# Chapter 9 The Rise of Food Inequality in Australia

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## Introduction to Australia, the Lucky Country

Australia is often referred to as the 'lucky country'. In 1964, Donald Horne wrote The Lucky Country, using the term ironically to highlight that Australia was simply lucky rather than clever as it had reaped the benefits of technological, economic, social and political innovations developed in other countries who were clever (Horne 1964; Government 2015). The term 'lucky' in contemporary times is used to reference to Australia's prosperity, resources, weather, health and distance from other world problems. The hangover from the 'lucky country' tag is the reluctance to admit that even with high prosperity there are issues with social, health and food inequality that need attention. It is reasonable to expect high domestic food security in a country that is rich, conflict free and agriculturally self-sufficient (Pollard et al. 2014a) but there are hidden pockets of domestic food insecurity that are due to social disadvantage and outcomes of how the food system operates.

# Hidden Food Inequality

Food inequality is determined by the factors impacting on access to food and is particularly evident in the differences in capacity to access and utilise nutritious

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food. Food inequality is only visible when the differences in people's capacity to access food is measured. Food insecurity is the common measure of the outcome of food inequality. The contributors to food security in Australia are articulated as resulting from a complex interaction between food, the food supply as a result of the food and nutrition system and food access factors as a result of social and economic determinants (The University of Sydney, NSW Department of Health 2003). There is an evidence of policy failure and a lack of engagement in issues related to food inequality in Australia. Food security and vulnerable groups were identified in Australia's 1992 Food and Nutrition Policy, however, there has been little government investment in advancing these strategic areas since the cessation of 2000–2010 Eat Well Australia (Strategic International Nutrition Alliance 2001a, b), the national public health nutrition action plan, in 2010 and no comprehensive policy has replaced the 1992 version.

There is a view that "In Australia food is available and most Australian families have the income to afford it" (Commonwealth of Australia 2014). Ranked 15th of 107 nations on the Global Food Security Index of 2013, food security is viewed as a minor problem in Australia (Economist Intelligence Unit 2013). Although at times food and agricultural policies acknowledge that social disadvantage and remoteness lead to "pockets" of food insecurity, there are examples of these plans asserting that food insecurity is due to the lack of food affordability and access, which would require changes to social rather than agricultural policy (Department of Agriculture Fisheries and Forestry 2013).

The extent, severity and nature of food inequality or food insecurity is not routinely measured or reported in Australia (Temple 2008). Nationally about 4 % of Australians were food insecure due to financial constraints in 2012 which is considered a conservative estimate. The reported rates are significantly higher in population sub-groups, for example, 22 % of Indigenous populations. In remote areas this figure rose to 20 % of non-Indigenous Australians compared to 31 % of Indigenous Australians (Australian Bureau of Statistics 2015). Food insecurity is differentiated by economic resources (Temple 2008). Low-income earners such as single parent families' unemployed persons, people with disabilities, those with mental health issues, homeless, Indigenous, older adults and refugees are more likely to suffer from food inequality in Australia (Temple 2008; Ramsey et al. 2011; Gallegos et al. 2008).

The demand for and expansion of Australian through the charitable food sector give an indication of food inequality. Food banks, community agencies and school breakfast programs operating in Australia provide food for over 2 million people per year and this has been growing steadily (Lindberg et al. 2015). This growth has led to the emergency food relief system being referred to as an "industry" of itself (Booth and Whelan 2014).

A contributing factor to lack of problem acknowledgement is that Australian food is safe and considered relatively cheap (Australian Institute of Health and Welfare 2012). Food production exceeds population needs, with Australia producing enough to feed around 60 million people in 2010, about three times the population (Prime Minister's Science Engineering and Innovation Council 2010).

Economic development is the reason given for this overproduction, for example, Australian net exports, the difference between the value of food exports and food imports, increased by 5.3 % to \$AUD20.2 billion (Australian Government Department of Agriculture Fisheries and Forestry 2014). Australia's food price inflation of 0.5 % in 2012–13 was markedly lower than the for OECD average of 2.0 % (Australian Government Department of Agriculture Fisheries and Forestry 2014). Food inflation rates have been below the 4.4 %/year OECD average over two decades. Food inequality in Australia is relatively hidden due to the discourse associated with Australia's successful economic policies with high levels of employment and income support safety nets.

