Australian Red Cross, Dietitians Association of Australia and Public Health Association of Australia:

Submission on Performance Audit of Food Security in Remote Indigenous Communities

Dr Andrew Pope
Group Executive Director
Performance Audit Services Group
Australian National Audit Office
GPO Box 707
Canberra ACT 2601

Contact for submission
Melanie Walker
Acting CEO
Public Health Association of Australia
Email: mwalker@phaa.net.au

5 March 2014
Joint Submission: Food Security in Remote Indigenous Communities

Contents

Contents ........................................................................................................................................... 2

Key Points and Recommendations ................................................................................................ 3

Policy Response: Context .................................................................................................................. 3

National Food Security in Remote Indigenous Communities Strategy ......................................... 5

Effectiveness .................................................................................................................................... 5

Benefits for Indigenous communities from implementation ......................................................... 5

Improved food supply and affordability .......................................................................................... 5

Overall effectiveness: health and economic outcomes ................................................................. 6

Key areas for strengthened or improved implementation .............................................................. 6

Licensing of Community Stores in the Northern Territory ......................................................... 8

Effectiveness .................................................................................................................................... 8

Benefits for Indigenous communities from implementation ......................................................... 8

Overall effectiveness: health and economic outcomes ................................................................. 9

Key areas for strengthened or improved implementation .............................................................. 9

Administration of funding ............................................................................................................. 10

Effectiveness .................................................................................................................................... 10

Key areas for strengthened or improved implementation .............................................................. 10

Conclusion ....................................................................................................................................... 11

Introduction to Partner Organisations .......................................................................................... 12

Australian Red Cross .................................................................................................................... 12

Dietitians Association of Australia ................................................................................................. 12

Public Health Association of Australia .......................................................................................... 13

References ....................................................................................................................................... 14
Key Points and Recommendations

Food security strategies, interventions and initiatives that are the subject of this audit are likely to contribute to health and other benefits for Aboriginal and Torres Strait Islander Peoples living in remote communities, however publicly available evidence is limited.

We recommend that the ANAO acknowledge the:

1. Information exists to provide objective assessment of the activities against the audit requirements (e.g. Community Store Licensing, Aboriginal Benefits Account, store sales), but it is not publicly available or assessed.
2. Unacceptable food and diet-related health gap between Aboriginal and Torres Strait Islander and other Australians, the role of an adequate and secure diet in reducing this gap, and the urgent need for priority actions to ensure food security in remote Indigenous communities.
3. Governments’ primary role in developing targeted food and nutrition security policies and strategic actions, providing leadership to facilitate and coordinate action.
4. Need for sustained action from all levels of government - engaging relevant agencies including non-government organisations, and working with Aboriginal and Torres Strait Islander peoples.
5. Need to ensure all policy actions are developed with Aboriginal and Torres Strait Islander Peoples in a way that strengthens and supports their culture, health and capacity.

Specifically, we recommend:

1. ANAO request a full effectiveness of implementation evaluation of these activities, possibly by a third party. It is feasible and appropriate and should be conducted utilising existing information collected as part of each initiative and as part of external monitoring (e.g. external monitoring of food pricing, assessment criteria from store licensing);
2. Ongoing mapping and reporting on the full range of actions required to be progressed for food and nutrition security in Aboriginal and Torres Strait Islander Peoples residing in remote communities; 
3. Information regarding the workforce development requirements be made publicly available and an action plan developed, supported and implemented;
4. Information regarding the ‘Healthy Eating Action Priorities’ and measures be made publicly available and an action plan developed, supported and implemented; and
5. Monitoring, collation and distribution of health indicators related to food security in remote Indigenous communities.

Policy Response: Context

Australian policy and economic responses continue to influence food security. Complex and diverse environmental, economic, social and cultural factors are part of the determinants of health of Indigenous people living in remote communities in Australia. The community store plays a key role in the provision of food and other services in these communities (Altman et al. 2002; House of Representatives and Aboriginal and Torres Strait Islander Affairs Committee 2009).
Joint Submission: Food Security in Remote Indigenous Communities

The Australian Government’s commitment to the Close the Gap Statement of Intent for a comprehensive national plan for health and life expectancy equality by 2030, requires particular focus on an adequate number of trained health professionals and ensuring supplies of fresh healthy food are available by 2018.

Food security gains have been attributed to some of the Northern Territory National Emergency Response Act 2007 measures including the community stores licensing scheme with consultations identifying improved food quality and increased availability of fruit and vegetables and the impact of the school nutrition program on improving children’s diet. However, robust evidence is not available to support such conclusions and evidence regarding the effectiveness of broader intervention measures on sustained improvement to food security is not publicly available.

The EveryBody’s Business report highlights the issues and community perception of interventions to improve food security in remote indigenous communities and should be considered as part of the evidence for this audit.
National Food Security in Remote Indigenous Communities Strategy

Effectiveness

The performance of the National Food Security in Remote Indigenous Communities Strategy (NFSRICS) to enhance the range, safety, affordability, quality and amount of food, drinks and grocery items to meet the nutritional and related needs of remote Indigenous Communities.

The 2009 COAG NFSRICS schedule to the National Indigenous Reform Agreement 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.

Evidence from key informants and published reports has identified specific outcomes of NFSRICS including:

- An agreed definition of food security.
- Agreed specified actions to address food security including: development and piloting of a quality improvement scheme; a Healthy Eating Action Plan and a Workforce Action Plan.
- The collection of baseline information to inform the policy e.g. locating and mapping of stores and communities in jurisdictions where this was not previously done.
- The approach taken brought together different groups, agencies and Departments to share information and resources.
- The Early Childhood Nutrition and Anaemia Prevention Project (ECNAPP) - a program of preventive multi-micronutrient supplementation, peer-counselling and nutrition promotion - was piloted in six remote northern Australian Aboriginal communities with positive effects on child health outcomes, also identifying the importance of addressing anaemia in infants 6 months of age.

