

3. BACKGROUND INFORMATION:

1998 –National Environmental Health Forum recommended better collaboration and integration of approaches, resulting in the *National Environmental Health Strategy*.

[http://www.health.gov.au/internet/main/publishing.nsf/content/798726839F2B2FA6CA2572D40008D566/\\$File/enHealth%20NEHS%20final%20for%20web%20Nov%2007.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/798726839F2B2FA6CA2572D40008D566/$File/enHealth%20NEHS%20final%20for%20web%20Nov%2007.pdf)

2000 –*Western Australian Aboriginal Health Strategy* signed by State Government Department of Health; the Commonwealth's Department of Health and Aged Care; ATSIC; and, the Western Australian Aboriginal Community Controlled Health Organisation. <http://www.diabetes.health.wa.gov.au/docs/WAAHS.pdf>

2001 –Health Ministers approved Eat Well Australia 2000-2010 (EWA) and *National Aboriginal and Torres Strait Island Nutrition Strategy and Action Plan (NATSINSAP)*, strategic plans to improve public health nutrition. <http://www.nphp.gov.au/publications/signal/natsinsa1.pdf>

The establishment and resourcing of implementation management groups for both EWA and NATSINSAP were priority actions for the first three years of the strategy. The NATSINSAP strategy is currently being reviewed.

2002 –Northern Australian Health Ministers called together a nutrition committee to investigate strategies that improved the availability and affordability of food in remote communities.

2002 –ATSIC *Community Housing and Infrastructure Program Policy for 2002-2005*. Through the *Community Housing and Infrastructure Program (CHIP)* dwellings were being built and repaired. There are opportunities to improve 'food hardware' through housing an infrastructure support.

2002 –Commonwealth Department of Family and Community Services (FaCS) has been funding *Fixing Houses for Better Health (FHBH)* in remote Indigenous communities across Western Australia.

2003 –*Food North: Food for Health in Northern Australia* report made a number of recommendations with the aim that "Indigenous people in remote communities in North Australia would be able to purchase food they need to stay healthy, on a consistent basis, from their stores and takeaway food outlets, at a price they can afford". http://www.nt.gov.au/health/docs/cdc_foodnorth.pdf

2003 –*National Obesity Taskforce Aboriginal and Torres Strait Islander Workshop* was held in Adelaide:

[http://www.healthyactive.gov.au/internet/healthyactive/Publishing.nsf/Content/indigenous_obesity.pdf/\\$File/indigenous_obesity.pdf](http://www.healthyactive.gov.au/internet/healthyactive/Publishing.nsf/Content/indigenous_obesity.pdf/$File/indigenous_obesity.pdf)

Key principles were identified:

1. Ensure actions align with relevant national Aboriginal and Torres Strait Islander strategies.(i.e. National Strategic Framework for Aboriginal and Torres Strait Islander Health etc.)
2. Support implementation of the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (including FoodNorth);

3. Support the development and implement of National Physical Activity Plan that fully recognises the needs of Aboriginal and Torres Strait Islander communities;
4. Aboriginal health impact assessments of all social policies are conducted (eg. GST impact on price of healthy food, build on NSW review/benchmark);
5. Support a community development focus, training and retaining people, identify and build on knowledge, skills, experience and resources of the community;
6. Ensure that programs / strategies address the continuity of care, and the notion of the continuum of care (including promotion of healthy lifestyles, intervention and post intervention care);
7. Community initiatives need to be driven by the community;
8. Actions are required across the community, regional, state, national levels; this needs a collaborative, whole of government approach;
9. Ensure that legislation and regulations, (national, state and local), provide the framework that ensures safe, convenient, and attractive physical neighbourhood environments that enable active living;
10. Facilitate community ownership and capacity to enable local people and community groups to identify and tailor responses to address their active living and nutritional needs.

2003 –*The Dietary Review of Custodial Facilities in Western Australia Report*(Department of Health and Department of Justice 2003), jointly produced by the Departments of Health and Justice, reported:

- Aboriginal people comprised 90% of prisoners in rural and remote prisons.
- Meals were prepared for the prison workforce and prisoners.
- The quality of meals prepared and served and prisoner satisfaction is vital factor in maintaining social stability and protecting security and safety of prisoners.
- There is a significant health interface between the prison and the community members.

