



Submission No 59

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20 February 2009

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23 Feb 2009
BY:.....ATSLA.....

Dr Anna Dacre
Committee Secretary
Standing Committee on Aboriginal and Torres Strait Islander Affairs
House of Representatives
Parliament of Australia
PO Box 6021, Parliament House
Canberra ACT 2600
atsia.reps@aph.gov.au

Dear Dr Dacre

The Steering Committee for the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP)* acknowledge and support the current House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs inquiry into community stores in remote Indigenous communities. This submission has been prepared by the NATSINSAP Senior Project Officer, on behalf of the State, Territory and Non government members of the NATSINSAP Steering Committee.

For further information in relation to the NATSINSAP submission, please contact Ms Sharon Laurence on (03) 9321 1566 or at sharon.laurence@heartfoundation.org.au.

Yours sincerely

A handwritten signature in black ink, appearing to be "J. Lea".

Traven Lea
Chair
NATSINSAP Steering Committee

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

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Inquiry
**Remote community stores in Aboriginal and Torres
Strait communities**

BY:.....ATSI/A.....

**National Aboriginal and Torres Strait Islander
Nutrition Strategy and Action Plan (NATSINSAP)**

February 2009

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Introduction

The State and Territory representatives of the Steering Committee for the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan* (NATSINSAP) acknowledges and supports the current parliamentary inquiry into community stores in remote Aboriginal and Torres Strait Islander communities.

This submission has been prepared by the NATSINSAP Senior Project Officer, on behalf of the following members of the NATSINSAP Steering group and with expert input provided by some of the former members of the Remote Indigenous Stores and Stores and Takeaways (RIST) Steering Committee.

Northern Territory Department of Health and Families

Queensland Health

South Australia Department of Health

Department of Health Western Australia; and

National Heart Foundation of Australia.

(Note that the Australian Government Department of Health and Ageing is not party to this submission. The Australian Government Department of Health and Ageing is providing its own submission to the inquiry).

NATSINSAP BACKGROUND

The NATSINSAP was developed as a key component of *Eat Well Australia 2000-2010*; a national framework for population based action in public health nutrition for all Australians¹. The NATSINSAP was endorsed by the Australian Health Ministers Conference in August 2001 and was designed to provide national coordination and cooperation across the country to improve the nutritional status of Aboriginal and Torres Strait Islander people². In 2004 a national project officer was appointed to provide coordination for the implementation of key components of the NATSINSAP. This position is currently hosted by the Heart Foundation; managed by a cross jurisdictional Steering Committee and funded by the Department of Health and Ageing.

THE REMOTE INDIGENOUS STORES AND TAKEAWAYS PROJECT (RIST)

A key achievement of the NATSINSAP was the completion in 2008 of the Remote Indigenous Stores and Takeaways Project (RIST), which aligned with the NATSINSAP priority to address 'Food supply in remote and rural communities'. Health departments of the Northern Territory, Queensland, Western Australia, New South Wales, South Australia and the Australian Government committed funding and expertise in the development of the project which commenced in 2005. Project direction was provided by the 2003 release of the report

¹. NPHP, SIGNAL, 2000. *Eat Well Australia. An Agenda for Action for Public Health Nutrition 2000-2010*.

² NPHP, SIGNAL, 2000. *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010*.

*FoodNorth: Food for Health in North Australia (FoodNorth)*³. While describing the multiple challenges to ensuring a healthy food supply in remote Indigenous communities; many of which lay outside the mandate of the health sector; the report identified a number of strategies that had the potential to be developed and applied nationally. The RIST project was designed to respond to these recommendations through a coordinated approach and combined expertise from across jurisdictions.

RIST goal and objectives

The goal of the RIST project was to improve access to healthy food in remote Indigenous community stores and takeaways. Objectives of the project were to:

- develop a common set of guidelines and resources that promote access to healthy foods, and discourage the promotion of energy-dense/nutrient-poor food and drinks,
- implement and evaluate guidelines and resources across a number of remote community store and takeaway trial sites.

