

**Department of Health and Ageing
Submission to House of Representatives Standing Committee on
Aboriginal and Torres Strait Islander Affairs**

RECEIVED
16 MAR 2009
BY: ASIA

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

March 2009

Introduction

The Australian Government is committed to the Council of Australian Governments' (COAG) six targets to close the gap between Indigenous and non-Indigenous Australians¹, two of which relate directly to the Health and Ageing Portfolio:

- to close the gap in life expectancy within a generation; and
- to halve the gap in mortality rates for Indigenous children under five within a decade.

To achieve these ambitious goals, the Australian Government Department of Health and Ageing is working to ensure that Aboriginal and Torres Strait Islander people have improved access to effective health care services essential to improving health and life expectancy. All programs within the Department have a responsibility to ensure access to effective health care for Aboriginal and Torres Strait Islander people, to achieve the Government's commitments to closing the gap on Indigenous disadvantage.

To deliver on these commitments, the Department is working in partnership with Aboriginal and Torres Strait Islander people and organisations, and in collaboration with other Australian Government agencies, and state and territory governments.

Improving Aboriginal and Torres Strait Islander health is not just about improving the physical wellbeing of an individual; it is about working towards the social, emotional and cultural wellbeing of the whole community. In this context, the Department provides national leadership and coordination in the promotion of good nutrition and healthy eating which are essential to:

- improving the health and wellbeing of all Australians;
- reducing the prevalence of nutrition-related chronic disease; and
- improving nutrition-related outcomes for vulnerable groups within our community.

This submission addresses the terms of reference indirectly by providing the Committee with information about:

- the health and wellbeing of Aboriginal and Torres Strait Islander peoples, including their nutrition status; and
- Australian Government supported programs and initiatives which promote good nutrition and healthy eating among Aboriginal and Torres Strait Islander communities.

¹ Targets agreed by COAG in October 2008 are as follows:

- closing the gap in life expectancy within a generation;
- halving the gap in mortality rates for Indigenous children under five within a decade;
- ensuring all Indigenous four years olds in remote communities have access to early childhood education within five years;
- halving the gap in reading, writing and numeracy achievements for Indigenous children within a decade;
- halving the gap for Indigenous students in year 12 attainment or equivalent attainment rates by 2020; and
- halving the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade.

The health and wellbeing of Aboriginal and Torres Strait Islander peoples

Key statistics

To close the life expectancy gap, we need to understand the causal factors which impact on life expectancy. We know, for example, that a major contributor to the early death among Aboriginal and Torres Strait Islander peoples is poor nutritional outcomes:

- Low fruit and vegetable consumption accounts for 3.5% of the total burden of disease (Vos, Barker, Stanley & Lopez, 2007).
- Endocrine, metabolic and nutritional disorders account for 9% of underlying cause of death with an additional 8% caused by diabetes in Aboriginal and Torres Strait Islander peoples (Health Performance Framework [HPF], 2008).

Poor nutritional outcomes have led to poorer birth outcomes and high rates of obesity and diabetes amongst Aboriginal and Torres Strait Islander peoples:

- Low birth weight is twice as common for babies born to Indigenous mothers and the gap is not closing (HPF, 2008).
- In 2004-05, more than half (57%) of Indigenous people aged 15 years and over were overweight (28%) or obese (29%).-Overall, 58% of Indigenous men and 55% of Indigenous women were either overweight or obese (ABS, 2008).
- Indigenous women were around one-and-a-half times as likely as non-Indigenous women to be overweight/obese, while there was little variation in the rates of overweight/obesity for Indigenous and non-Indigenous men (ABS, 2008).
- In 2004-05, 6% of Aboriginal and Torres Strait Islander peoples reported diabetes or high sugar levels. After adjusting for differences in age structure, approximately 3 times as many Indigenous Australians reported diabetes or high sugar levels as non-Indigenous Australians (HPF, 2008).