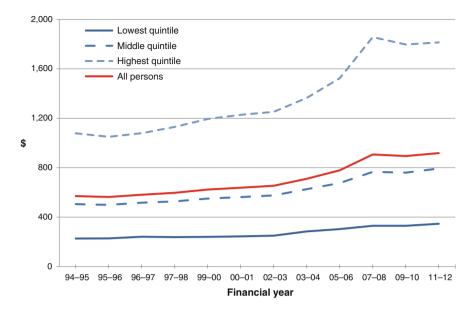
#### The Current Situation in Australia

In the absence of an integrated national food and nutrition monitoring and surveillance system, a picture of food inequality in Australia is drawn from data sources that usually report on the national average, but have been used in this section to demonstrate inequality in income, geographical issues and health in Australia by reporting by quintiles of disadvantage where available.

#### Income Inequality

A key problem in Australia is the rise in income inequality and in the number of people living in poverty. Economic growth has benefited the income poor in Australia but not the socially excluded (Smyth and Buchanan 2013). The poverty rate tends to be higher for older people than the population as a whole and higher for older women than men, the Australian old age poverty rate is 25–30 %. Between 1994–95 and 2011–12, the mean equivalised disposable household income (EDHI) increased in real terms from \$570AUD per week to \$918AUD; an increase of \$348AUD, see Fig. 9.1. Over the same period, the EDHI for households in the highest quintile increased in real terms by \$736AUD. The increase for those households in the lowest quintile was \$119AUD.

Poverty is generally defined relative to a 'poverty line', an indicator of low income, social disadvantage and hardship with those having a total income under the poverty line cut-off considered to be living in poverty (Melbourne Institute of Applied Economic and Social Research 2015). Food affordability needs to be considered in terms of people's capacity to afford food. Australia has experienced 20 years of economic growth, yet in 2012, 13.9 % of all Australians were living below the 50 %-of-median-income poverty line, after taking housing costs into account. This rate is about a third higher than the OECD average poverty level of 11 % (Australian Council of Social Services 2014). 11 % of Australians It is likely that people living below the poverty line will not have sufficient money to meet



**Fig. 9.1** Mean weekly equivalised household income for low, middle and high quintiles (a), (b). (a) In 2011–12 dollars, adjusted using changes in the Consumer Price Index. (b) Estimates presented from 2007 to 2008 onwards are not directly comparable with estimates for previous cycles due to the improvements made to measuring income introduced in 2007–2008 cycle. Estimates for 2003–2004 and 2005–2006 have been recompiled to reflect the new treatments of income, however not all components introduced in 2007–2008. *Source* ABS (2013b)

basic food needs even if they have strong household management skills such budgeting and cooking at some points in time and may become reliant on cheap and filling foods (Anglicare Australia 2012a, b).

Food prices have risen in Australia by about 20 % between 2003 and 2010, after adjusting for overall inflation. The consumer price index (CPI) for food and non-alcoholic beverages increased by 0.5 % in 2012–13, compared to average increases of 3.3 % for the decade prior (Burns et al. 2008). This is despite the Australian Goods and Services Tax (GST) which exempts fresh food and basic items in an attempt to keep these foods affordable. The food exemption is viewed as a health protection policy, particularly for the socioeconomically disadvantaged. No evaluation of the economic benefit of this tax exemption has been undertaken, however, studies routinely show that the cost of fresh food increases disproportionally to other foods and all food prices increase with geographic remoteness (Burns and Friel 2007; Pollard et al. 2015; Harrison et al. 2007, 2010; Lee et al. 1996, 2002; Ward et al. 2012).

Healthy diets are out of reach for Australian welfare dependent families (Ward et al. 2013). Capacity to access a healthy diet can be measured by the proportion of disposable household income needed to purchase a basic healthy food basket (Ketting et al. 2009; Burns and Friel 2007). Figure 9.2 shows the income disparity

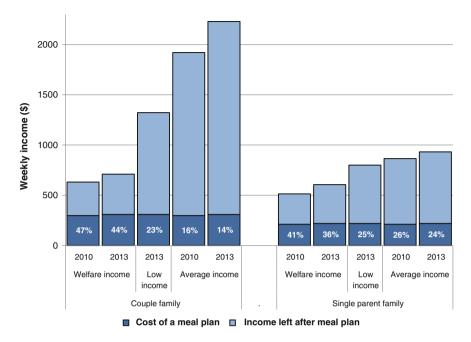


Fig. 9.2 Proportion of income required to purchase an affordable healthy meal plan, 2010 and 2013

between the average income, low income and welfare recipients in Western Australia in 2010 and 2013 based on the relative affordability of a healthy food basket to meet the nutrition needs of a family of six as described by Ketting et al. (2009), Pollard et al. (2015).

