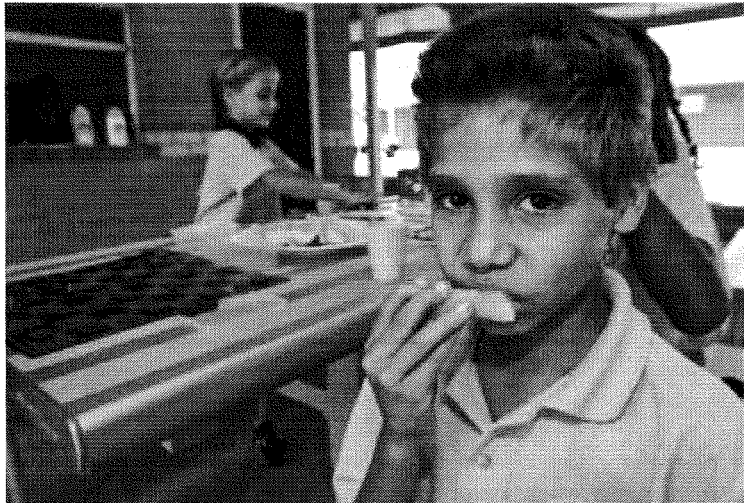


Australian Red Cross Submission to
House of Representatives Standing Committee on
Aboriginal and Torres Strait Islander Affairs
Inquiry into Remote Stores

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Arriving early at school in remote Western Australia means sharing breakfast with friends and volunteers at a Red Cross Good Start Breakfast Club. A healthy morning meal helps set up good routines and better concentration in the classroom. And hanging out with adult volunteers can offer students a different perspective on life. Around the country, Breakfast Clubs dish up 751,739 healthy morning meals per year to primary-age children at schools in areas of most need, encouraging healthy eating and social interaction.

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”

Article 25. Universal Declaration of Human Rights, 1948

February, 2009

Introduction and Recommendations

Australian Red Cross (Red Cross) welcomes the establishment of the Inquiry into Remote Stores by the Federal Government. The issue of food security in remote communities is critical to the health and wellbeing of Aboriginal and Torres Strait Islander (A&TSI) people. It is the overwhelming view among the majority of health professionals that nutrition is the main contributor to the majority of chronic diseases and high mortality rates being experienced in remote A&TSI communities.¹ The management of stores and their involvement in these nutrition issues, especially as there is often only one food retailer in many remote communities, is of critical importance.

Red Cross works in partnership with 60 remote communities nationally on a range of food security related initiatives and is further extending this commitment into other areas, at the request of those communities. The Red Cross National Board has endorsed Indigenous disadvantage as one of the seven core priority areas for Red Cross work, in recognition of the significant levels of disadvantage experienced within A&TSI communities.

The Red Cross Food Security framework is drawn from that of the International Federation of Red Cross and Red Crescent Societies and is built on three pillars: Food Supply, Accessibility and Utilisation. Current Red Cross Food Security initiatives include:

- supporting communities to establish and operate school breakfast programs; Red Cross currently supports more than 275 breakfast clubs nationally, 60 of which are in remote communities;
- delivering nutrition and health education initiatives such as FOODcents (a nutrition and budget training initiative that supports participants in purchasing and preparing healthy foods on a low budget);
- supporting communities to develop food security advocacy and policy/action initiatives;
- delivering 'soup patrol' and other street-based food provision support services.
- establishing school/community gardens as a nutrition education and food security tool;
- research and evaluations that inform and contribute to the landscape of food security strategies in Australia;
- raising awareness in the community of key food security issues and programs.

Red Cross supports a continued focus on the review and development of strategies to address food insecurity in remote communities. It is acknowledged that there is an existing large body of work undertaken by a range of Aboriginal and other community organisations and Government, including Mai Wiru² and NATSINSAP³. This work has

¹ Australian Medical Association; Roy Morgan Research 1997

² Mai Wiru: Process and Policy, Regional Stores Policy and associated regulations for the Anangu Pitjantjatara Lands see

http://www.nganampahealth.com.au/component/option,com_docman/task,doc_details/gid,42/Itemid,15/

³ National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000 – 2010 See http://www.healthinfonet.ecu.edu.au/html/html_community/nutrition_community/programs_projects_less_ons/nutrition_national_programs.htm

been invaluable in forming the views presented here and the strategies that Red Cross employs in its work.