Nutrition status and health disparity

Aboriginal and Torres Strait Islander peoples experience a burden of disease two and a half times that of non-Indigenous Australians (Vos, Barker, Stanley & Lopez, 2007). The health disparity has its origins in early childhood development and continues to exert its impact across the life course, leading to increased morbidity from chronic and preventable diseases, and reduced life expectancy.

Chronic diseases such as circulatory disease, cancer, diabetes and respiratory disease account for about two-thirds of excess mortality among Aboriginal and Torres Strait Islander peoples. Many of these diseases are related to low fruit and vegetable consumption, representing approximately 3.5% of the total burden of disease in the Aboriginal and Torres Strait Islander population (Vos, Barker, Stanley & Lopez, 2007). Improving the nutritional status of Aboriginal and Torres Strait Islander peoples will contribute to several COAG-agreed closing the gap targets, including reducing the mortality of Indigenous children under 5 years, and improving life expectancy, educational attainment and employment.

Access to affordable healthy foods in remote communities

Limited access to affordable healthy foods is a major issue for Aboriginal and Torres Strait Islander peoples living in remote areas. Reasons for reduced access include: low income

levels; the high cost of fresh foods; reduced use of traditional foods; limited family nutrition knowledge; and lack of well-targeted nutrition information (NATSINSAP, 2001).

Food in remote communities is significantly more expensive than in other regions of Australia. In addition the variety and quality of fresh fruit and vegetables is often inferior to that found elsewhere in Australia (Webb & Leeder, 2007).

In 2004-05, in remote areas, 20% of Indigenous Australians aged 12 years and over reported no usual daily fruit intake compared with 12% in non-remote areas. The disparity was even greater for vegetables, where 15% of Indigenous Australians in remote areas reported no usual daily intake compared with 2% in non-remote areas.

Strategies to address low fruit and vegetable intake, as well as excess consumption of foods high in salt, sugar and saturated fat, are fundamental to preventing long-term chronic diseases and other conditions such as diabetes, heart disease, and obesity (AIHW, 2008).

Programs and initiatives to promote good nutrition and healthy eating among Aboriginal and Torres Strait Islander communities

The Department of Health and Ageing is committed to promoting healthy lifestyles and preventive measures to improve the health of all Australians and plays a crucial role in informing and influencing people to make healthy dietary choices, whatever their particular circumstances.

Strategies to improve the nutrition status of Aboriginal and Torres Strait Islander communities and to improve access to healthy foods in remote communities are supported by a range of initiatives.

The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010 (NATSINSAP)

The Department of Health and Ageing focuses on improved nutrition outcomes for Aboriginal and Torres Strait Islander peoples through the implementation of the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP).

NATSINSAP 2000-2010, a component of Eat Well Australia, is a nationally agreed framework for action to improve Aboriginal and Torres Strait Islander health through better nutrition (National Public Health Partnership 2001). NATSINSAP was developed by the Strategic Inter-Governmental Nutrition Alliance of the National Public Health Partnership (NPHP) and endorsed by Health Ministers in 2001.

NATSINSAP provides a collaborative state, territory and Australian Government policy focus to closing the gap in Indigenous mortality through improved nutrition. It identifies priorities required to address the determinants of poor nutrition including: remote food supply; food security; family focussed nutrition promotion; and increasing the Aboriginal and Torres Strait Islander nutrition workforce.

Since 2004, the Australian Government has funded a project officer position to support the implementation of key action areas within the NATSINSAP. The NATSINSAP project officer has also provided a central point of coordination and collaboration across Australia around Aboriginal and Torres Strait Islander food and nutrition issues. The Department currently provides funding for the NATSINSAP project officer until 30 June 2009.

An evaluation will examine how effectively NATSINSAP has been implemented and identify ways in which it could be more effective and responsive to the current environment.