Food competes with other fixed (e.g. housing, transport, power) or unexpected (e.g. medical emergency, car maintenance) household expenses. Housing, food and non-alcoholic beverages expenditure (in that order) were the greatest proportion of goods and services costs in 2010 (website http://www.abs.gov.au/ausstats). Decreases in housing affordability leads to higher rental demand affecting availability and price, increasing homelessness and food insecurity. Housing prices over the last three decades have increase and the proportion of household weekly expenditure on food and housing has decreased (see Fig. 9.3).

Assessments of food equality based on *average income* are at best misleading. Food inequality is evident in household expenditure when the highest income quintile is compared to the lowest. Families in the lowest quintile spend a greater proportion of their household expenditure on food and housing. This is in part due to increased expenditure on housing costs and medical and health expenses as a proportion of total expenditure compared to those in the highest income category (Australian Bureau of Statistics 2010b).

Figure 9.4 shows that for 2009–10, households in the highest EDHI quintile, spend more than twice as much on housing, food and health care than households in

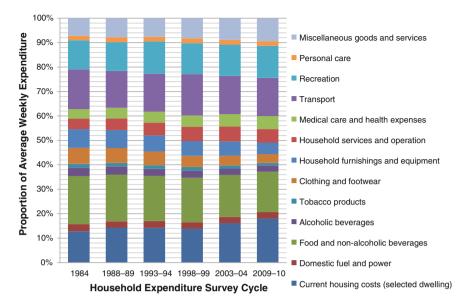


Fig. 9.3 Proportion of Household Expenditure, 1984 to 2009–10. *Source* Australian Bureau of Statistics (2010b)

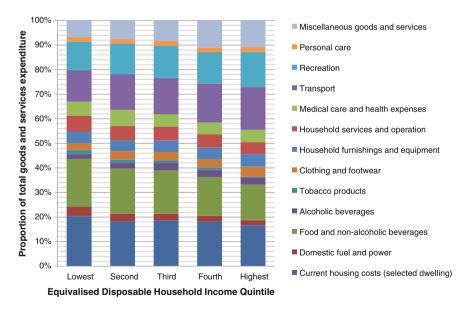


Fig. 9.4 Proportion of Household Expenditure by Quintile, 2009–10. *Source* Australian Bureau of Statistics (2010b)

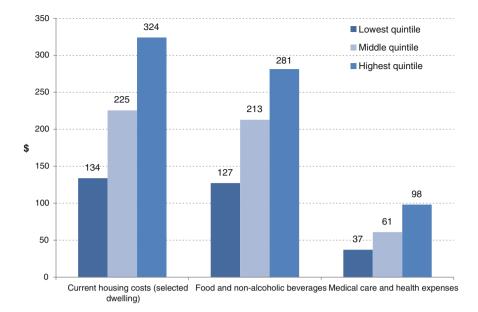


Fig. 9.5 Weekly household expenditure for selected goods and services, 2009–10. *Source* Australian Bureau of Statistics (2010a)

the lowest EDHI quintile. For households in the lowest EDHI quintile, 19.4 % of their income is spent on food and non-alcoholic beverages and 20.4 % is spent on current housing costs. For those households in the highest EDHI quintile, the proportion of their income they spend is 14.5 and 16.7 % respectively (Fig. 9.5).

#### **Geographical Inequality (The Tyranny of Distance)**

Australia's vast land mass, 7,682,300 km<sup>2</sup>, means that food availability and access are determined in part by geography. Put into perspective, Australia's land mass is about that of the United States of America and about 50 % greater than Europe, and 32 times greater than the United Kingdom (Australian Government the Australian Continent, Council of Australian Governments 2009). Australian terrain is dry, 20 % is desert with low but variable average annual rainfall. Ninety percent of Australians live in urban areas, and half the population are aged between 30 and 70 years (World Health Organization 2014).

Food prices are not routinely monitored, ad hoc state-based healthy food market basket surveys provide some affordability information. The dearth of food pricing information is of concern due to geographic uniqueness of different states and anecdotal reports of 20–30 % higher food prices in rural and remote areas (Harrison et al. 2007, 2010; Pollard et al. 2014a, 2015; Palermo et al. 2008).