Red Cross recommends:

1. Investment in store infrastructure either directly through Government grants or through models similar to those employed by Outback Stores whereby infrastructure costs are recovered through store profits.
2. Subsidised freight to ensure lower costs and subsequent prices for retail operators and communities.
3. Subsidised fruit and vegetables and other health foods.
4. Subsidised maternal and child health supplies and provision of free or low cost supplementary feeding programs for pregnant women, infants and children.
5. Continued and strengthened regulation and monitoring to ensure that monopoly stores are not unjustly charging their customers or mismanaging stores.
6. Support for other food supply initiatives such as traditional means (eg. fishing, hunting etc) and school, community and household gardens.
7. Investment in community infrastructure and in particular, those elements that would contribute to the alleviation of food insecurity such as housing, cooking, storage facilities and refrigeration.

Food Security and Poverty

Food security exists when there is regular physical and economic access to safe, nutritious, culturally acceptable and affordable food from non emergency sources⁴. Food security embraces a systemic view of the causes of hunger and poor nutrition within a community while identifying the changes necessary to prevent their occurrence. There are three pillars identified to ensure food security – food supply, food access and food utilisation.

Poverty and food insecurity are inextricably linked. Socio-economic determinants are risks factors in food insecurity⁵. The extreme social disadvantages of Aboriginal and Torres Strait Islander (A&TSI) people across Australia – seen in measures of education, employment and income are important contributors to their poor nutritional status. As an example, in the Territory the Indigenous unemployment rate is around 61.5% compared to 5% for non-Indigenous Australians nationwide⁶.

The average income for an A&TSI family is less than half that of a non Indigenous household⁷. The poverty that is facing families in the communities is contributing in major part to their food insecurity. The income of Aboriginal people declines with the level of isolation and with the combination of high food prices in the local store it becomes unattainable for people living in remote areas. The portion of income

⁴ World Food Summit Plan of Action, 1996, World Food Summit, Rome Italy 17 – 19 November, 1996

⁵ Public Health Association, Dieticians Association of Australia, 2008, Food security for Aboriginal and Torres Strait Islander Peoples Policy

⁶ Li SQ, Guthridge SL, Tursan d'Espaignet E, Paterson BA. From Infancy to Young Adulthood, Health status in the Northern Territory, 2006. Darwin: Department of Health and Community Services, 2007.

⁷ Australian Bureau of Statistics. 2008. The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008. ABS Cat. No. 4704.0: Canberra.

dedicated to food is 38% on average, compared to 13.6% for the average Australian household⁸.

Indigenous families are spending three times more than the average household allocation for food and it is still not sufficient to cover the elementary nutritional needs of the family.

Terms of Reference –Parliamentary Inquiry into Remote Stores

1. Food Supply, Quality, Cost and Competition Issues;

Most Australians can access a wide variety of food, shops and places to eat. Unfortunately, many Aboriginal and Torres Strait Islander people in remote communities do not have choice. Their food security and resultant health outcomes depend on one place: the local store.

Often hours drive from a regional centre, local stores are supplied with fresh food from once a week to once a month in remote places. Some communities can face complete isolation without any supply for prolonged periods due to floods. The quality of the food is frequently spoiled by long journeys in trucks and barges, often ill equipped for the heat, dust and arduous journey. Extensive storage time in non-adapted infrastructures also leads to a deterioration of foods' nutritional value. The variety of foods and their availability, especially fresh products, is also poor because of a lack of cool storage and display facilities, of store management expertise and reliable distribution networks.

Investment in store infrastructure is essential to ensure improved quality and nutritional sustainability of foods. The model used by Outback Stores whereby the investment in infrastructure is made 'up front' with costs recovered through store profits is an effective solution. DATSIP⁹ in Queensland has recognised improved purchasing of fruit and vegetables due to store infrastructure development and this strategy is worthy of consideration.

Generally, stores in remote Aboriginal communities are the most expensive food shops in Australia providing the worst quality food. The poorest people in the country are forced to endure the highest prices in the country. Market basket surveys of weekly family groceries have found that food prices in remote communities are 150 to 180% higher than in capital cities¹⁰.

