

BACKGROUND PAPER

Supporting document for the Joint Policy Statement on: Food Security for Aboriginal & Torres Strait Islander Peoples

ENDORSED BY:



Contents

Document Summary	3
Key messages	3
Summary	3
Background Paper	5
Food Security.....	5
Underlying causes of food insecurity	5
Improving food insecurity for Aboriginal and Torres Strait Islander people will help achieve health equity	7
What works	9
Policy context.....	11
References	15

Document Summary

All Australians, regardless of ethnicity, income, and place of residence, have the right to access resources required to achieve an adequate standard of living for health and well-being, including access to an adequate, safe, nutritious, culturally-appropriate, affordable and environmentally sustainable food supply.

The Public Health Association of Australia, Dietitians Association of Australia, Australian Red Cross, Indigenous Allied Health Australia, Victorian Aboriginal Community Controlled Health Organisation and National Heart Foundation of Australia continue to call for urgent action to address food security for Aboriginal and Torres Strait Islander people.

Key messages

1. Food security is a human right.
2. Determinants of food insecurity are predominantly structural and social including income and employment, housing, food access (availability and affordability).
3. Food insecurity leads to unacceptable health inequities for Aboriginal and Torres Strait Islander peoples.
4. There are opportunities to improve food insecurity by:
 - a. Developing responses alongside people who are experiencing it;
 - b. Taking a strategic and coordinated approach to policy options;
 - c. Committing to food system monitoring and surveillance; and
 - d. Evaluating, disseminating and applying the findings of policy and program efforts.
5. Previous policy responses have been numerous however they have often missed opportunities to incorporate the importance of nutrition and food insecurity or they have lacked evaluation, dissemination and implementation of recommendations.
6. An up-to-date evidence base is essential to assess the effectiveness of existing policy responses and establish future initiatives.

Summary

Food security is a fundamental human right.¹ Food insecurity is a significant issue for Aboriginal and Torres Strait Islander peoples in remote, regional and urban parts of Australia. This has a long history commencing with the colonisation of Australia and ongoing policy and social and economic influences. These influences continue and are exacerbated by income and employment, inadequate housing and the challenges of food affordability and availability. This history and current circumstances mean that presently some families go hungry and a high incidence of malnutrition persists alongside the disproportionate burden of chronic disease.

This paper provides the relevant background on the determinants of food insecurity and the health inequities that result from the current situation. An overview of what works is provided followed by a summary of the main policy approaches to date. This paper accompanies the associated Joint Policy Statement on Food Security for Aboriginal and Torres Strait Islander Peoples.

Audience

Australian Federal, State and Territory Governments and Agencies; Aboriginal Community Controlled Health Organisations; Non-Government Health and Social Service Agencies; policy makers; program managers; and, the media.

Responsibility

Public Health Association of Australia, Dietitians Association of Australia, Australian Red Cross, Indigenous Allied Health Australia, Victorian Aboriginal Community Controlled Health Organisation and National Heart Foundation of Australia.

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Notes on the 2019 Review

In this 2019 review of the original 2013 policy, we have considered whether the agenda and proposed solutions remain current. This has involved an analysis of the 2016 review and incorporation of recent data and evidence. This 2019 review is comprised of (1) a background paper to provide information and context, and (2) a policy statement to provide clear direction on priority recommendations for action.

Acknowledgements

The development of this background paper was a collaborative process drawing on members from each of the organisations. Thank you for sharing your wisdom, knowledge and expertise in an effort to inform this work.

Background Paper

The purpose of this background paper is to provide evidence regarding the issue, experience and policy surrounding food security for Aboriginal and Torres Strait Islander peoples in Australia to inform the recommendations outlined in the joint policy statement. The purpose of the joint policy statement is to urge government and other key stakeholders to develop and implement strategic priority actions.