This inequality between urban and remote food prices has remained unchanged for decades. Foods promoted in government dietary guidelines for health (Australian Government 2013), such as fresh fruit, fresh vegetables and dairy foods, cost more in remote areas. Transport and freight costs are major contributors to food costs in remote communities (Pollard et al. 2014a, b; Pollard 2012). The distance, delivery mode (road or barge), temperature extremes, road conditions and access issues are predictors of transport efficiencies and food quality (Pollard 2012) with supply chain efficiencies needed to reduce the cost to remote communities. The geographic inequality seen with food prices is more likely to impact on Indigenous Australians who make up a significant proportion of those living in remote areas, particularly WA and NT.

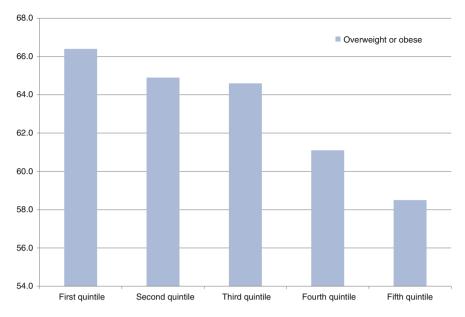
### Health Inequality

Between and within countries, health is extremely unequally divided and impacted by social and economic factors (Baum 2008). Despite Australia's wealth, there is inequality in life expectancy and illness, which is lowest in people with limited economic resources. People of low socioeconomic status are more likely to suffer disability, serious chronic illness and report only fair or poor health (McClelland et al. 1992; Turrell and Mathers 2001). There are health inequalities seen with relative socioeconomic disadvantage, based on the Australian Bureau of Statistics' Socio-Economic Indexes for Areas (SEIFA) (Australian Bureau of Statistics 2008) which includes a measure of relative area disadvantage.

Food insecurity co-exists with increase overweight and obesity, both products of economic and income related factors, shows the relationship relative disadvantage and health risk factors including obesity. The relationship between food insecurity and obesity appears paradoxical, and therefore, is complex as the solution to one will not 'fix' the other at the same time. (Troy et al.) It is likely that relying on energy-dense, nutrient poor foods which are relatively cheap compared to nutritious foods will influence health. Figure 9.6 shows the inequality in the population distribution of overweight and obesity.

# What Are the Challenges for Food Inequality in Developed Countries Like Australia?

The 'Lucky Country' discourse and the lack of recognition of the existence of inequalities in the capacity to access food as well as the subsequent health outcomes is a challenge for vulnerable Australians. Government documents communicate the belief that no one should go hungry in a wealthy country (Australian Government Department of Agriculture Fisheries and Forestery 2014). These beliefs reflect the



**Fig. 9.6** Proportion of persons who are overweight or obese by index of relative socio-economic disadvantage (a), (b). (a) Based on measured body mass index (BMI) equal to or greater than 25.0. Includes only those persons 18 years and over for whom height and weight were measured. (b) Based on the 2006 index of relative socio-economic disadvantage. *Source* Australian Bureau of Statistics (2013a)

dominant economic philosophy of neoliberalism where food policy focuses on consolidating and expanding competitive markets with economics, rather than human development as the major driver (Lawrence et al. 2013). Currently, the overriding proposition is that increasing economic growth and wealth is beneficial to health and prosperity because it results in a better standard of living, improved health care and wellbeing (Friel 2014a). Current Australian policy identifies food sustainability, affordability and insecurity as problems of social disadvantage and remoteness requiring changes to social policy rather than influencing food access through agricultural policy. To achieve food equality and therefore health equality these views must be challenged. From a public health perspective, equity is considered desirable and achievable and should be a basic objective of social and economic policy (Baum 2008).

Australia has a contemporary social ethos of a 'fair go' for all. Applying a social justice lens to food and agriculture policy decision-making processes may compel change. Baum (2008) notes that equality policy is about 'sameness' rather than 'fairness' which is the aim of equity policy however that both aim to ensure fair treatment (Baum 2008). Achieving food equality in Australia requires health, social justice, and environmental protection as policy drivers and outcomes. Political leadership, courage, progressive public policy, social action and a sound evidence base are required to address health inequalities (Friel 2014c).

