

Lower Hume Healthy Food Basket survey report

January 2017

By Lower Hume Primary Care Partnership Integrated Health Promotion Collaborative

We would like to acknowledge help from Claire Palermo and Julia McCartan from Monash University for their assistance in setting up and reporting on this survey process.

CONTENT

Executive Summary	1
Background	2
Methodology	2
Results	3
Discussion	7
Conclusion	8
Recommendations	8
References	8

EXECUTIVE SUMMARY

The Monash University Victorian Healthy Food Basket (VHFB) Survey was conducted for a third time in January and February this year across Mitchell and Murrindindi Shires by agencies of the Lower Hume Primary Care Partnership (LHPCP). The first survey was completed in 2010 (5 stores), the second survey in 2013 (13 stores) and the latest survey was completed in February 2016 (14 stores) to monitor food access and availability throughout the Lower Hume.

Food insecurity statistics in Lower Hume remain high (14% in Murrindindi) – whereby people report they had run out of food in the past 12 months and could not afford to buy more (Vic Population Health Survey 2011). Over the last 3 years the LHPCP Integrated Health Promotion Collaborative efforts have focused on food security, healthy eating and gaining a better understanding of food access issues. The cost and availability of nutritious food is recognised as an important determinant of health – Social determinants of health: the solid facts 2003.

The results show that consistent with previous surveys the chain supermarkets' average VHFB total cost for a typical family were cheaper overall than the majority of independent supermarkets by just over \$40. However, three of the independent stores were in the top 7 cheapest supermarkets. Murrindindi with only independent supermarkets was again overall more expensive for a typical

family than Mitchell Shire VHFB costs, by nearly \$45. (Although one of the Murrindindi independents was in the top 3 of the cheapest supermarkets)

The cost of the VHFB in Lower Hume has increased over six years for all family types. A typical family (2 adults and 2 children) would need to spend approximately **one third** of their fortnightly Centrelink income to purchase a healthy basket of food. The smaller the family size the smaller proportion they need to spend on food.

The average cost of the healthy food basket for a family of four has risen by \$26.88 between 2010 and 2016. However as a percentage of income, affordability has slightly improved, with Centrelink payments increasing more than the price (just under 2% for all family types).

The variance of the cost of healthy food (VHFB) across Lower Hume is significant. Consumers pay 30% more (\$122) at the most expensive supermarket than the cheapest for the same basket of goods. In Murrindindi the difference between the cheapest and most expensive is \$96.

Recommendations are that we continue to work on issues that contribute to food insecurity and initiatives that promote better access to healthy food in the Lower Hume area.

BACKGROUND

The Victorian Healthy Food Basket Survey (VHFBS) was created by Monash University to monitor the cost and access to nutritious food in Victoria. In 2010 the VHFBS was conducted by students from Monash University in the Lower Hume Region, including 5 stores across Murrindindi and Mitchell. (see Healthy Food Basket Survey in Lower Hume Region report 2010)

A second survey was conducted between December 2012 and February 2013, including 13 supermarkets across Murrindindi and Mitchell, as part of the Lower Hume Primary Care Partnership (LHPCP) Integrated Health Promotion (IHP) Collaborative commitment to Healthy Eating and food security. (see Lower Hume Primary Care Partnership Victorian Healthy Food Basket Report 2012-2013).

The background research and evidence detailed in the aforementioned report highlighted the need for a focus on food security as '7.8% of people in Murrindindi and 5% of residents in Mitchell reported that they had run out of food in the past twelve months and could not afford to buy more'(p4). This figure increased for Murrindindi to 14% of population with food insecurity (and remained steady at 5% for Mitchell) in the 2013 LGA profile – Vic Population Health Survey 2011. As part of the LHPCP IHP plan there have been a number of initiatives to address the issue of food security in Lower Hume over the last three years. (see LHIHP IHP implementation and Evaluation Plan 2013-17)

Additional details about Lower Hume, the Hume Region Health Promotion Strategy, LHPCP IHP and why people don't have the quality and variety of food they want (including living costs, income and SEIFA index information) are also in the 2012-2013 report.

