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Research Article

Food Security in Older Australians from Different Cultural Backgrounds

Continuing Education Questionnaire available at www.sne.org/ Meets Learning Need Codes for RDs and DTRs 4070, 4190, and 8010.

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ABSTRACT

Objective: To investigate the experiences and barriers to food security of community-dwelling older people.

Design: Quantitative questionnaire and 5 focus group discussions using purposive sampling.

Setting: Shire of Melton, Victoria, Australia.

Participants: Thirty-seven people (13 male and 24 female), between 58 and 85 years of age, from Anglo-Celtic (15), Macedonian (6), Serbian (8), and Maltese (8) backgrounds.

Phenomena of Interest: Food security perceptions and barriers.

Analyses: Quantitative data were analyzed using descriptive statistics and chi-square. The focus group data (transcripts) were subjected to a systematic thematic analysis to identify major themes and subthemes.

Results: Cost and financial considerations, health and physical capacity, transport, intrapersonal factors, and lack of availability of preferred food all emerged as potential barriers to participants accessing nutritious food of their choice.

Conclusions and Implications: Overall, the quantitative and qualitative data indicated that the changing circumstances that accompany growing older influenced this group's ability to independently shop for, prepare, and eat affordable and nutritious food. Nutrition educators, in conjunction with local government service providers, have the opportunity to play a key role in building upon existing safety nets and innovative initiatives to ensure older people have access to adequate and appropriate food of their choice.

Key Words: food security, older people, ethnic diversity, Australia (*J Nutr Educ Behav*. 2010;42:328-336.)

INTRODUCTION

Food security has been defined as: "The state in which all persons obtain nutritionally adequate, culturally acceptable, safe food regularly through local non-emergency sources."[1] This definition includes 4 key components: economic access to food (enough money to buy appropriate food); physical access to food (range and quality of food is within transport means); food that is safe, appropriate, and necessary for a healthful life (including social and cultural appropriateness); and having a perceived sustainable supply of food.[2]

Food insecurity contributes to malnutrition and nutritional risk in older people, which in turn exacerbates diseases, increases disability, and delays recovery from illness.[3-5] As a result, this insecurity serves to negatively influence their social and psychological well-being, as well as increasing the demand for care and hospital beds, which has significant economic consequences.[3] As Torres-Gil stated, "Malnutrition costs people and dollars."[6]

By 2050, people over 60 years of age will compose 32% of the population in "more developed regions" of the world (ie, all regions in Europe and North America, Australia/New Zealand, and Japan).[7] Older people's access to healthful food is vital, given that a healthful diet is a key component in the prevention of chronic disease.[8] In addition, poor nutrition resulting from low-quality food or from insufficient or unreliable food intake may lead to ill health.[9] Ensuring this cohort's future access to healthful and nutritious food is therefore paramount.

For older people in particular, having adequate financial resources does not necessarily guarantee that food can be easily accessed or is readily available.[3,10] Although financial difficulties are a contributing factor, other commonly reported reasons for food insecurity include poor health, limited mobility, and lack of social support.[3] Acknowledgment of the complex set of factors that influences access to nutritionally adequate diets, beyond financial resources alone, is necessary to promote the active and healthy lives of older people.[3]

The literature indicates that there are many factors to consider when investigating experiences of food

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insecurity in older people such as gender, income, health, marital status, and differing neighborhood environments.[6,11-13] Although the causes of food insecurity may be diverse, the most important outcomes are health related, which in turn gives nutrition educators, public health practitioners, and service providers a unique and important role in addressing food security in the older Australian population.[12] Clearly food insecurity is a complex phenomenon, and it deserves further investigation, particularly among older people from ethnic minority groups who experience high levels of nutritional risk and many barriers to accessing services and support.[14,15]

