

Public Health Association  
AUSTRALIA

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Committee Secretary  
House of Representatives  
Standing Committee on Aboriginal and Torres Strait Islander Affairs  
PO Box 6021  
Parliament House  
Canberra ACT 2600

**Inquiry into community stores in remote Aboriginal and Torres Strait Islander communities**

The PHAA is a national organisation comprising around 1500 individual members and representing over 40 professional groups concerned to promote health at a population level. This includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The PHAA welcomes the opportunity to provide a submission to the inquiry into community stores in remote Aboriginal and Torres Strait Islander communities.

Accompanying this letter is the joint PHAA and Dietitians Association of Australia (DAA) *Food Security for Aboriginal and Torres Strait Islander People's* policy that was adopted by each organisation late in 2008 and launched on the 13<sup>th</sup> January 2009. The need for urgent action in this area is a major reason for the joint policy statement by the two organisations.

The attached policy is most relevant for the first and third terms of reference of this inquiry. The first term of reference is related to the food supply, quality, cost and competition issues in remote community stores. Aboriginal and Torres Strait Islander people in remote areas are more likely to be food insecure. There is good evidence that the variety and availability of nutritious foods like fruit and vegetables is generally much poorer in remote community stores and the costs of nutritious foods are much higher.

The PHAA calls for a whole of government approach to resolve and sustain improvements to food supply issues in community stores in remote Aboriginal and Torres Strait Islander communities. There is a need to create an environment where community stores primary aim is providing nutritious, safe and affordable food for communities in conjunction. The PHAA urges the inquiry to consider taxation and subsidy incentives that will improve the equity in the food supply in remote community stores. There is a need for ongoing measurement of the availability, quality and cost of nutritious foods in remote community stores via a national food and nutrition monitoring system.

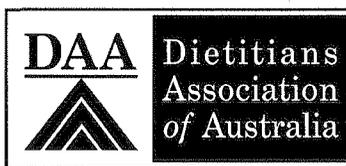
The third term of reference is the impact of these factors on the health and economic outcomes of communities. The PHAA believes that a lack of access to a nutritious diet (or food insecurity) contributes to poorer health and shorter life expectancy among Australian and Torres Strait Islander people. PHAA calls for ongoing measurement of health status, growth and nutrition indicators.

The PHAA would be happy to discuss any issues arising from this submission and/or to provide further evidence.

Yours sincerely



Michael Moore  
Chief Executive Officer  
Public Health Association of Australia



February 2009

**Submission from the Dietitians Association of Australia  
Inquiry into remote community stores in Aboriginal and Torres Strait  
communities**

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 3700 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for better food, better health, and better living for all.

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DAA appreciates the opportunity to make a submission to the inquiry by the House of Representatives Standing committee on Aboriginal and Torres Strait Islander Affairs into the operation of local community stores in remote Indigenous communities. DAA commends the Minister for Families, Housing, Community Services and Indigenous Affairs for investigating the important role that remote stores have in contributing to the health and well being of their communities.

This paper provides a summary of the DAA response to this inquiry. This is followed by detailed general comments, and specific comments addressing the points being considered by the inquiry.

### **Summary**

DAA believes that:

- Food security is a basic human right to be enjoyed by all Australians.
- Measures must be taken to address gaps between food availability and intake which persist due to poverty in remote communities despite implementation of best business practice.
- A commitment by government to food and nutrition monitoring and surveillance is required.
- Remote stores provide an important service to the community.
- Remote stores have an important role in the health of the community.

- Nutrition is core business, and dietitians/nutritionists should be employed on a continuing basis to operationalise nutrition policy.
- Nutrition performance measures are important in evaluating success of new models.
- Income quarantine schemes may be appropriate in some communities
- Group models rather than independent stores may provide benefits to the communities.
- Monitoring and evaluation of programs and new store models is essential.
- Managing the relationships between stores and communities is important.
- Infrastructure for stores should be included in funding models, including housing for store managers.