METHODOLOGY

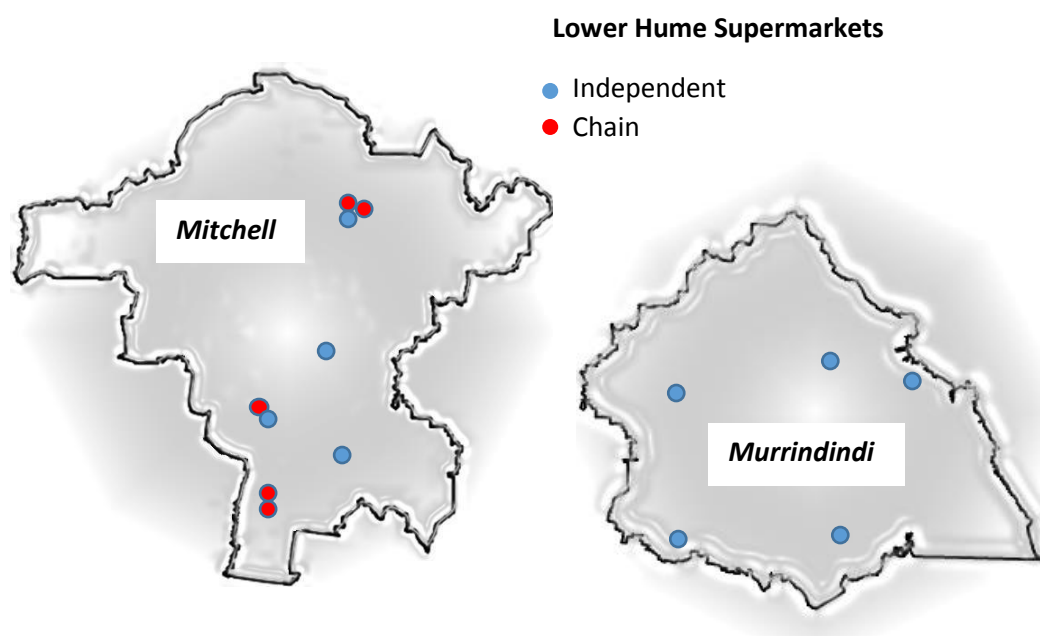
As part of the LHIHP strategy and plan it was agreed to conduct the survey a second time by the IHP Collaborative. The data was collected over an 8 week period between January and February 2016 from all 14 supermarkets in Mitchell and Murrindindi (excluding ALDI). Surveys were completed by

health promotion workers from Alexandra District Hospital, Seymour Health, Nexus Primary Health, The Yea and District Memorial Hospital and Lower Hume Primary Care Partnership.

As per the last survey, an introductory letter was sent to each store to inform them of the process and that the data would be used for health promotion purposes, stores would not be identifiable in the report nor comparative individual prices be shared publically. The VHFBS requires prices for a list of food items from the five food groups, and then calculates the required amount of each food item for four different family types per fortnight, as well as affordability against estimates of government assistance income per fortnight (Pattieson & Palermo, 2010).

The four family types are:

- Typical family (44 year old male and female, 18 year old female and 8 year old male)
- Single parent family (44 year old female, 18 year old female and 8 year old male)
- Elderly pensioner (71 year old female)
- Single adult (adult male > 31 years ole)



RESULTS

In this report we found again the chain supermarkets (Safeway and Coles) average VHFBS total costs were cheaper than the majority of the independent stores for a typical family (by \$40.42). Murrindindi, with only independent stores was again more expensive overall than Mitchell Shire supermarkets (by \$44.60).

Table 1 Store cost by type

Store Type	Mitchell	Murrindindi	Overall
Chain	\$429.24	n/a	-
Independent	\$451.87	\$483.90	\$469.66
Overall	\$439.30	-	

The Descriptive Statistics below were prepared by Monash University, Department of Nutrition and Dietetics, March 2016.

Table 2 Store count

Store Type	2010	2013	2016
Coles	1	3	3
Safeway	1	2	2
Independent	3	8	9

More independent supermarkets were included in this dataset across all three time points.

