltese groups and three for the Anglo-Australian participants. The Anglo-Australian focus groups were conducted by the researchers, and the Macedonian, Serbian, and Maltese focus groups were conducted by bilingual translators, in the presence of two of the researchers. All focus group sessions were audio taped with the agreement of the participants. These tapes were then transcribed into the original language and, with the exception of the Anglo-Australian groups, translated by professional interpreter services into English. All of the data (transcripts) were subjected to a systematic thematic analysis in order to identify major themes and sub-themes. Pseudonyms have been used in the report as appropriate to de-identify individual participants.

For those participants not taking part in focus groups, interviewers administered the questionnaire in people's own homes.

Results

Participants

Eighty one people participated in the study (32 male and 49 female). Forty four people participated in the focus groups, and 35 had individual interviews. A further two self-administered the questionnaire, resulting in a total of 81 completed questionnaires. Participants ranged in age between 56 and 94 years (mean 76 +/- 9 yrs). Fifty-five (68%) reported themselves to be Anglo-Australian, the frequency of the remainder are indicated in Table 1.

Table 1. Self-reported ethnicity (frequency)

	Self-administered questionnaire	Individual interview	Focus group	All participants
Anglo-Australian	2	35	20	57
Maltese			8	8
Serbian			8	8
Macedonian			6	6
South African*			2	2
TOTAL	2	35	44	81

Seventy-six (94%) considered that they spoke English well or very-well. However, observations at the focus group suggested that this was debatable, and that some had difficulties with literacy in either English or their own

preferred language. Twenty seven (34%) lived alone, over half (54%) lived with a spouse or partner, and the remainder lived with other family members or friends (12%). Sixty-eight (84%) were reliant upon a pension as their main source of income and for 62% this was the Australian Old Age Pension. Forty five people (57%) reported their health to be good, very good or excellent. However, observations at the focus group suggested that frailty was an issue particularly amongst Anglo-Celtic participants who were on average 10 years older than people from other ethnic backgrounds. Twenty-two (27%) reported that they were diabetic; all of which stated that they were diagnosed as adults, and are therefore likely to be Type II. The majority (58%) reported to receive some form of assistance from council (see Table 2 for details).

Table 2. Self-reported assistance needs and council service usage

	Yes, Always	Yes Sometimes	No	% of respondents indicating Yes
Assistance needs				
Self-care	3	14	64	21
Body movement activities	1	18	61	24
Communication	3	5	72	10
	Yes		No	
Assistance services used	46		33	58
Home Care	37		44	46
Food Services	35		46	43
Podiatry	16		65	20
Community Programme	14		67	17
Senior Citizens Centre	14		67	17
Community Transport	12		69	15
Property maintenance	10		71	12
Personal Care	6		75	7
OT	2		79	2
Day Centre	1		80	1
Nursing	0		81	0
Respite Care	0		81	0
Other	7		74	9

Food security issues

Sixty participants (74%) answered the questions concerning the food they had eaten. Of these, 52 (87%) said that they had enough of the kinds of food they wanted to eat, seven (12%) said that they had enough, but not always of the kinds they wanted, and only 1 (2%) said that they didn't have enough. We can only speculate about the 21 (25%) of the total group who declined to answer this question.

Not getting enough food

Only 8 people indicated that they did not get enough food, or enough of the kinds of food they wanted, and their reasons for this are listed in Table 3. All of these participants identified that it was too hard to get to the shops.

Table 3. Reasons for not getting enough food

Barrier to accessing food	Frequency
Not enough money for food	0
Not enough time for shopping or cooking	2
Too hard to get to the shops	8
On a special diet	6
No working cooking facilities available	0
Not able to cook or eat because of health problems	6
Kinds of food (I/we) want not available	2

Barriers to accessing food

All participants were asked to complete a version of the Food Security Survey Module adapted by Wolfe et al. (2003). This aimed to investigate barriers to accessing food beyond just simply having the money to be able to afford it. These questions were specifically developed to be applicable to the older population and included issues around not being able to get to the shops or prepare food, due to lacking the physical ability or motivation to get there. There was a good response rate to these questions (>92%); the list of questions and responses can be viewed in the appendix (see p.25-30). In summary, the vast majority (>85%) reported that the listed issues were never a barrier, the only exception being “didn’t feel up to cooking” which was reported as ‘sometimes’ or ‘often true’ by 25% of the participants. The main reason for not eating enough of the food they wanted, cited by 18% of respondents, was an inability to prepare or eat the food due to health reasons.

Summary of key issues

The key findings as indicated by participant survey responses are presented below (further details can be viewed in the appendix):

- Only 2% (2 participants) indicated that they had not eaten nutritious food during the previous month
- 30% were unable to shop without assistance
- 69% used private transport to go to the shops (however, it was observed in the focus groups that this would become less common as the group aged, and were widowed, since many of the older women were not able to drive themselves)
- The supermarket, fresh food market and shopping centre were the main places for shopping with less than 3% indicating the local milk bar
- Feeling unsafe prevented ~5% from buying food

- 35% selected their foods based upon nutritional value, 42% cost, 30% transport and, 20% physical ability/inability to carry shopping, walk to shops or prepare food
- 20% were affected by their dental health in determining what they could eat
- 35% had at least some difficulty in preparing meals
- 23% had sought food assistance in times of emergency
- Of those who reported experiencing difficulty (31/81), 9 (29%) reported seeking help from relatives
- 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%)

Focus Groups

Profile of the focus group participants

Purposive recruitment of participants over the age of 60 into the focus group discussions resulted in six focus groups comprising an average of seven people in each group. The groups were mixed in relation to gender representation, however, women dominated in the Anglo-Australian focus groups. There was a predominance of married couples in the CALD focus groups.