The core outcome of the RIST project was the development of a package of nine resources to assist remote stores and takeaways to stock, promote and monitor the sales of healthy foods. The package comprised:

- 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 – A resource for remote stores and takeaways
- Freight improvement toolkit
- Checklists for the Store and Takeaway
- Heart Foundation Buyer's Guide for managers of remote Indigenous stores and takeaways
- Guidelines for maximising the shelf life of fruit and vegetables
- Keeping Track of Healthy Food- a monitoring and reporting tool (in Microsoft Access software format) that uses scanned sales data to assess a community's consumption of key foods and nutrients. This information is indicative of a remote community's food purchasing habits and nutritional issues.

The RIST tools have been disseminated across all participating State and Territory jurisdictions and are available free to download from the HealthInfoNet at www.healthinonet.ecu.edu/nutrition.

RIST evaluation

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,

³ Leonard D. FoodNorth: Food for Health in North Australia (FoodNorth). Western Australia Department of Health, 2003

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. While this work is still ongoing, preliminary work in piloting these resources demonstrated improvements in the sales of healthy foods when local level Nutritionists worked in partnership with stores and communities to support their implementation⁴.

A summary description of each of these resources is provided in Appendix A.

⁴ Remote Indigenous Stores and Takeaways (RIST) Resources Pilot Report, Northern Territory Department of Health and Families, April 2008

Food supply, quality, cost and competition issues

FOOD SUPPLY

The cost and quality of the food supply in remote Aboriginal and Torres Strait Islander communities is determined by a range of factors including regular and reliable transportation; the adequacy of store infrastructure and carrying capacity (including cool room and freezer capacity over the wet season); the quality of store management and the efficiency of operations. It is also clear that the viability of stores in very small communities presents a challenge where the population is insufficient to sustain store profitability. The *FoodNorth* report described these issues in detail and called for a fundamental re-think, questioning the small business, profit generating store model and called upon stores to be considered essential community services⁵. In urban and regional Australia, competition provides a control on prices and profit levels and small businesses do not face the same challenges brought about by the tyranny of distance.

The Universal Declaration of Human Rights states "everyone has the right to a standard of living adequate for the health and well being of himself and of his family, including food". The right to adequate food is not a right to be fed but "a right of people to be given a fair opportunity to feed themselves" now and in the future⁶. In light of this there is an argument for stronger government surveillance and financial support of remote Aboriginal and Torres Strait Islander community stores to ensure community food security and as a critical component of the Australian Government commitment to 'Close the Gap' in Indigenous life expectancy.

REMOTE FOOD SUPPLY COSTS

Store food in remote communities tends to be expensive and offers a limited range of healthy choices; particularly so for perishable items such as fruit and vegetables. While national data is absent, across the Northern Territory and Queensland the cost of food in remote areas is monitored on a regular basis by comparing the cost of a basket of foods for a hypothetical family of six people for a two week period. In 2006 it was found that the average cost of a healthy food basket was around 30% more expensive in remote NT⁷ and QLD⁸ communities than capital city supermarkets in Darwin and Brisbane respectively. Fruits and vegetables were on average 30-38% more expensive. In contrast, QLD surveys found that commonly purchased high fat/high sugar takeaways more affordable, being only 23% more expensive compared to capital city prices. The cost structure of food in remote communities reflects the situation more broadly across Australia, where the cost for basic foods necessary to achieve good health has become and continues to be more expensive than less nutritious alternatives⁹. It is clear that in remote Aboriginal and Torres Strait Islander

⁵ Leonard D. *FoodNorth: Food for Health in North Australia (FoodNorth)*. Western Australia Department of Health, 2003

⁶ Eide, W.B. & Kracht, U. (eds). 2005. *Food and Human Rights in Development*. Volume 1: Legal and institutional dimensions and selected topics. Intersentia: Antwerpen

⁷ Northern Territory Government, Department of Health and Community Services. 2007. *Northern Territory Market Basket Survey 2006*. Department of Health and Community Services: Darwin

⁸ Queensland Health. 2007. *The 2006 Healthy Food Access Basket (HFAB) survey*. Queensland Health: Brisbane. Available from <http://www.health.qld.gov.au/ph/documents/hpu/33125.pdf> Accessed 28/11/07

⁹ Harrison MS, Coyne T, Lee AJ et al. The increasing cost of the basic foods required to promote health in Queensland. *Med J Aust* 2007; 186: 9 -14

communities healthy foods, including fresh fruit and vegetables are considered a luxury afforded on an occasional basis rather than a basic everyday food essential for good health.