Table 3 Mean/Standard Deviation of cost of VHFB for all family types across 3 survey periods

Family Type	2010 Mean (SD)	2013 Mean (SD)	2016 Mean (SD)
Typical Family \$	428.35 (17.01)	448.49 (30.53)	455.23 (34.42)
% income	34.2 (1.3)	33.1 (2.3)	32.5 (2.5)
Single Parent Family \$	294.02 (11.74)	307.42 (20.87)	310.40 (22.18)
% income	30.1 (1.2)	29.1 (2.0)	28.7 (2.1)
Single Male \$	134.58 (5.01)	141.24 (9.98)	144.66 (12.01)
% income	29.7 (1.1)	28.8 (2.0)	27.9 (2.3)
Elderly Female \$	103.20 (4.24)	107.75 (7.43)	109.20 (7.81)
% income	18.1 (0.8)	15.5 (1.1)	14.0 (1.0)

A typical family (2 adults and 2 children) would need to spend approximately one third of their fortnightly Centrelink income to purchase a healthy basket of food. The smaller the family size, the smaller the percentage of income to purchase a healthy basket of food.

Table 4 Variance in cost of VHFBS for a typical family

Municipality	Lowest supermarket cost (2013 figures)	Highest supermarket cost (2013 figures)	Difference (2013 figures)
Mitchell	\$402.91 (\$403.02)	\$461.33 (\$466.58)	\$58.42 (\$63.56)
Murrindindi	\$428.51 (\$415.40)	\$524.84 (\$509.29)	\$96.33 (\$93.89)
Overall Lower Hume	\$402.91 (\$403.02)	\$524.84 (\$509.29)	\$121.93 (\$106.27)

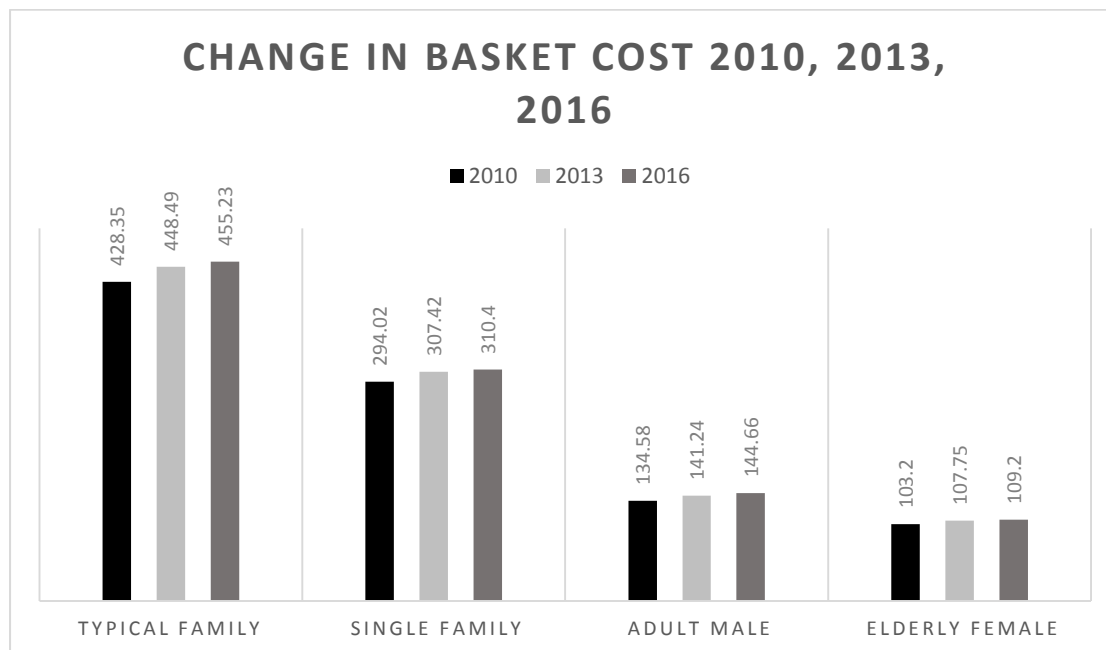
The difference between the highest cost supermarket for a typical family and lowest cost supermarket in each of the Municipalities shows that the variance in Murrindindi and Mitchell has remained steady over the 3 years but the difference across supermarkets within Murrindindi remains quite high. (and even higher across Lower Hume)

Table 5 Cost Difference between 2010 and 2016

Family Type	2010 to 2016 Cost difference	2010 to 2016 % income difference
Typical Family	+26.88	-1.7
Single Parent Family	+16.38	-1.4
Single Male	+10.08	-1.8
Elderly Female	+6.00	-4.1

The average cost of the healthy food basket for a family of four has risen by \$26.88 between 2010 and 2016. However as a percentage of income, affordability has improved slightly.