Benefits for Indigenous communities from implementation

Improved food supply and affordability

Evidence from key informants and published reports identified specific outcomes of NFSRICS in relation to improved food supply and affordability included:

- Surveys consistently find that healthy food baskets cost about 20-49% more in remote areas than in major cities. (Harrison et al. 2010, 2012 NT Market Basket). Recent studies in some jurisdictions show improvements since the timing of the NFSRICS. However, affordability remains a significant issue.
- The increase in the cost of healthy food rises faster than the Consumer Price Index for Australia. Most of the increase is due to the increasing cost of foods in very remote areas rather than in the major cities (reference as above).
- Key issues include - cost of food, cost of transport to remote and isolated locations and the nature of servicing small populations.
Food availability is often limited and variable. Food availability in remote and very remote Indigenous communities may also be severely impacted by the sudden closure of the community store or temporary disruptions to supply.

The development of agreed minimum standards for operating remote food businesses that are objectively assessable and make use of existing legislation and regulations has the potential to lift industry standards overall.

The provision and sale of food was found to be influenced by store interventions (RIST 2010 evaluation).

Leonard et al (1995) found the demand for fresh produce exceeded supply - a number of interventions currently in place appear to have addressed in part the supply issues.

Overall effectiveness: health and economic outcomes

Greater food security would be expected to have broader net benefits for communities and the nation, although these are often hard to quantify in advance and may take some time to be realised. In particular, the costs associated with health care and welfare dependency due to disabilities would be expected to fall and productivity and participation in the workforce would be expected to increase.

The National Food Security Strategy complemented other initiatives such as the Indigenous Chronic Disease Package and a range of other Indigenous National Partnership Agreements (Indigenous Early Childhood Development, Housing etc.). This was a strength and addressed nutrition issues that were not incorporated in other initiatives.

Key areas for strengthened or improved implementation

Overarching comment based on evidence from key informants and published reports:

- A limitation of the strategy was that national implementation did not progress as intended. It is understood that there was no reporting data on progress requested or published. More progress could have been made on the Healthy Eating Action Plan if resources were shared and coordinated nationally. The jurisdictional group under the National Breastfeeding Strategy seems to be a good model of how national coordination, sharing and reporting can work.
- Although the strategy commenced well following its release in 2009, there is not publically available evidence that joined up work continued or that full implementation of initiatives such as the Healthy Eating Action Plan or the Workforce Action Plan occurred. It appears pilot programs in some negotiated sites were conducted, but a full review of actions and outcomes would be welcomed.
- Further work needs to be undertaken to improve the demand for healthy food and to build the infrastructure (including workforce) to achieve this.
- External policy areas essential for maintaining food supply chains need to be considered. These areas include energy, water, communication and transport.
- Cultural awareness and competency training also needs to be included in workforce training. A cultural mentoring program (such as the Queensland Aboriginal and Islander Health Council or Victorian Aboriginal Community Controlled Health Organisation Peer Mentoring Guides) for all non-Indigenous staff should be embedded into position descriptions.
Joint Submission: Food Security in Remote Indigenous Communities

- Mechanisms to assist store managers to develop stronger collaboration on the ground are required.
- Black et al (2013) show clear health benefits from a substantial subsidy for healthy food where participants paid 20% of the real cost of fruit and vegetables. There is a strong case to explore a similar program, targeting pregnant and lactating mothers and young children and including some other nutritious choices as well.

Action 1 and 2: Standards and Quality Improvement

Evidence from key informants and published reports notes that:

- The NFSRICS implementation of the agreed minimum standards was different in each jurisdiction.
- The NFSRICS provided the opportunity for the sharing of resources and experience and was based largely on the experience of previous government interventions; however, no additional funding for implementation was available.
- There is no publicly available evidence of the existence of the National Quality Improvement Scheme for remote community stores; however, the basic intelligence (and if evaluated, data from community stores licensing in the NT to inform this) is available to develop the scheme with appropriate resources and commitment.
- Regarding the National Healthy Eating Action Plan, food subsidies might be worth exploring.

The partner organisations recommend the assessment of the feasibility of the National Quality Improvement Scheme for remote community stores.

Action 3: Incorporation of stores under the CATSI Act

Incorporation of stores under the CATSI Act allows Aboriginal organisations to form corporations and brings transparency of operation of businesses, by requiring transparent operational and financial disclosures. The Office of the Registrar of Indigenous Corporations provides training and support for Indigenous Corporations. There are differences between Commonwealth, state and territory incorporation legislation that is outlined on the Comparative table of Commonwealth, state and territory incorporation legislation.

A search of the public register of Indigenous corporations found 50 references to corporations with ‘store’ in the title: 12 stores were incorporated between 1994-1999, 7 between 2004 to 2007, and 19 since 2008 with the development of the strategy (2 in 2008, 3 in 2009, 6 in 2010, 5 in 2011, 1 in 2012 and 2 in 2013). Of note is that there were also 10 deregistrations listed.  

Action 4: Healthy Eating Action Plan

Evidence from key informants and published reports identified that a National Healthy Eating Action Plan for remote Indigenous communities that aimed to build community capacity to promote healthy eating and specifically the targets was developed. The plan focussed on the areas of research, promotion, knowledge and skills development, education and utilization.
The partner organisations recommend release of the National Healthy Eating Action Plan and any evidence of assessment of activities undertaken.