### **General comments**

#### *Food security is a human right*

DAA believes that food security is a basic human right to be enjoyed by all Australians<sup>1</sup>. DAA is concerned that all Australians on low incomes are likely to be food insecure because of the disparity between the cost of energy dense nutrient poor foods and more nutritious foods<sup>2,3,4</sup>. It is expected that the connection between poverty, food insecurity and obesity that has been described in other countries<sup>5,6</sup> is also apparent in Australia. However, the situation is worse for Aboriginal and Torres Strait Islander peoples in remote areas because the difference in cost of healthy food compared to less healthy food are exacerbated by cost factors resulting from distance from main centres and the high overheads associated with operating a remote store for a small population. These additional cost pressures impact on Australians with the least capacity of any Australians to purchase food, whose traditional, locally sourced and nutritious food resources have been largely lost as a consequence of the European settlement of Australia.

#### *Data to support evaluation and research*

DAA would like to see a commitment to regular and comprehensive food and nutrition monitoring and surveillance in Australia for the benefit of all Australians, and specifically for Aboriginal and Torres Strait Islander peoples, as recommended in the FoodNorth report<sup>7</sup>. There are particular challenges in achieving this in remote areas where there are currently gaps in data related to the monitoring of food pricing, food and nutrient intake, nutrition indicators and health outcomes. However the introduction of computerised business systems now found in most remote stores, presents a unique opportunity to address these issues. Such systems, when combined with nutrition indicators, may provide rich data to evaluate individual store performance to feed back to communities. The Remote Indigenous Stores and Takeaways (RIST)<sup>8</sup> project funded Menzies School of Health Research to develop an electronic system designed to analyse and report on store sales data, called 'Keeping Track of Healthy Food' which can be used for this purpose. This research may also provide

data to guide the development of store governance models and contribute to the limited national data pool on nutrition for Aboriginal and Torres Strait Islander peoples. Further funding is required to support this work.

*Stores are a service, not just a business*

DAA believes that remote stores provide an important service to the community in the same manner as water supplies, health services and schools, and that this is as important as commercial objectives. DAA recognises the importance of the implementation of best practice business principles to encourage remote stores to achieve self generated financial viability and sustainability. However, while efficiencies may be made, independence may be unrealistic in some communities given the low income levels and the significant cost burden of running remote stores. Consequently funding support may be appropriate to underpin some stores.

*Stores are part of the answer to better health*

Stores have number of roles in remote communities, including health. DAA believes that it is important to see efforts to improve remote stores in the context of other efforts to improve the health status of Aboriginal and Torres Strait Islander peoples. The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP)<sup>9</sup> provides excellent direction in this and DAA would like to see continuing funding for coordination and leadership in the implementation of NATSINSAP provided by the NATSINSAP project officer(s). Other important initiatives are expanded upon in the joint statement by DAA and PHAA on Food security for Aboriginal and Torres Strait Islander peoples<sup>1</sup>. (see attachment)

## **Food supply, quality, cost and competition issues**

*Income quarantining for food*

Fragile stock, such as fresh fruit and vegetables, can be a risky and costly investment by store managers due to the potential for wastage if fresh produce is not sold and has to be written off. Some managers are reluctant to carry sufficient stock because wastage can substantially affect profitability. DAA is supportive of some form of income quarantine scheme, such as food stamps or food cards being applied to social security benefits. This scheme has the advantage of ensuring that some income is spent on nutritious and healthy food. While there are valid concerns about such schemes reducing personal choice and responsibility, anecdotal information from remote communities indicates that many consumers welcome the relief such schemes give from 'humbag' or demand sharing. Quarantining of income in this way has the advantage of providing a guaranteed minimum market for healthy products for the store, and consequently improving the viability of the store. It is preferable that such schemes are developed and implemented with community consultation.

### *Housing for store managers*

One of the costs which remote stores must meet is that of the store manager. Recruiting and retaining appropriate staff is not just a matter of providing an appropriate salary, but also of providing adequate living conditions for the store manager. Housing for teachers and health professionals is expected to be of a certain standard and it should be no different for store managers. As with other professions, it is important that Indigenous people who are interested to do so, have the opportunity to train for and undertake the position of store manager.

