

The 2000 Healthy Food Access Basket (HFAB) survey is a cross-sectional survey of the costs and availability of basic food items and some more healthy food choices in Queensland. For comparison, the survey also includes costs of some less healthy purchases such as tobacco and take-away food items.

Healthy food is essential to good health and access to healthy food is often taken for granted by those who live in cities or large towns, but is not always easy to achieve in remote locations. This difference in food cost and availability is a cause of great concern due to the potential negative nutrition and health consequences. In Queensland in 1996 those living in non-metropolitan areas experienced higher mortality rates than those in metropolitan areas (15% higher for men and 9% higher for women).

There is evidence that the 'cost of living', including the cost of basic foods, is higher in remote and rural areas. This difference in the cost of basic foods has also been shown by previous surveys in Queensland as well as Tasmania, Western Australia, South Australia and the Northern Territory. However, this is the first time that costs and availability have been described in terms of remoteness/accessibility as measured by Accessibility & Remoteness Index of Australia (ARIA) (see map). The survey was carried out in a selected sample of stores in different ARIA

categories across Queensland. This report also includes comparisons of food costs increases over two years, for a sub-group of stores which were also surveyed in 1998.

The results of the 2000 survey confirmed that people in rural and remote areas do pay more for basic healthy food than those living in urban and metropolitan regions. Unexpectedly, fruit and vegetables were less affected by remoteness/accessibility than other food groups, with the price of meat and meat alternatives, and dairy food groups being the most affected. There was a greater inequality in the cost of vegetables in north Queensland than other parts of the state. Tobacco and take-away food costs also increase with remoteness but the increase in cost of these items is less than the increase in cost of healthy food.

Since the 1998 HFAB survey, food prices in very remote stores increased less than the Consumer Price Index (CPI) for food, but price increases in remote stores were higher particularly for fruit and vegetables. However for *very remote* locations, the overall HFAB cost remains on average 31% higher than in stores in the *highly accessible* ARIA category (with one location recording a price that was 56% higher).



Healthy Food Access Basket 2000 contents

HFAB survey



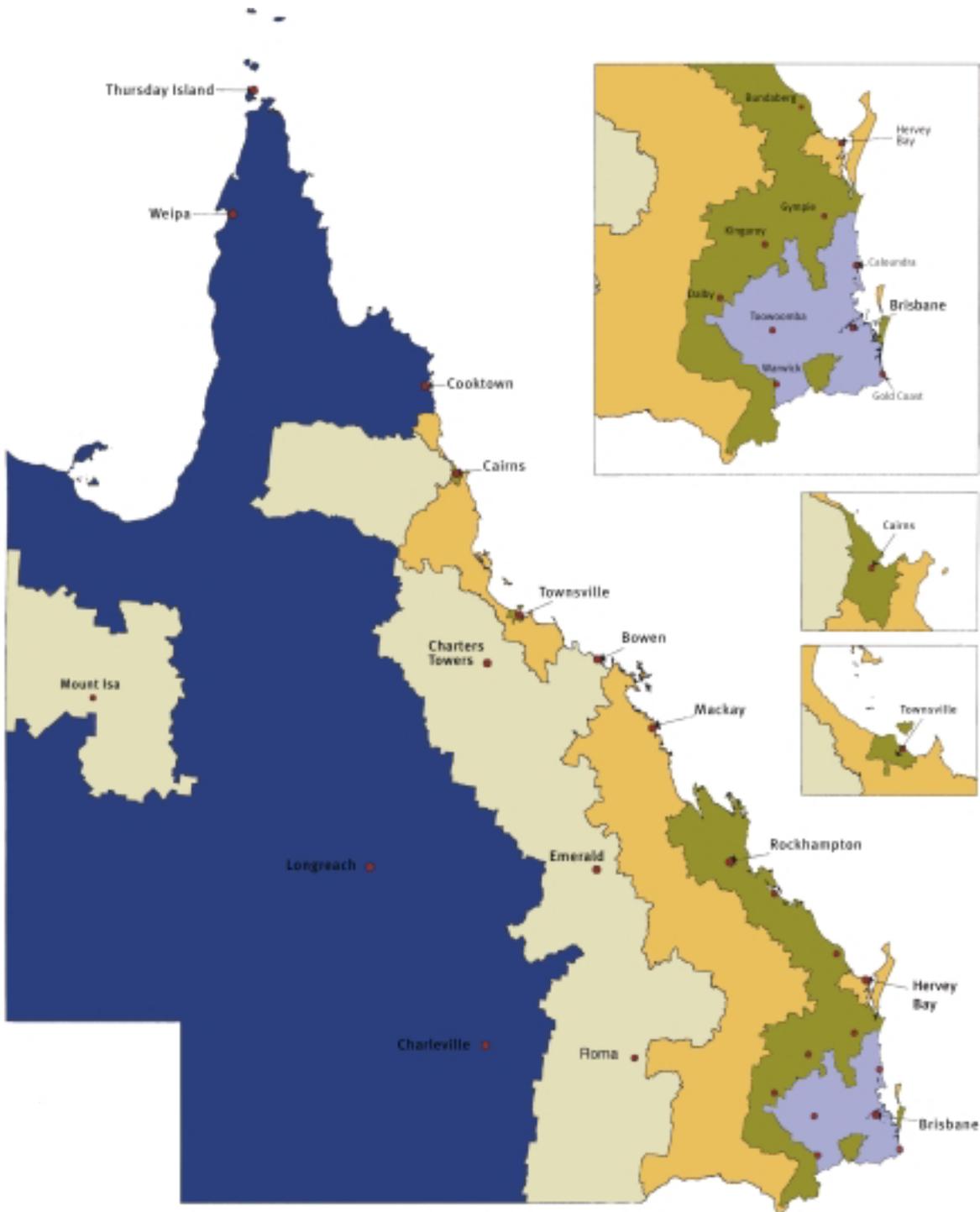
Availability was also a problem with a number of basic food items not available for purchase at any given time (approximately 12% in very remote and 9% in remote stores). In addition, stores in these locations had the lowest variety of fresh vegetables and fruit and a limited range of better nutritional choices available at the time of the survey