Research suggests that the key drivers of public health are across diverse government policy portfolios (Carey 2014). While the responsibility for managing the impact of food inequality lies with the health sector, the food policy responsibility lies with external agencies such as Agriculture, Trade, Transport and Finance (Pretty et al. 2010). Strong political will, collaboration and a coordinated approach across many sectors is needed to reorient the food system using a whole-of-government approach (Carey and Crammond 2015; Public Health Association of Australia 2011). The Australian Government's now defunct Preventative Health taskforce called for a multi-faceted multi-sector response to obesity in its optimistic *Australia: The Healthiest Country by 2020* report including transport subsidies to ensure healthy, affordable foods are accessible across Australia (Government 2009). Traction in initiating whole-of-government approaches in Australia is yet to be achieved. At present governments appear to have left solutions to food inequality to the charitable food sector.

There is increasing income inequality and even middle income families who experience income reductions (i.e. through job loss) or who have high living expenses may experience food insecurity (Anglicare Australia 2012a, b). Social policy reforms are progressively shrinking the social safety net, rather than building the active, integrated and balanced social policy program that has contributed to Australia's economic development (Friel 2014a). Australians are protected by a social security safety net with an established basic floor of universal social protection including education assistance, unemployment benefits, universal health care and welfare assistance for vulnerable groups Australia Government (2015). Social services protect citizens through life cycle vulnerabilities (the young, mothers, elderly) and those due to disability, loss of employment, homelessness. Traditionally viewed as relatively robust, these protections are being challenged by neoliberalism where consolidating the market is the arbiter of economic and agricultural, policies (Lawrence et al. 2013).

Australians residing in remote Indigenous communities are more susceptible to food insecurity and provide an insight into the challenges of achieving food equality (Australian Institute of Health and Welfare). Government policy to reduce the impact of food insecurity and poor health among Indigenous Australians has been extensive (Pollard and Bornman 2012) and at times strong political led to regulatory efforts, for example community stores licencing to increase the supply of food as in the Northern Territory's Emergency Response Act in 2007 (NTER) (Australian Government 2009). Reports on the NTER acknowledged that it did not do enough to improve the affordability of foods. The 2009 Food Security in remote indigenous communities strategy aimed to improve both the supply and demand for nutritious foods in remote Indigenous communities to address health disparities (Council of Australian Governments 2009). This initiative applied learnings from the NTER store licensing along with nutrition promotion and workforce interventions, however, political changes led to a loss of intention and support for these interventions. Social policy such as income management quarantine a proportion of

welfare payments for allowable purchases, e.g. food, whilst banning products, such as tobacco and alcohol (Brimblecombe et al. 2010), with conflicting results, a range of benefits were reported by some government reports (Australian Government 2009) while others suggested limited impact and questioned the value for those most at risk (Brimblecombe et al. 2010; Farrell 2011).

Policy decisions are hampered by the lack of evidence on food inequality and its impacts. The Committee on World Food Security of the Food and Agriculture Organisation of the United Nations calls for countries to map and review food security and nutrition actions (Committee on World Food Security (CSF) 2011). Routinely reporting requirements on the health and social impact by applying food inequality assessments of all government policy would make the issues visible. Measurement and policy are inextricably linked since lack of data is likely to lead to policy inertia. Policy evidence must be of a high standard, take a strategic perspective and compelling to be effective (Henry 2007). With no routine monitoring of issues like food and nutrition security it is difficult to build evidence to challenge the status quo (Seal 2004). Monitoring food price and quality provides evidence for social policy reform such as increasing the minimum wage arguments (West Australian Council of Social Services 2013). Australian food statistics currently do not report on the human, social and environmental impacts of food such as reported by some countries (Department for Environment Food and Rural Affairs 2014; Barosh et al. 2014).

The challenges outlined indicate Australia is not the lucky country for all citizens. Australia cannot afford to rely on luck to achieve healthy food for all and we have the capacity to be clever in policy efforts to reduce food inequality. These challenges continue to be the basis for public health authorities' advocacy for an Australian food policy vision of "*a safe, nutritious, affordable, secure and environmentally sustainable food system accessible to all Australians for health, wellbeing and prosperity now and into the future*" (Public Health Association of Australia 2011, 2012). The ultimate call to action is for "the Federal Government to take responsibility and to be accountable for a healthy, sustainable and fair food system".

## **Conclusion: Issues to Consider**

How to public health practitioners influence policy to consider the value of putting people first in food policy decision. The notion of food for all.

What would a comprehensive Food and nutrition monitoring systems that report on food inequality look like?

What role does government have in reduced geographic inequality in food access and availability and what are the best policy instruments in which to achieve this?

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