Table 4. Composition of Focus Groups (average age and frequencies)

	Average Age	Men	Women	Total
Anglo-Australian (3 focus groups)	77.7 ± 7.8	4	16	20
South African*	69.5 ± 5.0	1	1	2
Macedonian	66.8 ± 3.5	2	4	6
Serbian	66.5 ± 5.7	3	5	8
Maltese	70.5 ± 5.8	5	3	8
Total	72.5 ± 8.2	15	29	44

*The 2 people who identified as South African were recruited as part of the 'Anglo' focus groups

In general, participants appeared to enjoy participating in these groups and clearly they had a sense of humour, as illustrated by the number of jokes and laughter. Participants in the Anglo-Australian focus groups appeared to be frailer and older than those from the CALD groups comprising Macedonian, Serbian and Maltese older people. This is confirmed by the findings in Table 4. The Anglo-Australian groups tended to live in Melton, sometimes with children or family and indicated that they were dependent upon support from a range of Melton Council Community Services. The Anglo-Australian groups were specifically chosen because they represented older people who lived in public housing in Melton, depended upon community transport or used the group meals service on offer from the senior citizens centre in Melton.

The CALD groups in comparison to the Anglo-Australians were younger, in better overall health and lived further a field without council support or services. These participants also reported that they were independent of their family and did not rely on children or family for housing at this stage of their lives. These participants in particular were recruited within their own ethno-specific activity and community centres. Participants within these groups generally were connected in some way either through their church or through social centres.

There was a substantial level of illiteracy in both the mother language as well as English amongst the CALD participants. A few people in the Anglo-Australian group were also noted to be illiterate and it was felt by the researchers that this factor would impact on any communication strategies developed that aimed to assist people with information about how to access food sources in the Melton region. It was also felt that illiteracy in both English and the mother language must be taken into account when developing information about the support

service system and health promotion strategies targeted at the older population in the Melton region.

Overview of qualitative data

Overall, focus group participants reported that they ate well regardless of their cultural, social, economic or geographic location. They indicated that they had expectations that they would continue to access the food they needed and in the main they described their needs as simple. Past life experiences appeared to have served them well in their ability to get nutritious food. Low quality fast food was frowned upon by almost all of the participants as an undesirable regular source of food.

The physically impaired or frailer Anglo-Australian participants however did report using strategies and services to address their increasing need for support and their potential for food insecurity. These strategies included reliance on carers, community buses, children and meals at the seniors centre.

CALD groups did not at this stage of their lives appear to have given much thought to what their future needs might be with regard to accessing fresh and nutritious food. In the main they indicated that they have access to private transport mostly provided by the male partner, or use public transport to shop. They also indicated that nearly all of them have access to fresh food from a range of sources, geographic locations and that many of them grow their own produce.

Key themes

Participants raised many issues in the focus group discussions in relation to their experiences of accessing the nutritious food they need. These issues will be discussed below and were common to all the groups unless otherwise stated. It must be noted that while eleven key themes have been identified, many of the issues raised transcend a number of different themes and unifying constructs. The key themes are:

- Transport
- Deteriorating health, frailty and disability
- Family
- Community support and social connectedness
- Community and council services
- Financial considerations
- Impact of gender
- Life skills and experiences
- Illiteracy and information about services
- Personal strategies and solutions
- Personal safety

Transport

Transport was an issue common to all participants when talking about their ability to get food. As a foundation for the ensuing discussion of the focus group data, the survey revealed that:

- 58% reported to rely on transport to get the food they need.

- 64% said there were shops selling nutritious food within walking distance of home.
- 5.3% reported to use public transport to get to the shops; 72% reported to use private transport; 20% reported walking; 12% community bus.
- 60% drive or have use of car.
- 31% identified transport as being a key factor in deciding what food to buy

From the focus groups it was evident that, no participant was able to rely solely on walking to the shops to get all the food they required. This was either due to not living close enough to the shops and being too far to walk and carry heavy shopping, or being unable to walk long distances due to health reasons. This meant that participants were reliant on other forms of transport including the public system that was not always user friendly:

Can't go for a walk. Nowhere to walk. There are buses nearby but 1km from my house.

The majority of participants, particularly those from Maltese, Macedonian or Maltese backgrounds, used their cars to drive to get the fresh produce they needed and preferred. Most of the participants from the CALD groups indicated that they travelled some distance to buy particular food from specific sources such as meat, fish and locally grown produce. These food sources were often within their networks of food producers and providers. They indicated that while this practice could prove to be more expensive with regards to petrol and parking at markets, nevertheless they considered it worthwhile in the end. A few men said that they travelled on public transport when travelling to markets in the city.

When I go shopping I go to Victoria Market every second Sunday. I catch the 8 o'clock train, I'll buy what I need and then I'll bring it home – for three dollars.

By comparison a high proportion of the CALD women did not drive a car and relied on their husbands' for transport or to shop for them with a list of required items. This raised concerns for the potential isolation and difficulties for widows should their husbands pass away:

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.

Another Maltese woman observed that should this occur:

...when difficult times come you have to think how you are going to solve the problem. One way would be with the help of family and friends. They can take the shopping to your place. Would you ask friends to bring the shopping for you or to do something else for you?

