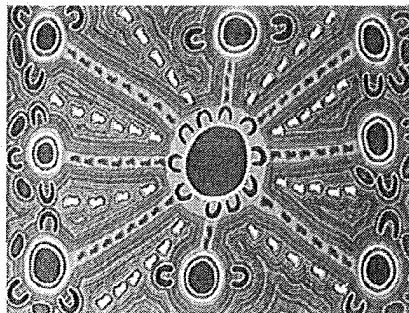


Submission No 43

Palyalatju Maparnpa Health Committee (Aboriginal Corporation)

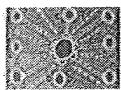


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Submission for the inquiry into community stores in remote Aboriginal and Torres Strait Islander communities

February 2009

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Palyalatju Maparnpa Health Committee



Palyalatju Maparnpa Health Committee (Aboriginal Corporation)

Submission for the inquiry into community stores in remote Aboriginal and Torres Strait Islander communities

Palyalatju Maparnpa Health Committee (PMHC) is an Aboriginal controlled cultural health service in the remote Kutjungka region of the East-Kimberly in Western Australia (WA).

The Kutjungka region comprises of three Aboriginal communities: Balgo, Billiluna and Mulan communities. The three stores which operate in the Kutjungka communities operate independently from each other. Two stores are community owned and managed and one store is community owned and managed by Outback Stores. The Kutjungka has a population of around 1,000 people.

The purpose of this submission is to provide an overview of the issues facing community stores in providing a consistent range affordable, nutritious and safe food in Aboriginal communities in the Kutjungka region.

PMHC support the Dietitians Association of Australia and Public Health Association Australia's 2008 joint policy 'Food Security for Aboriginal and Torres Strait Islander Peoples Policy'.

Food supply, quality, cost and competition issues:

Food supply

Food supply to the community stores in the Kutjungka is often limited and costly for reasons described below:

- Great distances from suppliers to community stores – Store 'A' in the Kutjungka purchases fruit and vegetables from a Perth supplier. This consignment travels 3,200km to Kununurra. A second transport operator based in Darwin which is prepared to travel the unsealed Tanami Track collects the goods in Kununurra and travels a further 650km (backtracking 350km) to deliver the goods to the community, including 200km on the unsealed road. Store 'B' utilises suppliers based in Alice Spring in the Northern Territory (NT). This produce is freighted 1,500km (Adelaide to Alice Springs) and then a further 800km (Alice Springs to the community). Over 600km of this journey is on an unsealed road.
- Access – during the wet season (November to April) the main access road to the Kutjungka, the Tanami Road, may be closed for months at a time due to flooding, preventing any road trains to the communities. Two communities in this region have not had a delivery by road train in the past five weeks due to flooding in the NT. Consequently stores are required to fly essential items in which is extremely costly and restricts the variety and quantity of fresh produce available in the store.
- Quarantine issues - some fresh produce, including apples, are not permitted to be imported into WA from the eastern states – this again restricts the variety and quantity of fruit and vegetable available in community stores if the store utilises suppliers in the eastern states.
- There is a limited number of freight carriers are prepared to travel on unsealed roads which are subject to regular flooding during the wet season. This lack of competition impacts on the cost of freight to remote communities which is already extremely costly due to long distances, cost of diesel and poor quality of unsealed roads.

Food quality

The quality of produce in remote community stores varies considerably. The quality is affected largely by the frequency of deliveries, particularly in relation to perishable items. All stores in the Kutjungka presently receive supplies fortnightly (previously weekly) – and towards the end of the delivery cycle the variety and quality of the perishable items diminishes considerably (which would not be of an acceptable sellable standard an urban stores). Despite the poor quality of perishable items at the end of the delivery cycle, they often continue to be sold at exorbitant costs in remote community stores.

Other factors which influence food quality include duration and time of travel, poor handling of perishables by freight companies and store staff including on-and –off loading of perishable items in 40°C plus heat and the quality of produce sent by suppliers.

Cost of food and competition

The cost of nutritious food and other essential household and personal hygiene items are well known to be excessively priced in many remote community stores. This is a result of the high costs of freight, the lack of retail competition, the cost of diesel in community stores to operate generator supplied power (this is often double the cost of Perth power charges) and the reduced buying power of individually operated stores.

