MAPPING FOOD RELIEF SITES AND SERVICES IN THE NEPHU CATCHMENT: A SUMMARY

AUGUST 2024

NEPHU
NORTH EASTERN PUBLIC HEALTH UNIT

Introduction

The North Eastern Public Health Unit (NEPHU) is one of nine local public health units (LPHUs) operating across Victoria, covering 12 local government areas (LGA) across the northeast region of metropolitan Melbourne. In partnership with the Victorian Department of Health, NEPHU works collaboratively to improve the health and wellbeing of 1.81 million people living within the catchment through health promotion, prevention and protection activities (1).

NEPHU aims to achieve:

"healthy people, healthy places and a healthier tomorrow".

In pursuit of this vision, NEPHU is engaged in a number of projects to improve healthy eating in the catchment, a key priority area identified in the 2023-25 NEPHU Population Health Catchment Plan (1). A pressing issue regarding this priority area is the growing prevalence of food insecurity within the catchment. In response, and as part of its Population Health Catchment Plan, NEPHU recently completed a project to gain a deeper understanding of the impact of food insecurity in the NEPHU catchment and identify key intervention areas for future work. The objectives of this project were to:

- Systematically assess the prevalence of food insecurity,
- Comprehend the existing landscape of food relief services,
- Gain insight into the current experience of food relief providers.

The ‘Mapping Food Relief Sites and Services in the NEPHU Catchment’ project involved a literature and desktop review to develop a broad understanding of food insecurity, the mapping of food relief services available within the NEPHU catchment, and the distribution of an online questionnaire to food relief providers. This document provides a summary of the key findings from this work, in the following sections:

1. Food Insecurity – Definition, Impacts & Food Relief
2. The Prevalence of Food Insecurity in Victoria
3. Mapping of Food Relief Organisations across the NEPHU Catchment
4. Food Relief Organisations Online Questionnaire Results

1. Food Insecurity

Food security can be defined as:

"a situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life" (2).

Access to adequate food and being food secure has been recognised as a fundamental human right (3,4). The concept of food security is multi-dimensional, encompassing food availability, food accessibility, food utilisation, stability, agency and sustainability (5,6). A deficit in any of these dimensions can result in food insecurity. Experiences of food insecurity can range in severity, from the experience of anxiety that food will run out (marginally food insecure), to a reduction of the quality, variety and amount of food consumed (moderately food insecure), to regularly skipping meals or going without food at all (severe food insecurity) (Figure 1)(6).

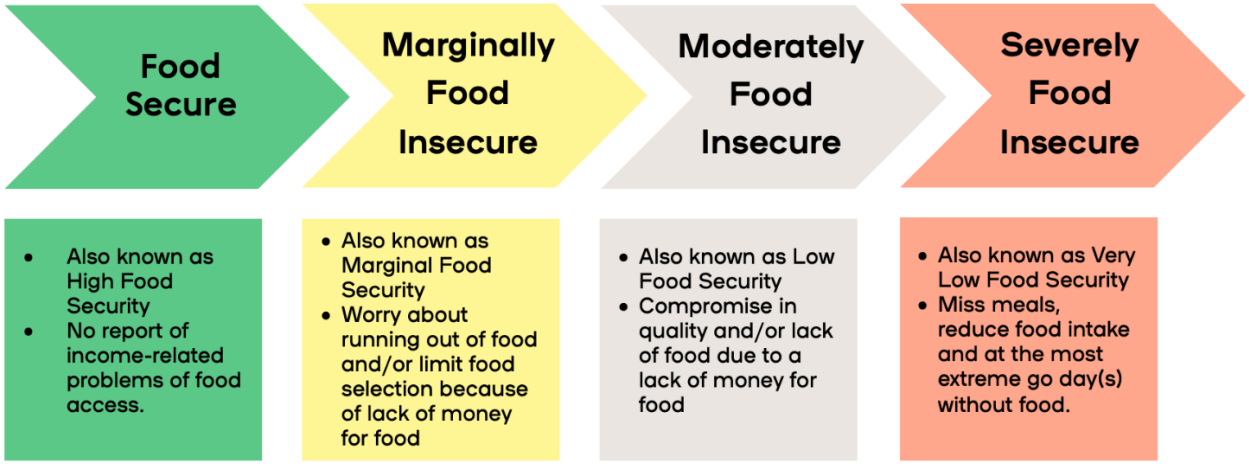

Figure 1: The spectrum of severity of food insecurity. *Adapted from the Household Food Security Data Consensus Statement (6).*

Food insecurity is commonly associated with lower consumption of vegetables and wholegrains, and higher consumption of sugar-sweetened beverages (SSBs) and ultra-processed foods (UPFs) (7–9). Poor quality diets, such as those high in SSBs and UPFs, are now one of the leading risk factors associated with the rising burden of overweight and obesity, and diet-related non-communicable diseases (NCDs) (10–12).