No participant was fully reliant on public transport to access their food. Some participants claimed to use public transport but this tended to be in addition to other forms of transport. Public transport was also used to get to the city (e.g.

the train to Victoria Market) but this was not seen to be a necessity, more as an excuse for an outing.

The only reason I personally go to the market or we'd go to the market is just for something to do. Just for the drive. You still buy something there. We don't specially go specifically to buy something there because on a Sunday, especially the weekends over there, it's all done for the bloody, what do you call them, the people that are on holidays?... Tourists.

While some participants used the public buses, others stated that they were problematic due to their infrequency and unpredictability, the distances to the bus stops, and difficulty getting up the steps. One woman said:

Because the other bus changed the routes that much and sometimes you can't get it to even go there because they've changed the route. It might come past your place, and a couple of months later on it's going somewhere else.

Having access to a range of choices of food outlets within easy access, and in particular supermarkets, was important to the focus group participants and in particular the Anglo-Australian groups. Of particular concern to people who were not within walking distance or who were physically impaired, was the reduction in the choice of where they could shop for fresh produce. Most reported that they were dependent upon local supermarkets for all of their food needs, but also noted that items such as fresh fish were not readily available to them in Melton, especially for those people who did not drive.

And probably everybody knows here but for Maxwell who can drive, there's a little fish van and it now is at [Brookbank] nursery and he's there three days a week and his fish, you can't say I'll go and get a certain fish because if it's not fresh he doesn't have it. So it's caught in the morning and he has it on his round that day and he's really quite cheap.

Almost all of the Anglo-Australian participants said that they found enough choice and variety of food in Melton area and that they chose to only shop within the local precinct. Their choice of food outlet depended upon where the community bus took them or whether they could walk with or without assistance.

When talking about planning for their future transport needs the Maltese group, like others in the study, observed that there would be changes and challenges over time and that they needed to plan for their future needs in this regard:

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?

Deteriorating health, frailty and disability

Survey data revealed that the average age of the participants from CALD backgrounds was 68 years, whereas the Anglo participants had an average age of 77 years, and this was reflected in other aspects of the data, such as the increased prevalence of living alone, widowhood, etc. In addition, 91% of CALD participants reported to be married, as opposed to 40% of the Anglos. This

finding was confirmed through observations at the focus groups, where participants from CALD backgrounds appeared to be younger, more active, coupled and car-owners and for these reasons they experienced few issues accessing the food they needed. The Anglo-Australian groups generally appeared older and more physically frail and reported more barriers to accessing and eating food.

Many of these participants reported having difficulty walking which directly impacted on their being able to get to, and walk around, the shops. Not being able to stand for long periods of time, and failing eyesight, also impacted on their ability to buy, cook and prepare food. Lack of strength, due to a broken wrist for example, also meant that chopping certain foods was difficult. Being less active and healthy demands that these participants receive additional support; some of whom were currently receiving appropriate support (e.g. community bus service, home-help etc), while others were managing to cope with the assistance of family and friends. Some participants did reflect on how the future may be for them, especially if they no longer drive:

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. There is a time of course to come when you don't have a car who knows so you will rely on your feet and your legs and if you haven't got your feet or your legs or you have trouble with your legs and you have to rely on the community bus. So that's what I think we have to look at but I'm fortunate at the moment I have a car.

Obviously those participants recruited into the study by virtue of being recipients of the community bus service were receiving such services due to their inability to shop independently. Many of these participants thus also noted that they would not be able to manage without the wheelchairs that were supplied by the supermarket management, having been dropped off by the bus. This service was invaluable and fundamental to meeting their basic requirements:

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.

Health and safety constraints mean that Council has arranged with supermarket management to deliver their groceries; a service that this group unanimously stated that they could not manage without. However, as useful as the service was, participants noted that they often felt that they had no option but to shop in the place with whom Council had an arrangement to deliver. Many participants reported to being treated without respect, on account of their age and frailty, by staff in some of the supermarkets. As one woman noted:

I think it's age with all of them, even the girls on the counter they've got no time for you.

The impact of injuries and accidents resulting in temporary disability was also raised:

I found it hard because three years ago I had a bad accident and 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.

Several participants noted how various health conditions (e.g. mouth ulcers, oesophagus, arthritis etc) impacted on their food choices. However, this did not appear to prevent them from eating nutritious food. Indeed, only 14% of all respondents claimed that general health was a significant factor determining their food choices. The issue of diabetes was discussed in most groups and especially in relation to the lack of availability of appropriate products. While being diabetic sometimes incurred additional costs should people desire snack foods, it did not appear to be problematic in relation to sourcing food and preparing the main meal.

Family

The majority of participants had contact with family and received at least some form of support and assistance from them. However, support was often reciprocated in the form of childcare for grandchildren. Some participants noted that they had moved to the area to be closer to family while others, who had lived in Melton Shire for several decades, indicated that their children had moved away and were less able to provide support. Even when children live close by some Anglo participants talked about being reluctant to impose on their children even when unwell as indicated by one woman's reluctance to ask for assistance. She said:

Like now she says why didn't you tell me. I've had this [broken wrist] two weeks and I never even told my family, but I don't because I'm independent and I don't like to put on my family. But my son wouldn't be able to because he lives at Mount Eliza, but my daughter she just goes on, but I'm terribly independent, I like my independence so I do what I do myself. I mean there's no reason why I can't go there, I just don't so I just manage myself.