A policy that supports subsidisation of healthy foods and transport costs is essential to ensure the basic right to access adequate food in remote communities. Prohibitive freight costs and lack of purchasing power through economies of scale are significant contributors to the exorbitant prices in remote stores.

Transport costs and low numbers of costumers can largely explain the high prices, however at times poor management from store operators in a monopoly position can contribute to the situation. Regular monitoring of prices and store management

⁸ Op Cit Public Health Association 2008

⁹ Department of Aboriginal and Torres Strait Islander Partnerships, Queensland Government

¹⁰ Thomson, N. (September 2001) 'Nutrition of Australian Aboriginal peoples-past and present' Food-for Healthy People and Healthy Planet., Nature and Society Conference Proceedings, <http://www.natsoc.org.au>

practices need be undertaken to ensure stores are not unfairly leveraging their monopoly status.

In many discrete communities it is also the case that there is no local store in the community to service the population and community members are forced to source their food from external locations, often a considerable distance away. Communities without a store require either establishment of one, or improved and subsidised transport options to enable communities to access food sources and retailers outside of the community and/or support for alternative food sourcing arrangements such as through Co-operatives.

Traditional and localised methods can also support food security. Hunting, fishing and household, school or community gardens have all contributed as supplementary strategies to the purchasing of food from stores. Initiatives that support these methods will make an ongoing contribution to food security in remote communities.

The third pillar of Food Security relates to the utilisation of foods and it is essential that availability/supply measures are implemented alongside strategies to ensure that these foods can be effectively utilised. Nutrition education is a component of this however adequate housing, services and cooking facilities are critical in developing an enabling and healthy environment for food security. Remote communities are often suffering from extremely poor living conditions characterised by overcrowding, inadequate water and washing facilities, poor sanitation and sewage disposal and limited food storage facilities¹¹. Poor storage and non-hygienic or non-existent food preparation facilities are similarly, critical impediments to safe and adequate food consumption. Investment in this type of infrastructure will be necessary if any supply/ availability strategy is to be genuinely successful.

Health indicators in Aboriginal remote communities demand that maternal and child health be addressed as a priority in terms of access to food, nutrition education and primary health care.

Subsidising a meal for children at school through a program like Red Cross Breakfast Club is an example of one element of an effective food security strategy for children.

Red Cross has developed the concept of Breakfast Club as a response to child food insecurity. Good Start Breakfast Club is a community program run by Australian Red Cross in conjunction with community volunteers with support from Coles, Sanitarium, Outback Stores and more than 200 local community businesses.

Each morning in schools or communities of most need around Australia, community volunteers serve a nutritious breakfast of cereal, toast and fruit to children who may otherwise go hungry. In addition to providing breakfast to children in need, GSBC strives to educate the community on the importance of healthy diets and strategies to ensure these. GSBC also strives to advocate for those who struggle to regularly provide food for their families.

School meal programs offer the opportunity to alleviate hunger – both overt and hidden – among children. But their benefits go beyond nutrition. Studies have found that school meal programs can provide an incentive for school attendance, encourage

¹¹ "Review of Nutrition and Growth among Indigenous People" Burns J, Thomson N (2008)

children to stay in school and help them to focus and retain what they learn¹². The programs can also provide significant support for the development of social and living skills and to wider community engagement in the health and wellbeing of children

2. The Effectiveness of the Outback Stores Model, and Other Private, Public and Community Store models;

Red Cross supports the implementation of models such as those developed through the Outback Stores, DATSIP stores and Arnhem Land Progress Association (ALPA) initiatives. In particular Red Cross supports the underlying principles that seek to;

- operate a professional business that returns all profits to the community;
- invest in community and store infrastructure;
- sincerely engage with and work to ensure community ownership of the process and initiative, including investment in education and capacity-building;
- promote employment opportunities for Aboriginal and Torres Strait Islander people;
- use collective purchasing power to ensure a reduction of costs and subsequent prices;
- conceptualise the store as a health enabler and promoter in addition to a business, with view to ensuring ready availability of affordable healthy foods and health products and integrating education and other initiatives to promote positive health outcomes.