The repercussions of food insecurity on physical and mental health are far-reaching, impacting individuals, households, and society as a whole (2,4). At an individual level, food insecurity can impact physical health by increasing the risk of malnutrition, weight loss or gain, diet-related NCDs, such as diabetes and hypertension, and developmental delays in children (8,13,14). Food insecurity can also impact mental health by causing high levels of stress and anxiety, and contributing to social isolation (8,13,14). Population groups at greater risk of experiencing food insecurity and its impacts include individuals facing financial hardship, single-parent families, people experiencing homelessness, Aboriginal and Torres Strait Islander peoples, and culturally and linguistically diverse groups, such as refugees and asylum seekers (13). Furthermore, at a societal level, food insecurity can result in reduced workforce productivity, increased healthcare costs and in extreme situations, civil and political turmoil (4,15).

In Australia and other high-income countries, the dominant response to food insecurity has traditionally been direct food provision of rescued and/or surplus food by charitable or voluntary agencies through emergency food relief services (16,17). However, despite continued growth within the food relief sector, food insecurity rates have only increased (18), an issue exacerbated by the recent COVID-19 pandemic and current cost-of-living crisis (13,19,20). According to Foodbank's 2023 'Hunger' Report, 3.7 million households in Australia experienced moderate to severe food insecurity in the last year, with many new population groups seeking food relief for the first time (19). The most common reason reported for food insecurity was the rising cost of living, with food becoming a 'discretionary' spend within many household budgets. As a result, households experiencing food insecurity are opting to buy fewer fresh fruits and vegetables as well as protein, and/or substituting these items with more affordable options such as frozen or canned produce as a way to cope (19). Additionally, shifts in the type of food relief preferred may reflect the changes in the profile of food insecure populations, with preferences shifting away from pre-prepared meals, and towards food vouchers and self-service food relief services (19). Unfortunately, feelings of embarrassment and stigma remain key barriers preventing food-insecure individuals and households from accessing food relief services (19).

The remainder of the report will take a more localised approach to food insecurity, describing food insecurity data at the state, LPHU and LGA levels.

2. Prevalence of Food Insecurity in Victoria

In Australia, food insecurity is not consistently or frequently measured, with research suggesting the reported prevalence of food insecurity is likely a significant underestimation (6). Current food insecurity data is limited as it does not differentiate between the severity of food insecurity (marginal, moderate, severe), instead capturing food insecurity prevalence using short tools comprising of one or two questions (6).

Despite its likely underestimation, recent data from the 2022 Victorian Population Health Survey results indicated a substantial increase in the proportion of Victorian adults experiencing severe food insecurity between 2020 and 2022 (18). The survey, which defines severe food insecurity as the 'proportion of adults who ran out of money to buy food in the last 12 months', reported an increase from 5.9% in 2020, to 8.1% in 2022 (a 37% rise) (18). This upward trend (Figure 2) paints an alarming picture of the number of Victorian adults experiencing severe food insecurity, with the rate more than doubling between 2014 (3.6%) and 2022 (8.1%) (18).

