APPENDIX A

THE NEED

Indigenous Health and Wellbeing

All health data indicates that across Australia there is a major gap between Indigenous and non-Indigenous health and wellbeing.

Evidence indicates health and wellbeing is worse in remote and very remote locations. There is an agreed link between poor health outcomes and people's access to a healthy affordable food supply.

Economic Wellbeing

Indigenous Australians living in remote and very remote Australia have the lowest socio-economic status relative to both other Indigenous and non-Indigenous Australians. ABS data confirms Indigenous people living in remote and very remote regions have significantly lower gross income than the Australian average and four times the unemployment rate. Indigenous people in remote and very remote Australia have less income to purchase the food required for a healthy life.

There is poor governance, high unemployment and therefore welfare dependency, corruption and misuse of funds. Often, the tools to get out of the poverty cycle, including employment, training and education, are not readily available in remote communities.

Chronic disease

Ischaemic heart disease is the leading contributor to the burden of disease for Indigenous males and a significant contributor for Indigenous females (1). The mortality rate for heart disease for Aboriginal people is about three times the rate for all Australians. In WA, an analysis of mortality rates and causes has been conducted by region. In SA, the main cause of premature mortality for Aboriginal people has been reported to be Ischaemic heart disease, at 2.5 times the rate for non-Indigenous Aboriginal people (15). Mortality from all causes was highest in remote areas, especially in the Kimberley region. For mortality attributed to cardiovascular disease, the Kimberley and Midwest-Murchison showed the highest burden (7).

Diabetes, after heart disease and mental disorders, contributes significantly to the burden of disease experienced by Indigenous people (2). The prevalence of diabetes for the Indigenous population is three times that of the non-Indigenous population. In addition, Indigenous people living in remote areas report having diabetes at a higher rate than Indigenous people living in non remote areas (1). With one third of adults affected by Type 2 Diabetes, Torres Strait Islanders people experience the highest prevalence in Australia (9). Significantly, in the Torres Strait and Northern Peninsula population, mortality due to Type 2 Diabetes is 10 times higher than for the Qld population (10).

Kidney disease is 10 times as prevalent in Indigenous populations compared to non-Indigenous populations. The incidence of end stage renal disease (ESRD), the final stage of deterioration of kidney function, is higher for Indigenous than non-Indigenous people, **26 times higher in remote**

areas and 12 times higher in very remote areas. Having diabetes, high blood pressure, being obese or born at a low birth weight are all risk factors for developing kidney disease (1).

The prevalence of chronic diseases, hypertension, diabetes, Ischaemic heart disease, renal disease and chronic obstructive pulmonary disease have been reported recently for Central Australia and the Top End. Aboriginal people in Central Australia experience renal disease, diabetes and hypertension at a higher rate than those in the Top End. The prevalence of chronic obstructive pulmonary disease was higher in the Top End and Ischaemic heart disease was experienced at the same rate in both areas. **The population of NT remote areas have a substantially higher prevalence for all five diseases than the Australian average** (3). For remote NT Indigenous people aged 50 years and over, the prevalence of hypertension and renal disease was greater than 50%, 40% for diabetes, 30% for chronic obstructive pulmonary disease and 20% for Ischaemic heart disease. After 50 years, 60% of people had at least two chronic conditions, and 30% had at least three conditions (3).

To provide an example of the predicted impact of this kidney disease in one area of remote Australia, it is expected in the Kimberly, that from 2003 to 2013 there will be a 63% increase (18 new patients/year) in the number of cases of renal disease diagnosed and a 91% increase (134 patients) in the number of patients on renal dialysis (12).

All of these factors indicate that for Indigenous people living in remote Australia, health and wellbeing is significantly poorer than non-Indigenous people in Australian. Many of the poor health indicators can be reduced by having access to better nutrition.

Poor nutrition

- Poor nutrition is a primary cause of many non-communicable diseases prevalent in Indigenous populations. There is strong evidence particularly relating fruit and vegetable intake to the prevention of chronic disease (1).

- Inadequate fruit and vegetable intake contributes to 6% of Indigenous mortality and 3% of the total burden of disease. There is lower consumption of fruit and vegetables in remote areas, with 20% of people aged over 12 years reporting no usual daily fruit intake, compared to 12% in non remote areas and 15% reporting no usual daily vegetable intake in remote areas, compared to 2% in non remote areas. (1).

- In NT remote communities, surveys have shown that people eat on average half a serve of fruit and one serve of vegetables per day; compared to one serve of fruit and two to three serves of vegetables eaten by the average Australian and the two serves of fruit and the five serves of vegetables recommended for good health (13, 14).

- To be consumed, nutritious food needs to be available, affordable and of good quality. There is no national store survey. Northern Territory, Queensland, Western Australia and South Australia have in the past or currently monitor affordability, availability and quality of food in remote community stores. Over the past three years in the NT, the Barkly district has consistently been the most expensive region to purchase food, followed by East Arnhem. In addition, Barkly district stores consistently have the poorest range of fresh fruit and

vegetables (4-6). In the 1990s, community stores in East Kimberley were consistently and significantly more expensive than stores in the West Kimberley (8). In Queensland, very remote stores, especially those greater than 2000km from Brisbane, were the least affordable. Stores in Cape York and the Torres Strait were included in this group (11).

Economic Indicators

Low socio – economic status

- Many communities are trapped in a cycle of welfare dependency and low socio-economic status. One of the key indicators of low socio-economic status is median weekly income. Indigenous people in major cities had a higher personal weekly income ($352) than those in remote areas ($223). The median income for non-Indigenous Australians was $473 (1).