## **The effectiveness of the Outback Stores model and other private, public and community store models**

### *Group models have advantages*

Anecdotally it appears that group models, rather than independent stores, achieve lower food costs and better availability of a variety of higher quality produce for consumers. One reason for this is the capacity to negotiate on a commercial basis for better prices and rebates on products and freight to deliver better quality produce and better prices for communities. This is in contrast to freight subsidies which may benefit freight carriers but not the community.

Stores with governance involving a committee drawn from the community also appear to be more effective.

Store groups which employ dietitians/nutritionists have the advantage of expert support to develop and implement store nutrition policy and protocols and to work with manufacturers to develop nutritious products which are suitable for an otherwise small market. DAA recommends that funding support be made available to enable store groups to employ a dietitian/nutritionist and to support independent stores to also access dietetic/nutrition expertise

### *Nutrition is core business*

DAA sees a common strength of the different store group models - Outback Stores, Arnhem Land Progress Association (ALPA) and Retail Stores Operations - is the potential to integrate nutrition into store policy and business plans. The employment of dietitians/nutritionists on a continuing basis rather than as consultants is important in operationalising nutrition policy<sup>10</sup>. In particular dietitians/nutritionists can assist staff to build their capacity, and also to interface with remote community health professionals and health workers to improve nutrition indicators in the short term, and health outcomes in the long term in communities.

DAA believes that routine reports on nutrition performance measures for example sales of fresh fruit and vegetables are necessary to demonstrate the effectiveness of models. Some store groups already include such performance measures in their model. Another useful

strategy is to include performance incentives for store managers based on sales of healthy foods.

*Managing relationships between stores and communities is important*  
Outback Stores manages community owned stores on behalf of the community. There are early indicators that the Outback Stores approach of funding relationship managers to build the capacity of such committees and to provide an effective interface between the store and community has been beneficial.

Other models (Retail Stores Operations and IBIS in Queensland) include those where the store group owns the stores and these models have also proved successful in providing a sustained service.

Small community owned stores which operate outside of a group setting appear to be most vulnerable to inconsistent store operations.

### **The impact of these factors on the health and economic outcomes of communities.**

*Improved food supply improves nutrition indicators*

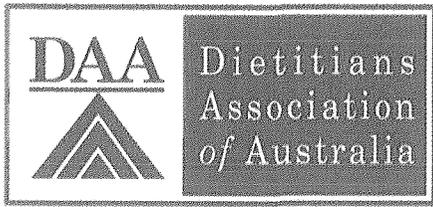
Work done in one remote community in NT<sup>11,12</sup> and in another a remote community in the Kimberley<sup>13</sup> in WA showed that increasing sales and thus intake of fruit and vegetables, led to a positive improvement in biochemical indicators of nutritional status. There is (unpublished) evidence from various store groups that appropriate equipment, efficient business practices and operationalising of nutrition policy in stores results in increased sales of fruits and vegetables and to healthy food choices.

While DAA supports health, education and business initiatives that promote a greater intake of healthy foods, it is concerned that continuing poverty in remote communities will limit what can be achieved, and that a ceiling will be reached where people are still unable to eat the recommended amounts of fruits and vegetables compared to current Dietary Guidelines for Australians<sup>12</sup>. Monitoring and evaluation programs will be essential to ensure that additional measures are taken to address the remaining gaps between healthy food availability and intake.

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## **Food Security for Aboriginal and Torres Strait Islander Peoples Policy**

This is a joint policy of the Dietitians Association of Australia (DAA) and the Public Health Association of Australia (PHAA). The purpose of the policy document is to provide succinct data about the current situation in relation to food security for Aboriginal and Torres Strait Islander peoples in Australia, and outline the action the DAA and the PHAA will undertake to address the issues identified.