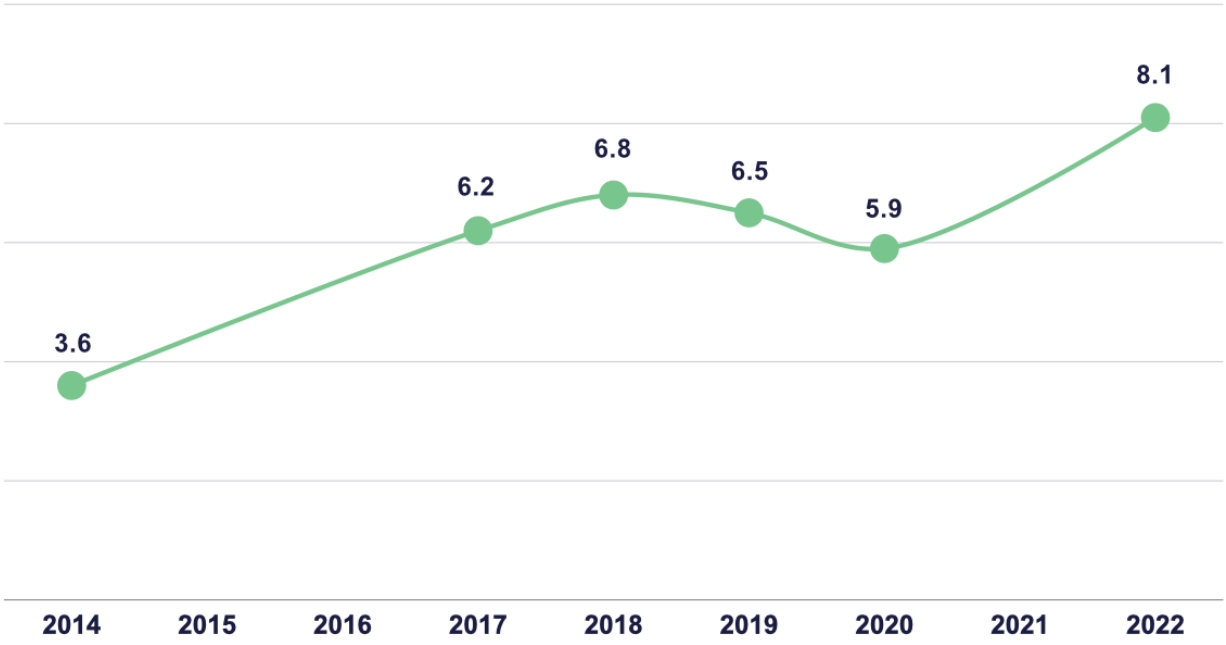

Figure 2: Prevalence of severe food insecurity (%) in Victoria from 2014 - 2022. *Source: Victorian Population Health Survey.*

In 2022, the prevalence of severe food insecurity among the NEPHU catchment population (8.2%) was very similar to the overall prevalence in Victoria (8.1%). However, this uniformity is not replicated among LGAs. The most recent available data at the LGA level (2020) suggests significant variation between LGAs within the NEPHU catchment, with the proportion of adults experiencing severe food insecurity ranging from 3.1% in Whitehorse to 10.0% in Whittlesea (Figure 3). Notably, Whittlesea (10.0%), Yarra Ranges (8.0%), and Knox (5.6%) saw the highest rates of severe food insecurity in 2020. Data collected in 2023 (once available) will provide a more up-to-date picture of food insecurity in LGAs across the NEPHU catchment.

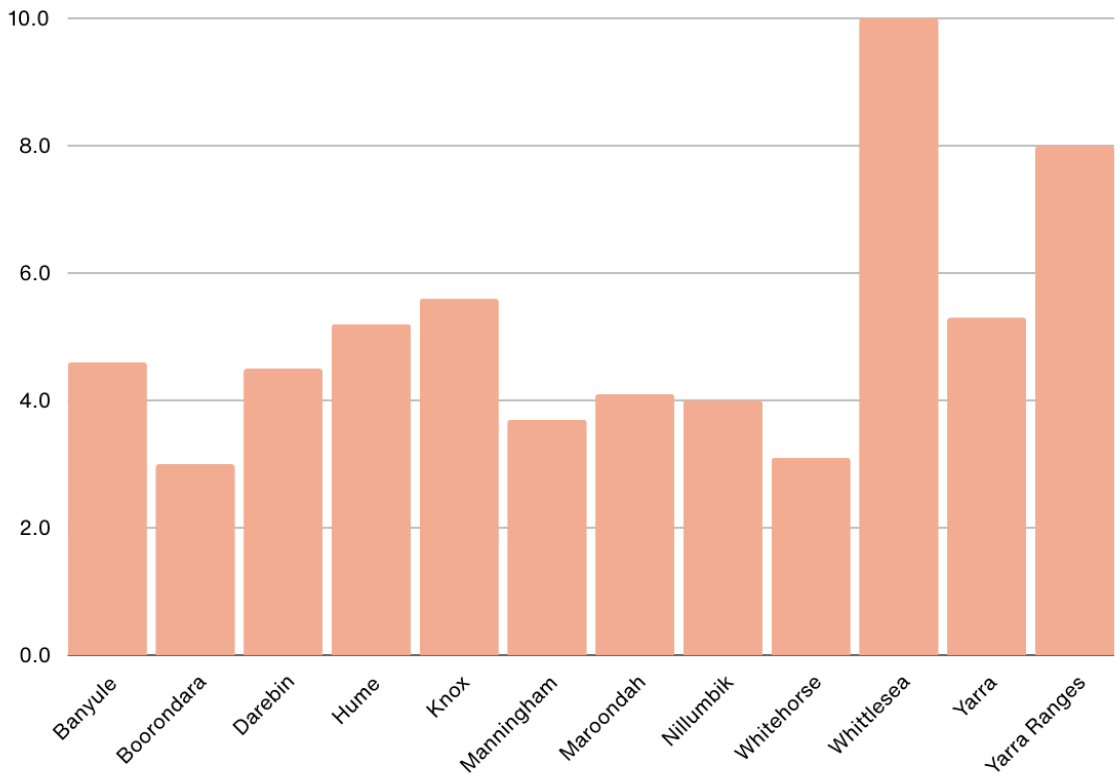

Figure 3: Prevalence of severe food insecurity (%) across the NEPHU catchment in 2020 by LGA. *Source: Victorian Population Health Survey 2020*.