A key recommendation was to establish education and support plan to provide nutrition education and cooking skills (including food safety) to prisoners prior to and after transfer to self-care.

2004 –*Western Australia Community Environmental Health Needs Survey* of 274 remote and town based Indigenous communities in the state (2801 individual households, a sample of 16952). Most (40%) of the respondents lived in 7% of the communities (in 19 communities, each with population of 200 or greater). The survey is an across government initiative (WA State Departments of Health, Indigenous Affairs, Local Government and Regional Development, Housing and Works) and the Australian Government Departments of Healthy and Ageing, and Family and Community Services.

- One quarter of communities identified dust, housing/overcrowding and water as the most common environmental health issues, rubbish and sewerage were identified by 14%.

- Most (93%) of community members preferred to live in their own home or house in the community.
- Half of the community stores in Western Australia did not have a nutrition policy, and respondents in 17% of the communities reported that they did not have regular access to fruit and vegetables. 84% of communities had to travel and average 101 Km to access fruit and vegetables.
- Diabetes was identified as the most common health issue in 29% of 259 communities.
- Most of the common health issues were related to environmental health and nutrition issues –hearing and eyesight issues (17%), water/mosquito problems (15%), skin conditions (8%) and gastro/diarrhoea problems (6%).
- Access to health service workforce was low -43% of communities had no access to Aboriginal Environmental Health Workers, 30% of communities had no access to Environmental Health Officers, 52% had no Essential Services Operators and 13 communities had no access to any of the above.
- Most communities reported inadequate health clinic services. 30% of communities had no access to health clinic facilities (due to their size).
- Housing repairs required more attention despite improvements between 1997 and 2004, despite a 97% increases in the installation of facilities (toilets, kitchen sinks, laundry troughs), many did not work. A third of dwelling were unoccupied due to the need for major repairs.
- The results from this and other research point to issues relating to ‘food hardware’ a significant health issue as it influences the preparation of food for consumption,. The development of infrastructure in Indigenous communities has lacked overarching strategy and commitment and been relatively un-planned, un-coordinated, and underfunded, or without sustainable funding. In addition there has been a lack of consideration of sustainability of skills transfer and building community capacity and autonomy, particularly in relation to health.
- Aboriginal Environmental Health Workers (AEHW) are key providers of services to Indigenous communities.
- The report concluded that the system of governance in many Indigenous communities in WA is inadequate for the management needs. There are regulatory opportunities, for example through the extension of mainstream public health laws that currently do not apply to Indigenous communities which are controlled under the Aboriginal Lands Trust. The Crown is not expressly bound by all the provisions of the Health Act 1911, therefore there are limits to the powers of local government to enforce health provisions in Indigenous communities. Also, the Crown under *section 373 of the Local Government (Miscellaneous Provisions) Act 1960*, is not expressly bound by existing building regulations, therefore excluding some communities from the protection of regulations. These legislative restrictions combined with lack of rate revenue have limited local government services to communities. The proposed *WA Public Health Bill* incorporates emergency management and new building legislation, combined with increased financial assistance to meet

financial backlog needs, would protect and build on previous investments in capital and infrastructure from State and Federal governments

2004 –*The National Environmental Health Council Review of Indigenous Environmental Health Workers* highlighted the funding of 64 EHO positions by the Office of Aboriginal Health in WA, however, identified a need for more.

2004 –*The Intervention Portfolio for WA Aboriginal Food and Nutrition Strategies* was developed by the Department of Health and priority areas for interventions relevant to this review were identified.

2005 –The Royal Australasian College of Physicians *Inequity and Health, A Call to Action*, detailed the socioeconomic disadvantages of Indigenous Australians, particularly life expectancy which is on average 21 years less than other Australians.

2005 –Western Australian consumer research identified lack of, or limited supply, poor quality and high cost (in isolated areas as barriers to increasing fruit and vegetable consumption in Western Australia (Miller and Pollard 2005).

2005 –recommendations of the ‘FoodNorth’ report resulted in the *Remote Indigenous Stores and Takeaways* (RIST) project. Health departments from the five jurisdictions of Queensland, Western Australia, Northern Territory, New South Wales, South Australia and the Australian Government committed \$780,000 to the three year project, with the aim of developing a national approach to improving access to healthy foods in remote.

