



NATIONAL RURAL
HEALTH
ALLIANCE INC.



Ms Melissa Price MP
Chair
House of Representatives Standing Committee on Indigenous Affairs
PO Box 6021
Parliament House
CANBERRA ACT 2600

Dear Ms Price

Additional information to support the Inquiry into Educational Opportunity

Thank you for the opportunity to provide additional information to the Committee as it examines issues relating to educational opportunities for Aboriginal and Torres Strait Islander children and young adults.

The National Rural Health Alliance (the Alliance) has recently authored a report for the Rural Industries Research and Development Corporation on [*Food Security and Health in Rural and Remote Australia*](#).

The key findings of the Report include several issues that underpin the way in which not having ongoing access to a healthy, nutritious diet (i.e. being food insecure) can effect children's development and their ability to engage at school.

Indeed, a child can have access to the daily calories they need, but if they are unhealthy calories, this situation (known as food insufficiency) also impacts on the child's ability to engage and perform at school.

I have attached additional comments drawn from the report for your consideration. The Alliance would be pleased to provide further information if requested to assist the Committee in its important deliberations.

Yours sincerely

David Butt
Chief Executive Officer

{ | November 2016

Inquiry into the educational opportunities for Aboriginal and Torres Strait Islander students

Terms of Reference

The Committee will inquire into and report on key aspects of educational opportunities and outcomes for Aboriginal and Torres Strait Islander students up to school leaving age, including but not limited to:

- access to, participation in and outcomes of pre-schooling
- the provision of boarding school education and its outcomes
- access to, participation in, and benefits of different school models for indigenous students in different parts of Australia
- engagement and achievement of students in remote areas
- impacts on, and support for, families and communities whose children experience different models of educational services
- best practice models, both domestically and internationally
- comparisons of school models in the transition to further education and employment outcomes.

This updated submission is to be read in conjunction with the submission of November 2015, and provides additional information that the National Rural Health Alliance (the Alliance) is bringing to the attention of the Committee following the recent publication of the Alliance's work on food security for the Rural Industries Research and Development Corporation (RIRDC). The Report, [*Food Security and Health in Rural and Remote Australia*](#), is an evidence based report that examines the impact of food security across the health and wellbeing of individuals throughout their life.

A major finding of the Report is that not having access to an ongoing, affordable, healthy diet (ie the individual is food insecure) may have a whole of life impact, and that the most significant impact occurs in individuals who have been food insecure from infancy. It further finds that food insecurity is worst in Aboriginal and Torres Strait Islander communities.

The evidence clearly demonstrates that being food insecure from early in life has a significant impact on educational outcomes through lower levels of educational achievement. Food insecurity is also associated with school absenteeism.

Below are pertinent excerpts from *Food Security and Health in Rural and Remote Australia* relating to the impact of food insecurity on education. The references for these passages are detailed in the report.

In a recent review of the state of Indigenous child health, Brewster and Morris examine the issue of malnutrition in Aboriginal and Torres Strait Islander children, noting an earlier study in Bourke indicated hospitalisation rates in Aboriginal children were 10 times higher than in non-Indigenous children, and that on admission, Aboriginal children

had three times higher rates of under-nutrition, six times higher rates of anaemia and 36 times higher rates of intestinal parasites. They note that since this study the health of Aboriginal children in Bourke has improved but that the situation in the Northern Territory has persisted, citing unpublished data to support this observation (1).

Certainly, the presence of high loads of intestinal parasites would not support good health in children. Skull, Ruben and Walker were among the first researchers to discuss the prevalence of malnutrition in Aboriginal children in the Northern Territory by examining children admitted to hospital. They came to the conclusion that approximately 20 per cent of Aboriginal children in the Northern Territory suffered from malnutrition at the time of writing in 1995 (2).