### **The DAA and the PHAA affirm:**

1. 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”<sup>1</sup>.
2. 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”<sup>2</sup>. 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<sup>3</sup>. The Australian Human Rights and Equal Opportunity Commission’s Social Justice Report 2005 proposes a rights based campaign to close the gap on Aboriginal and Torres Strait Islander health inequalities within a generation. Aboriginal and Torres Strait Islander peoples do not have an equal opportunity to be as healthy as non-Indigenous Australians. They do not enjoy equal access to primary health care and health infrastructure, which includes: safe drinking water, supplies of healthy food, effective sewerage systems, rubbish collection services and healthy housing. Without effectively addressing these underlying causes of health inequality, disease or condition-focussed programs are not likely to result in sustainable changes<sup>4</sup>. In 2008, the Australian government officially supported the ‘Close the Gap’ campaign.
3. In 1996, the World Health Organization declared that “food security is built on three pillars:
  - Food access: having sufficient resources to obtain appropriate foods for a nutritious diet
  - Food availability: sufficient quantities of food available on a consistent basis
  - Food use: appropriate use based on knowledge of basic nutrition and care, as well as adequate water and sanitation”<sup>5</sup>.

### **The DAA and the PHAA note that:**

#### **Australian Context**

4. The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010 (NATSINSAP)<sup>6</sup> recognised that poor diet is central to the poor health and disproportionate burden of chronic disease experienced by Aboriginal and Torres Strait Islander peoples. The NATSINSAP set a framework for action across all levels of government, in conjunction with partners from industry and the non - government sector. Through the identification of seven

priority areas, the NATSINSAP has been designed to build on existing efforts to improve access to nutritious and affordable food across urban, rural and remote communities. The NATSINSAP recognises that improving Aboriginal and Torres Strait Islander nutrition is the responsibility of all those involved with diet, health and the food and nutrition system across all levels of government, non-government agencies and the private sector.

Funding to implement the NATSINSAP has been far from adequate despite a clear mandate for action. Funding for the priority areas of food security, nutrition issues in urban areas and the environment and household infrastructure has been almost non-existent. Despite inadequate funding, some of the significant relevant achievements of the NATSINSAP include progress in Aboriginal and Torres Strait Islander workforce training and development, the Remote Indigenous Stores Takeaway (RIST) project, and communication, collaboration and dissemination of good practice programs and processes<sup>7</sup>.

5. The 2008 National Nutrition Networks Conference brought together Aboriginal and Torres Strait Islander and non-Indigenous nutrition experts from communities, universities, government and non-government organisations. The conference recommendations highlighted the importance of addressing the underlying food security issues facing people in urban, rural and remote Australia, including recommendations for: research into achieving equity of costs and availability of healthy food; subsidies for infrastructure and transport; research into food security issues impacting on all Aboriginal and Torres Strait Islander peoples, routine monitoring and reporting, promoting the value of traditional food systems and ensuring community consultation and nutrition expertise is sought in key aspects of store licensing for remote communities<sup>8</sup>.
6. Prior to European arrival in Australia, Aboriginal and Torres Strait Islander peoples were healthy people who survived on a traditional diet rich in nutrients and low in energy density. The dispossession of land and disruption to family structures through death, disease, forced resettlement and the removal of children since European arrival has severely affected the retention of knowledge, access to and use of traditional foods<sup>9</sup>. Despite the devastating impact of colonisation and continued limitations around traditional food hunting/collection, traditional foods remain an important part of Aboriginal and Torres Strait Islander peoples lives today. Traditional foods not only contribute to physical health but play a significant role towards cultural, spiritual and emotional health.
7. Across different states and urban, rural and remote settings there is a considerable diversity of culture amongst Aboriginal and Torres Strait Islander peoples<sup>12</sup> which influences their needs and responses to their environment, improving food security, delivering health services and nutrition education programs. Furthermore, Aboriginal and Torres Strait Islander communities are typically younger populations so all services and strategies should be culturally sensitive, geographically appropriate and age appropriate, especially to engage children and adolescents. Excellent cross-cultural competency and communication at the local level is essential as is full Aboriginal and Torres Strait Islander participation in the planning, implementation and evaluation of initiatives in communities<sup>6,8,18</sup>.
8. Despite being a wealthy nation, in Australia today, all available evidence indicates many Aboriginal and Torres Strait Islander people suffer food insecurity. Food insecurity includes situations of prolonged hunger, or anxiety about acquiring food or having to rely on food relief. The National Aboriginal and Torres Strait Islander health survey showed that nearly thirty percent of Aboriginal adults worry at least occasionally about going without food, indicating extensive food insecurity. The level of food insecurity reported was even greater for people living in remote areas compared to non-remote areas<sup>10</sup>. Similarly one-third of Indigenous

households surveyed in the 2002 National Aboriginal and Torres Strait Islander Social Survey reported days without money in the last 2 weeks<sup>11</sup>.