**Action 5: Workforce Plan to improve food security in remote Indigenous communities**

Work was undertaken to develop a best practice model for the workforce to improve the supply and demand for healthy food in remote Indigenous communities.

Significant cuts to the nutrition workforce in Queensland, Western Australia and South Australia will have an impact on the future investment in addressing food security issues. To support the retention of a nutrition workforce in remote areas, consideration could be given to varying salaries taking into account life and work experience. Current salaries are not adequate to attract experienced staff.

Cultural awareness and competency training also needs to be included in workforce training. A cultural mentoring program (such as the QAIHC or VACCHO Peer Mentoring Guides) for new non Indigenous staff should be embedded into position descriptions.

Training and workforce development for Indigenous staff is also important to support implementation of key initiatives. The Menzies School of Health Research is currently finalising development of a new short course - *Nutrition and food security: Approaches to improving the health of women and children* – designed for this purpose (see also separate submission by Menzies School of Health Research).

We recommend release of the National Workforce Plan and any evidence of assessment of activities undertaken.

**Licensing of Community Stores in the Northern Territory**

**Effectiveness**

The performance of licensing of community stores in the Northern Territory to enhance the range, safety, affordability, quality and amount of food, drinks and grocery items to meet the nutritional and related needs of remote Indigenous Communities.

Evidence from key informants:

- While community stores licensing has made a very noticeable impact in some communities where store workers/managers/community members are open to considering change, in other communities progress has been limited by gate keepers. Observations report that independent stores have shown the greatest improvement. Stores managed through ALPH and Outback were already operating more effectively and efficiently.

**Benefits for Indigenous communities from implementation**

The benefits for Indigenous communities of Community Stores Licensing include:

- Focus on food security with regulation of an essential service (i.e. often the only food supply) where there was previously no regulation.
Focus on increasing capacity of Aboriginal owners to manage their business. Provides greater opportunity for Nutritionists to work with the communities to impact on the food supply.

Overall effectiveness: health and economic outcomes

We are not aware of publicly available evaluation of CSL in terms of economic outcomes, however, suggest that it is likely that the evidence is available directly from those implementing the scheme or the stores themselves.

Key areas for strengthened or improved implementation

Based on evidence from key informants and published reports we recommend attention to the following areas, and the related need to use high quality data to evaluate interventions:

- Strong support for the concept and ongoing implementation of CSL.
- Consistent with the recommendation in the Report of the NTER Review Board, that the Australian Government examines the ways to address the high cost of food in remote community stores.
- A cost benefit analysis - or an evaluation of the cost of the CSL program - be undertaken.
- Current strategies address the local stores and takeaway outlets - action is required in relation to Government organisations and outlets - such as Police Stations - that sell sugary drinks and high sugar high fat snack foods to the community.
- Food and nutrition policies developed with store managers covering take-aways should be incorporated in all jurisdictions (see ALPA and Outback Stores food and nutrition policies - ALPA’s at a glance: http://www.alpa.asn.au/pages/Nutrition-Policy.html)
- Support and continue to develop initiatives such as the SHOP@RIC Stores Healthy Options Project in Remote Indigenous Communities, which will provide some evidence regarding effective implementation of store strategies (see: http://www.menzies.edu.au/page/Research/Projects/Nutrition/SHOPRIC_Stores_Healthy_Options_Project_in_Remote_Indigenous_Communities/)
- Consideration should be given to:
  - Freight subsidies - there were very few options for FACHSIA CSL to take the process further. There are no subsidies available to stores in very remote areas to transport fruit and vegetables, therefore limiting opportunity to offer fresh fruit and vegetables of good quality at a reasonable cost.
  - Subsidies for store products that are required for accessing bush and aquatic food sources, cooking appliances, hardware and petrol.
- Include support for local communities to develop alternate food access strategies.
- Include takeaway stores and vending machines in the review as these provide significant food in some communities.
- Recommend an independent review of the Return on Investment of the funding for Outback Stores – lessons learned to guide future work.
- Scope of licencing criteria as specified in the amended legislation (July 2010) on assessable matters has a main focus on food purchased in the store. There is one section that states ‘any other matter relating to food security that the Secretary considers relevant.’ Feedback from staff around the country identified that access to shop products that enable people to obtain...
Joint Submission: Food Security in Remote Indigenous Communities

bush tucker such as fishing equipment, gardening supplies and petrol could be addressed through this process.

- With some improvement in supply, there is increasing need to emphasise strategies to support changes in purchasing behaviour, working with the community to drive them. There is a small, but growing pool of research on the positive impact of product display manipulation to guide healthier eating decisions and purchases e.g. bottled water stored in refrigerators while soft drinks are left in the boxes. Positive outcomes may also be achieved by seeking agreement by local communities to stop having certain products available for sale - e.g. soft drinks - and to implement front of house display of healthier foods (Mai Wuri APY lands and Menzies School of Health Research – SHOP@RIC project seeking to document the impact on purchasing and consumption through a price reduction of 20% on targeted goods with and without an instore nutrition education strategy).

Administration of funding

Effectiveness

The performance of funding administration to support improved access to nutritious food in remote Indigenous communities in the NT (through the Aboriginal Benefits Account Community Stores Infrastructure Project and the Strengthening Remote Store grant funding under the Stronger Futures in the NT initiative)

Key areas for strengthened or improved implementation

Based on evidence from key informants and published reports we note the following areas for improvement:

- Transparency in relation to the needs assessment conducted to allocate funds and the progress of successful applications.
- Evaluation of the initiatives through stores sales (methods exist – e.g. RIST Monitoring Tool, Menzies School of Health Research) and rigorous qualitative methods.
Joint Submission: Food Security in Remote Indigenous Communities

Conclusion

The partner organisations support this timely performance audit to assess the effectiveness of the implementation of food security initiatives for remote Indigenous communities.