Small retail outlets selling perishable food products in small or isolated communities face many challenges including the difficult logistics of transport and the high overheads associated in maintaining buildings, equipment and stock in remote and very remote locations.

Most of the factors that contribute to high costs and limited supply in these locations lie outside the health sector and require commitment and partnerships across a range of sectors to address the identified problems. But food security remains a key concern for the health sector. To reduce inequalities in health, individuals, families and communities need access to food consistent with dietary guidelines. Where there are barriers to making healthy food choices, the health sector has an important role in identifying these and raising awareness.

Recommendations

1. This study confirms that disparity exists in access to basic healthy food in terms of cost and availability, between metropolitan areas and remote and rural areas in Queensland. Disparity in food cost underpins disparity in health status. Addressing this issue requires the collaboration of several stakeholders including government and those who play a role in food production, distribution and retailing. It is recommended that Public Health Services develop a communication strategy to target key stakeholders and promote further action.
2. Experience has demonstrated that an improved supply of healthy food will lead to improved sales. Strategies to improve storage and display conditions for fresh produce in remote stores should be identified and implemented. These strategies could include support to upgrade infrastructure as well as skills and knowledge of staff. This process could be informed by the experience of the Queensland Department of Aboriginal and Torres Strait Islander Policy and Development Retail Stores Unit. The fresh food industry representative groups (eg. Queensland Fruit and Vegetable Growers, Australian Horticultural Industry) and retailer organisations may be interested in participating in such an initiative.
3. Initiatives to improve access to healthy food should be matched by strategies to promote healthy food choices in remote and rural areas, to ensure that improved supply is met by consumer demand. Queensland Health has the opportunity to lead in this respect by participation in the planned national promotion of vegetables and fruit, which will support food supply and promotion initiatives. In addition, community level programs and health promotion initiatives such as Health Promoting Schools, Lighten Up to a healthy lifestyle, Healthy Weight Program and FoodCent\$ can contribute to food selection skills and encourage preference for healthy food.
4. Food supply monitoring can provide the basis for advocacy by assisting in highlighting disadvantaged areas to government and intersectoral partners who have the ability to influence the food supply. Ongoing monitoring of access to basic healthy food should occur at national level and also should continue statewide within Queensland.