While the quantitative data does not indicate significant difference between the numbers of CALD and Anglo participants living with family members (2 CALD vs 4 Anglo participants live with other family members), of note from the focus groups is that their expectations of family may be different. In particular, it appeared that CALD participants expected their family members to live in the vicinity and be around to provide assistance as necessary. The Anglo participants did not have such expectations, and appeared more determined to remain independent and not be a burden. However, when participants did report to live with family members, they generally reported positive experiences of it being a mutually beneficial arrangement (e.g. of sharing expenses and household duties):

Well I've got a roof over my head, my son pays electricity, the gas, the rates, he pays his house payment, everything. I buy the food which I do not mind. I've still got enough money out of my pension so I buy all the food for me and my son.

He pays for everything. I can be on the phone all day if I want, he still pays all the bill and everything. So I'm OK.

Of the Anglo participants that did not live with families, many reported that while they were appreciative of the contact with their children, and that they knew they could rely on them in an emergency, they were reluctant to be put in a position where they were wholly reliant on family.

CALD participants were generally married (91%) and lived together in their own houses (82%). It was clear that couples coped well, and supported each other. However, there was a high expectation, particularly amongst Macedonian and Serbian participants, that their children would provide assistance in the future should they require it.

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

And another participant commented that:

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

Maltese participants however acknowledged that expecting to receive assistance from their children in the future may not be viable, as they had their own families and associated responsibilities. As one woman observed:

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.

Community support and social connectedness

Most participants acknowledged the importance of having interaction with the community, neighbours etc. Importantly, the quantitative data indicates that 90% of participants can get help from friends, family and neighbours when they need it at least some of the time. Whilst some Anglo participants noted that they did not have contact with their direct neighbours, they did indicate that they had other valuable friendships with people in the nearby vicinity. One woman noted:

..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.

Possibly on account of the CALD participants having been recruited through their respective community and church groups, they all valued the support they received through their membership of these groups. For those older people who were not married or whose partners had died, membership may be especially important. Clearly, for these CALD participants, organising and attending group meals and activities formed a significant part of their lives, and it was clear that these communities had a commitment to 'looking after their own'. Participants expressed considerable concern for those individuals that were not associated with such groups:

These people and people like us who belong to a group, I think it's easier for us because if she wants to open her heart, she can go and see Maria or somebody and they can try to work something out. But the majority of people or 80% of people, they don't even join a club, they don't want to mix and that's why I said we're not so bad because we help each other. But there's heaps of people in the community that they don't belong to nobody. And they're the ones the council have to really focus on...the people who stay home and don't mix, things like that, they're the ones who are left behind all the time and that's where the problem is.

For CALD participants, it also appeared that they relied heavily on their own networks for sourcing food. Participants identified particular places where they would and would not get their food, and this could entail substantial amounts of travelling. With further examination, it appeared that accessing food this way ensured peace of mind with regards to its quality and value for money.

Several Anglo participants noted that they would be embarrassed to go out to eat alone, and that they would prefer company when they did venture out. One woman said:

I mean I've occasionally gone out for a counter tea but not often because it runs expensive but not only that I'm like this gentleman here you don't like sitting on your own in a hotel because people look at you. I feel embarrassed when I go on my own so it is normally my children will come along and say do you want to go out or I can go to my daughter she only lives down the road but I don't put myself onto them because they all work and I don't like my daughter coming home from work and thinking she has to cook for me.

Others who lived alone alluded to the fact that they needed motivation to cook for themselves, and that it could often be quite an effort for them to go out for meals. Their comments also indicate the importance of providing opportunities for social engagement to ensure that people living on their own eat well and regularly. As one older man put it:

No, about the only thing I miss being on my own and cooking on my own is when it comes to getting something for tea my wife used to say when she was alive she'd say what do you want for tea and I'll say anything you like [laughter] and she say that's all you say; that's what I miss now, trying to think of something different for a change.

Community and council services

There was overall agreement that Melton council provided a great variety of services and participants indicated that in this way the council was much better than others in the vicinity. In this aspect many of the participants felt that they were lucky.

I do think that Melton Council is a lot better for the older people than any other council I know. West Meadows... they don't have anything like we have.

Participants also indicated that as they grow older they would probably require some form of support from the Melton council, particularly with reference to

Meals-on-Wheels. Most participants acknowledged that they would like to maintain their independence and keep living in their own homes for as long as was possible, and therefore council services would be an essential element. An Anglo woman living with her family noted:

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

Meals-on-Wheels were described by some participants as the last option and one they would resort to only once their ability to cook had diminished or if they lacked family support. Packet food or frozen meals were suggested by others (predominantly Anglos) as providing alternative food options for those individuals for whom food preparation had become harder due to changes in physical health.

Individuals in the CALD groups in general were younger and more active, but even so indicated that they would use services if and when it was necessary. However, their knowledge of aged care and support services was poor and their discussions and questions indicated a lack of information about what is available to them within the community.

Those CALD members who did speak about Meals-on-Wheels and residential aged care services thought that the food would not suit their needs or culture.

For people who have Meals-on-Wheels - they are not happy with the food because they always have prepared fresh or a different way of cooking. In our culture we have different recipe and they are not happy or they can't eat like raw food, vegetable or they make it a different way...it doesn't suit their needs.

CALD participants talked about how they found it hard to imagine a time when they would need to give up shopping and cooking for themselves, but were adamant that if they found themselves in such circumstances their children would meet all their food and support needs.