Food Security

Food security is a fundamental human right.¹The Universal Declaration of Human Rights states “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food”.² The right to adequate food is not a right to be fed but “a right of people to be given a fair opportunity to feed themselves, now and in the future.”³

Food security exists “when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life”.⁴

The following definition was developed in Australia through workshops held with members of several remote communities:

*“The land and the sea is our food security. It is our right. Food security for us has two parts: Food security is when the food from our ancestors is protected and always there for us and our children. It is also when we can easily access and afford the right non-traditional food for a collective healthy and active life. When we are food secure we can provide, share and fulfil our responsibilities, we can choose good food, knowing how to make choices and how to prepare and use it”.*⁵

Underlying causes of food insecurity

There are many structural barriers, beyond the control of individuals and their families’ and communities that contribute to the experience of food insecurity.

Cultural recognition of food

Strong culture, values and a connection to the land contribute to the resilience of Aboriginal and Torres Strait Islander peoples. Traditional foods contribute to physical health as well as play a significant role towards cultural, spiritual and emotional health. European arrival severely affected the retention of knowledge, and access to and use of traditional foods.⁶

Income and employment

Aboriginal and Torres Strait Islander households have, on average, a weekly gross income which is \$250 less than that of non-Indigenous households.⁷ More than a quarter (27%) of Aboriginal and Torres Strait Islander peoples report running out of money for basic living expenses (food, bills and clothing) in the last 12 months.⁸ In 2014–15, the unemployment rate for Aboriginal and Torres Strait Islander people aged 15 years and over was 21%. This was higher than for non-Indigenous people (at 6%), in all age groups and the gap was greatest for young people (15-25 years) (31.8% compared with 16.7% for non-Indigenous people).⁸

Housing

Poor environmental health infrastructure is a major barrier to food security. The elimination of overcrowding and the provision of appropriately designed, constructed and maintained houses are essential for the safe storage, preparation and consumption of food.⁹ In Aboriginal communities across Australia only 6% of houses have all of the functioning nutritional hardware needed to store, prepare and cook food (storage space for food, preparation bench space, refrigeration, functioning stove and sink).¹⁰ Overcrowding is improving in Aboriginal households but it still impacts around one in five people nationally and more than a third of Aboriginal and Torres Strait Islander people in remote areas.⁸

Around three in 10 (29%) Aboriginal and Torres Strait Islander people aged 15 years and over have experienced homelessness during their lifetime with 32.1% in non-remote areas compared to 18.4% in remote areas.⁸

Food access – a factor of cost, affordability, availability and location

The interplay of disadvantage around food availability, access and use for Aboriginal and Torres Strait Islander peoples residing in urban, rural and remote areas is complex and not yet well understood. These factors are all interrelated and have a combined effect of creating significant structural barriers to regular healthy eating. Income and the cost of food are key factors influencing food choice.¹⁰

The price of healthy food is increasing disproportionately, with fruit and vegetable prices growing faster than CPI.¹¹ For a family on a low income, purchasing a healthy diet is estimated to cost 20-31% of the disposable household income, compared with 18% for those on a median disposable income.¹²

Freight charges, store management practices (in some cases), and the reduced economies of scale for purchasing and retailing in small remote communities can all contribute to high food costs in remote areas.¹³⁻¹⁵

Across Australia, people living in remote areas pay the highest average price for food. Mean income levels decline with remoteness, yet food costs are higher compared to major cities. Since the early 1990s, surveys of the cost of a basket of foods have consistently shown that prices in remote Aboriginal and Torres Strait Islander communities are up to 50% more expensive than in the nearest capital cities.¹¹ Using the concepts behind new national protocols,¹² the 2016 Northern Territory Market Basket survey¹³ compared the cost of healthy food baskets based on the Australian Dietary Guidelines and Current Food Baskets based on the latest national survey data of the dietary patterns of Aboriginal and Torres Strait Islanders people in Australia, to cost the diets of a family of six for a fortnight. The report found that, compared to a healthy food basket, the current diet basket costs 15% more in district centre supermarkets (\$694 compared to \$606), 6% more in district corner stores (\$754 compared to \$710) and 8% more in remote stores (\$898 compared to \$833). Although the cost of the diets was closest in remote stores, the actual cost of a healthy diet was over 37% higher in remote stores than in supermarkets in larger towns, contributing to lack of affordability of healthy diets in remote areas.¹³