Graph 1



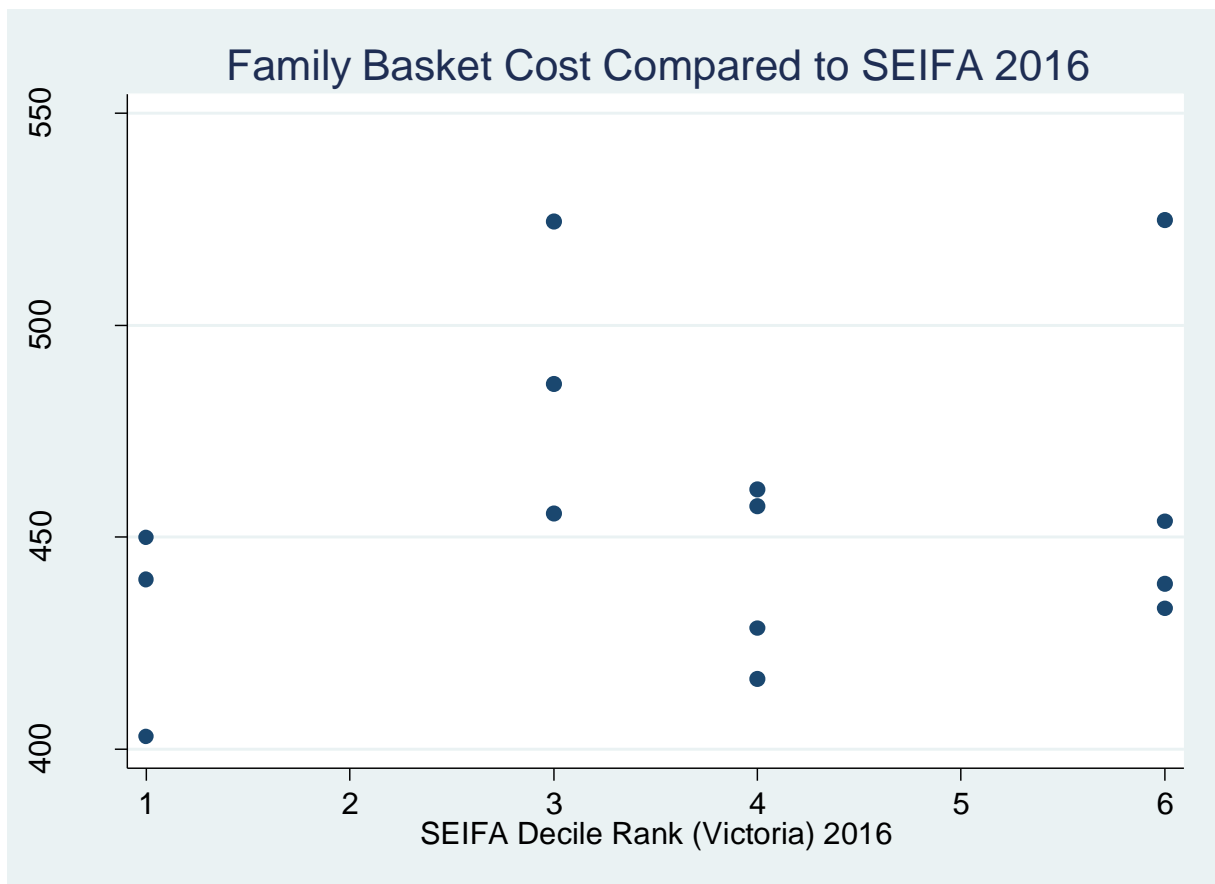
The cost of the HFB in Lower Hume has increased over six years for all family types.

Table 6 Number of stores per SEIFA Decile Rank

SEIFA Decile Rank	2013	2016 (Australia)	2016 (Vic)
1	0	3	3
2	4	0	0
3	0	0	3
4	1	7	4
5	3	0	0
6	3	4	4
7	2	-	-

Regarding 2016 data, more stores are located in areas with a higher SEIFA ranking.