2006 –the Report of the *Aboriginal and Torres Strait Islander Health Performance Framework* found that there have been improvements in some important aspects of health for Aboriginal and Torres Strait Islander peoples while some areas remain unchanged and others are worsening. A priority of the NSFATSIH is to address the pre-determinants of chronic disease with a particular focus on nutrition.

2005/2006 –Federal Budget, *Indigenous Business Australia* (IBA), part of the Department of Employment and Workplace Relations portfolio, announced of \$48 million funding over four years to improve the sustainability of community stores. *Outback Stores* was established as a separate company to improve the supply, quality and range of healthy food in remote communities. The RIST materials were used by this project.

2008 –Analysis of the progress of priority interventions to increase access to fruit and vegetables in Western Australia found that all of those that were related to infrastructure support were not acted on a year after they were agreed compared to at least some activity in the implementation of programs and policy development (Pollard CM, Lewis JM et al. 2008). See Table 1.

Table 1: High-ranking interventions in Portfolio 1 Goal: Health Determinant: access to fruit and vegetables (f&v), assessment of actions at one year (II = not started, ► = some progress, ►► = significant progress)

Management objective: to increase and sustain access to high quality, safe affordable fruit and vegetables		
Policy interventions	Program interventions	Infrastructure support
<i>Public Policy development</i> 1. Develop and support f&v consumption guidelines and position statements- II 2. Develop and support nutrition policies promoting f&v in schools- ►► <i>Legislation and regulation</i> 3. Advocate for legislation for restriction of food advertising directed at children- ► <i>Community & organisational development (including organisational policy)</i> 4. Support local initiatives and organisations to develop and implement food and nutrition policies and improve access to f&v- II 5. Encourage the development of retailer training policies for handling f&v e.g. 'Retailer of the year' award- ►	<i>Incentives (financial and non-financial)</i> 6. Support award schemes that increase access to f&v for consumers:- ►► - Worksite - Childcare & Schools (e.g. STARCAP¹ and Start Right-Eat Right²) - Hospitality (e.g. Gold Plate Award³) - Supplier/retailer and transport operator accreditation/incentive schemes - Product awards (e.g. WA Nutrition Awards⁴) <i>Service Development and delivery</i> 7. Support the promotion of f&v in hospitality and catering training- ► 8. Support ongoing systems and food safety training e.g. HACCP⁵, SQF⁶ and approved supply programs- ►► <i>Communication (including social marketing)</i> 9. Support dissemination of FSANZ policies and promotional materials relating to f&v- ► 10. Provide consumers with promotional materials on best conditions for storing fresh foods through retail outlets- ►► <i>Collaboration/partnerships (community and intersectoral)</i> 11. Support welfare agencies in the provision of f&v (e.g. FoodBank³)- ►►	<i>Identification and surveillance of determinants</i> 12. Collect and analyse information to assess f&v supply, cost, quality, access, sales/marketing (e.g. Market basket survey) - II <i>Information systems</i> 13. Develop systems to improve communication of f&v marketing & information through the supply chain eg price, quality, volume statistics - II <i>Research and development capacity</i> 14. Identify f&v supply issues in rural and regional development plans and make recommendations for action - II 15. Identify and test assumptions about critical factors impacting on price, quality and access to f&v – remote, rural and urban - II <i>Plant and equipment</i> 16. Advocate for appropriate f&v storage facilities in remote community stores - II <i>Leadership</i> 17. Establishment of a Western Australian Taskforce on Equity in Food Access - II

¹ Star Canteen Accreditation Program [<http://www.waschoolcanteens.org.au/pages/starcap/01-starcap.htm>], ² (Pollard, Lewis et al. 2001), ³ Foodbank Western Australia [www.foodbankwa.org.au], ⁴ WA Nutrition Awards [http://www.population.health.wa.gov.au/Promotion/wa_nutrition.cfm], ⁵ HACCP Based Food Safety Programmes and Endorsements [<http://www.haccp.com.au/>], ⁶ Safe Quality Food Institute [<http://www.sqfi.com/>]

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