The reasons for high food costs in remote areas are many, but relate principally to the higher costs of operating stores in remote areas compared to urban settings. Cost elements include:

- Store managers' wages and the additional cost of housing store managers in remote communities can be the largest store costs. A manager in a remote store is approximately twice the cost of a manager in urban areas¹⁰.
- Store infrastructure and repair costs for electrical equipment such as freezers and air conditioners are higher in remote communities. Expenses are heightened when trades people typically need to be flown in from outside the communities and can be expensive, unreliable and irregular.
- Fresh fruits and vegetables and some other healthy foods are more costly because they are perishable and are not sourced locally. If they are not sold, stores have to write these off as 'wastage'. As such, remote stores are often reluctant to order sufficient supplies of perishable foods.
- Storage requirements are higher in locations where wet season access is limited so that non-perishable items must be forward purchased and stored for periods of many months before sale. As well as higher infrastructure costs, this necessarily means higher financial costs due to the long delay between expenditure on stock and sales of the goods.
- Transport: freight costs to remote locations are high, especially during the wet season, which results in higher store prices.
- Fuel prices in remote communities can be twice that of cities and are likely to increase proportionally over time.
- Lack of accountability, poor store management practices and inefficiencies can result in large financial losses and the cycle of boom and bust that many small stores experience on regular basis.

All of these costs are absorbed and passed onto the consumer as higher retail costs (or accrue as store debt). Consequently financial pressures bias food sales towards high profit, non perishable snack foods; soft drinks and high fat convenience foods. This has a considerable impact on the nutritional health of the community.

FINANCIAL CAPACITY OF COMMUNITY MEMBERS

Healthy food is the most expensive for a population group that can least afford it. The majority of Aboriginal and Torres Strait Islander people living in remote Australia are of low socio-economic position – living primarily off pensions and other welfare payments. Surveys undertaken across communities in the Northern Territory estimate that up to 36% of family income is needed to purchase foods in remote communities¹¹. This is at least double the 17% of income that the average Australian spends on food¹².

¹⁰ Leonard D. FoodNorth: Food for Health in North Australia (FoodNorth). Western Australia Department of Health, 2003

¹¹ Northern Territory Government, Department of Health and Community Services. 2007. *Northern Territory Market Basket Survey 2006*. Department of Health and Community Services: Darwin

¹² Adelaide Healthy Food Basket: A survey on food cost, availability and affordability in five local government areas in metropolitan Adelaide, South Australia Alfonso TSANG, Margaret W. NDUNG'U, John COVENEY and Lisel O'DWYER *Nutrition & Dietetics* 2007; **64**: 241–247

Furthermore, it is common that people experiencing financial difficulties tend to purchase foods that provide the most calories for the least cost. Research undertaken by Julie Brimblecombe at the Menzies School of Health Research suggests that this may apply to Aboriginal people living in remote Australia where flour, sugar, rice, fats and oils cost the least in terms of energy value (calories per \$) compared to the recommended foods – fruit, vegetables, lean meat and fish that are 10 to 100 times more expensive in calories per \$¹³. Poor affordability of a nutritious diet was recognised in the 'Close the Gap- National Indigenous Health Equality Targets' finalised at the March 2008 Canberra Summit as follows¹⁴,

90% of Aboriginal and Torres Strait Islander families can access a standard healthy food basket (or supply) for a cost of less than 25% of their available income by 2018.

This formed part of the suite of targets given in principle support by the Prime Minister Kevin Rudd.

NUTRITION AND THE QUALITY OF THE FOOD SUPPLY

The quality of the food supply refers not only to 'freshness' and customer appeal of food, but more importantly the variety of nutritious food choices that are available to sustain a healthy diet. It is important that a store provide an adequate range of foods for groups with special dietary needs, such as infants, and foods which help to prevent and manage diet related diseases (e.g. for people with diabetes).