We appreciate the opportunity to make this submission and reiterate the urgent and compelling need to continue to work to ensure the effectiveness of the implementation of food security initiatives.

Please do not hesitate to contact Melanie Walker, Acting CEO of the Public Health Association of Australia, who will follow up with the partner organisations should you require additional information or have any queries in relation to this submission.

Melanie Walker
Acting Chief Executive Officer
Public Health Association of Australia

Claire Hewat AdvAPD
Chief Executive Officer
Dietitians Association of Australia

MICHAEL RAPER
DIRECTOR OF SERVICES AND INTERNATIONAL OPERATIONS
Australian Red Cross
Introduction to Partner Organisations

This is a joint submission prepared by the Australian Red Cross, Dietitians Association of Australia, and Public Health Association of Australia. The contributing organisations have a common interest in health and nutrition of Aboriginal and Torres Strait Islander Peoples.

The joint Australian Red Cross, Dietitians Association of Australia and Public Health Association of Australia Food Security for Aboriginal and Torres Strait Islander Peoples Policy (provided as Attachment A to this submission) highlights the need for - and initiates to address - food security in remote Indigenous communities.

**Australian Red Cross**

Australian Red Cross is part of the world’s largest humanitarian organisation. With over 100 million volunteers world wide and 60,000 members and volunteers in Australia we reach people and places like nobody else. Our work in Australia and internationally is focussed on improving lives and reducing vulnerability. We are independent of government and have no political, religious or cultural affiliation.

The International Red Cross and Red Crescent Movement includes the International Federation of Red Cross, Red Crescent Societies, the International Committee of the Red Cross (ICRC), and National Red Cross and Red Crescent Societies, such as Australian Red Cross, in 188 countries. In all we do our staff, volunteers and members are guided by the Fundamental Principles of the Red Cross Red Crescent Movement. These are Humanity Impartiality Neutrality Independence Voluntary Service Unity Universality. By bringing our Fundamental Principles to life through our work, we seek to actively promote tolerance and social harmony and reduce violence, conflict, discrimination and stigma. Red Cross ‘mobilises the power of humanity’ through developing, supporting and mobilising a strong and diverse supporter base. We rely on the skill, commitment and passion of our members, volunteers, donors, supporters and staff – together they give us unparalleled strength.

**Dietitians Association of Australia**

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5500 members across branches in each State/Territory. DAA accredits dietetic training courses in Australian universities and is the assessing authority for dietitians trained in other countries.

The interests of dietitians are broad and derive from training in three dominant areas of practice i.e. individual case management of medical nutrition therapy (clinical care), community and public health nutrition, and food service management. Dietitians work in diverse settings including hospitals, disability, private practice, public health, community health, food service, food industry, research and teaching.
Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies.
References

**Academic publications:**


**Reports:**


Policy-at-a-glance – Food Security for Aboriginal & Torres Strait Islander Peoples Policy

Key messages: The Public Health Association of Australia (PHAA), Dietitians Association of Australia (DAA) and Australian Red Cross recommend that Australian Governments –

1. Acknowledge the unacceptable food and diet-related health gap between Aboriginal and Torres Strait Islander and other Australians, the role of an adequate and secure diet in reducing this gap, and the urgent need for priority actions to ensure food security;

2. Take the primary role in developing targeted food and nutrition security policies and actions, and provide leadership to facilitate and coordinate action. A whole of government approach, and engagement with relevant agencies and partners is required;

3. Map and report on actions for food and nutrition security in Australia, with a focus on Aboriginal and Torres Strait Islander Peoples; and

4. Ensure all policy actions are developed with Aboriginal and Torres Strait Islander Peoples in a way that strengthens and supports their culture, health and capacity.

Summary: Food security is a fundamental human right. Food insecurity is a significant issue for Aboriginal and Torres Strait Islander people in remote, regional and urban parts of Australia. This has a long history commencing with colonisation of Australia and ongoing policy and economic influences. These influences continue and are exacerbated by income and employment, family obligations, inadequate housing, remote store practices and transport to name a few. This history and current circumstances mean that presently families go hungry, a high incidence of malnutrition persists alongside the disproportionate burden of chronic disease. This policy seeks to serve as an urgent call for sustained action and leadership from all levels of government and non-government organisations, working with Aboriginal and Torres Strait Islander peoples to achieve food and nutrition security.

Audience: Australian, State and Territory Governments and Agencies; Non-Government Health Agencies, policy makers and program managers. Media.

Responsibility: PHAA Food and Nutrition Special Interest Group (SIG); Dietitians Association of Australia and Australian Red Cross

Date policy adopted: November 2013

Contacts: Dr Christina Pollard & Andrea Begley, PHAA Food & Nutrition SIG: C.Pollard@curtin.edu.au A.Begley@curtin.edu.au; Jennifer Evans, National Food Security Coordinator, Red Cross: jeevans@redcross.org.au; Annette Byron, Senior Policy Officer, DAA: abyrion@daa.asn.au
Food Security for Aboriginal and Torres Strait Islander Peoples Policy

This is a joint policy of the Dietitians Association of Australia (DAA), the Public Health Association of Australia (PHAA) and Australian Red Cross (ARC). The purpose of this policy is to provide evidence regarding food security for Aboriginal and Torres Strait Islander peoples in Australia to inform strategic priority actions for Government and other key stakeholders.