3. Mapping Food Relief sites in the NEPHU Catchment

Victoria currently lacks a single comprehensive database detailing food relief services to aid food insecure individuals and households in locating services suitable for their needs. To address this area of need within the NEPHU catchment, a desktop review was conducted to locate and distinguish food relief providers, services, and initiatives operating within the NEPHU catchment.

Food relief providers were identified through local council websites, a general Google search, the food relief engine 'Ask Izzy' and by entering suburbs within each LGA into the Foodbank's 'Find Food' website. Additional food relief providers were identified via emails sent to 13 community centres, 12 local councils, and major food relief charities, including FoodBank, OzHarvest, Second Bite and FareShare. This data was collated into an Excel spreadsheet containing details regarding name, address, contact information, accessibility criteria, and type of food relief service.

A total of 238 food relief providers were identified (see appendix A for a breakdown of the number of food relief providers by LGA and suburb) and mapped by location across the 12 LGAs to provide a visual representation of food relief services available in the NEPHU catchment (Figure 4).

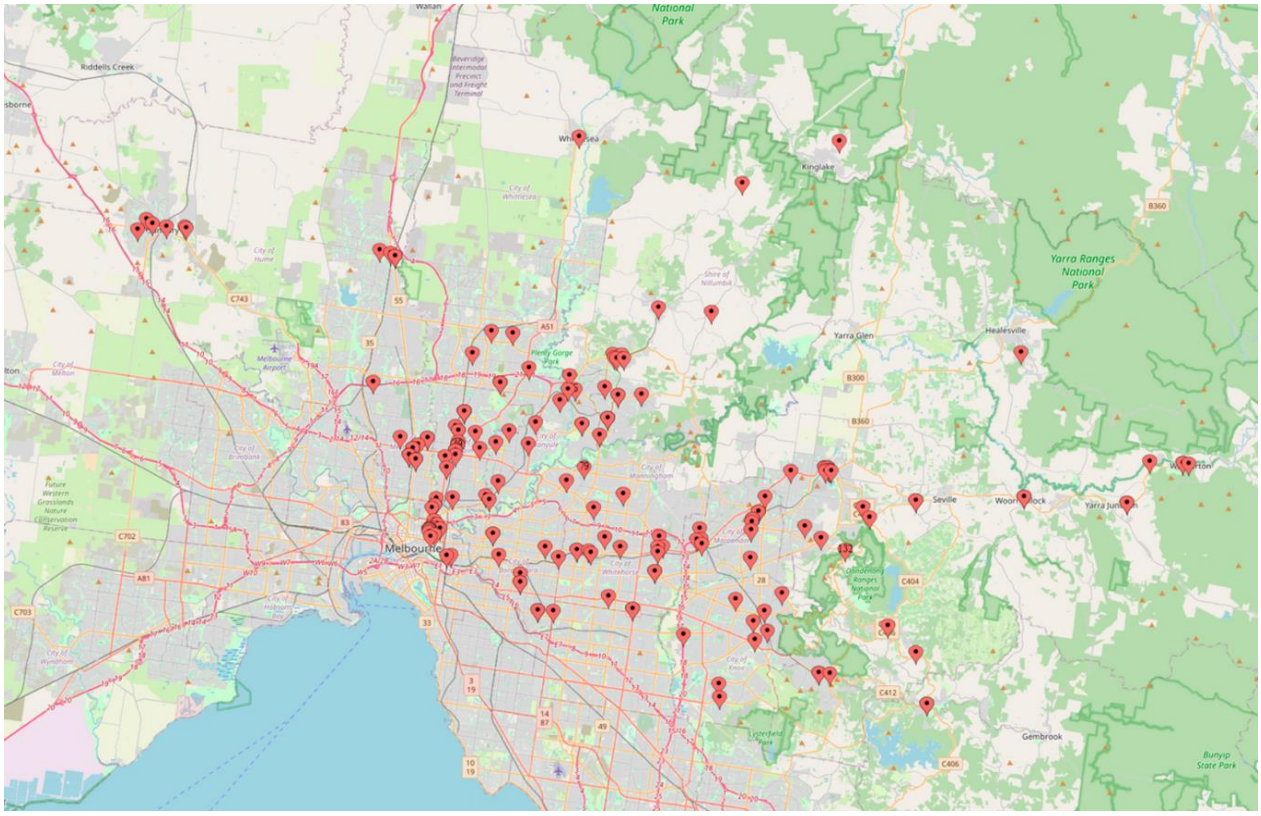

Figure 4: Food Relief Providers mapped across the NEPHU Catchment

Key findings

- The highest number of food relief providers were located within the Yarra Ranges (n=56), Darebin (n=41) and Yarra (n=31) (Figure 5).
- Most food relief providers (n=115) required individuals to be experiencing some form of disadvantage to be able to access their services, however a small number were universally accessible (n=20).
- The most common services provided were food parcels (n=142), followed by communal meals (n=69) and the provision of food vouchers (n=23).