In some Aboriginal and Torres Strait Islander communities it has been estimated that 34-80% of the family income is needed to purchase healthy diets.^{14, 15} This is compared to 30% for the lowest income Australian households and 14% for the average Australian household.^{16, 17}

It is important to note that there have been some positive developments in store management practices by groups such as Arnhem Land Progress Aboriginal Corporation (ALPA), Outback Stores and Mai Wiru to address the pricing barriers to food security including freight subsidies and preferential profit margin policies.¹⁸

Among Indigenous households in 2012–13 about 1 in 4 (23%) stated that they had run out of food in the previous 12 months and could not afford to buy more. Of those who had run out of food, 41% reported that they went without food.¹⁹

Access to food stores and transport are important determinants of food security in urban, regional and remote locations. Connectivity between food stores and residential areas compromises food security for people living in urban and regional areas.¹⁷ Transport to food outlets and quality of public transport are strongly and independently associated with food insecurity in urban Australia.²⁰

The variety, quality and cost of nutritious foods including fresh fruit and vegetables are generally much poorer in remote community stores compared to major cities.^{13, 21-23} The limited availability and affordability of healthy food for many Aboriginal and Torres Strait Islander families is reflected by the research showing that 41% of daily energy intake comes from energy-dense, “discretionary” foods,¹⁹ which provide a cheaper source of energy.²⁴

Take-away and convenience foods, including energy dense and nutrient poor foods, such as soft drinks, sweets and microwaveable or deep fried food, are often readily available for people in remote Aboriginal and Torres Strait Islander communities.^{13, 21-23} This is also for an issue for many Aboriginal people in socioeconomically disadvantaged urban areas and regional centres.

Communities living in remote areas may be without food for extended periods due to weather or road conditions during the wet season, though the 2014 NT market basket surveys suggested this may be improving.¹⁴

Aboriginal and Torres Strait Islander families in urban and regional areas also report experiencing food insecurity. According to the Victorian Population Health Survey,²⁵ Aboriginal men and women were more than three times more likely to have experienced food insecurity in the previous 12 months compared with their non-Aboriginal counterparts (18% compared to 5%). However, this survey is likely to be an underestimate due to the small sample size and the sampling and survey methodology (Computer Assisted Telephone Interview- CATI). In another community based survey in 2006 in Victoria, 51% of these parents or carers reported running out of food and not being able to buy more in the last 12 months, and about same proportion of families had sought financial advice.²⁶ The challenges around improving Indigenous food security in urban areas, including the lack of collection of relevant evidence, have been highlighted recently.^{27, 28}

Improving food insecurity for Aboriginal and Torres Strait Islander people will help achieve health equity

The structural barriers outlined above are expressed in the high rates of people experiencing food insecurity and the associated health impacts.

Aboriginal and Torres Strait Islander people disproportionately experience food insecurity

Food security issues experienced by Aboriginal and Torres Strait Islander peoples vary across the nation and exist in urban, regional and remote locations.²⁹

More than one in five (22%) Aboriginal and Torres Strait Islander people were living in a household where someone went without food when the household ran out of food compared with less than one in twenty people (3.7%) in the non-Indigenous population.¹⁹

Aboriginal and Torres Strait Islander people living in remote areas were more likely than those in non-remote areas to be living in a household that had run out of food and couldn't afford to buy more (31% compared with 20%).¹⁹

The incidence of food insecurity is higher among Aboriginal and Torres Strait Islander peoples, with prolonged hunger and anxiety about acquiring food and/or relying on food relief more common.