A key part of the RIST resource package was the 'Guidelines for Stocking Healthy Food in Remote Community Stores'. This checklist has been designed by Nutritionists with extensive experience of working with remote communities and provides minimum standards and consistent guidelines for stores regardless of their size. This specific guide has already been used to inform licensing requirements for stores as part of the Northern Territory Emergency Response. It has also been used by the Outback Stores group to inform the development of their core range. This generic stocking guide is complemented by the Heart Foundation Buyers Guide, also undertaken as part for the RIST project, which provides specific guidance around brands of food that conform to defined nutritional standards.

While it is important that a variety of nutritious foods are available, it is equally important that healthy choices are attractively displayed, abundant and promoted to increase their sales. A key objective of the RIST project was to '....promote access to healthy foods, and discourage the promotion of energy-dense/nutrient-poor food and drinks'. While, as previously described, financial pressures often lead to a store's reliance on profits generated through the sale of snack foods, soft drinks and high fat convenience foods, it is fundamental that responsibility and restraint is exercised, in accordance with the central premise that 'community stores be considered an essential service'. To ensure this principle is practically applied, strong and effective nutrition policies are required that are regularly monitored and which set limits (without necessarily banning) the supply of unhealthy foods. Nutrition policies are most effective when nutrition and health

¹³ Brimblecombe, J. Nutrition improvement for Aboriginal people in remote townships: briefing paper. Menzies School of Health Research, May 2008

¹⁴ Human Rights and Equal Opportunity Commission, Close the Gap: Outcomes from the National Indigenous Health Equality Summit, Canberra, March 18-20, 2008
http://www.humanrights.gov.au/social_justice/health/targets/index.html

are identified as essential parts of a store's mission; when the store has quality systems in place to monitor their implementation and when a qualified Nutritionist is engaged in partnership with store and community members, or preferably has a strategic position within a larger store company.

It is critically important that nutrition is considered a priority in large scale interventions to improve food supply and food 'quality' in remote areas and that systems for monitoring and evaluation be embedded in the delivery of these interventions. This is especially the case when operations receive substantial government funding. Without appropriate targeting there is a risk that food supply interventions could inadvertently increase the supply of cheap energy dense and nutrient poor foods, further impacting the health of the community.

The other essential determinant of food quality is 'freshness', food safety and ultimately customer appeal. It is estimated that 50% of food items sold within remote stores are perishable and as such the efficiency of freight management systems are critical¹⁵. The RIST Freight Improvement Toolkit provides detailed information on the latest technology and examples of successful group freight buying systems to ensure the 'cold chain' is preserved and costs are minimised through cooperative buying. To ensure high quality the recommended standard is a 'weekly' delivery of fresh, chilled and frozen food to a remote store. This is a standard which many remote stores are currently unable to meet. The efficiency, cost and frequency of freight deliveries to remote stores is a primary determinant of the freshness and quality of perishable foods, particularly fresh fruit and vegetables.

The focus on ensuring a healthy and affordable food supply in remote areas has been heightened with the introduction of Welfare Reform in the Northern Territory in 2006. Under this new legislation welfare recipients in NT Indigenous communities are now required to spend 50% of their income on food and other essentials. While the majority of income quarantining arrangements is in place with remote Indigenous community stores there is now a greater responsibility for the Australian government to ensure a healthy and high quality food supply is affordable and available.

COMPETITION

While competition is fundamental to containing costs in urban retail settings it is not a model that easily translates to stores in remote Indigenous communities. In remote areas the forces of competition can operate in unpredictable ways. Typically the small population numbers in remote communities can only sustain one store and competition is limited by necessity. For some communities in the Kimberley region where there is close proximity to a large supermarket in a regional town, the viability of the community store suffers through their inability to compete with cheaper prices afforded through a supermarkets' increased purchasing power¹⁶. In some North Queensland communities smaller entrepreneurs compete against the central community store selling convenient high fat, high sugar foods and drinks. By transporting food themselves using un-refrigerated vehicles they do not meet cold-chain standards and therefore operate outside of environmental health regulations. This both undermines nutrition outcomes and provides competition for the larger community store¹⁷. In remote

¹⁵ Lovell, I (2007)., *Freight Improvement Toolkit: Getting quality food to remote indigenous communities*, National Rural Health Alliance

¹⁶ Personal communication 2009. Robyn Bowcock, Kimberley Nutritionist and WA representative on former RIST Steering Committee

¹⁷ Personal communication 2009. Dympna Leonard, North Queensland Nutritionist and QLD representative on former RIST Steering Committee

settings, competition can further reduce the viability of a store, especially where that store has a commitment to good nutrition practices. While issues of competition are complex, the overriding concern is that 'profit', whilst important for store viability, should not be the prime focus of stores in remote communities. To ensure community health and food security, food prices in remote areas should be comparable to state capital/regional centres. Fundamentally the forces of competition work differently in remote communities and stores therefore need to be subject to government regulation and support, in ways similar to essential services in health and education.