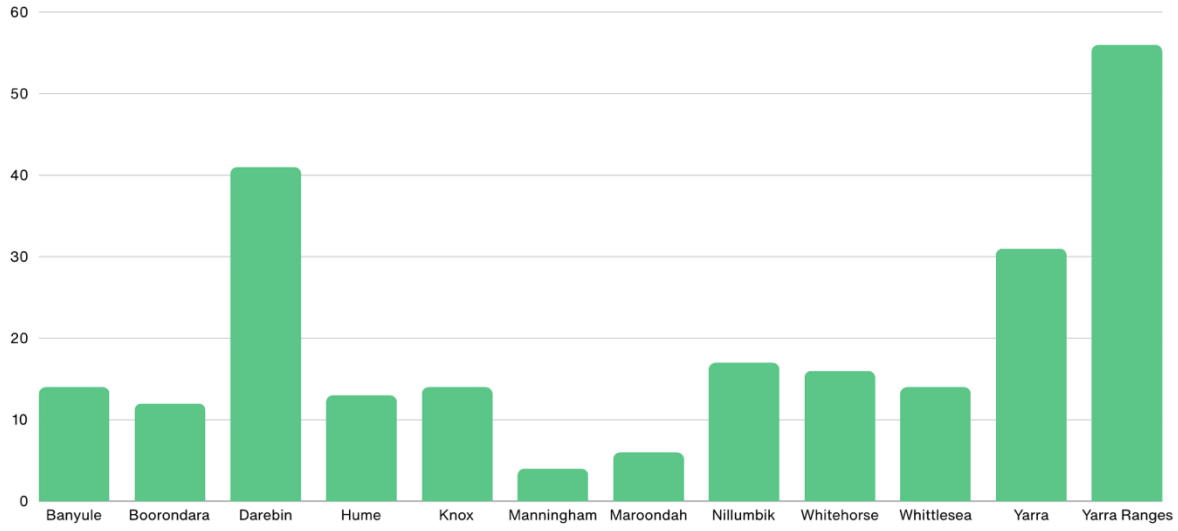

Figure 5: Number of Food Relief Organisations Operating within each LGA

NEPHU is currently exploring the potential for transforming this information into an interactive map database.

Limitations

Despite an extensive desktop review, and the identification of several additional organisations not listed online through email communication with external stakeholders, further food relief organisations may have been missed during the search process due to limitations within the search tools and availability of information. Additionally, the data recording did not capture the overall volume of food relief provided by food relief services, such as the number of food insecure individuals and households they aid, or the volume of surplus food they are handling on a weekly basis. And so, whilst these numbers indicate how many services are available within each catchment, it does not necessarily indicate the overall volume of food relief being provided within each LGA.

4. Food Relief Organisations Online Questionnaire Results

In February 2024, NEPHU invited 157 food relief providers to complete an online questionnaire *"Strengthening Community Support: Survey for Food Relief sites within the North Eastern Public Health Unit catchment"*. The survey collected information about the organisation's characteristics, such as the types of food relief services offered and eligibility requirements, as well as qualitative questions about perceived barriers and facilitators to current food relief operations and their current capacity to meet community needs (see Appendix B for survey questions). The Microsoft Forms survey was distributed to the 157 food providers identified by the mid-way point of the project via email. Of the 157 questionnaires distributed, 22 responses were received (see appendix C for responses received by LGA). The highest number of respondents were located within Darebin (n=5), however no responses were received from any food relief providers in three LGAs.

Key Findings

Organisation Characteristics

- Among respondents, the most frequent type of services provided were **food parcels** (n=18), **baby products** (formula, infant friendly food products sanitary Items) (n=15) and **education** (n=13) (Figure 6).
- The most common type of food provided within the **food parcels** were **fresh produce** (n=11) and **pantry items** (n=9) (Figure 7).
- The majority of respondents provided food relief that was **entirely free** (n=21;95%).
- **Half** (n=11) of the respondents provided food relief services with **no eligibility requirements**, whilst a third (n=7) required individuals to identify as experiencing financial hardship.

