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## Food insecurity

We read with interest the article by Lindberg et al<sup>1</sup> highlighting that food insecurity is not only a public health priority but also a medical/health priority (*AFP* November 2015). The cited 4% estimation of food insecurity in Australian adults is likely to underestimate the true level of food insecurity in Australia as the prevalence figures rely on a single-item question that is simply an indicator of food insecurity.<sup>2</sup>

As Lindberg et al<sup>1</sup> mentioned, an 'Australian-specific household food insecurity questionnaire' is in development, and it is important for the extent of food insecurity in populations to be identified with more comprehensive tools. For example, using the US Department of Agriculture Food Security Survey Module (USDA-FSSM), prevalence of food insecurity was found to be 21.9% in three disadvantaged areas of Sydney and 25% in disadvantaged suburbs of Brisbane.<sup>3,4</sup> Food insecurity may also occur in groups not normally considered vulnerable. University students were found to experience high food insecurity, ranging from 19.6% using the single-item measure up to 60.8% using the multi-item measure.<sup>5</sup> Analysis of the Blue Mountains Eye Study found 13% of older adults (49 years and over) reported some level of food insecurity based on an adapted 12-item Radimer/Cornell hunger and food insecurity measures survey that addressed anxiety about, and access to, nutritious and sufficient food.<sup>6</sup> The relevance of these findings for GPs is that the older people with food insecurity were 1.6 (95% CI: 1.2–2.1) times more likely to report fair/poor health and 1.9 (95% CI: 1.3, 2.8) times more likely to be living solely on a pension. As such these people may have to decide whether to spend their money on food or medicines.

Lindberg et al<sup>1</sup> have raised an important issue. Food insecurity is complex. A single-item instrument will not address the multiple reasons people experience it. We believe that more comprehensive tools are

needed to ensure that the issue of food insecurity is not ignored by the public health and medical communities.

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### Reply

We welcome the response to our article by Drs Russell, Flood and Yeatman. We agree that the citation of 4% of food insecurity in Australian adults is likely to underestimate the true level of food insecurity in Australia.

As we explained in our original article, rates can be much higher in asylum seekers, Aboriginal and Torres Strait Islander peoples, disadvantaged urban households and people who are unemployed. The challenge now is to put in place mechanisms to obtain national data to monitor and understand the situation more comprehensively.

Drs Russell, Flood and Yeatman also highlight that university students and older adults can experience food insecurity.

Considering Australia's ageing population, and growing concern over retirement age, superannuation and pensions, and multimorbidities later in life, understanding the impact of food insecurity on older adults is a particular priority. We echo the concerns of Drs Russell, Flood and Yeatman and urge for more comprehensive food insecurity tools to ensure that the issue is not ignored by government, social welfare, public health and medical communities. Further to this, we add that the current national or state-based health surveys could include multifaceted questionnaires to provide data to better monitor food insecurity.

At the same time, there is enough evidence to show that food insecurity is a significant public health concern in our community. We know that disadvantaged Australians do not eat enough fruit and vegetables, are more likely to have a chronic disease and are spending relatively more than other Australians (as a percentage of their income) on a healthy basket of food. The need for care, effective programs and informed policy is a social, public health and medical priority.

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