STRATEGIES TO IMPROVE FOOD ACCESS AND DEMAND

While the focus of this Inquiry is on 'food supply', it is recognised that strategies to improve food access are required to ensure food security. Food security refers to the ability of individuals, households and communities to acquire appropriate and nutritious food on a regular basis and using socially acceptable means¹⁸. The first National Aboriginal and Torres Strait Islander Health Survey in 1994 showed that over thirty percent of Aboriginal adults living in rural and remote areas worry at least occasionally about going without food¹⁹. Food security is determined by the 'food supply' in a community, and whether people have adequate resources and skills to acquire and use (access) that food. The ability to 'access' food is determined by the financial resources, knowledge, skills, food preferences and home storage and food preparation facilities²⁰.

The 'environment and household infrastructure' is an identified priority of the NATSINSAP which has received little attention²¹. Between 1999 and 2006 only 6% of 4343 houses surveyed in remote communities had adequate storage and preparation facilities to cook food²². Across NT communities up to 26% of households have been identified as not having a functional refrigerator²³. Work to address the broader environmental conditions in communities will enhance the impact that improved food supply will have on health and food security.

¹⁸ Rychetnik, Webb, Story & Katz (2002) Food Security Options Paper, NSW Centre for Public Health Nutrition

¹⁹ Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Survey 1994. ABS Cat. No. 4190.0. 1994. Canberra, Commonwealth of Australia.

²⁰ Rychetnik, Webb, Story & Katz (2002) Food Security Options Paper, NSW Centre for Public Health Nutrition

²¹ NPHP, SIGNAL, 2000. National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010

²² Torzillo PJ, Pholeros P, Rainow S et al. The state of health hardware in Aboriginal communities in rural and remote Australia, Aust NZJ Public Health 2008;32(1); 7-11. the hardware assessed included storage space for food, preparation bench space, functioning stove and sink

²³ Department of Health and Community Services. Annual Report 2004-05. Northern Territory Government

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

Larger stores groups such as ALPA, the Queensland Department of Communities Retail Stores Operations (RSO), Mai Wiru and Outback Stores have written nutrition policies and have the capacity to implement operational systems and policies to help sustain best practice despite changes in store management. The Islanders Boards of Industry and Service (IBIS); the store group which provides goods and services to the communities of the Torres Strait is an exception in this respect as it does not have a written nutrition policy. For sustainable improvements in remote food supply a systems approach is critical. Within the systems approach nutrition and health have to be a core part of the 'mission' which is backed by a monitoring and evaluation system, which includes target setting and reporting.

The NATSINSAP and former RIST Steering Committee welcomed Australian Government support for the establishment of Outback Stores in 2006. Outback Stores currently provide retail services to 26 remote Indigenous communities across the Northern Territory, Western Australia and Queensland. While there are a range of operational systems now in place that show great promise, it is still too early to comment on the effectiveness of the Outback Stores model, compared to more established store models.

It is commendable that 'health' is specifically part of the Outback Stores mission to '*make a positive difference in the health, employment and economy of remote Indigenous communities by providing quality, sustainable retail stores*'. In addition to this the 'Outback Stores Nutrition Strategy', titled 'Affordable, nutritious, quality food: fundamental to Outback Stores 2007-2009', provides a framework for decision making²⁴.