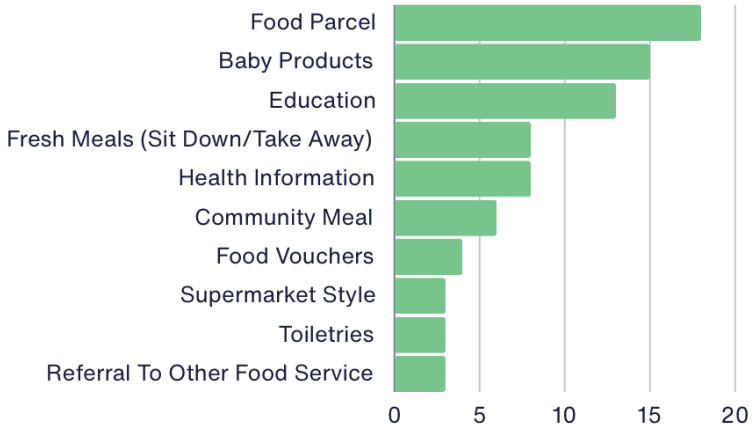

Figure 6: Type of Services Offered by Food Relief Providers

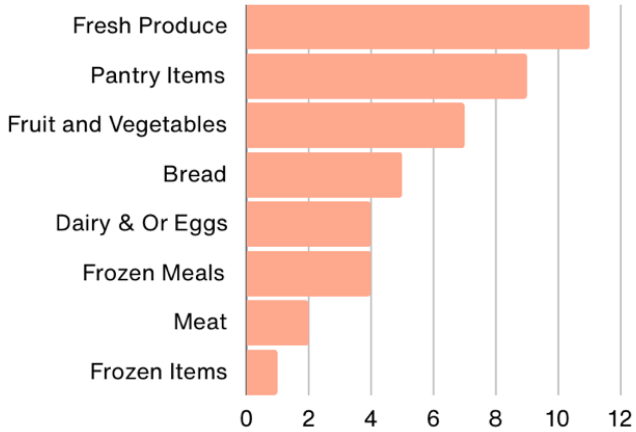

Figure 7: Type of specific food included in food parcels

Barriers and facilitators for providers

- The most commonly perceived barriers impacting food relief operations were a lack of volunteers (n=9), increasing demand for food relief services (n=9), and rising operational costs (cost of food) (n=8) (Figure 8).

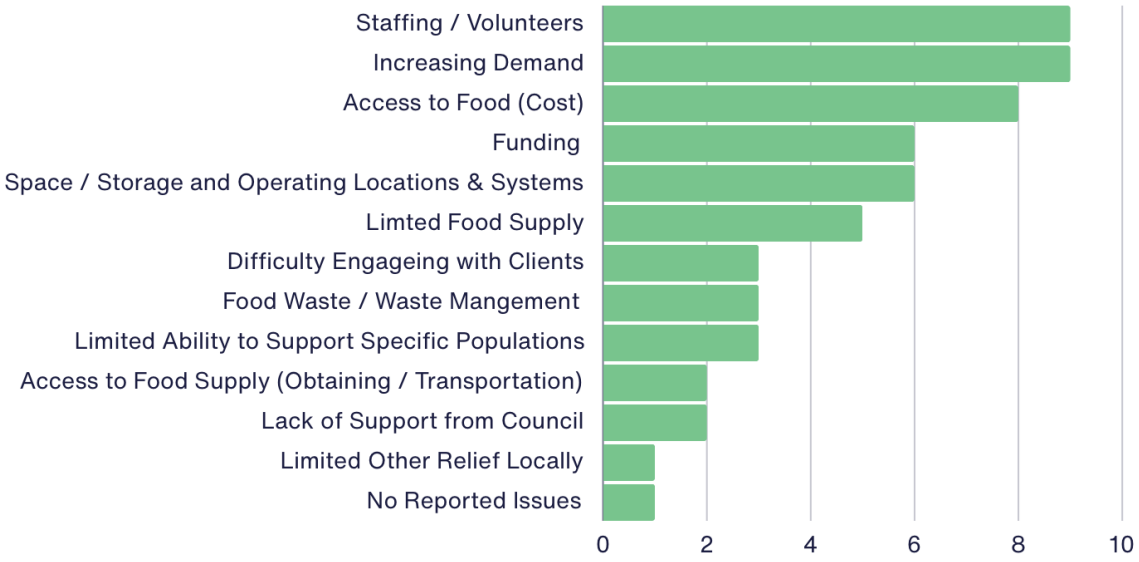

Figure 8: Perceived barriers or challenges to providing food relief

- On the other hand, respondents described connection to community (n=9) and dedicated volunteers (n=5) as important facilitators (Figure 9).

Figure 9: Perceived facilitators to providing food relief

- Unfortunately, many respondents felt they currently lacked capacity to meet some community needs, such as cultural food preferences and special dietary requirements. Respondents felt they largely did not (n=8), or only sometimes (n=6), met specific cultural food preferences (Figure 10), and most (n=14) felt they did not meet special dietary requirements (Figure 11).