Aboriginal and Torres Strait Islander Australians experience significant health inequities

Food insecurity contributes to health inequities and the life expectancy gap between Aboriginal and Torres Strait Islander and non-Indigenous people in Australia.

Significant health inequities exist compared to non-Indigenous Australians, particularly in diet-related preventable diseases, quality of life and life expectancy. Indigenous Australians experience a burden of disease that is 2.3 times the rate of non-Indigenous Australians with chronic diseases as a group accounting for almost two thirds (64%) of the total disease burden and 70% of the gap in disease burden between Indigenous and non-Indigenous Australians. Around 37% of the burden of disease in Indigenous Australians was preventable by reducing exposure to modifiable risk factors, not including the social determinants of health. Dietary factors contributed to almost 10% of the total burden.³⁰

It is estimated that Aboriginal and Torres Strait Islander males born in Australia in 2015-17 could expect to live 8.6 years less than non-Indigenous males. For females the gap is 7.8 years.³¹

There is opportunity to improve dietary intake for *all* Australians, with Aboriginal and Torres Strait Islander Australians experiencing a poorer diet relative to non-Indigenous Australians

Addressing poor diet is critical to the health of *all* Australians. According to the 2017 Global Burden of Disease study focussing on dietary risk, poor diet contributed to 18% of all deaths and 11% of the DALYs in Australasia in 2017.³² The methods used to determine the impact of dietary risks in this global study are not comparable to those used in the Australian Burden of Disease study 2011; the latter require updating.

Five of the seven estimated leading contributors to the health gap between Indigenous and non-Indigenous Australians relate to diet: obesity, high blood cholesterol, alcohol, high blood pressure, and low fruit and vegetable intake.³⁰

The Australian Indigenous HealthInfonet publishes a National Overview of Aboriginal and Torres Strait Islander Health annually which should be viewed for most up to date information. The Australian Indigenous HealthInfonet have also commissioned a recent review on Aboriginal and Torres Strait Islander nutrition³³ and another specifically on programs and services to improve nutrition and food security,³⁴ which are consistent with the information presented in this background paper.

The ABS Aboriginal and Torres Strait Islander Health Survey (2012-2013) can be accessed for more detail.¹⁹

Key details to note from the most recently available national data:

VEGETABLES: Fewer Aboriginal and Torres Strait Islander adults aged 19 years and over met the recommendations for vegetables compared with non-Indigenous adults (4.4% compared with 6.8%).¹⁹

JUNK FOOD: The proportion of total daily energy from discretionary (junk) foods was higher among Aboriginal and Torres Strait Islander people than non-Indigenous people (41% compared with 35%).¹⁹

SUGARY DRINKS: A higher proportion of Aboriginal and Torres Strait Islander people than non-Indigenous people consumed soft drinks and flavoured mineral water (37% compared with 29%). Aboriginal and Torres Strait Islander children aged 2-3 years were three times as likely as non-Indigenous children to have consumed soft drinks and flavoured mineral waters (18% compared with 5.8%).¹⁹

IRON: Aboriginal and Torres Strait Islander people were almost twice as likely as non-Indigenous people to be at risk of anemia in 2012-13 (rate ratio of 1.9). Overall, the risk of anaemia was higher for people living in remote areas compared with those living in non-remote areas (10.1% compared with 6.9%).³⁵ Research suggests that poor nutrition and poor supply of healthy food contributes to chronic diseases such as anaemia, particularly in remote Australia.³⁶ Anaemia is associated with negative impacts on physical and cognitive development during the early years and can reduce potential for educational attainment and later in life.³⁷

What works

Numerous programs and interventions have been implemented to improve nutrition status among Aboriginal and Torres Strait Islander peoples, many with good results and important lessons.^{9, 21, 38} Services and programs to improve food security have been reviewed recently.³⁴

Policy developed with Aboriginal and Torres Strait Islander people in a way that strengthens culture, health and capacity

The Aboriginal and Torres Strait Islander population is a younger population³⁹ and as such, services and strategies should be age appropriate, with particular strategies to engage children and adolescents as well as pregnant women and infants.