Red Cross has developed a national partnership with Outback Stores and has recently signed a Memorandum of Understanding to guide the partnership. The collaboration aims to “work towards making a positive impact on the health of remote Aboriginal people by partnering with Indigenous communities to deliver long term sustainable health outcomes.”

Among other strategies and initiatives, Red Cross and Outback Stores have committed to;

- ensuring that fruit is continually available for all breakfast clubs that operate in communities where there is a joint Red Cross/Outback Stores presence;
- joint development of in-store nutrition and health promotion initiatives and resources;
- coordinated delivery of community level nutrition training and health promotion activities and resources;
- sharing of sales and other data that will inform ongoing development of food security strategies and;
- collaboration in the development of food security policies and advocacy initiatives.

The isolation, cost of transport, poor infrastructure and inadequately qualified staff are some of the difficulties faced by store managers. However, some of the stores are dysfunctional because of mismanagement or lack of knowledge and skills in store

¹² World Food Programme and United Nations Children's Fund, The Essential Package: Twelve interventions to improve the health and nutrition of school-age children, WFP School Feeding Service, Rome, 2005.

management. Ongoing training, support and monitoring of store managers and policies will be critical to ensuring increased quality of affordable healthy foods.

Quality of infrastructure is a key element in food security. Limited supply of food has to be balanced with adequate, appropriate and reliable plant and equipment including storage (chilled, frozen, dry goods) and shelving/display. In addition, systems and procedures should be implemented for the management of cold chain, hygiene and stock control issues.

The financial viability of the store is important but the health of the community remains the priority. Beyond being a food, clothes and variety articles shop, the local store plays a vital community education role and has a clear impact on the health and life expectancy of the residents.

Therefore, store managers need to be trained in nutrition and food security principles. The community store should be considered and seen as a part of the "health infrastructure" linked to the primary health care system. As the only food provider the retail store needs to ensure that appropriate food will be available at affordable cost to cover the nutritional requirements of the community. The stores must be cognisant of the nutrition needs of Aboriginal people and particular community groups, in particular the specific needs of infants and women in pregnancy and those breastfeeding.

Clear regulations and codes of conducts need to be maintained and improved in order to monitor stores activities. The store manager should report to the store committee on turnover of various categories of healthy foods (dairy, meat/fish, vegetables and fruits including fresh, frozen, tinned and dry). The Government should legislate on store price thresholds and develop a subsidised system for specific targets groups (women in pregnancy, children, people suffering from chronic diseases, malnutrition).

The capacity of the community to control and monitor the store has to be strengthened. Governance and financial literacy training should be provided to the store committee and community members with a special focus on stores policies and practices, credit/book up and store financial status/trading position.

As the food focal point the store needs to play a social role by providing nutrition education, food utilisation (cooking lessons) and engaging the community in health promotion. Elements such as these can be effectively supported and implemented by partner organisations such as Red Cross.

As previously mentioned, food is a major underlying cause in the dramatic health state encountered in Aboriginal communities. Most of the chronic diseases including diabetes, renal disease, malnutrition or high blood pressure require an adapted, personalised and specific diet. Inappropriate food in existing renal disease or diabetic's cases can be life threatening. Medical and nutritional follow-up are essential, diets should be prescribed by medical practitioners and supplied through subsidised products at the local store. This medical oriented strategy allows a better follow-up of the patients with a direct and on-going health education. This approach needs to be reinforced by strong participation and involvement of the community through womens/mens groups, peer education support and local organisations.

3. The Impact of These Factors on the Health and Economic Outcomes of Communities.

Malnutrition or food insecurity is often associated with developing countries, however 11% of Aboriginal and Torres Strait Islander (A&TSI) children in the Northern Territory under 5 are wasted, rendering these children at the same level as the children of Somalia¹³. According to the International Federation of Red Cross and Red Crescent, wasting, or low weight for height, is a strong predictor of mortality among children under five. Indeed, the infant mortality rate among A&TSI people is three times higher than the national average.

Alarming, the number of stunted children in the Northern Territory has reached 11.3%¹⁴. Stunting, or growth retardation of children, is well established as an indicator of under-nutrition. It is also an appropriate indicator for child poverty, since it reflects economic and social deprivation and whether children's basic needs have been adequately met in their early years¹⁵.