We affirm:
1. 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.
2. Poor nutrition is responsible for around 16% of the total burden of disease [1,2] and is implicated in more than 56% of all deaths in Australia[3], and likely to be much higher in Aboriginal and Torres Strait Islander communities. In 2004-05, 24% of Aboriginal and Torres Strait Islander people over 15 years reported running out of food in the last 12 months, compared to only 5% of non-Indigenous Australians [4]
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”[5].
4. Food security is a fundamental human right. The 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”[6]. 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[7].
5. The 1996 World Health Organization’s declaration that “food security is built on three pillars:
   • Food availability: sufficient quantities of nutritious food available on a consistent basis
   • Food access: having sufficient resources to obtain appropriate foods for a nutritious diet (e.g. transport and financial resources
   • Food use: appropriate use based on knowledge of basic nutrition and care, as well as adequate water and sanitation”[8]
6. Further, that the conditions for food security include:
   • The physical availability of food in sufficient quantities and of sufficient quality produced in and imported into the country
   • Access of all people to food because they have the economic and other resources needed to acquire sufficient nutritious and safe food;
   • Reaching a level of nutritional well-being where all physiological needs are met, thanks to an adequate diet, availability of and access to clean water; and
   • Stable access to foods at all times, without the risk of running out of food as a result of unexpected external circumstances. [9]
Food security exists when:
   • people at all times have both physical and economic access to a diet quality for an active, healthy life;
   • the ways in which food is produced and distributed are respectful of the natural processes of the earth and thus sustainable;
   • both the consumption and production of food are governed by social values that are just and equitable as well as moral and ethical;
   • the ability to acquire food is ensured;
   • the food itself is nutritionally adequate and personally and culturally acceptable; and
   • the food is obtained in a manner that upholds human dignity[10].

2
We acknowledge that Aboriginal and Torres Strait Islander Australians:
7. Suffer significant health disparity compared to non-Indigenous Australians, particularly in diet-related preventable diseases, quality of life and life expectancy. It has been estimated that chronic diseases account for 80% of the mortality gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians aged 35 to 74 years[11].
8. Do not have an equal opportunity for health. Nor do they enjoy equal access to primary health care or 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 inequality, disease-focussed programs are not likely to result in sustainable changes[12].

We commend and support:
9. The Close the Gap Campaign for health equity, along with Australia’s peak Aboriginal and Torres Strait Islander and non-Indigenous health bodies, Non-Government Organisations and Human Rights organisations who are working together to achieve health and life expectancy equality for Australian Aboriginal and Torres Strait Islander peoples, aiming to close the gap on Aboriginal and Torres Strait Islander health inequalities within a generation [13].
10. The commitment to the Close the Gap Statement of Intent for a comprehensive national plan for health and life expectancy equality by 2030, with particular focus on an adequate number of trained health professionals and ensuring supplies of fresh healthy food are available by 2018 [13].
11. The Perth Declaration on Food Security Principles from Commonwealth Heads of Government Meeting in 2011 and remind the Commonwealth of its commitment to use the Principles to improve domestic food security[14].
12. Council of Australian Governments (COAG) 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.
13. The food security gains attributed to some Northern Territory National Emergency Response Act 2007 measures including the community stores licensing scheme with consultations identifying improved food quality and increased availability of fruit and vegetables and the impact of the school nutrition program on improving children’s diet [15, 16]. However, evidence regarding the effectiveness of broader intervention measures on sustained improvement to food security is not available.
14. The 2009 COAG National Strategy for Food Security in Remote Indigenous Communities schedule to the National Indigenous Reform Agreement[17]. The Strategy aims 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. Five key actions to improve food security include: (1) National standards for stores and take-aways, (2) A National Quality Improvement Scheme to implement the standards; (3) Incorporating stores under the CATSI Act; (4) a National Healthy Eating Action Plan; (5) a and National Workforce Action Plan[17].
15. Food security responses from a diverse range of government and non-government organisations that have emerged to address the complex issues presented with Aboriginal food insecurity. These responses vary from broad reaching food systems approaches through to micronutrient supplementation for anaemia prevention in children 6-24 months.

We note that:
16. A focus on improving nutrition has largely been omitted from the Close the Gap responses.
17. The Australian government have been working for many years, through policy, to reduce the disparity in food security, and, particularly to reduce the impact of food insecurity and poor health among Aboriginal and Torres Strait Islander peoples [18].
18. Between 2000 and 2010, the National Aboriginal and Torres Strait Islander Peoples in Australia Nutrition Strategy and Action Plan (NATSINSAP) [19] 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:
1. Food supply in remote and rural communities
2. Food security and socioeconomic status
3. Family focused nutrition promotion, resourcing programs, disseminating and communicating ‘good practice’
4. Nutrition issues in urban areas
5. The environment and household infrastructure
6. Aboriginal and Torres Strait Islander nutrition workforce; and
7. National food and nutrition information systems.
17. There was significant progress in some of the priority areas of NATSINSAP despite limited funding. Workforce training and development, and communication, collaboration and dissemination of good practice programs and processes including the Remote Indigenous Stores Takeaway (RIST) project materials [20]. This work formed the basis for subsequent programs and interventions. There was no action in the areas of household food security, or nutrition issues in urban areas. We note that there is no ongoing funding or review of NATSINSAP [21].
18. The Northern Territory National Emergency Response Act 2007 (NTER) implemented a community stores licensing scheme to improve food supply through improved store governance [22].
19. Everybody’s Business, the 2008 House Standing Committee on Aboriginal and Torres Strait Islander Affairs report outlined 33 recommendations for the role and management of community stores and strategies to improve nutrition, transport, food supply and affordability, regulation, policy and interventions [23]. We also note that there has been a limited response to this report [21].
20. Community participation in building appropriate food security initiatives is essential. Programs that do not have a high level of community ownership and support, or operate in isolation and do not address broader structural issues such as poverty or lack of access to nutritious foods do not work [24].
21. The need to focus on maternal and child nutrition, remote, urban and regional food security was again highlighted at The Way Forward for Indigenous Health: A focus on Food and Nutrition conference held in Canberra on 22 April 2010, by the NATSINSAP Steering Committee and the Public Health Association [25].
22. Underlying food security issues facing people in urban, rural and remote areas was a focus for the 2008 National Nutrition Networks Conference which recommended subsidies for infrastructure and transport; and reinforced the need for community consultation and nutrition expertise to implement store licensing in remote communities; and the importance of promoting the value of traditional food systems. Research priorities identified were: monitor the cost, availability and access to nutritious foods and identify actions to achieve equity in access; identify food security issues and impacts on Indigenous peoples; and mapping and reporting of food security [26].
23. 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 [11, 27-29].