In a 2015 Australian study, White et al found that the rates of observed hospitalisation were considerably higher than the expected rates of paediatric admission, based on previous studies. The three key findings from their snapshot of a day's admissions in a range of different hospital settings found:

- the prevalence rates of malnutrition and nutritional risk of paediatric inpatients in multiple tertiary and regional hospitals across Australia are relatively high at 15 and 44 per cent respectively;*
- children who are younger, from regional hospitals or with a primary diagnosis of cardiac disease or cystic fibrosis, are more likely to be malnourished and should be targeted for nutrition intervention; and*
- patients who identify as Aboriginal or Torres Strait Islander are more likely to have lower height for age z-scores (3).*

The Australian studies are complemented by the findings of Khanam et al who looked at the impact of diet in the first years of life on the future schooling outcomes for children in Bangladesh. They found that poor nutrition in childhood resulted in poor health and affected all aspects of schooling including the age at which children commenced schooling, the regularity of attendance and their achievement at school. They found that poor nutrition affected cognitive development and that children who had suffered stunting due to poor nutrition performed the worst. They also noted that where children were falling behind at school, stunted children also fell behind in greater numbers – 38 per cent of normal sized children fell behind, while 68 per cent of stunted children fell behind (4).

Casey et al examined the impact of food insufficiency on children from low-income families in the USA. He reported that food insufficiency has been associated with impaired growth and poor cognitive development in children, and that food insufficiency and hunger may be associated with childhood obesity and behavioural, emotional, and academic problems (5).

A Chilean longitudinal study by Ivanovic et al examined the long term impact of severe under-nutrition in the first year of life on high school graduates. Their findings were that the long term effects of malnutrition may impact brain development, IQ and scholastic achievement (6).

A second longitudinal study from Guatemala followed a large cohort of low socioeconomic children, commencing in 1969. Two groups were included in the study, with one group receiving substantial nutritional supplements and the second group receiving a drink containing micronutrients but little protein. The cohort was followed up in 1988-89 and again in 2002-04 to determine the long term impact of supplementary feeding. The findings were that supplementary feeding of children resulted in:

- *higher rates of schooling completion for women;*
- *increased reading comprehension;*
- *higher IQ test results;*
- *higher wages earned by men (women were assumed to have lower workforce participation rates); and*
- *lower risk factors for cardiovascular disease (7).*

The Guatemalan study provides good evidence that it is possible to reverse, or at least limit, the effect of food insecurity on the development of children.

Perhaps the most important excerpt above is that of the Guatemalan study, which provides evidence that it is possible to intervene and make considerable changes in the life trajectory of children in terms of educational outcomes, health and wellbeing outcomes and productivity outcomes.

The Alliance strongly urges the Committee to consider how well-targeted supplementary food interventions in Aboriginal and Torres Strait Islander communities, complemented by community led activities to address local food insecurity has the potential to make a significant educational change for Indigenous children and also contribute to narrowing the health gaps and supporting greater future productivity nationally.

The Alliance notes several recent initiatives that may support better food security in rural and remote locations as well as supporting a better start at school for Indigenous children. These programs include the expansion of the Income Management and the Connected Beginnings programs to additional locations. Such initiatives are well placed to support better food security for children provided they are able to overcome several challenges currently existing in those communities.

Firstly, the price of food in remote Indigenous communities is a significant issue. Recent research has shown that the cost of food in a remote community store may be up to 60-68% higher than the same food in Darwin or Adelaide (8).

For anyone on a low, fixed income, such as those on welfare payments, such prices make it difficult to afford healthy food. The Alliance strongly supports urgent action to address the inequity in affordability of a healthy diet, particularly given the evidence showing the link between access to a healthy diet, health outcomes as well as educational outcomes.

The Alliance is also concerned at reports emerging through Aboriginal Community Controlled Health Organisations that women and children are presenting to medical centres starving due to having been taken off welfare payments¹.

The Alliance recognises that the operation of welfare systems is not strictly a health issue, but when the results of changes in welfare policy are unintended consequences, such as women and children being unable to afford to eat, the Alliance believes it has a duty to raise such issues for discussion and consideration.

Thank you for the opportunity to provide additional information to the Committee for its consideration. The Alliance stands ready to provide further advice to the Committee to support its important work and looks forward to engaging further with the Committee and its members to discuss these issues.

Reference

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5. Casey P, Goolsby S, Berkowitz C, Frank D, Cook J, Cutts D. Maternal depression, Changing public assistance, Food Security and Child Health Status. *PEDIATRICS*. 2004;113(2):298–304.
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8. Ferguson M, O’Dea K, Chatfield M, Moodie M, Altman J, Brimblecombe J. The comparative cost of food and beverages at remote Indigenous communities, Northern Territory, Australia. *Aust N Z J Public Health*. 2016;40(Supplement 1):521–6.

¹ The Alliance was initially advised of this by officers of the Commonwealth Ombudsman’s Office in August 2016.