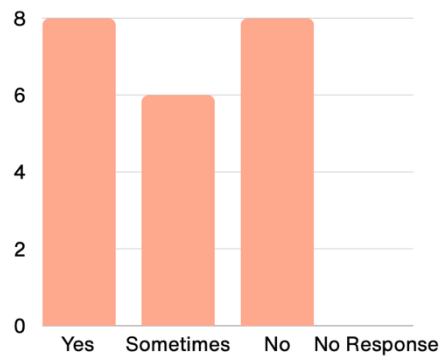

Figure 10: Response to Question: Do you feel like you are meeting the needs of your community regarding cultural food preferences?

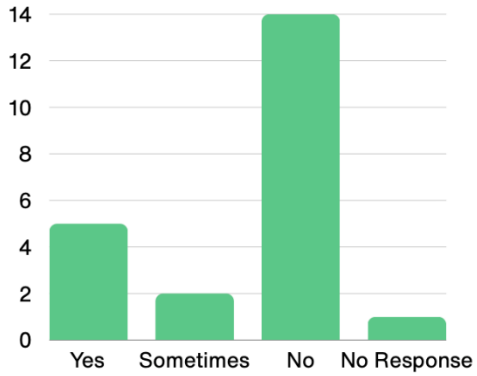

Figure 11: Response to Question: Do you feel like you are meeting the needs of your community regarding special dietary requirements?

Limitations

Many food relief providers had not yet been identified mid-way through the project when the survey was distributed, and thus did not receive a survey. Additionally, the survey response rate fell below the project's 50% target, likely due to a short response time (8 working days or less for food relief providers to respond). Consequently, only 22 responses were received (14% response rate). In addition, no responses were received from any food relief providers in three LGAs. One provider response was received from the LGA with the highest levels of severe food insecurity in 2020 (Whittlesea).

The survey responses also contained varying levels of detail provided by food relief providers, for instance, some providers declared 'food parcel' as their services, whilst others described specific foods included within the food parcel.

While this survey did provide valuable insights into the current experiences of some food relief providers within the catchment, due to its low response rate and absence of responses from providers in several LGAs, the findings should not be assumed to apply universally across providers or across the catchment.

Conclusion

Food insecurity in Australia is a significant public health concern that continues to worsen, exacerbated by the recent COVID-19 pandemic and cost-of-living crisis.

Over the past decade, the proportion of Victorian adults experiencing severe food insecurity has more than doubled, despite continued growth across the food relief sector. In 2022, the rate of severe food insecurity in the NEPHU catchment (8.2%) was similar to the Victorian average (8.1%), however this uniformity is not replicated between NEPHU LGAs according to the most recent LGA-level data in 2020.

The mapping exercise identified 238 food relief providers across the catchment, however there was noticeable variation in the distribution of these across the 12 LGAs. For example, although Whittlesea had the highest reported prevalence of severe food insecurity in 2020 (10%), there were fewer food relief sites identified in this LGA (n=14) than in a number of others.

The questionnaire survey distributed to food relief providers highlighted rising demand, lack of volunteers, and rising operational costs as some of the most significant barriers currently impeding their work, whilst connection to community and dedicated volunteers were identified as key facilitators. Providers also expressed difficulties meeting diverse community needs such as cultural food preferences and special dietary requirements.

NEPHU recognises food insecurity is a major issue for the catchment. The concerning picture painted by recent prevalence data has been strongly supported anecdotally during NEPHU's engagement with stakeholders across the catchment. For example, NEPHU's recent population health grant round received a noticeable number of applications seeking support for food relief work. While the research within this report aims to support stakeholders in making evidence-based and informed decisions, it also demonstrates the need for more fully representative insights from providers, as well as up-to-date, granular data on the prevalence of food insecurity. A final limitation of this work is that it does not include community perspectives, which are fundamental in working collectively towards a more equitable and sustainable food system in the future.

Watch this space

For updates about food security work locally and across Victoria please stay connected with NEPHU via our population health e-newsletter. Information will be shared as it becomes available, for example:

- Victorian Government Food Relief Program – Local Grants. NOW OPEN! Applications close on Tuesday 10th September 2024.
- Victorian Government Food Relief - Coordination Grants. NOW OPEN!. Applications close on Tuesday 27th August 2024.
- The findings of the Victorian Government Inquiry into Food Insecurity in Victoria, once available.
- Data from the 2023 Victorian Population Health Survey, once available.
- NEPHU's review of Social Supermarket models for addressing food insecurity (available late 2024).