- Non-Indigenous residents of communities such as school teachers, nurses, and police, often don't use the community store for their regular grocery shopping. Their purchases are brought in from nearby towns or capital cities. Stores which are well stocked with a full range of healthy affordable food and general merchandise are able to provide the goods sought by all sectors of the community.

"The relatively poor socioeconomic status of Indigenous people and families has been well documented (1)". Key statistics from ABS indicate:

- Indigenous people in remote areas have limited access to services and mainstream labour markets. This has important implications for Indigenous children born and raised in these environments, and impacts on their health and other life outcomes;

- Indigenous households had lower weekly household incomes (median weekly incomes of households with Indigenous children were 67% of the median weekly incomes of households with other children (i.e. no Indigenous children));

- Indigenous households were more reliant on income support (33% of Indigenous families with dependants were receiving the Parenting Payment compared with 16% of non-Indigenous families); and

- Indigenous households were less likely to have a parent in paid employment (47% of Indigenous families had no parent working compared with 20% of other families).

Poverty Cycle

The poverty cycle affects indigenous Australians to a greater degree than other Australians. This cycle impacts choices which are made in daily life.

In 2006, 38.7% of Indigenous households had a gross weekly income of less than $315 compared to 8% of the non-Indigenous population (1). The medium gross household income of Indigenous Australians is $362 per week which is 60% of the median income for non-Indigenous households ($642 per week) (1). An estimated 39% of Indigenous people who live in Low Resource Households

compared to 8% of non-Indigenous people. A low resource household is a household (one or more occupants) where the occupants earn less than $315 per week, don't own the house and aren't the owners of a business (1). These statistics help demonstrate that Indigenous people have a lower income and therefore less discretionary spending which can impact their capacity to purchase food.

The labour force participation rate for Indigenous people is 53.6% compared to 74.7% for non-Indigenous people. An estimated 40.75% of Indigenous people are not in the labour market compared to 24.2% in the non-Indigenous population. (1) The unemployment rate of Indigenous people (16%) is three times the non-Indigenous unemployment rate of 5%. This further suggests that many Indigenous people, particularly in remote and very remote regions, are welfare dependent and have low incomes.

Education outcomes are critical to equipping people with the skills and knowledge to obtain employment and participate in the governance of stores. About 34% of Indigenous people have an education level of up to year 9 or below, compared to 15.8% of non-Indigenous population. Only 23% of indigenous people complete year 12 compared to 49.1% of the non-Indigenous population (1). Education is the cornerstone to equipping people with the skills to make good lifestyle choices.

All factors including Indigenous transitional diet, poverty cycle, and socio-economic status demonstrate the importance of an affordable food supply in remote and very remote communities across Australia due to the concentration of those people who have the least ability to afford nutritious food.

References

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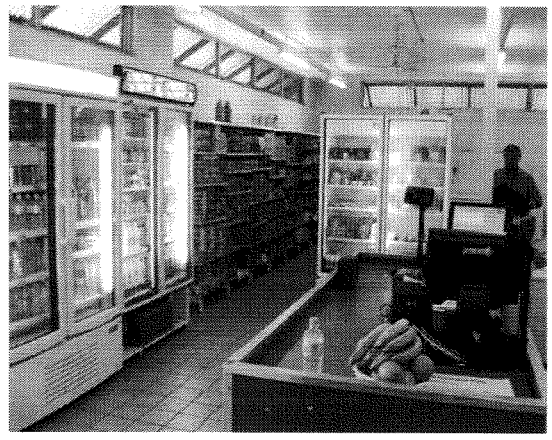
APPENDIX B

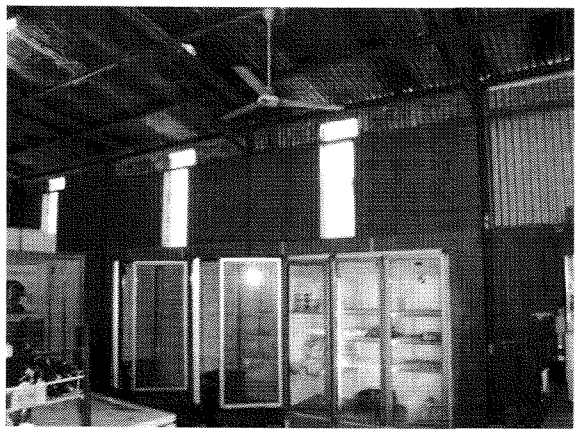
BEFORE AND AFTER PHOTOS

Barunga – before and after

Community X – before and after

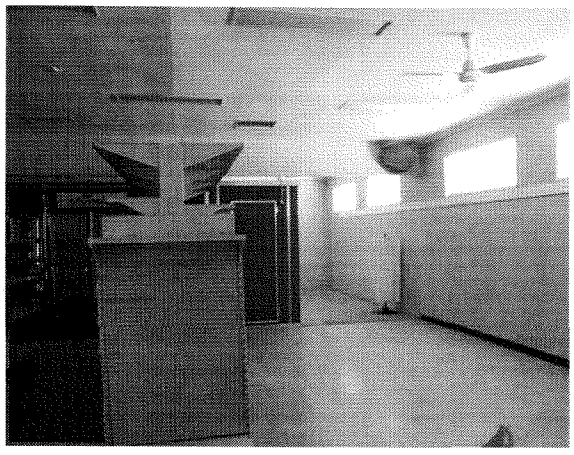


Community Y – before and after




Jilkminggan – before and after


Bulman – Before and after




Community Z – before and after