Background: Aboriginal and Torres Strait Islander food insecurity

24. Traditional foods not only contribute to physical health but 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 [30].
25. Aboriginal and Torres Strait Islander peoples culture is diverse across different states, and between urban, rural and remote areas [31]. 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.
26. Aboriginal and Torres Strait Islander people’s participation in the planning, implementation and evaluation of initiatives in communities is essential [19, 26, 28, 29, 32].
27. The Aboriginal and Torres Strait Islander population is a younger population [33] and as such, services and strategies should be culturally sensitive, geographically and age appropriate, with particular strategies to engage children and adolescents.
28. Food security issues experienced by Aboriginal and Torres Strait Islander peoples vary across the nation [19]. The National Aboriginal and Torres Strait Islander Health Survey showed that nearly 30% of Aboriginal adults worry at least occasionally about going without food, indicating extensive food insecurity, and even greater for people living in remote areas compared to non-remote areas [34].
Aboriginal and Torres Strait Islander people living in remote areas were more likely to report having run out of food (36%) compared to 20% of those living in non-remote areas [35, 36].

29. Food insecurity is higher among Aboriginal and Torres Strait Islander peoples, with prolonged hunger, anxiety about acquiring food and/or relying on food relief more common. Aboriginal and Torres strait Islander people are more likely to report food insecurity, 24% compared to the 5% among non-Indigenous Australians [35].

30. Aboriginal and Torres Strait Islander people over 55 years of age are more likely than non-Indigenous Australians to go without food because they could not afford more in the previous 12 months, 17% compared to 2% [36].

31. Communities living in remote areas may be without food for extended periods due to weather or road conditions. In 2008, the Northern Territory found that 55% of surveyed communities did not have access to any fresh food for extended periods. A third of households surveyed in the 2002 National Aboriginal and Torres Strait Islander Social Survey reported days without money to buy food in the previous two weeks [37].

32. Urban and regional dwelling Aboriginal and Torres Strait Islander families report food insecurity. According to the Victorian Population Health Survey [38], 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 (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 [39].

33. Food insecurity contributes to the inequality of health status and life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous people in Australia. The ABS estimates that Aboriginal & Torres Strait Islander males born in 2005-2007 could expect to live to 67.2 years, 11.5 years less than the 78.7 years expected for non-Indigenous males. The expectation of life at birth of 72.9 years for Aboriginal & Torres Strait Islander females in 2005-2007 was almost 10 years less than the expectation of 82.6 years for non-Indigenous females[31].There is an earlier onset of dental decay, gum disease and most chronic diseases including obesity, diabetes, high blood pressure and cardiovascular disease. Low birth weight and poor growth in early life are also of concern along with susceptibility to infections and renal disease[32].

34. Aboriginal and Torres Strait Islander Australians are nearly twice as likely to be obese as non-Indigenous Australians[40].

We highlight the following food security determinants:

35. Food accessibility (including socioeconomic capacity), food availability (high food costs [32, 41-44] and limited availability of nutritious foods [32, 41-44]) and food use (e.g. inadequate household infrastructure [45]) determines food security.

36. Employment status, education level, home ownership and housing costs play an important role in food security, especially for low-wage workers [41].

37. Aboriginal and Torres Strait Islander people are particularly vulnerable to food insecurity due to poverty [46], or low or inadequate incomes [31, 46] and welfare dependency. Aboriginal and Torres Strait Islander households are 2.5 times as likely to be in the lowest income bracket households as non-Indigenous households.

38. In 2008, approximately 49% of Aboriginal and Torres Strait Islander adults were in the lowest quintile of equivalised gross weekly household income compared with 20% of non-Indigenous Australians.

39. It is estimated that on average, welfare dependent families in urban areas would need to spend up to 40% of their disposable income on healthy food, compared to only 20% of that of an average income earner’s budget [47]. In remote communities in Western Australia, based on 2010 prices, families receiving welfare would need to spend about 50% of their disposable income - compared to 16% on average - to purchase a healthy diet [44].

40. Monitoring of lower income levels and higher food prices mean the proportion of income that is spent on food increases, so consuming a healthy diet is even more unattainable for people living in remote areas. Families in remote communities in Northern Australia are estimated to spend an average 38% of
their income on food and non-alcoholic beverages [48]. This compared to 29.8% for the lowest income Australian households and 13.6% for the average Australian household [49, 50].

