

The 1995 national nutrition survey – data for persons 16 years and over, by socio-economic index of disadvantage for areas (SEIFA)

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The SEIFA index of relative disadvantage is an area-based index. It takes into consideration the environmental conditions as well as a range of population characteristics (socioeconomic resources, occupation and education) for those living in a defined geographical area.

The main purpose of this analysis was to identify the characteristics that are likely to increase the risk of poor nutritional status in vulnerable groups in Australia (1) (2). SEIFA was chosen as a proxy indicator for vulnerable groups, to provide a dataset sufficiently large for reliable comparisons of sub-groups to be made.

The 1995 National Nutrition Survey (NNS) was conducted on a sub-sample of respondents to the 1995 National Health Survey, and included demographic characteristics, health risk factors and food and nutrient intake (3). In this examination of the NNS data, the results for adults (16 years of age and over) in the most disadvantaged areas across Australia (first quintile of SEIFA; n = 2052) were compared to results for adults in the other areas of SEIFA (2nd–5th quintiles of SEIFA; n = 9203).

Persons living in the areas of most disadvantage had lower levels of the entitlements which are known to affect food access and the ability to purchase basic necessities of food and beverages (lower proportions of employment, lower levels of education and lower income). These areas also had a higher proportions of adults reporting poor general health factors and food-related health risk factors (fair or poor health status, no exercise, more medication, more mouth-teeth-swallowing problems, more smoking). A higher proportion of persons were underweight or obese in each adult age group.

Generally lower food and nutrient intake and consumption of different foods was observed in the most disadvantaged areas. Lower median intakes of energy and other nutrients were observed. Lower frequency of intake of most foods was shown (particularly cereals and cereal products, and milk and milk products). Lower frequency of intake and lower variety (mainly cereals, fruits, vegetables and all types of beverages) dominated the results for the major food groups.

The proportion of adults consuming an alcoholic beverage on the day of the survey was lower in the areas of most disadvantage, but those who did consume alcohol did so at a higher level of intake than adults in more advantaged areas. In all adult Australians 16 years and over, food insecurity was reported by 5%. This frequency rose to 8.9% of persons in the areas of most disadvantage, 12.8% of persons on low income and reporting fair or poor health, and 16.5% of persons on low income who were aged 16–24 years.

This report contributes to the evidence base for planning intervention strategies in the areas of greatest need in Australia. It is in the areas of social disadvantage where there is the most potential for the greatest improvement in health risk factors which are related to food and nutrition. The local government area SEIFA reports and the established association between social inequity and the burden of disease now provides a real opportunity to make a difference in public and community health nutrition.

References

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Supported by The Victorian Health Promotion Foundation

Key words: NNS, SEIFA, adults