9. Food insecurity contributes to the inequality of health status and life expectation between Aboriginal and Torres Strait Islander and non-Indigenous people in Australia. Life expectancy for Aboriginal and Torres Strait Islander peoples is 17 years shorter in comparison to non-Indigenous Australians. Rates for endocrine, nutritional and metabolic diseases are three to ten times those of non-Indigenous males and females. Furthermore, 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 of concern along with susceptibility to infections and renal disease<sup>12</sup>.

## Food Security

10. Food security issues experienced by Aboriginal and Torres Strait Islander peoples vary across the nation<sup>6</sup>. Whilst more Australian data exists to indicate a greater prevalence of food insecurity in remote areas, Aboriginal and Torres Strait Islander peoples are also likely to experience food insecurity in rural and urban centres, but there is a significant gap in knowledge around urban food insecurity. The capacity for food security for Aboriginal and Torres Strait Islander people is undermined by food access (eg. low income<sup>12,13</sup> and poor connectivity between food stores and residential areas<sup>30</sup>), food availability (high food costs<sup>14-18</sup> and limited availability of nutritious foods<sup>14-18</sup>) and food use (eg. inadequate household infrastructure<sup>22</sup>):

### *Food Access*

- Poverty is a major contributor to food insecurity for Aboriginal and Torres Strait Islander peoples<sup>13</sup>. The median weekly individual income of Aboriginal and Torres Strait Islander people was \$278 in 2006; just over half the median income for non-Indigenous Australians (\$473). Aboriginal and Torres Strait Islander people in major cities had higher median personal weekly income (\$352) than those in regional areas (\$294) or remote areas (\$223)<sup>12</sup>.
- International evidence indicates income is not the sole determining factor of food security and measures including employment status, education level, home ownership and housing costs also play an important role, especially for low-wage workers<sup>14</sup>. In Australia, Aboriginal and Torres Strait Islander peoples are disadvantaged across all socio-economic measures when compared to non-Indigenous Australians<sup>4</sup> (eg. unemployment rate for Aboriginal and Torres Strait Islander peoples is three times the rate for non-Indigenous Australians - 16% compared with 5%)<sup>12</sup>.
- For people living in urban areas, connectivity between food stores and residential areas significantly challenges food security. Transport to food outlets and better public transport overall has been strongly and independently associated with food insecurity in urban Australia<sup>30</sup>.

### *Food availability*

- The variety and quality of nutritious foods including fresh fruit and vegetables are generally much poorer in remote community stores compared to major cities<sup>15-20</sup>.
- Take away food and convenience foods are often the most readily available source of food for many people in remote communities with many choices being energy dense and nutrient poor, such as soft drinks, sweets and deep fried food.<sup>15-20</sup>
- The cost of food has increased considerably in recent years and the Australian government has recently commissioned a national inquiry into the competitiveness of retail prices for standard groceries. In Queensland, the price of a healthy food basket rose by 42.7% from 2000 to 2006, compared with a rise in CPI for food of 32.5%<sup>17</sup>.
- Income levels decline with remoteness, yet costs of food, particularly healthy foods, rise dramatically compared to major cities. In 2004, a healthy food basket cost 30% more in very remote areas of Queensland, compared to major cities<sup>15</sup>. Similarly a healthy basket of

foods in the Northern Territory cost 27% more in remote areas compared to Darwin, and ranged from 26% to 53%<sup>16</sup>.

- A number of factors contribute to higher food prices including freight charges, store management practices, and the reduced economies of scale for purchasing and retailing in small remote communities<sup>17-19</sup>. The need for research into effective strategies to applying subsidies to achieve equity in the costs and availability of healthy foods, including fresh fruit and vegetables have been supported in recent national forums including the National Nutrition Networks Conference<sup>8</sup>, the Close the Gap National Indigenous Health Equality Summit<sup>21</sup> and the National 2020 Summit<sup>22</sup>.
- 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. A study in a remote community in Northern Australia estimated that people spent on average 38% of their income on food and non-alcoholic beverages<sup>20</sup>. This compared to 29.8% for the lowest income Australian households and 13.6% for the average Australian household<sup>23</sup>.