Aboriginal and Torres Strait Islander people's participation in the planning, implementation and evaluation of culturally sensitive, geographically appropriate initiatives in communities is essential.^{21, 29}

Aboriginal and Torres Strait Islander peoples culture is diverse across different states, and between urban, rural and remote areas. This diversity influences Aboriginal and Torres Strait Islander people's needs and responses to their environment, delivering health services and programs to improve food security or health.

National, coordinated, strategic, cross-sectoral policies and legislative reforms to address food security for Aboriginal and Torres Strait Islander peoples

It is imperative to embed nutrition and food security outcomes into nationally relevant health and social policies that are current and have strong governance and accountability mechanisms. The National Aboriginal and Torres Strait Islander Health Plan and Implementation Plan should be used to leverage action in this regard.

Nutrition focussed policy that is based on evidence of what works to drive healthier food intakes across the whole population, and in particular vulnerable groups, is key. The development of a National Nutrition Framework provides an opportunity to explicitly consider issues and include actions to enable food security and better nutrition for Aboriginal and Torres Strait Islander peoples and other vulnerable groups.

All Australians should have an equal opportunity for health and enjoy equal access to primary health care and health infrastructure (including safe drinking water, healthy food supply, effective sewerage systems, rubbish collection services and adequate housing). Without addressing these underlying causes of health inequities, siloed programs are not likely to result in sustainable changes. A long-term social determinants of health approach which addresses housing, education and employment is critical to closing the gap.⁴⁰

Excellent cross-cultural competency and communication are essential to an effective workforce in this area. A trained nutrition workforce is needed to deliver effective interventions.¹⁷ A well-supported, resourced and educated Aboriginal and Torres Strait Islander nutrition workforce is essential to attaining food security for Aboriginal and Torres Strait Islander peoples.²⁹

There remains a lack of Aboriginal and Torres Strait Islander specific nutrition positions available at all levels. There is a need for more opportunities for Aboriginal and Torres Strait Islander people to undertake tertiary level training in nutrition, essential for a sustainable profession with increasing nutrition expertise, e.g. Accredited Practising Dietitians.

Existing core training of health professionals in nutrition must include appropriate Aboriginal and Torres Strait Islander curriculum framework, so as to equip non-Indigenous graduates with the knowledge and skills for working with Aboriginal and Torres Strait Islander people and communities.²⁹

Food and nutrition units have been integrated into core Aboriginal Health Worker primary health care training, however this training is not available Australia wide. Core food and nutrition units (including a focus on food security) must be integrated into other specialist courses (e.g. environmental health, agriculture, store management, social work) to ensure comprehensive and collaborative work is carried out across the traditional health silos.

The role definition of many health positions working with Aboriginal and Torres Strait Islander communities could be improved. Positions are often quarantined to solely work in individual health behaviour change programs, ignoring the fundamental work to address broader food environmental issues that impact on food security. The food security workforce needs to cross many traditional health silos, as well as rely on non-health roles (e.g. business management). Role definitions should be expanded to include the essential role of food security work.

Monitoring and surveillance

Countries are encouraged to map actions for food security, including mapping culturally significant food security indicators as well as outcomes.^{41, 42}

Australia has an ad hoc and uncoordinated food and nutrition monitoring and surveillance program, and no system.⁴³ As well, the specific needs of Aboriginal and Torres Strait Islander peoples living in urban, rural and remote Australia have not been sufficiently included in national data collection to determine dietary outcomes and other indicators of food security. The Nexus Report outlines recommendations for an ongoing, regular, comprehensive and coordinated national food and nutrition monitoring system inclusive of indicators of food security.⁴⁴

The 2011 to 2013 Australian Health Survey should be considered the first benchmark for the regular ongoing monitoring and surveillance system.