The Remote Indigenous Stores and Takeaways (RIST) Project

The Department of Health and Ageing acknowledges that community stores have an important role to play in assisting Aboriginal and Torres Strait Islander peoples living in remote areas to be able to make healthier food choices. A major achievement of the NATSINSAP was the completion in 2008 of the Remote Indigenous Stores and Takeaways (RIST) Project which aligned with the NATSINSAP priority to address 'food supply in remote and rural communities'.

The RIST Project was funded by a number of jurisdictions (Queensland, Northern Territory, New South Wales, South Australia, Western Australia and the Australian Government). This three year project aimed to improve access to good quality, affordable, healthy foods in remote Aboriginal and Torres Strait Islander communities and to discourage the promotion of energy dense/nutrient poor food and drinks.

Guidelines and resources were developed and implemented across a number of remote community store and takeaway trial sites to assist remote store and takeaway managers as well as health and nutrition stakeholders to improve the freight, stocking, promotion, policy development and monitoring of the sales of healthy foods. The RIST resources include:

- Guidelines for stocking healthy food in remote community stores
- Fruit and vegetable quantity spreadsheet
- Marketing ideas for healthy food in remote community stores
- Healthy fast food
- The freight improvement toolkit
- Checklists for stores and takeaways
- Maximising the shelf life of fruit and vegetables
- Keeping track of healthy food: an electronic store food sales monitoring tool designed by the Menzies School of Health Research
- Heart Foundation Buyers Guide.

These resources were launched at the National Nutrition Networks Conference in March 2008 and are available to download at the Indigenous HealthInfoNet (www.healthinfonet.ecu.edu.au/nutrition).

Preliminary piloting of the RIST resources demonstrated improvements in the sales of healthy foods when local level nutritionists worked in partnership with the stores and communities to support their implementation. The pilot established that the resources fill a gap for communities where motivation to promote healthy eating exists. Uptake of these resources by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (to determine criteria for the licensing of remote stores in the Northern Territory), and by Outback Stores (to develop store policies) indicates their importance as a standardised training tool and benchmark across remote Indigenous stores and takeaways (Remote Indigenous Stores and Takeaways Resources Pilot Report 2008).

Queensland Health is currently leading a twelve month project to promote, distribute and train people in the use of the RIST resources and to design, conduct and report on an evaluation of

these resources in Aboriginal and Torres Strait Islander communities across Queensland and the Anangu Pitjantjatjara Yankunytjatjara (APY) lands in South Australia.

Remote Indigenous Stores and Takeaways (RIST) National Food Transport Forum project

In 2006-07, the Department supported the National Rural Health Alliance in undertaking the RIST National Food Transport Forum project. The Forum brought together transport operators, health professionals, community representatives and government representatives and promoted collaboration between participants to improve access to fresh food in stores located in remote Aboriginal communities. The Forum resulted in broad agreement to adopt new technologies and work practices; and a commitment between the communities, private sector and governments to ongoing collaboration to improve access to fresh food in remote areas.

The project also produced a Freight Improvement Tool Kit which set out strategies to reduce costs and maintain the quality of food along the transport chain. The Tool Kit was distributed on request to remote communities across Australia free of charge.

Since the Forum, assistance has been provided to the following communities to improve freight and purchasing arrangements:

- Kimberley communities of Balgo, Bililuna and Mulan; and
- communities on the Dampier Peninsular of Western Australia.

Indigenous Lifescripts resources

Lifescripts is a national initiative promoting risk factor management in general practice and primary health care services. Lifescripts resources have been developed specifically for use with Aboriginal and Torres Strait Islander peoples. Departmental funding for Indigenous Lifescripts resources is expected to be around \$120,000 for 2008-09.