Many of the Anglo-Australian participants indicated that they already had knowledge of and had used a variety of council services including community buses, carer and home support, free home delivery, group meals offered by the Senior Citizen's Centre, and in particular joined activity groups. People talked about how they had needed community services because of changes to their physical health, increasing frailty, tiredness or not being bothered to cook every night. Others indicated that they had experienced broken bones or illnesses that required short term assistance around the home.

Using the community bus presented a problem for some participants as the service was limited to a particular day and time and some people noted that supermarket shelves were not restocked regularly and products are not always available to them on a particular day.

The shelves are empty. They're waiting on somebody else buying Coles, and they just don't care anymore. Because it used to be that people used to come in of a night time and fill all the shelves, they don't do that any more.

The Community bus and carers support provided by Melton Council was described by most participants as essential to maintaining their ability to shop for fresh food and to protect their independent way of life. Despite some limitations for wheel chair dependent participants – especially regarding the limited time available for shopping - most people's needs were met by this service and in the main they had adequate time to do most of their shopping, banking etc:

No, Mary's on Friday, I'm on a Tuesday. We used to be on a Tuesday both of us, but Mary had to change because they got an hour and a half, and we only used to get an hour. Now we get an hour and a half, and I find that's quite enough. But then everybody's different, they've all got something different to do.

The Community Bus group, as to be expected, acquired the majority of their food on their weekly bus trips. Delivery of their goods was organised through the supermarket and the local Council. Some of these participants also stated that they might walk to their local shops for some items, or rely on friends or family, as it is not always possible to get food to last a whole week.

The food bank was raised in two of the Anglo-Australian group discussions. While the majority of participants claimed not to use or need the service, they agreed that it was extremely important to some people in the community. One participant who had used the food bank described her experience:

There's no need to be without food. There's a food bank up there. Well if you've got a lot of bills coming in, the money goes. You just go down there 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.

Financial considerations

While there was a general acceptance that cost of food was significant and did impact on food choices, it did not appear to prevent people from accessing nutritious food. Participants agreed that their tastes were simple and that, while quality food was dear, they did not need and were used to managing without luxuries. All participants seemed to be keen to find bargains, and make use of any reduced price produce. However, people generally seemed to buy what they needed and were not too limited by cost, indicating that participants may have just learned to live within their means.

Several participants had diabetes and other food allergies. However, they generally indicated that this did not pose a significant barrier to accessing and eating nutritious and affordable food. The increased cost usually related to items regarded as 'luxuries' such as sugar free biscuits and lollies.

One South African migrant noted how she was not yet entitled to an Australian aged care pension due to not having been in the country for the required number of years. Her current pension is therefore considerably smaller than her

Australian counterparts and, in response to how this impacted on her she said that '*it was a struggle*'.

One participant, who described her experience of using the food bank indicated that it was an important resource especially in the circumstance of financial pressures:

I think it's very important, especially 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.

Impact of gender

Of concern to the CALD groups was the fact that almost all of the women in the three groups either did not have access to or were unable to drive a car. Many of these participants lived in locations within Melton Shire which are poorly serviced by public transport and as a consequence they rely heavily on their husbands to meet all of their transport needs.

Most participants indicated that there was a division in food preparation and shopping with women tending to deal with the cooking and the men to do the shopping. Established gender roles meant that one woman continued to cook for her husband in spite of her own needs:

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.

Life skills and experiences

The participants in these focus groups explained that past life experiences including financial hardship, changing times and migration had enabled them to cope with many of the issues they faced in their older age. They talked about how they had simple expectations, tastes and needs in relation to food and did not necessarily avail themselves of the wide range of food products now available to consumers.

Participants born overseas in non-English speaking countries noted some difficulties in accessing culturally appropriate food in the local area. The quantitative data indicates that 14% of participants thought there was insufficient availability of culturally appropriate food in the local area. This may explain the comments made about travelling great distances to acquire specific foods.

Keeping up traditions related to both cultural background and religion also appeared to impact on access to nutritious food. For the Macedonians, fasting is a weekly occurrence and actually demands that they avoid unhealthy, fatty foods. Clearly, for the Serbians, their connection to the church also provided opportunities to access food, via church meals for example.

Illiteracy and information about services

Illiteracy was noted by the researchers to be quite prevalent, especially amongst the CALD participants, which can substantially impact on potential difficulties in accessing food and supportive services. One Maltese man observed that:

I talk about my wife, if I wasn't around I don't know how she'd get by. But she says she can get by, I don't know.

Participants in all of the CALD groups demonstrated a range of literacy skills. One man whose wife spoke little English, could not read or write in either her mother language or English had this to say:

..if you are educated you can read the paper and you can pick up a lot of stuff off the papers. People that don't read and write, they're virtually at a standstill. They don't know nothing unless somebody physically grabs them by the hand and tells them what to do or how to get along.

Literacy impacts on how people get information about the services available to them, such as health promotion literature about aged care services and local council support. Lack of literacy may not be a problem for those people that attend community groups, but for those that are not connected to such groups may have difficulty accessing the information they need. One community leader noted:

I'm just saying like that, I often go to meetings. What happens is people who belong to a group they get information in between them and within that group. But within the community of Melton, 80% of the people they've got no news of anything. I receive heaps of news from all sorts of people. I know exactly what's happening.

Personal strategies and solutions

Throughout the discussions participants identified strategies and solutions that they had used to adapt to the challenges of accessing food specifically, and ageing more generally. Participants discussed the importance of having a positive attitude, and learning to adjust and deal with things as they happen.