ARIA Categories

- Highly Accessible ■ Accessible ■ Moderately Accessible ■ Remote ■ Very remote

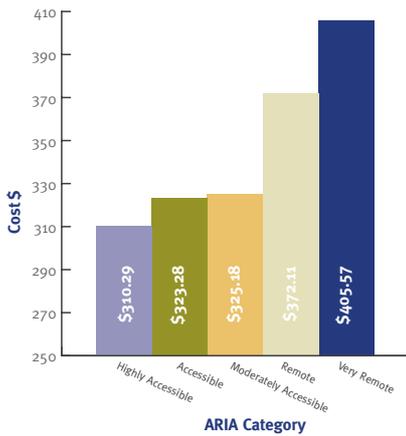
Results

COST

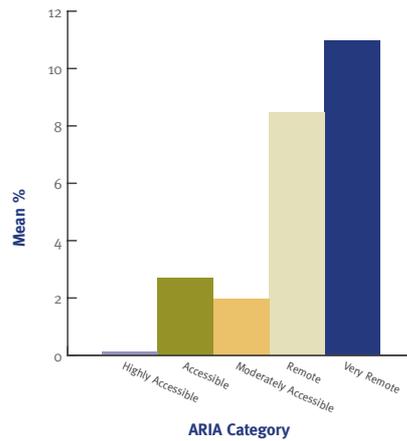
AVAILABILITY

COST CHANGES

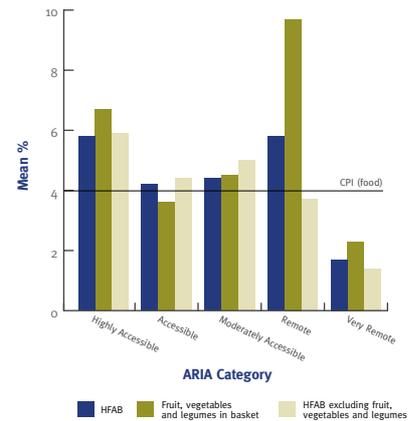
Healthy food access basket (HFAB)



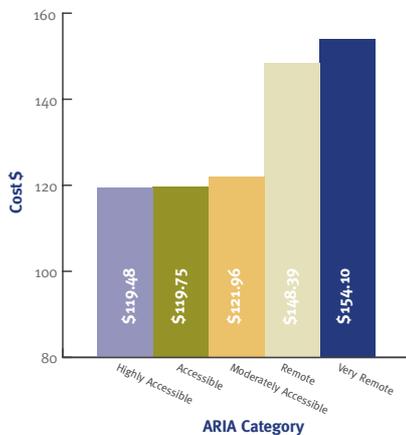
Percentage of missing HFAB items per store (n=44)



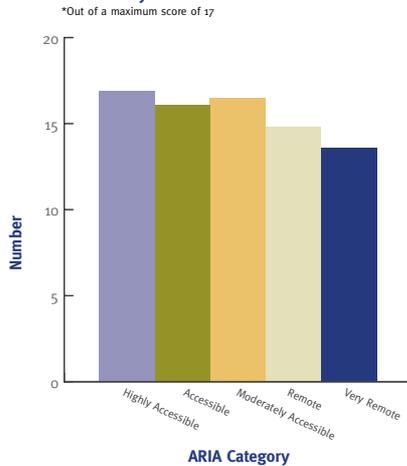
Percentage change in cost of baskets from 1998 to 2000 in paired stores (n=59)



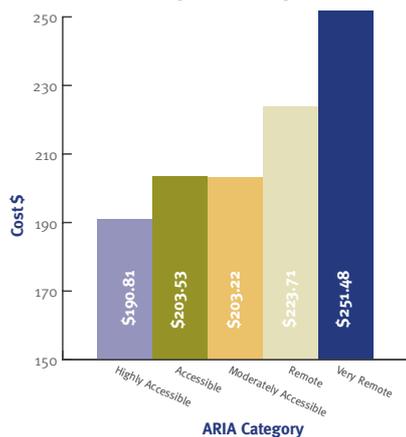
Fruit, vegetables & legumes in basket



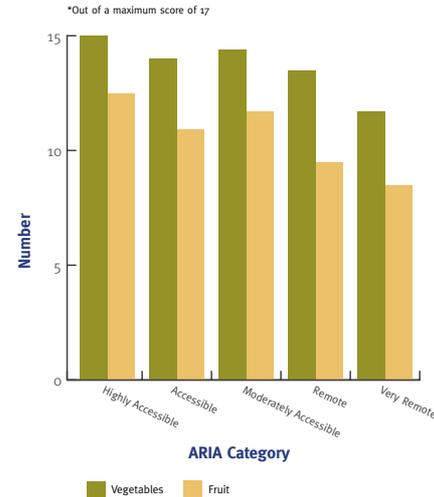
Availability of better nutritional choices in store*



Healthy food access basket (HFAB) minus fruit, vegetables & legumes



Variety of most common fresh vegetables & fruit available in stores*



The results presented here include the cost of the Healthy Food Access basket in different ARIA categories, information on availability of basic foods and more healthy choices and information on changes in costs since the 1998 survey.

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