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**Inquiry into Community Stores in Remote Aboriginal
and Torres Strait Islander Communities**

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(The ¹CNYP is an informal network of community nutritionists, dietitians and health promotion professionals working to improve health and nutrition in the communities of Cape York, North Queensland)

1.0 CONTEXT

It is well documented that Aboriginal and Torres Strait Islander people have poorer health outcomes than non-Indigenous Australians. The 2008 report into the health and welfare of Australia's Aboriginal and Torres Strait Islander Peoples states that Indigenous Australians experience higher levels of hospitalisations, poorer self-assessed health and higher rates of a number of conditions than non-Indigenous Australians (AIHW, 2008). Many of these conditions, including Type 2 diabetes, kidney disease and heart disease are linked to poor nutrition (AHMAC, 2006). Improvements in health outcomes are dependant on a variety of factors of which food supply and food availability are major contributors. As the stores are the primary source of nutrition in many remote communities, they have a direct impact on health outcomes.

A significant amount of money is being spent to improve the health status of Indigenous Australians. In Cape York, the nutrition workforce has increased dramatically in the last three years with the help of State and Commonwealth Government funding. New positions include six Dietitians and four Health Promotion Officers. All of these positions are dedicated to improving the health of community members in Cape York. For nutrition workers to be truly effective, there needs to be investment in and commitment to the provision of good quality, affordable and healthy food in order to create a supportive environment for improved health outcomes.

2.0 IMPACT OF STORES ON NUTRITION AND HEALTH

2.1 Comment

- In remote Cape York communities the store and take away are the primary source of food for most of the community members. Therefore, remote stores and takeaways have a major influence of the types of food consumed and the subsequent nutrition status of these communities, of which Aboriginal and Torres Strait Islander people are the majority. Due to many remote stores being the only access to food supply for many community members it should be considered an essential service.
- Stores run by the Queensland Department of Aboriginal and Torres Strait Islander Policy have moved to a system of centralised ordering from Brisbane. Whilst the store manager still has some input into the items stocked in the store and the food choices available to community members, this system appears to be more arduous and doesn't allow for as much flexibility to respond to the individual needs of each community. In the case of independently run stores, the choice of stock is at the store manager's discretion and they are not under the same obligations to respond to health services or community concerns (appreciating that there are many factors that need to be considered when running a small business). In some cases, store managers may not be aware of the significance of their role.

- Operation of remote stores is constantly fluctuating, with frequent changes in store managers and staff. If there are no standards in place, major changes can occur in stores with the introduction of new managers. Department of Aboriginal and Torres Strait Islander Policy stores do have a relief pool for Managers. However, in some cases there is a lack of a trained relief pool of staff for independent remote stores in Cape York. Policies to ensure consistency, as well as support structures are required to overcome these difficulties.

2.2 Suggested Solutions

- Stores in Cape York that have had managers with previous experience from the Northern Territory, ALPA (Arnhem Land Progress Association) and Outback Stores, have demonstrated positive outcomes in the communities where they have worked. For example, they tend to be more receptive to nutrition input from nutrition workers, more likely to get in new and healthier products to the store, and more likely to train and employ local Indigenous people. Having a training program for all store managers employed in Cape York may provide similar results.
- The implementation of Cape-wide nutrition policies may help to provide a minimum standard for the provision of healthy foods, irrespective of whether stores are privately or Government funded or who they are managed by. For example, in one community the store managers implemented a policy not to sell takeaway or lollies to children before midday. Anecdotally, this initiative was regarded positively by the community as it meant that high-sugar, high-fat foods were removed as an option for breakfast and encouraged the consumption of a more balanced diet. However, with a change in management, this initiative has not continued because there is no standard in place.
- If remote stores were required to undergo a periodic review process, this would be likely to increase stability, accountability and transparency.
- There are some store managers who operate with the best interest of the community in mind. However, it needs to be recognised that there can be a high rate of burn out and turnover for a variety of reasons. Therefore, there needs to be structures / standards in place to support store managers and staff.

3.0 INFLUENCE OF TAKEAWAYS

3.1 Comment

- Anecdotal evidence suggests that a significant proportion of community members regularly eat at the takeaway (RFDS Community Consultation, 2009). This is due to a variety of reasons, including:
 - Demand sharing: The concept of sharing is central in Indigenous culture. Budgeting and purchasing enough food for two weeks may not actually last two weeks due to transient family members or visitors the nature of sharing in Indigenous culture and therefore the consumption of purchased food. Thus, many people purchase meals

- from the takeaway store instead of storing food at home in order to ensure their spending results in daily food.
 - There is often limited knowledge and skills in the community around preparation of store ingredients to create nutritious and economical meals.
 - Limited storage capacity in houses (especially the limited number of fridges) inhibits people's ability to store perishables and therefore leads to the consumption of convenience foods.
 - For many, the takeaway store is simply an easy, convenient option.
- The majority of takeaways in remote communities provide deep fried and high fat foods and high sugar drinks. This could be due to:
 - Infrastructure - often deep fryers and pie warmers are the only equipment available.
 - Lack of staff to prepare labour intensive 'healthy' foods such as sandwiches and bread rolls.
 - Lack of training required to prepare food.
 - Limited nutritional knowledge of the store manager and staff.
 - Convenience and perceived demand.
 - Perceived high cost of healthier items.