Almost all of the participants from the CALD groups indicated that they grew their own fruit and vegetables for consumption by themselves and other family members. One participant noted:

We grow mint, peppers, tomatoes, everything. There is not a Macedonian household that doesn't do that.

While quantitative data indicate that for 12% of participants their *main* source of fresh food was home grown, there appear to be many others, both Anglo and CALD, that supplement their food supply by growing their own. Indeed, participants expressed concern about the potential lack of water due to the drought and how this might limit the amount of home grown produce available to them.

Personal safety

The issues of personal safety for people who walked in Melton was raised by a few Anglo-Australians. Despite their frailty a number of the participants who lived within walking distance of the shopping amenities in Melton explained that they found the exercise difficult because of the speed of the traffic combined with dangerous crossings. The comments of one woman resonated with others:

I did go up to High Street the first year I was here, and crossing over to go to the post office with the lights, a truck missed me by about a yard, no more, and he laughed and said ha ha, I missed you.

One couple claimed that due to having a busy road between their home and some nearby shops, it meant that they did not shop locally. Similarly a few people in the CALD groups indicated that the recent violent outbursts by local youths at large shopping centres had discouraged them from shopping at these locations as they now viewed them as unsafe. As one man noted:

People should feel safe, yes safety of all the people going shopping.

Key findings of the research

Through a combination of quantitative and qualitative methods, this study generated a rich volume of data. Below are some of the key findings:

Melton Council services

- Positive support for current services provided by Melton Council, especially amongst Anglo-Australian service users.
- The Melton Council support available for people to access food is vital, but has some limitations.
- CALD groups lack information and understanding about the services provided by Melton Council.

Transport

- Majority of participants rely on private transport (i.e. their own car, or partner or family's car) to shop for food.
- Minimal use of available public and community transport options.
- Current public transport routes do not allow easy access for older people.
- Many CALD women do not drive and heavily rely on their partners to meet their transport needs.
- Lack of information and understanding about community transport.

Health

- Poor health negatively impacted on participants' ability to access, buy, cook and eat nutritious food.
- Older people's need for food support services increase and change as their physical health deteriorates.

Family support

- Majority of participants rely on family members for some support.
- The extent of support is variable, and older people may be particularly vulnerable as families move out of the area.
- There was an expectation, particularly amongst Serbian and Macedonian participants, that families would support them in their older age.
- Not being a burden on family was extremely significant for people particularly from Anglo backgrounds.

Social engagement and networks

- Majority of participants emphasised the importance of having contacts and links with community members of all ages.
- The social support networks and groups facilitated by Melton Council were flagged as essential to older people's social connectedness.
- CALD groups rely on their own local food production networks to access fresh quality produce.
- The CALD groups in particular noted the benefit of belonging to a community and religious group in relation to the support that was available and the associated sense of belonging.

Literacy

- High levels of illiteracy, particularly in CALD communities, in mother language as well as English

Financial

- Participants in this study were not always financially secure but cost did not always emerge as the key barrier to accessing nutritious food.
- There was a general acceptance that cost of food was significant, but did not always appear to prevent people from accessing the food they needed.
- Quality food, or food which met specific dietary requirements, was found to be more expensive, but majority of participants agreed that their tastes were simple and that they did not need luxuries.

Local food providers

- Local food providers including supermarket chains are a central source of nutritious food for older Melton residents.
- Older Melton residents, particularly those from CALD communities, travel further afield to access fresh produce.

Key points for Melton Council's consideration

Based on the findings of this study, a number of key points for informing policy and program development have been identified for consideration by Melton Council. While listed as separate key points, it should be noted that many are related, interact and overlap. This has implications for policy and planning, specifically when developing effective strategies in the short and long term.

Integral within all the following key points are the physical, social and structural components related to growing older including:

- Diminished physical, hearing and visual capacity
- The loss of a spouse
- Changes in family structure
- Loss of capacity to drive
- Changes in geographic location of family
- Ability to access community and public services

The following key points are presented for consideration along with a strong recommendation for Melton Council's continued community engagement with the diverse ageing population within the region:

Melton Council services

Those who were aware of and using the available services, viewed them very positively. However it was evident that many were not aware of the available services and could benefit from them or were likely to require them in the near future. Hence these specific points:

- In order for older people to make appropriate alternative plans to ensure their food security, they require access to community information about Melton Council and community support services.
- Continue support and development of community based initiatives around food security for older people as these were perceived to be a more acceptable form of informal support.
- Continue to develop and disseminate information about the services offered by meals-on-wheels, especially within the CALD community
- Review the availability of culturally appropriate food provided through Melton Council services and develop new menus in collaboration with CALD older people as appropriate.
- Ensure that CALD older people and their families have access to information (not just in written format because many are illiterate) about the variety of food and other Melton Council services available to them.

Transport

- Consider the availability and appropriateness of public transport and access by older people in outlying areas across Melton shire.
- Consider Melton Council's current public transport policy and future strategies to reflect the changing needs of older people.
- Increase awareness and information about the services offered by the Melton community buses, the routes they take and the time allocations at venues.

- Establish where the CALD communities are located within Melton Shire in relation to existing and future public transport routes.
- Liaise with CALD communities to improve public transport bus routes and address other transport needs.
- Investigate and initiate joint ventures with private transport providers to facilitate access for older people to food outlets within the Melton region and beyond.

Health

- Ensure that the services available through Melton Council are flexible and reflect the changing nature of older people's health circumstances, especially for those living independently.