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Contributors

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- Author of summary: Cate Hentschel (Master of Public Health student, University of Melbourne)
- Authors of original report: Georgia Kennett & Martha Hill (Master of Dietetics students, Deakin University)

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- The food relief providers who participated in the online questionnaire
- The many stakeholders who contributed their time, knowledge and insights throughout the process of this project

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Appendices

Appendix A: Number of Food Relief Providers identified by LGA and Suburb

Local Government Area / Suburb	Number of Food Relief Organisations (n=238)
Banyule	**14**
Diamond Creek	3
Greensborough	4
Heidelberg	3
Ivanhoe	1
Lower Plenty	2
Macleod	1
Rosanna	1
Boroondara	**12**
Ashburton	3
Balwyn	1
Camberwell	3
Hawthorn	1
Kew	2
Surrey Hills	1
Darebin	**41**
Alphington	2
Bundoora	2
Coburg	13
Northcote	1
Preston	15
Reservoir	6
Thornbury	2
Hume	**13**
Broadmeadows	1
Cragieburn	5
Sunbury	7

Knox	14
Bayswater	3
Boronia	2
Ferntree Gully	4
Ringwood North	2
Rowville	2
Watirna	1
Manningham	**4**
Doncaster	2
Templestowe	2
Maroondah	**6**
Croydon	6
Nillumbik	**17**
Diamond Creek	5
Eltham	6
Hurstbirdge	2
Kinglake	1
Panton Hill	1
Research	1
Strathewen	1
Whitehorse	**16**
Blackburn North	1
Box Hill	6
Burwood	3
Mitcham	4
Vermont	2
Whittlesea	**14**
Doreen	1
Epping	4
Mill Park	4
Thomastown	1
Whittlesea	3

Yarra	31
Clifton Hill	1
Collingwood	7
Cremorne	2
Fitzroy	18
Richmond	3
Yarra Ranges	**56**
Belgrave	2
Chrinside Park	1
Croydon	1
Emerald	2
Healsville	1
Kalorama	1
Kilsyth	1
Lilydale	13
Millgrove	1
Monbulk	2
Montrose	1
Mooroolbark	4
Mt Evelyn	2
Olinda	2
Ringwood	4
Tecoma	2
Upwey	1
Wandin North	2
Warburton	3
Woori Yallock	2
Yarra Junction	6

Appendix B: Food Relief Questionnaire

Overview of Organisation

- Name of organisation/food relief service
- If this relief service operates within a larger entity, who is that? (i.e. Salvation Army, Church)
- Street address, website and email
- Operating / Access Hours (days and times)
- Please describe how someone would access these supports. Select an option (i.e. Online register, walk-in, phone call, referral etc)
- To access support at the organisation, is any proof or identification required? (i.e. ID, referral, Medicare, concession card etc)

What Supports Are Available?

- What type of food relief does your organisation offer? (i.e. food parcel, voucher, cooked meals, breakfast club)
- Do you provide delivery service? (i.e. directly to the person's home or to a common area/central location)
- Depending on the previous question's response, can you please describe what each person accessing the service might typically receive? (i.e. if it is a food parcel, how many items are included per person, what sorts of foods are included i.e. – loaf of bread, half litre of milk etc)
- Do you provide any education to people accessing your service, such as cooking classes or leaflets?
- Do you provide any health information or alternative food relief options to those accessing your service?

Barriers and Challenges to Operation

- In the questions below, we would like to identify if there are any barriers, challenges and opportunities to providing food relief in your community, and we would like to gain an understanding as to how NEPHU can help you.
- Are there any barriers or challenges your organisation experiences when providing food relief support to the community?
- What works well within your organisation when providing food relief to your community?
- Do you feel like you are meeting the needs of your community regarding the amount of food provided?
- Do you feel like you are meeting the needs of your community regarding the cultural food demands of your community?
- Do you feel like you are meeting the needs of your community regarding the amount of food meeting special dietary requirements? (i.e. Gluten free, vegetarian, allergies)

Data Collection

- Do you have any data on how many people access your organisation? For example, number of boxes provided per week or amount of people currently accessing your services per week.
- Where are you currently sourcing supplies for this relief? (i.e. Individual donations, partnership with local suppliers)
- Do you mind sharing some example photos of the parcels or packages people are able to receive? Could you provide a photo/s of what is typically provided? Yes/No

Further Collaboration

- If a public food relief database was to be created, would you be interested in registering your organisation?
- Are you currently collaborating with any key stakeholders or support networks in this space?
- Would you be interested in further collaboration with North Eastern Public Health Unit?

Appendix C: Number of Food Relief Provider Questionnaire Responses by LGA

Table 3. Number of Questionnaire Responses by LGA

Local Government Area	Number of Responses (n=22)
Banyule	4
Boorondara	0
Darebin	5
Hume	0
Knox	3
Manningham	2
Maroondah	3
Nillumbik	0
Whitehorse	1
Whittlesea	1
Yarra	1
Yarra Ranges	2
Total	22