41. Aboriginal and Torres Strait Islander peoples are disadvantaged across all socio-economic measures when compared to non-Indigenous Australians [12]. Almost half of all Aboriginal and Torres Strait Islander children were living in jobless families in 2006, three times that of non-Indigenous Australians [51].

42. Access to food stores and transport are important determinants of food security for people living in remote areas. Connectivity between food stores and residential areas significantly challenges food security for people living in urban and regional areas[50]. Transport to food outlets and quality of public transport are strongly and independently associated with food insecurity in urban Australia [52].

43. 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 [32, 42-44, 48].

44. Take-away and convenience foods are often readily available for people in remote Aboriginal and Torres Strait Islander communities, usually energy dense and nutrient poor foods, such as soft drinks, sweets and microwaveable or deep fried food [32, 42-44, 48, 53]. This is also for an issue for many Aboriginal people in socioeconomically disadvantaged urban areas and regional centres.[53]

45. Food costs have risen in recent years in Australia, triggering an Australian Competition and Consumer Commission (ACCC) inquiry into the competitiveness of retail prices for standard groceries in July 2008. The ACCC found that a range of domestic and international factors caused this pricing inflation, for example local supply disruptions (natural disasters such as drought and adverse weather conditions) increased fruit and vegetable pricing. Also, the resources boom has increased raw material production costs, for example petrol and fertiliser, however, these reflect international trends. Only 1/20th of the increase in cost was due to increases in gross margins by grocery players. The report recommended a Horticulture Code of Conduct, unit pricing and planning laws [55].

46. The price of healthy food is increasing disproportionately to all foods. For example, in Queensland, between 2000 to 2006, the price of a healthy food basket rose by 42.7% compared to the CPI for food of 32.5% [44] [56].

47. All food costs more in remote areas. Research consistently finds that healthy food baskets cost about 20-43% more in remote areas than in major cities [18, 23, 42, 43, 57, 58]. Mean income levels decline with remoteness, yet food costs rise dramatically compared to major cities.

48. Freight charges, store management practices, and the reduced economies of scale for purchasing and retailing in small remote communities contribute to high food costs in remote areas [32, 44, 53].

49. 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 [26], the Close the Gap National Indigenous Health Equality Summit [59], the National 2020 Summit [45] and the Enquiry into Remote Stores [23].

50. 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 [60, 61]. In Aboriginal communities across Australia only 6% of houses have functioning nutritional hardware (storage space for food, preparation bench space, refrigeration, functioning stove and sink) [61]. Overall, only 6% of households reported not having working facilities for storing or preparing food, and 17% in the Northern Territory.

51. Nutrition education around shopping, food preparation and cooking, budgeting and choosing foods that promote health also impact on food security. However, whilst nutrition education is an effective strategy for improving diet, the effectiveness of such initiatives are dependent on healthy food being available and accessible [52].

52. Twice as many Aboriginal and Torres Strait Islander people than non-Aboriginal people report avoiding some food due to poor dental health, 34% compared to 17% [51].

53. 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. It is essential that researchers and practitioners work closely with local community members to understand the issues to ensure appropriate and sustainable interventions.
What is needed to support a food security response?

An adequately resourced and appropriately trained workforce

54. Excellent cross-cultural competency and communication are essential to an effective workforce in this area. 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 [19]. A trained nutrition workforce is needed to deliver effective interventions [50]. There is a lack of Aboriginal and Torres Strait Islander specific nutrition positions available at all levels [26].

55. Food and nutrition units have been integrated into core Aboriginal Health Worker primary health care training [62], however this training is not available Australia wide.

56. 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) at Health Worker, Bachelor and Post Graduate levels to ensure comprehensive and collaborative work is carried out across the traditional health silos.

57. There is very limited funding, support or opportunity 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. qualified Nutritionists or Dietitians.

58. Existing core training of health professionals in nutrition often fails to include an appropriate Aboriginal and Torres Strait Islander curriculum framework, which leaves non-Indigenous graduates ill-prepared for working with Aboriginal and Torres Strait Islander people and communities [19].

59. The role definition of many health positions working with Aboriginal and Torres Strait Islander communities is often inadequate. 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. Food security workforce needs to cross many traditional health silos, as well as relying on non-health roles (for example business management). Role definitions should be expanded to include the essential role of food security work.

Food security mapping, monitoring and surveillance

60. Countries are encouraged to map actions for food security. This includes mapping culturally significant food security indicators as well as outcomes [63-65].

61. Australia has an ad hoc and uncoordinated food and nutrition monitoring and surveillance program, and no system [66]. 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 [67].

62. The 2011 to 2013 Australian Health Survey is currently collecting information on Aboriginal and Torres Strait Islander peoples self-reported diet; physical activity and smoking; and measured indicators of chronic disease, such as obesity, blood pressure, blood sugar and cholesterol levels; as well as some indicators of nutrition status, such as iron and vitamin D levels [68]. Although this is welcomed, it should be considered the first benchmark for the regular ongoing monitoring and surveillance system.

63. The Coordinator-General for Remote Indigenous Services Act 2009 was established for the purposes of providing a Coordinator for Remote Indigenous Services who will monitor, assess, advise in relation to, and drive progress towards achieving the Closing the Gap targets in those specified locations [69]; Closing the Gap targets are the 6 targets agreed to in the National Indigenous Reform Agreement [69].

64. The Remote Indigenous Services Act 2009 requires a monitoring and assessment system [69] with bi-annual reports. The fifth biannual report in 2011 states that preventative health measures will be reported on in the sixth report [70].