The resources can be used by Aboriginal health workers, general practitioners and practice nurses within general practice or in Aboriginal and Torres Strait Islander health care settings to help them assist their clients to better manage the five main lifestyle risk factors for chronic disease: smoking, poor nutrition, physical inactivity, alcohol misuse and unhealthy weight. The Indigenous Lifescripts resources include:

- Healthy Lifestyle Action Plan - one Lifescript covering all five risk factors (smoking, alcohol misuse, poor nutrition, physical inactivity and unhealthy weight) which allows the health practitioner to enter individualised goals and support structures and is suitable for use with all patients, including those with low literacy skills;
- Action Plans for each risk factor - five Lifescripts (smoking, alcohol misuse, poor nutrition, physical inactivity and unhealthy weight) which contain more detailed advice than the 'Healthy Lifestyle Action Plan'; and
- Indigenous Lifescripts Flipchart - a flipchart for use by health practitioners which incorporates information on all five risk factors, the 5As process and the stages of change concept to guide health practitioners through lifestyle risk factor consultations with patients.

Mai Wiru Healthy Stores project

Mai Wiru is a project funded under the Regional Health Services (RHS) program, and is auspiced by the Nganampa Health Council Incorporated. This regional stores project aims to

improve the health and wellbeing of Aboriginal people living on the Anangu Pitjantjatjara Lands by helping to ensure continuous access to safe, nutritious and affordable food as well as essential health items through community stores. Mai Wiru translates as 'good food' in Pitjantjatjara.

As well as providing access to healthy, affordable food and adequate refrigeration, the Mai Wiru Healthy Stores Policy ensures stores support health promotion and nutrition programs and the employment and training of Anangu workers under appropriate wages. The project aims to ensure that community stores are community owned and developed as part of the essential health infrastructure of a community.

The RHS program, which funds this project, aims to improve the health and wellbeing of people in rural Australia by increasing their access to a broad range of primary health services for the prevention and treatment of illness. Total funding for the Mai Wiru Healthy Stores project under the RHS program from May 2004 to June 2009 is \$2.044 million (GST inclusive). Services funded under the RHS program have been funded until 30 June 2009, pending the outcomes of the review of rural health.

To date, Memorandums of Understanding have been signed with Community Councils for stores in: Watarru, Pipalyatjara, Kalka, Kanypi, Amata, Kaltjiti, Mimili and Iwantja. Agreements have been established with a preferred supplier of goods and a freight company. Anangu project workers have been employed in different capacities in the stores, and there are now six Anangu graduates in Retail Certificate II through a Student Trainee Exchange Programme (STEP). A nutritionist has been active in the implementation of the Mai Wiru Stores Policy, and has undertaken a range of activities including: an action plan in collaboration with the NPY Women's Council; developed kids healthy food packs; advised on areas possible for immediate product substitution; visited schools to teach children and adolescents about nutrition; and travelled to clinics providing education about diabetes and the diabetic diet using resources in the local language.

General nutrition initiatives

The Australian Government recognises that a balanced diet and good nutrition form an essential basis for health. The Department of Health and Ageing supports a range of health initiatives to promote good nutrition and healthy eating for the Australian population, which are inclusive of Aboriginal and Torres Strait Islander peoples.

Australian Dietary Guidelines Review

In partnership with the Department, the National Health and Medical Research Council (NHMRC) is undertaking a review of national nutrition recommendations including the *Australian Dietary Guidelines* (for children, adolescents, adults, older Australians and pregnant and breastfeeding women) publications. These publications form the basis of nutrition policy and population level healthy eating advice. This review provides an opportunity to ensure the publications are complementary, evidence-based and provide practical recommendations for use as up to date nutrition education tools.

This Dietary Guidelines review work program will provide Australians with up-to-date advice on healthy eating to improve the health and wellbeing of the community and reduce the risk of diet-related disease.

Information on current food and nutrition issues among Indigenous Australians will be considered as part of the review of the Dietary Guidelines and the development of recommendations for Aboriginal and Torres Strait Islander peoples. Revised publications for Australians are expected to be released from late 2010.