Often the nearest regional town is many hundreds of kilometres away and as many community members do not have access to a vehicle they are unable to purchase goods anywhere other than their community store. Those that have access to a vehicle are required to pay \$2.70 per litre of fuel from the community store, thus making a round trip of many hundred kilometres prohibitively expensive. Additionally, the costs of food in towns such as Halls Creek are also very expensive, with some even more expensive than the remote community stores.

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

Outback Stores

In the Kimberley region there are two Outback Stores' (OBS) managed community stores. Comments from community residents and agency workers suggest that the OBS model has improved the variety and quality of healthy food items available at the store over the past 12 months OBS have been in management. Other improvements include the introduction of pricing on shelves, improvements in the quality of take-away meals and the reduction in costs of several healthy food and drinks. Additionally, OBS are more vigilant in ensuring goods beyond their best before date are sold at reduced costs or removed from shelves than previous management.

Whilst there have been a number of positive changes, there are still areas for improvement in order for there to be better health and economic outcomes for community residents; and to make the healthy choice the easy choice. The quality of take-away meals is still predominantly low in nutritional value with high fat / nutrient poor foods the majority of items available for sale (for example pies, chicken wings and non-lean meat make up the majority of meals provided for breakfast items). Whilst OBS has a take-away manual and a nutrition strategy, these guidelines are often not followed through on the ground. The difficulties with compliance to these guidelines are many and include difficulties with staff recruitment and retention, staff attitudes, knowledge and skills, personal cooking preferences of staff, suitability of food preparation area (not meeting minimum environmental health standards), store infrastructure, facilities and layout such as positioning and number of display fridges.

The variety and quantity of fruit and vegetables is limited with OBS in part because of quarantine restrictions which prohibit foods from particular states into WA (OBS use suppliers in Alice Springs). This particularly affects the supply of apples which are a

popular, convenient and affordable fruit and should be a standard fruit available at community stores.

Whilst having OBS in has made improvements to variety and costs of food in one community in the Kutjungka, there were negative consequences of appointing OBS for the other two stores in the Kutjungka. The poor consultation process between OBS and the other community-run stores in the Kutjungka resulted in a change in freight company which resulted in reduction in delivery of food from a weekly service to each of the community stores to a fortnightly delivery. As a result the sale of fresh fruit has decreased by 35% and vegetables by 19% over the past year in on of the community stores.

OBS took over the management of a store in which environmental health standards were often compromised for example dogs frequently observed in the store and inadequate pest control measures – there have been little improvements to these issues in the past 12 months with the appointment of OBS.

Other private, public and community store models

Community stores face many challenges on a day-to-day basis as described above. Nutrition is often perceived to be a low priority compared to generating profits and general store operations by store management. Many store managers lack formal nutrition and health training and their own attitudes towards the food supply and nutrition has a large influence in the variety, quality and presentation of healthy foods supplied.

Community residents comment foods are often sold long after their best before date, prices are too high and the variety of fruit and vegetables is too low.

PMHC support community ownership and active involvement in the management and operation of community stores, in preference to privately owned stores.

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

It is well known the prevalence of nutrition-related chronic diseases is high in Aboriginal Australians, particularly those living in remote communities.

If nutrient poor / energy dense foods continue to predominate in availability and accessibility; and foods such as fruit, vegetables, reduced fat milk / milk products, lean meats and cereals and continue to be prohibitively expensive, or of limited variety and poor quality, then chronic diseases such as Type 2 diabetes, heart disease and kidney disease will continue to increase. Children's growth and learning abilities are also affected by these factors.

In addition to nutrition related health outcome, adverse health outcomes due to poor environmental health standards described earlier are not infrequent.

If a key determinant to improving the nutritional status of Aboriginal Australians is to make the healthy choice the easy choice, then we require inter-sectoral collaboration with government, retailers, agriculture, transport operators, health and education in consultation with Aboriginal people in these communities to achieve positive health outcomes for Aboriginal Australians.

Bede Lee
Chairperson
20th February 2009

Joanne Cox
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20th February 2009