Evaluation and dissemination

Quality evaluations with practical recommendations are critical to helping the workforce build on what has been learnt. Evaluation reports and recommendations need to be publically available for policy makers and practitioners to learn from, apply and build from.

Policy context

The following are relevant national policy documents that provide more information and context.^{45, 46}

National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan and associated Evaluation (2000-2010)

The Australian government have been working for many years, through policy, to reduce the inequity in food security, and, particularly to reduce the impact of food insecurity and poor health among Aboriginal and Torres Strait Islander peoples.⁴⁷

Between 2000 and 2010, the National Aboriginal and Torres Strait Islander Peoples in Australia Nutrition Strategy and Action Plan (NATSINSAP)²⁹ set out a framework for action across all levels of government, in partnership with industry, the non-government sector, and Aboriginal peoples. Building on existing efforts to improve access to nutritious and affordable food across urban, rural and remote communities, NATSINSAP focused on seven key areas:

- Food supply in remote and rural communities
- Food security and socioeconomic status
- Family focused nutrition promotion, resourcing programs, disseminating and communicating 'good practice'
- Nutrition issues in urban areas
- The environment and household infrastructure
- Aboriginal and Torres Strait Islander nutrition workforce
- National food and nutrition information systems

There was significant progress in some of the priority areas of NATSINSAP despite limited funding. This work formed the basis for subsequent programs and interventions.⁴⁸ There was no action in the areas of household food security, or nutrition issues in urban areas.

The evaluation of NATSINSAP was only released in late 2015 under Freedom of Information. It revealed that governance and inadequate resource allocation compromised the necessary operational capacity to drive implementation. It recommended 'the Strategy and Action Plan be revised and updated through a consultative process, and that it be adequately funded and embedded in emerging policy frameworks with clear accountability and reporting requirements' (p. ii, Executive Summary).⁴⁹

WHO Commission on the Social Determinants of Health (2008) and associated Senate Inquiry (2013)

A social determinants approach states that health inequities arise because of the circumstances in which people grow, live, work, and age. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces. This WHO Report⁵⁰ highlighted three broad key areas for action:^{51, 52}

- Improve daily living conditions including education, nutrition, working conditions, and social protections;
- Address the inequitable distribution of power, money and resources; and
- Maintain accurate measurements of social determinants of health and assess new policies' potential impact on health outcomes

Although there are broad principles that can be used to guide action in addressing the social determinants of health, precise policy measures needed to be devised by each individual nation depending on their individual circumstances.

There was a Senate inquiry into the lack of a federal response to the WHO recommendations.⁵³ Five recommendations were made within the Senate inquiry report:

- Adopt the WHO Report and commit to addressing the social determinants of health relevant to the Australian context.
- Adopt administrative practices that ensure consideration of the social determinants of health in all relevant policy development activities, particularly in relation to education, employment, housing, family and social security policy.
- Place responsibility for addressing social determinants of health within one agency, with a mandate to address issues across portfolios.
- Give greater emphasis in National Health and Medical Research Council grant allocation priorities to research on public health and social determinants research.
- Make annual progress reports to Parliament a key requirement of the body tasked with responsibility for addressing the social determinants of health.

To date there has still been little government action in response to the WHO report or the Senate Inquiry, though we note social determinants are considered within the Closing the Gap targets and the domains within the National Aboriginal and Torres Strait Islander Health Plan Implementation Plan. We affirm that these policy actions are key to improving the underlying structural barriers to food security.

Closing the Gap (2008)

The Council of Australian Governments (COAG) made a commitment to closing the life expectancy gap within a generation, and halving the mortality gap between Aboriginal and Torres Strait Islander and non-Indigenous children under 5-years of age. A focus on improving nutrition has largely been omitted from all the Closing the Gap responses.⁴⁵ The 2016 Closing the Gap report stated that the revised Community Development Programme aimed to provide opportunities for job seekers in remote communities to contribute in a range of areas, including food preparation and nutrition.⁵⁴ However, no further details were ever provided.