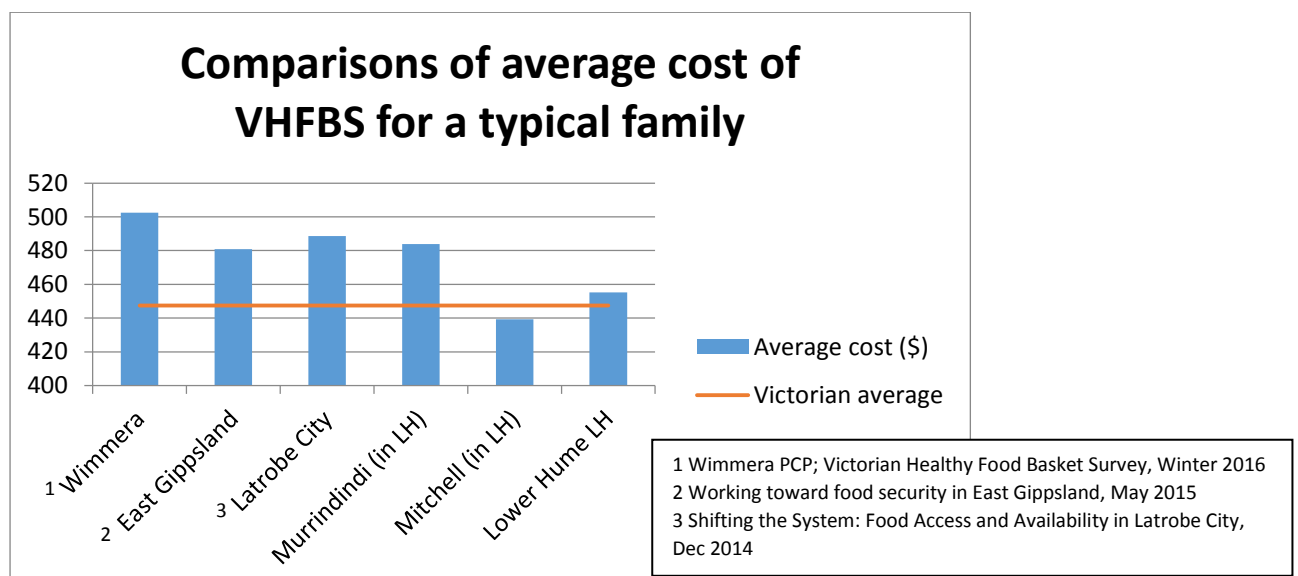
Graph 2



$r = 0.21$ (Pearson's Correlation coefficient)

In 2016, the association between SEIFA Decile Rank (Victoria) and basket cost (Typical Family) is modestly positively correlated. Therefore, as the SEIFA Decile Rank increases, so does the basket cost. However $p = 0.48$, therefore these results are not statistically significant.

Graph 3 Comparison with other regional areas shows that Lower Hume is below their average costs, but Murrindindi remains similar.



1 Wimmera PCP; Victorian Healthy Food Basket Survey, Winter 2016
 2 Working toward food security in East Gippsland, May 2015
 3 Shifting the System: Food Access and Availability in Latrobe City, Dec 2014

DISCUSSION

This report outlines the continued focus of the LHPCP IHP Collaborative efforts on Healthy Eating, to advocate for food security and keep informing the sector, providing broader access to knowledge and evidence based information.

The report provides information on supermarket prices for the VHFB in the Mitchell and Murrindindi municipalities and the variances between the two, as well as within the areas. The chain stores average price of the VHFB continues to be less than the independent stores and as Murrindindi Shire has no chain stores they remain the more expensive municipality for purchasing the VHFB. However, interesting to note three of the independent stores were in the top 7 cheapest supermarkets and one of the Murrindindi independents was in the top 3.

The difference in population of the two municipalities would be an interesting variable to closely analyse. In Mitchell there are more supermarkets and therefore we would assume more competitive pricing. There are 3 additional Aldi supermarkets in Mitchell that we chose not to include. Smaller and more rural supermarkets have less turnover, higher supply costs and lower buying and influencing power which may all effect cost. Not surprisingly, in a recent survey report, Murrindindi and Mitchell parents were asked 'How Far Do You Travel To Get Fresh Fruit and Vegetables?' and nearly 20% responded 50 to 100km's (Primary School Healthy Eating Surveys Findings Report July 2016).