A feature of the Australian population is its ethnic diversity; more than 200 different cultural groups are represented. In 2001, it was estimated that 33% of the population was composed of people born overseas.[16] The Australian population of older people from "culturally and linguistically diverse" (CALD) backgrounds currently accounts for approximately 18% of the total population, and this number is projected to increase to around 23% by 2011.[17] Of importance to this study is the literature that indicates that although food-related behavior is modified by culture, cultural subgroups exhibit food-related behavior unlike either their cultural of origin or their culture of residence.[18]

The purpose of this study was therefore to investigate the factors affecting the ability of older people from different cultural backgrounds living in the Shire of Melton, in the western suburbs of Melbourne, Australia, to access nutritious food of their choice. It was intended that the findings of this study be used to inform future local government policy, initiatives, and planning to meet the needs of older people in this locality. This paper draws together the experiences of, and barriers to, food security of this group of older people, and it highlights more broadly the implications for nutrition educators and the public health sector.

METHODS

Ethics approval was obtained from the Royal Melbourne Institute of Technology University Human Ethics Committee. The study design included a survey questionnaire and focus group methodology. Integrating quantitative and qualitative methodologies was expected to highlight significant aspects of older people's experiences not readily available through a single method.[19] The study was conducted in Melton (population approximately 79,000), a western suburb of Melbourne in the state of Victoria.[20] The western region of Melbourne is an area of relative socioeconomic disadvantage[21,22] and large CALD communities.[23] The percentage of people over 65 years of age in Melton is 13% (10,263), with 24% of people speaking languages other than English at home.[20] Melton ranks 10th (where first equals most disadvantaged) on the Socio-Economic Indexes for Areas within the Melbourne Statistical Division, which includes 31 Local Government Areas.[24]

Participant Recruitment and Procedures

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. Questionnaires took between 30 and 45 minutes to complete and included questions relating to demographic background (14 items), health status (8 items), amount of food in the household (1 item), barriers to getting food (24 items), access to food (14 items), factors that influence eating habits (12 items), and strategies employed to get food (3 items). The items relating to barriers to getting food were drawn from the Food Security Survey Module adapted by Wolfe et al.[25,26] This quantitative instrument was developed to investigate barriers to accessing food beyond just simply having the money to be able to afford food. These questions were specifically developed by Wolfe et al to be applicable to the older population and included issues around not being able to get to the store or prepare food because of a lack of physical ability or motivation to get there. The remaining items were devised in collaboration with the funding body about the key issues and from reviewing the literature. The questionnaire was pretested and modified as a result.

This study was not designed to achieve a statistically representative sample, but rather it was a purposive sample of older people who volunteered to participate. At the request of the funding body, recruitment targeted older people from Anglo-Celtic ("Anglo"), Maltese, Serbian, and former Yugoslav Republic of Macedonia ("Macedonian") communities. The percentages of people over 55 years of age living in Melton Shire who were born in Malta, southeastern Europe (Serbia was not specified), and the former Yugoslav Republic of Macedonia are 8%, 1.2%, and 1.9% respectively.[20] Eligible participants were actively recruited by local government workers under researcher supervision. Anglo participants were recruited from local government services and programs (1 group from the public housing program, 1 group from users of the senior citizens' center, and a third group from the community bus program). Maltese, Serbian, and Macedonian participants were recruited from their respective ethno-specific groups known to local government workers. Informed consent was obtained prior to completing the questionnaire and focus group. All documents (plain language statement, informed consent, and questionnaire) were translated into the participants' preferred language, and then back-translated.

The focus groups took place in the dining room of the Melton Senior Citizens Center. The discussions were around 60 minutes in length, with lunch provided. Each focus group participant completed the questionnaire prior to the group discussion. In all, 6 focus groups composed of both men and women were conducted: 1 for each of the Maltese, Serbian, and Macedonian language groups, and 3 for the Anglo participants. The Anglo focus groups were conducted by the researchers (SF and HR), and the Maltese, Serbian, and Macedonian focus groups were conducted by bilingual translators, in the presence of the same 2 researchers. To avoid any differences in understanding, all participants were informed prior to the focus group that a nutritious diet may be defined as one that includes a variety of fruits and vegetables, dairy