Family support

- Consider that, within the next five years, older people, particularly from CALD backgrounds, may become increasingly less able to rely on family and partners for support in maintaining food security.
- Consider the changing face of the modern Australian family and the support available to older people.
- Account for the changing role of the family and its capacity to support its older members within any strategic planning by Melton Council.

Support social and engagement

- Continue support for and development of community groups united via a common interest, language or activity, and increase opportunities for older people to interact with each other.
- Consider the viability of continued support for, and extension of, existing Melton Council community based initiatives and lunch clubs.

Health promotion

- Develop alternative health promotion strategies around food security that take into account high levels of illiteracy, in English and home country languages about services and support available.

Community collaboration

- Continue to develop collaborations with a range of CALD and Anglo communities to establish their future needs with regard to achieving food security for their community.
- Work with, and build upon, existing CALD networks to ensure that these communities can access acceptable and culturally appropriate Melton Council food services as they age.

Links with local food providers

- Review arrangement with supermarket/shopping centres regarding deliveries and access to wheelchair-dependent older people.
- Educate service managers in retail food outlets about providing appropriate services for older people.

- Develop joint initiatives between Melton Council, local supermarkets and community groups to better meet the dietary requirements of the older population.

Conclusions

Based on this sample, food security does not currently appear to be a pressing issue. However, it must be noted that this study may have not reached those at most risk of food insecurity. Furthermore, of the people that did participate, there is always the possibility that they did not admit to food insecurity. Having acknowledged this, it was evident that food security may become a significant problem within the next five years, as this group age and experience the associated physical, social and circumstantial changes that occur. The bases for these are:

- An increasingly ageing population that will have declining physical and health capacity
- Reduced transport options due to loss of access to a car and spouse that drives
- The lack of awareness, particularly amongst CALD communities, about Melton Council services
- The geographic location and characteristics of Melton Shire, particularly its distance from Melbourne and its large land mass.

There is general positive support for current services available through Melton Council. However, older people from CALD backgrounds may have less awareness of, and access to, these services. There is some scope for improving both current Melton Council services, as well as wider systemic issues such as the public transport system. Expanding joint initiatives between Melton Council, local supermarkets and commercial services, and community groups may offer great potential to addressing future needs of the ageing population in Melton Shire. Supporting existing community networks is also likely to strengthen community capacity to continue to look after its own.

References

1. Bickel G et al (2000). Guide to measuring Household Food Security, Revised 2000. U.S. Department of Agriculture, Food and Nutrition Service, Alexandria, VA
2. Wolf WS et al (2003). Understanding the Experience of Food Insecurity by Elders Suggests Ways to Improve its Measurement. *The Journal of Nutrition*, J Nutr. 2003 Sep;133(9):2762-9.

Appendices

The following section presents participant responses to four sections of the quantitative survey:

SECTION D: BARRIERS TO GETTING FOOD

		Never true	Sometimes true	Often true	Don't Know
1.	I worried whether my food would run out before I had money to buy more	66	6	0	3
2.	I worried whether my food would run out because I couldn't get the food I needed even though I had money for food	64	7	2	3
3.	The food that I bought just didn't last, and I didn't have money to get more	70	2	0	3
4.	I couldn't afford to eat nutritious meals	64	9	2	1
5.	I couldn't choose the right food and meals for my health because I couldn't afford them	65	8	2	1
6.	I couldn't choose the right food and meals for my health because I couldn't get the food I needed even though I had money for food	63	8	0	1
7.	I couldn't choose the right food and meals for my health because I was unable to prepare a meal even though I had food in the house	61	6	5	2
8.	I worried that I would not eat the right food and meals for my health because I couldn't afford them	68	6	0	0
9.	I worried that I would not eat the right food and meals for my health because I couldn't get the food I needed even though I had money for food	63	10	0	0
10.	I worried that I would not eat the right food and meals for my health because I was unable to prepare a meal even though I had money for food	65	6	3	0
11.	I was worried that I would not eat enough because I was unable to prepare a meal even though I had food in the house	64	8	2	0
12.	I was not able to eat the right food and meals for my health because I didn't feel up to cooking	55	16	3	0

		No	Yes	Don't Know
13.	In the last 12 months, were there any times that you ran out of food and couldn't afford to buy more? ¹	72	3	0
14.	In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?	71	4	0
15.	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	69	4	0
16.	In the last 12 months, did you ever eat less than you felt you should because you couldn't get the food you needed even though you had money for food?	69	5	2
17.	In the last 12 months, did you ever eat less than you felt you should because you were unable to prepare a meal even though you had food in the house?	65	10	0
18.	In the last 12 months, did you ever eat less than you felt you should because you didn't feel up to cooking?	57	19	0
19.	In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?	73	2	0
20.	In the last 12 months, were you ever hungry but didn't eat because you couldn't get the food you needed even though you had money for food?	72	3	11
21.	In the last 12 months, were you ever hungry but didn't eat because you were unable to prepare a meal even though you had food in the house?	65	10	0
22.	In the last 12 months, did you lose weight because you didn't have enough money for food?	73	2	1
23.	In the last 12 months, did you gain weight because you didn't have enough money to buy nutritious food to cook and prepare you own meals? ²	73	3	1
24.	In the last 12 months, did you ever not eat for a whole day because there wasn't enough money for food?	76	0	

¹ Australian National Health Survey

SECTION E: ACCESS TO NUTRITIOUS FOOD

E1. Have you eaten nutritious food in the last month?
78 Yes
2 No

E2. Are you able to shop for yourself?
53 Yes
22 Yes with assistance
4 No

E3. Do you shop for yourself and/or others?
52 Yes
20 Yes with assistance
8 No [*please go to E6*]

If you go to the shops yourself, how do you get there?