In 2006, 14% of Aboriginal babies in the Northern Territory were born with low birth weight compared to 5.8% for non-Indigenous babies¹⁶. Low birth weight is associated with an increased risk of neonatal death and is a potential causal factor in serious chronic illness such as kidney failure, diabetes and cardiovascular disease¹⁷. Over one quarter of low birth weight cases are thought to be caused by maternal malnutrition. Nutritional status is crucial for the mother, as it influences both her own health and that of her baby. Low dietary-energy intake, malnutrition, inadequate weight gain during pregnancy, and low pre-pregnancy weight can lead to intra-uterine growth retardation, which in turn can reduce birth weight¹⁸.

Because of the lack of availability of affordable nutritious food in remote areas, by the age of six months, when solids should be introduced, infants can be given poor diets including soggy bread, egg and some bush foods supplemented by baby feeding bottles of cordial or soft drink. Dried full-cream cow's milk is also used, as infant formulas are not always available or are too expensive at the local store.

As the only food provider, the local store has a direct impact on maternal and child health. Stock shortages, high costs, poor quality of food, and lack of nutritional information can have a dramatic impact on the health and survival of mothers and children.

Food insecurity is not only affecting children but represents a key risk factor for many diseases that are major causes of adult death in Aboriginal communities. It can increase the risk of cardiovascular disease, diabetes, some cancers, obesity, gall

¹³ World Food Programme and United Nations Children's Fund, *The Essential Package: Twelve interventions to improve the health and nutrition of school-age children*, WFP School Feeding Service, Rome, 2005

¹⁴ OpCit Li SQ, Guthridge SL, Tursan d'Espaignet E, Paterson BA., 2007

¹⁵ Op Cit World Food Programme and United Nations Children's Fund 2005

¹⁶ *From Infancy to young Adulthood, Health status in the Northern Territory, 2006*, Northern Territory Department of Health and Community Services

¹⁷ Victorian Aboriginal Health Service – Aboriginal children's health
http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Aboriginal_children's_health?open

¹⁸ Op Cit Burns J, Thomson N (2008)

bladder disease, iron-deficiency anaemia, dental caries and renal disease¹⁹. Food insecurity represents a major contributor to the inequality of health status between Indigenous and non-Indigenous people and to the difference of 17 years in life expectancy. Diabetes is widespread among remote communities with prevalence rates four times those for non-Indigenous Australians and kidney disease is nine times higher²⁰.

The Australian situation is not unique. Other developed countries have faced similar gaps in life expectancy between Indigenous and non-Indigenous populations. Nevertheless, with holistic approaches and a strong focus on food and nutrition with critical groups such as women, infants and children, Canada, New Zealand and USA have been able to radically reduce the gap. Similar commitment and measures in Australia can yield the same results.

Red Cross welcomes the focus on Indigenous nutrition in remote communities and looks forward to working collaboratively with communities, government and other organisations to ensure that all Australians are able to access and utilise the foods they need to enjoy strong, positive health outcomes.

Key Recommendations – Inquiry into Remote Stores

1. Investment in store infrastructure either directly through Government grants or through similar models as those employed by Outback Stores whereby infrastructure costs are recovered through store profits.
2. Subsidised freight to ensure lower costs and subsequent prices for retail operators and communities.
3. Subsidised fruit and vegetables and other health foods.
4. Subsidised maternal and child health supplies and provision of free or low cost supplementary feeding programs for pregnant women, infants and children.
5. Continued and expanded regulation and monitoring to ensure that monopoly stores aren't unfairly charging their customers or mismanaging stores.
6. Support for other food supply initiatives such as through traditional means (eg. fishing, hunting etc) and school, community and household gardens.
7. Investment in community infrastructure and in particular, those elements that would contribute to the alleviation of food insecurity such as housing, cooking, storage facilities and refrigeration.

¹⁹ Australian Institute of Health and Welfare (2006). Australia's health 2006: the tenth health report of the Australian Institute of Health and Welfare. (AIHW Catalogue no. AUS 73) Canberra: Australian Institute of Health and Welfare

²⁰ Gary Banks, November - The health emergency, Fred hollows Foundation 2003