#### *Food Use*

- 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<sup>24,25</sup>. 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)<sup>25</sup>.
- 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<sup>30</sup>.

For Aboriginal and Torres Strait Islander people in urban, rural and remote areas the interplay of disadvantage around food availability, access and use creates a complex situation that is not well understood in the current literature. This increases the necessity for programs to work closely with local people so the issues are well understood and interventions are appropriate and sustainable.

### **Workforce and Training**

11. Having a well supported, funded and educated Aboriginal and Torres Strait Islander nutrition workforce is essential to attaining food security for Aboriginal and Torres Strait Islander peoples<sup>6</sup>. Across Australia, there is a lack of Aboriginal and Torres Strait Islander specialist nutrition positions available at all levels<sup>8</sup>. Nationally, food and nutrition units have recently been integrated into core Aboriginal Health Worker primary health care training<sup>26</sup>, however nutrition and food security also needs to be integrated into other specialist courses (eg environmental health, agriculture, food store management) at Health Worker, Bachelor and Post Graduate levels to ensure comprehensive and collaborative work is carried out across the traditional health silos.

Nationally, there is currently little ongoing funding, support or opportunity for Aboriginal and Torres Strait Islander people to undertake tertiary level training in nutrition and this is essential to create a sustainable profession with increasing nutrition expertise. Furthermore the 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<sup>6</sup>.

Whilst training in food, nutrition and food security has limitations, so does the current role definition of many health positions working with Aboriginal and Torres Strait Islander communities. Too often positions are quarantined to solely work in individual health behaviour change programs, ignoring the fundamental work to address issues that impact on food security. Food security crosses over many of the traditional health silos and on many non health roles and role definition should be expanded to include the essential role of food security work.

### **Monitoring and Surveillance**

12. Food and nutrition monitoring and surveillance in Australia has traditionally been ad hoc and uncoordinated<sup>27</sup>. Past efforts at the national level have not been inclusive of the specific needs of Aboriginal and Torres Strait Islander peoples living in urban, rural and remote Australia and nor have they collected sufficient data for this population group or indicators of food security. The Nexus Report recommends an ongoing, regular, comprehensive and coordinated national food and nutrition monitoring system which is inclusive of indicators of food security<sup>28</sup>.

### **The DAA and PHAA affirm:**

13. 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 a safe and healthy food supply.

### **DAA and PHAA resolve to:**

14. Provide continuing professional development opportunities for members of DAA and PHAA 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<sup>29</sup>.
15. Advocate for continuing implementation of the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan as the key framework to address food security.
16. Advocate to commonwealth, state and territory governments to urgently address the issues contributing to the unacceptable level of food insecurity experienced by Aboriginal and Torres Strait Islander Australians, including those related to taxation and subsidies that will achieve equity in the costs and availability of healthy foods for people living in remote Australia.
17. Advocate to commonwealth, state and territory governments for the urgent establishment of an ongoing national food and nutrition monitoring system as recommended in the Nexus Report,<sup>28</sup> which addresses the needs of Aboriginal and Torres Strait Islander peoples and includes data on food security.
18. Advocate to commonwealth, state and territory governments that recommended 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<sup>8</sup>.
19. Advocate for and collaborate with experts to improve the current housing policy and housing infrastructure inadequacies that currently contribute to food insecurity in Aboriginal and Torres Strait Islander homes.

20. Promote research into food security for Aboriginal and Torres Strait Islander people, including people living in major urban centres by highlighting food security as themes for conferences, professional development workshops and association publications<sup>13</sup>.
21. 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<sup>6,8</sup>.
22. Advocate for implementation of 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<sup>8</sup>.
23. Advocate for intersectoral approaches across health, education, housing, human services, employment and training at all levels of government, and for collaboration 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

### **Adopted 2008**

This policy was developed and adopted as part of the 2008 policy revision process.

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