3.2 Suggested Solutions

- Having healthy, well positioned convenience foods available at stores and takeaways would still satisfy the needs of daily purchasing whilst increasing nutrient density. Companies such as Mrs Mac's are producing healthy convenient foods through their 'Good Eating Range' and Hinrichsen's Queensland Convenience Foods are starting to deliver healthy meals to one school in Cape York, and have the potential to deliver to stores, takeaways and schools across the Cape. Availability of healthy foods from several distribution points (e.g. school, store, takeaway) develops the idea that healthy foods are the norm. This is a strategy that could be rolled out quickly and cost-effectively and provide immediate health benefits. However, it needs to be seen as a provisional strategy only as the long term goal needs to be an increase in people's capacity to eat healthily. This involves a commitment to the development of skills and knowledge and improved access to healthy, affordable food.
- Involving CDEP in the production and supply of healthy daily meals is another possibility that would allow for affordable, nutritious food becoming available to the community, whilst simultaneously increasing the capacity of community members to prepare healthy meals. For this to be possible however, CDEP needs to be adequately supported in regards to training opportunities (in food preparation) and the supply of appropriate infrastructure (including fully equipped kitchens, storage facilities and cooking utensils).

4.0 IMPACT OF FOOD SUPPLY

4.1 Comment

- Wet season
 - affects stock levels and may mean that food, particularly perishable items, are not available for several months of the year in some stores;
 - stores often increase stock levels in preparation for the wet season which means stores have to outlay significant amount of capital which is not recovered until the goods are sold months later;
 - because of the requirements for wet season, stocking goods may be out of date by the time they reach the shelves;
 - people don't have sufficient or appropriate storage at home to stock up for the wet season themselves.
- Displays of food in stores predominantly promotes 'unhealthy' foods and drinks. i.e. these are placed near the front of the store, on the counter and at eye level on shelves / fridges.
- If foods don't sell initially, they won't be reordered. This makes it very difficult to introduce new healthy foods into the stores.
- One negative side to larger store groups is that they order stock centrally, which may limit the variety of foods available or reduce flexibility to order foods requested by the community, which may be more suitable.

5.0 IMPACT OF FOOD QUALITY

5.1 Comment

- Community members have reported finding unacceptable quality in the foods found on some store shelves e.g. mouldy bread, vegetables that have been defrosted and refrozen, milk that has gone off, damaged and poor quality fruit and vegetables.
- Many stores continue to sell foods beyond their expiry dates. Few stores implement measures such as price reduction / specials to quickly sell products nearing expiry. Such measures could introduce an additional benefit in lowering the price of 'healthy foods', as perishables are usually healthier items.
- Maintenance of the 'cold chain' is an ongoing issue. Due to the long distance and remote transport, there is a high risk of produce being un-refrigerated for indeterminate periods. Some issues that may contribute to this include:
 - a delivery may arrive late in the day and not be unpacked until the next morning.
 - all stock arrives at the store at once and therefore it may take several hours to move this into storage. This is particularly concerning when summer temperatures rise up to 40 degrees Celsius.
 - delivery times can be unpredictable, making it difficult to have sufficient staff on hand to unload.
- Stores often wait for old stock to be sold before replenishing. This can mean that produce is left on the shelf that is severely damaged / rotting, while there is more acceptable stock

being kept in storage. Further, this means that the newer stock is already aged by the time it reaches the shelf, so that stock available to customers is always of lower quality.

- Stock is often not rotated, resulting in high levels of unnecessary wastage.
- Some stores do not have appropriate display units for fruit and vegetables. Temperature and humidity are therefore not regulated, reducing the shelf life of the produce.
- It is not uncommon for rubbish and community dogs to surround the store entrances. This raises a number of issues with people and particularly children touching the dogs or rubbish while eating and potentially leading to a range of infections.

6.0 IMPACT OF COST

6.1 Comment

- There is a large gap between the income and spending capacity of customers and the cost of healthy food. This impacts on customers' ability to purchase healthy food
- Prices in Cape York stores are far higher than those in nearby regional towns. For example, a trialled grocery shop cost approximately three times more in Lockhart River than in Cairns.
- In community consultations, people say that they would buy more food or healthier food if they could afford it.
- Remote Aboriginal and Torres Strait Islander community members have to absorb the additional costs on essential items that result from high transport and infrastructure costs. To ensure equity and store viability, these costs need to be subsidised for essential items. If a subsidy is implemented, it needs to be ensured that it is done so in a way that benefits the customer, not the 'middleman'. Subsidy should be directed so that it reduces the cost of healthy food and drink, and other essential items only.
- Other ways of increasing store viability and capacity to sell healthy foods is to provide financial support to stores and/or takeaways to purchase equipment such as bain maries, fridges, ovens as opposed to deep fryers and pie ovens and invest in training store workers in the preparation of healthy, convenient food.

7.0 CONCLUSION

Despite improvements in education, employment and income levels of indigenous Australians, health status remains poor and therefore remains on the national agenda (AIHW, 2008). Attaining improvements in nutrition-related diseases is a priority issue for the Government of Australia as per the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan. Improvements in remote stores through better access to healthy food by decreasing costs, improving supply and quality, and policies to ensure sustainability will contribute to positive changes in the health status of the people who live in these communities.

The views expressed in this submission are those of the authors and do not necessarily reflect the views of all staff members of the Royal Flying Doctor Service (Queensland Section).

References:

Australian Institute of Health and Welfare (2008), *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*. Canberra: AIHW.

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