We resolve to:

65. Provide continuing professional development opportunities for members of DAA, PHAA and Australian Red Cross that enhance the knowledge and skills of non-Indigenous public health practitioners, Dietitians and Nutritionists around the nutrition, cultural and related health needs of Aboriginal and
Torres Strait Islander peoples, similar to what is proposed in the Indigenous Public Health Curriculum Framework [71].

66. Work with governments, non-government organisations, industry and the community to address the issues of food insecurity.

To address food security, all Australian Governments are encouraged to work in partnership with local communities to:

67. Continue to build national, coordinated, strategic, cross sectoral approaches to address food security, with priority action for all Aboriginal and Torres Strait Islander people. As a priority, evaluate and continue implementing the COAG’s Food Security in Remote Indigenous Communities strategy [17].

68. Provide leadership to establish a long-term overseeing group (inclusive of Aboriginal and Torres Strait Islander representatives) to drive the development of partnerships and coordinate the implementation of interventions to improve food and nutrition security.

69. Urgently address issues contributing to the unacceptable level of food insecurity experienced by Aboriginal and Torres Strait Islander Australians living in remote Australia, through economic and policy interventions to improve the supply, affordability and availability of nutritious foods to achieve equity in the cost of healthy food. These include financial Instruments such as taxation and food subsidies.

70. Urgently address issues contributing to the unacceptable level of food insecurity experienced by Aboriginal and Torres Strait Islander Australians living in urban and regional Australia, through economic and policy interventions to improve affordability and availability of housing, public transport and nutritious food as well as improving socioeconomic status for Aboriginal and Torres Strait Islander people.

71. To address food security, Local Governments must facilitate local solutions to improving supply of and access to nutritious food in their Municipal Plans.

72. Urgently address issues contributing to the unacceptable level of food insecurity experienced by Aboriginal and Torres Strait Islander Australians living in remote Australia, to improve supply chain efficiencies and transport logistics to improve the quality, safety and availability of nutritious foods. This requires strategic partnerships with the food industry.

73. Urgently address issues contributing to the unacceptable level of food insecurity experienced by Aboriginal and Torres Strait Islander Australians living in remote Australia through a reconceptualisation of the role of stores in remote communities from a commercial profit making food transaction activity to an essential community service hub with appropriate funding and staffing.

74. Urgently address issues contributing to the unacceptable level of food insecurity experienced by Aboriginal and Torres Strait Islander Australians living in remote Australia, to improve gaps in social status (focussing on areas of employment, adequate income and welfare, supporting mechanisms such as voluntary income management).

75. Develop and resource intervention models that address child and maternal health and include a focus on nutrition and growth in this area. Specifically, investing in the first 1000 days, from conception to 24 months which can have a profound impact on children’s ability to grow and learn which has long term effects on society’s health and prosperity.

76. Establish an ongoing national food and nutrition monitoring system as recommended in the Nexus Report, [67] which addresses the needs of Aboriginal and Torres Strait Islander peoples and includes data on food security. Integrate findings into reports such as the bi-annual reports for the Remote Indigenous Services Act 2009 - requires a monitoring and assessment system [69].

77. Disseminate the 2011-13 Australian Health Survey findings through Aboriginal and Torres Strait Islander networks and work with communities and key stakeholders to address the findings. Ensure comparability of data between Aboriginal and Torres Strait Islander groups and non-Indigenous Australians.

78. Ensure actions resulting from the national food pricing inquiry are inclusive of the specific needs of Aboriginal and Torres Strait Islander people living in urban, rural and remote areas [26].

79. Collaborate with experts to improve the current housing policy and housing infrastructure inadequacies that contribute to food insecurity in Aboriginal and Torres Strait Islander homes.
80. Promote research into food security for Aboriginal and Torres Strait Islander people, including people living in major urban centres, by highlighting food security themes for conferences, professional development workshops and association publications in accordance with NHMRC [46,72].

81. Support initiatives (including cadetships) for the employment and training of Aboriginal and Torres Strait Islander people to strengthen the food and nutrition expertise, skills and knowledge of Aboriginal and Torres Strait Islander peoples [19, 26].

82. Implement the cultural respect framework to ensure Aboriginal and Torres Strait Islander health workers are valued for local nutrition knowledge around cultural processes and traditional knowledge [26].

83. Work and continue to build across and within sector strategic collaborations and partnerships to address food security - including health, education, housing, human services, employment and training, social services, child protection, all levels of government and between government, industry and non-government organisations - to address food security in urban, rural and remote locations.
Related PHAA policies
Aboriginal and Torres Strait Islander Health
Food and Health
Food and Nutrition Monitoring and Surveillance
Available on the PHAA website at: www.phaa.net.au

Related DAA policies/submissions
National Human Rights Consultation, June 2009.
Available at www.daa.asn.au > For Health Professionals > DAA Submissions > 2009 DAA Submissions

Related Red Cross policies/submissions
Strategy 2015
Food Policy
Diversity Policy
Gender Equity Policy
Advocacy Policy
Aboriginal and Torres Strait Islander Reconciliation Action Plan
Submissions to the National Food Plan Issues paper 2011 and White Paper 2012; Department of Agriculture Fisheries and Forestry
Submission to the House of Representative Standing Committee on Aboriginal and Torres Strait Islander Affairs Inquiry into Remote Stores 2009
Available at: www.redcross.org.au

ADOPTED 2012
This policy was developed and adopted as part of the 2012 PHAA policy revision process.
References


27. Office of Aboriginal Health, *FoodNorth: Food for Health in North Australia*, Department of Health in Western Australia, Editor 2003, Department of Health in Western Australia.; Perth.


44. Western Australian Department of Health, Food Access and Cost Survey 2010