Measure Up Campaign

Australian, state and territory Governments have provided \$29.7 million over four years through the Australian Better Health Initiative to develop a national social marketing campaign to raise awareness of healthy lifestyle choices. The campaign's Indigenous strategy, entitled 'Tomorrow People' is based on simple, key messages regarding the importance of healthy eating and physical activity, and how these behaviours can benefit the individual, the family and community as a whole. The 'Tomorrow People' campaign includes radio and print advertisement and a website. Resources have been distributed to Indigenous organisations such as Indigenous community centres, medical services, land councils and schools.

In November 2008, COAG announced a further \$40.95 million to extend the Measure Up Campaign by three years to 2013 to deliver a sustained program of social marketing activities to address and change the lifestyle behaviours that contribute to chronic disease, with a particular focus on targeting 'at risk' groups.

Healthy Active Australia Community and Schools Grants Program

The Healthy Active Australia Community and Schools Grants Program aims to encourage sustainable physical activity and healthy eating projects in community and schools across Australia from 2007-08 to 2009-10. One-off grants of \$10,000 - \$200,000 (GST exclusive) for projects of up to 18 months duration have been made available through the Australian Government's contribution to the Australian Better Health Initiative, which aims to promote good health and reduce the burden of chronic disease. Funding has been provided to government and non-government schools, preschools, childcare centres, community organisations and peak bodies to run local projects that promote healthy active lifestyles for a range of target groups, including Aboriginal and Torres Strait Islander communities.

Early Childhood Nutrition

The expansion of the Australian Breastfeeding Association's National Helpline is providing mothers, their partners and families, including those in rural and remote areas, with access to breastfeeding advice and peer support, around the clock, at no cost to callers. Formative research into the enablers and barriers of breastfeeding that is currently being conducted may identify issues relevant to Indigenous mothers and families that require further examination and development of strategies to better support and increase breastfeeding duration rates.

COAG commitments to close the gap on Indigenous disadvantage

Indigenous Health National Partnership

On 29 November 2008, COAG agreed to a \$1.6 billion investment in Indigenous health to help close the gap in life expectancy between Indigenous and non-Indigenous Australians. The Commonwealth will contribute \$805.5 million (over 4 years) from 2009-10 to this Partnership to deliver more health professionals to Indigenous communities, expand health services, and help tackle key risk factors for chronic disease such as smoking, nutrition and physical activity.

Indigenous Early Childhood Development National Partnership

On 2 October 2008, COAG agreed to the Indigenous Early Childhood Development National Partnership worth \$564 million over 6 years, with the Commonwealth contributing over \$489 million. This investment will increase access to antenatal care, teenage reproductive and sexual health services, and child and maternal health services; reduce mortality risk factors such as smoking, nutrition and physical activity; and establish 35 Children and Family Centres across Australia that offer early learning, child care and family support programs.

References

- Australian Bureau of Statistics 2006, *National Aboriginal and Torres Strait Islander Health Survey 2004–05*. ABS cat. no. 4715.0, ABS, Canberra.
- Australian Bureau of Statistics 2008, *Health and Welfare of Australia's Aboriginal & Torres Strait Islander People*. ABS cat. No. 4715.0, ABS, Canberra.
- Australian Health Ministers' Advisory Council 2008, *Aboriginal and Torres Strait Islander Health Performance Framework Report (HPF) 2008*, AHMAC, Canberra.
- Australian Institute of Health and Welfare 2008, *Cardiovascular disease and its associated risk factors in Aboriginal and Torres Strait Islander peoples 2004-05*, AIHW, Canberra
- National Public Health Partnership 2001, *The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) 2000-2010*. Accessed 6 March 2009 <http://www.nphp.gov.au/signal>.
- Remote Indigenous Stores and Takeaways Resources Pilot Report 2008, Northern Territory Department of Health and Families, Casuarina.
- Vos, T, Barker, B, Stanley, L & Lopez, AD., 2007, *The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003*, School of Population Health, The University of Queensland, Brisbane.
- Webb, K. & Leeder S. 2007, *New Year's Resolutions: Let's get rid of excessive food prices in Remote Australia*. MJA 2007; 186 (1): 7-8.