76 respondents to this question

55 Private transport
15 Walk
9 Community bus
5 Relation/neighbour/friend
4 Public transport
3 Taxi
3 Council assistance/carer

E4. How often do you shop for food?
10 Daily
18 2-6 times a week
42 Weekly
4 Monthly
1 Less than once a month

E5. Where do you usually shop for food?
66 Supermarket
37 Shopping centre
25 Fresh food market
4 Fast food outlet
2 Local milk bar

E6. Do you rely on transport to obtain the food you need?
46 Yes
34 No

E7. Are there shops selling nutritious food within walking distance of your home?
51 Yes
28 No

- E8. Do you receive meals-on-wheels?
 41 No
 36 Yes

If yes, how many meals-on-wheels do you receive a week? ___

Meals Frequency	No or respondents
2	4
3	9
4	7
5	7
6	2
7	3

Do you eat other meals in addition to your meals-on-wheels each day?
 41 Yes
 9 No

- E9. Does feeling unsafe in your neighbourhood prevent you from buying food?
 69 No
 4 Yes
 2 NA/Don't Know

- E10. Is your main source of fresh food grown in your garden?
 70 No
 9 Yes

- E11. Do the changes in availability of fresh food throughout the year prevent you from buying the food that you want and need?
 61 No
 19 Yes

- E12. Do you consider there to be an adequate amount and variety of culturally appropriate food in your local area?
 69 Yes 11 No

- E13. Please tell us the main things that helped you to decide which food to buy in the last 12 months? *[Choose up to 3 options]*
- 33 Cost (e.g. can't afford it, too expensive etc)
 - 27 Nutritional value (e.g. only eat healthy food etc)
 - 24 Transport (e.g. can't get to shops, no use of a car or public transport etc)
 - 20 Seasonal variations (e.g. food is not available all year round)
 - 15 Physical ability (e.g. unable to walk, carry shopping, prepare food etc)
 - 14 Food Packaging (e.g. packet too big, too difficult to open etc)
 - 14 Taste (e.g. dislike eating/taste of nutritious food etc)
 - 13 Availability of shops (e.g. no shops in local area)
 - 11 General health (e.g. feel too ill to eat, no appetite etc)
 - 6 Cooking skills (e.g. unable to cook, don't know any recipes etc)
 - 4 Allergy (e.g. not able to eat food due to an allergy etc)
 - 3 Oral/dental health (e.g. dentures, gum disease, pain in mouth etc)
 - 2 Home storage facilities (e.g. lack of storage space)
 - 1 Cooking facilities (e.g. no oven or fridge etc)
 - 3 Other, please specify: _____

SECTION F: OTHER IMPACTS ON EATING HABITS

In addition to questions about getting nutritious food, the following questions may provide us with information that could affect your eating habits.

- F1. Do you eat most of your meals alone? 36 Yes 43 No
- F2. Can you get help from friends, family, neighbours when you need it?³
52 Yes, definitely 18 Sometimes 7 No, not at all 1 Don't know
- F3. Do you drive or have use of a car? 48 Yes 31 No
- F4. Do you use tobacco to stop you from feeling hungry?
1 Yes 78 No
- F5. If you are on any medication, does it alter your appetite?
9 Yes 64 No 6 NA
- F6. Does your current dental or oral health (e.g. wearing dentures, gum disease, lack of teeth, pain in mouth etc) decrease your ability to eat nutritious food?
16 Yes 62 No
- F7. Do you have any difficulty in preparing your own meals?⁴
52 No difficulty
15 Some difficulty
7 Much difficulty
3 Unable to do
2 Don't know or don't do
- F8. Do you cook for yourself and/or others? 55 Yes 23 No
- F9. Does a lack of cooking skills prevent you from eating nutritious food at home?
4 Yes 75 No
- F10. Do your English language skills prevent you from getting the food you want to eat?
0 Yes 80 No
- F11. Do you gamble?
21 Yes 58 No

³ DVC Social Capital Indicator

⁴ NHANES III

SECTION G: STRATEGIES TO GET FOOD

G1. In times of emergency were you able to receive assistance from food relief agencies?

17 Yes 18 No 39 NA

G2. In the last 12 months, if you had difficulty getting enough food, please tell us what you did.⁵

9 Sought help from relatives
3 Grown own food
3 Sought help from welfare agency
1 Sought help from friends
1 Sought help from Government
1 Skipped meals
0 Stretched meals
0 Decreased variety of food
0 Nothing
49 NA

G3. Please choose which of the following community actions you think would be most likely to help people to get enough nutritious food in your local area: *[Tick all that apply]*⁶

45 Home delivery service
39 Growing local fruit and vegetables
38 Cheap/free transport to food outlets ('shopping shuttle')
29 Cheaper public transport to shops
29 Lunch clubs
28 Increasing public transport routes
26 Community or collective kitchen (seniors community centre dining room)
20 Food co-operative
20 Education on food nutrition
16 Emergency food parcels
13 Improved variety and quality of food
7 Ordering food from home/internet shopping
6 School meals
6 Cooking programs
1 Improved household storage and cooking facilities

⁵ DHS, Children's report

⁶ Nolan et al, 2006