The variance from the cheapest VHFB supermarket to the most expensive supermarket is large (see Table 4). In Mitchell the variance between supermarkets is \$63.56 and Murrindindi \$93.89. Overall the biggest difference is \$121.93 – 30% more at the most expensive supermarket.

The findings show the cost of the VHFB has continually increased over the 3 surveys for all family types (in the 6 year timeframe) but fortunately so have Centrelink payments and just slightly more than the cost increase. For a Typical Family, Single Parent Family and Single Male it's just less than 2% income difference over the 6 years (see Table 5). Regardless, a third of a family's Centrelink income is high and unaffordable when considering all other essential living costs; like rent, fuel, power, health care, household services and operation, transport, clothing and footwear (ABS, 2011).

The report shows a positive correlation between SEIFA decile ranking and cost of food increasing together; however this is not statistically significant.

A study led by Monash University spanning 2012-2014, which looked at foods people "should be eating", found the further the store was from Melbourne, the higher the cost of healthy food. "The cost of food is one of the major factors influencing the choice of food, so if a healthy diet is less affordable it's something people are less likely to buy," Researcher Claire Palermo said. (Fruit and vegetables, healthy food cost more in regional Victoria: study)

Limitations of the VHFBs include differing number of outlets surveyed in the earliest study, which was a lot smaller in 2010 and makes those comparisons potentially incomplete. It's also possible the researchers collecting the information may have slightly differing interpretation of the methodology of collection and this may have a small impact on data collection. The survey ensures data anonymity for supermarkets (due to concern from some stores and price comparisons) and this makes it more difficult to make complete and relevant analysis.

CONCLUSION

The cost of the basket of healthy foods, in the HFBS, in supermarkets in Murrindindi and Mitchell has continually increased over the last 6 years. Healthy food is particularly expensive for those on Centrelink payments that have to pay up to a third of their dollars on food, when cost of living is so high. Fortunately the Centrelink incomes have increased in line with and slightly more than the increase in VHFB costs.

The variances across local government areas is quite large, with the people purchasing the basket of food from the least expensive supermarket paying nearly a third less than those at the most expensive supermarket. Independent supermarkets in the more rural areas on the whole continue to be more expensive than the chain supermarkets.

Some of the recommendations from the previous report (2012-2013) have been actioned and will be recommended to continue. This report reinforces the importance of enabling people to access affordable healthy food and is imperative in our local government areas to ensure healthy communities.

RECOMMENDATIONS

Recommendations for future actions to increase food security in Lower Hume have not changed significantly since the last report. The recommendations from this report are:

- Distribute a thank-you letter to participating supermarkets with their store average and a copy of the full report.
- Investigate the use of food policies and other elements of the food system and how they work together, supporting the use of local food systems.
- Disseminate to Local Government and media to inform, increase awareness and consider ways to help the community to eat healthier; food hubs, community gardens, LG planning etc.
- Utilise this report to advocate for food security in Lower Hume and to inform future planning.
- Utilise report to apply for funding to implement food security interventions.
- Continue to implement VHFB to monitor costs over time.

REFERENCES

2013 LGA profile – Vic Population Health Survey 2011

Wilkinson RG, Marmot MG. Social determinants of health: the solid facts: World Health Organization; 2003

ABS, 2011

Fruit and vegetables, healthy food cost more in regional Victoria: study - <http://www.abc.net.au/news/2016-03-31/rural-victorians-paying-more-for-healthy-food/7285482>

Healthy Food Basket Survey in Lower Hume Region report 2010

LHIHP IHP Plan 2013-17

Lower Hume Primary Care Partnership Victorian Healthy Food Basket Report 2012-2013

Pattieson, D, Palermo, C, 2010, *Summary of 2010 healthy food basket data across various local government areas in Victoria*, Monash University, Department of Nutrition and Dietetics

Primary School Healthy Eating Surveys - Findings Report July 2016

Wimmera PCP; Victorian Healthy Food Basket Survey, Winter 2016

Shifting the System: Food Access and Availability in Latrobe City - Nikki Visser & Julia McCartan, December 2014

Working toward food security in East Gippsland - Christie Bennett, Claire Galloway, Philippa Galloway, Georgia Moore and Laura Schembri, May 2015