The 2019 Closing the Gap report only twice mentions nutrition as a risk factor for chronic disease twice, and the only strategies to address food security included are the 100 licensed stores operating under the Northern Territory Community Stores Licensing Scheme, and the Commonwealth-owned company, Outback Stores, which manages 37 remote community stores on a fee for service basis across the Northern Territory, Western Australia and South Australia.³¹ At a national level, current initiatives are unlikely to have significant impact on nutrition, food security or diet-related health of Aboriginal and Torres Strait Islander people.^{45, 55, 56}

Close the Gap (2006)

In 2008, the Close the Gap campaign partners developed a detailed set of targets at the National Indigenous Health Equity Summit, which culminated in the signing of the Close the Gap statement of Intent. Among the proposed targets was that by 2018, 90% of Aboriginal and Torres Strait Islander families could access a healthy food basket for under 25% of their income.⁵⁷ This target was neither endorsed by government, nor monitored, and is very unlikely to be achieved under current initiatives. The Close the Gap progress and priorities report 2017 stated that greater attention on nutrition and food security is required to support the push for ending the life expectancy gap.⁵⁸

COAG National Strategy for Food Security in Remote Indigenous Communities (part of the National Indigenous Reform Agreement) (2009-2012)

The Strategy³⁶ aimed to improve food security of Aboriginal and Torres Strait Islander Australians living in remote communities through sustained coordinated action to improve the food supply and nutritious food consumption in four jurisdictions (WA, SA, NT, and QLD). Five key actions to improve food security included:

- National standards for stores and take-aways;
- A National Quality Improvement Scheme to implement the standards;
- Incorporating stores under the Corporations Aboriginal and Torres Strait Islander Act;
- National Healthy Eating Action Plan;
- National Workforce Action Plan.

Under the Strategy national standards for stores and takeaways were piloted in 10 places and the National Healthy Eating Action Plan was developed but no funding was committed for implementation. The strategy expired in 2012 and was audited by the Australian National Audit Office in 2014.⁵⁹ The audit found that the strategy was adapted for implementation in some areas, such as the SA Government's Anangu Pitjantjatjara Yankunytjatjara Lands food security strategic plan 2011-2016.⁶⁰ However the audit found that activities were focused mainly in the NT, where they were associated with other programs such as store licencing under the Northern Territory National Emergency Response (known as 'the Intervention').⁶¹ The audit found that resourcing of the strategy was very poor and few outcomes had been achieved.⁵⁹

National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) 2013-2023 and Implementation Plan (2015)

The Health Plan is the current, long-term national framework to drive efforts to improve Aboriginal and Torres Strait Islander peoples health and is a key leverage point for action.^{62, 63} The plan mentions nutrition and food security but does not outline how it will be addressed.

National Nutrition Plan Scoping Paper (2016)

This scoping paper was commissioned in 2012, finalised in 2013 but not made available until a Freedom of Information request in 2016.⁶⁴ The evidence identified in this scoping study confirms that a new comprehensive nutrition policy is required urgently in Australia to address the high and increasing rates of diet-related disease and risk factors, including overweight and obesity, and to promote the health and wellbeing of the population, particularly vulnerable groups.⁶⁵

Four key principles to inform this are:

1. **Food, nutrition and health:** fundamental to improving the health outcomes of all Australians
2. **Social equity:** essential to reduce diet-related health disparities
3. **Environmental sustainability:** critical to ensure the supply of healthy foods both now and into the future
4. **Monitoring and surveillance, evaluation and review:** essential to produce quality, timely data to inform policy and practice.

Calls to improve Aboriginal and Torres Strait Islander nutrition and food security

There have been numerous calls for strategies to achieve equity in the availability and costs of healthy foods, including by the National Nutrition Networks Conference,⁶⁶ the Close the Gap National Indigenous Health Equality Summit,⁵⁷ the Australia 2020 Summit⁶⁷ and the Nutrition- the Gap in Close the Gap national forum in 2016.

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