Features of the Outback Stores model which could contribute to achieving better health outcomes include:

- A governance structure which ensures the company and individual stores have compliant and sustainable business frameworks and profits are returned to communities.
- A Wellbeing team, consisting of the Wellbeing Manager, an Environmental Health Officer, a Nutrition Policy Officer and a Regional Nutritionist
- A store management recruitment and training program.
- A core range, influenced by the RIST Stocking Guide that outlines the food and beverages required to be stocked in stores.
- A fruit and vegetable supply chain strategy designed to increase the supply and promotion of quality produce at a more affordable price.
- A Takeaway manual which defines how to meet a minimum of 50% healthy lines.
- The recent introduction of the RIST- 'Keeping track of healthy food monitoring tool' to report on the sales of key indicator foods which have the greatest influence on the health outcomes of the community. Sales data obtained through the use of this tool allow sales targets to be set which are then incorporated into a Performance reward program. So far sales of fresh fruit and vegetables have reportedly increased from 4.9% to 7.74%, a 58% increase from June to December 2008. The company is

²⁴ Sourced from Outback Stores website, January 2009; <http://www.outbackstores.com.au>

planning to next reduce the sales of sugar containing foods and beverages using the monitoring program to set benchmarks for progress²⁵.

Limitations of the Outback Stores model

While health and nutrition are highlighted as priorities for Outback Stores, it is important to ensure the vision is practically supported with measurable outcomes. From this perspective three identified limitations of the Outback Stores model are:

- There continues to be no identified positions on the board of Outback Stores for health or public health nutrition expertise. Currently the board is made up exclusively of individuals with retail expertise. While retail and business expertise is recognised as critical, for Outback Stores to truly fulfil its identified mission, representatives with health expertise should be included at the highest level of influence in the company.
- The nutrition/health team currently includes two Nutritionists, an Environmental Health Officer and a Health and Wellbeing Manager. This represents 4 staff out of 133 staff in total. While this is commendable in the establishment phase of the company, there are no plans to expand this team as the company expands. The priority for health in the company needs to be reflected in staff capacity.
- Despite the fact Outback Stores received substantial government funding, with a clear mandate to improve health outcomes in remote Aboriginal communities, there is no apparent accountability framework in place with the Australian government to monitor efforts towards achieving this.

It is beyond the scope of this submission to be able to compare and contrast with sufficient knowledge, the pros and cons of the various existing store group models. This is hindered by the fact that different store groups have variable levels of transparency and there are limited tools available to independently assess store performance that is nationally applicable. However when a store group such as Outback Stores, IBIS and RSO receive significant government support, there is greater responsibility to ensure nutrition and health outcomes are met in addition to business and management outcomes.

NATIONAL MONITORING OF THE FOOD SUPPLY

A key resource developed as part of the RIST project was the 'Keeping track of Healthy Food Monitoring tool, designed by the Menzies School of Health Research²⁶. This electronic tool monitors the nutritional quality of foods sold in community stores, or other food outlets, using point of sale scanning equipment. The tool tracks the turnover of key indicator foods such as fruit and vegetables and sugar containing food and drinks that are markers of the nutritional quality of the food supply. The RIST tool is user friendly and has the potential to be applied in the majority of remote stores that have point of sale equipment. The tool is currently being trialed in Outback Stores, is being used by QLD health to evaluate the RIST resources and has been in place for the last six months in ALPA Stores. The RIST tool has great potential if applied across Australia to provide nationally comparable information as part of a monitoring framework to encourage the sales of healthy foods.

While the RIST tool is a means of assessing the nutritional quality of the food

²⁵ Personal communication with Megan Ferguson, Nutrition Policy Officer, Outback Stores 2009

²⁶ Keeping track of healthy foods: Towards improving the nutritional quality of foods sold in community stores in remote Australia. Menzies School of Health Research, 2008. Available as part of RIST package from www.healthinfonet.ecu.edu.au/nutrition or www.menzies.edu.au/RIST

supply, there continues to be a need to monitor the affordability of healthy foods in remote communities. While information is collected through market basket surveys in the Northern Territory and across Queensland, there is a need for national healthy food basket and availability data to be included as a component of a national food and nutrition monitoring and surveillance system.

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

Poor diet is a key determinant of poor health among Indigenous Australians. Poor health impacts social and community wellbeing and contributes to a loss of economic potential in remote communities. The need for greater emphasis on chronic disease prevention has been recently highlighted in a report by the Australian Institute of Health and Welfare²⁷. The report shows that the burden of chronic conditions in the Indigenous population far outweighs that in the non-Indigenous population, with cardiovascular disease resulting in three times more deaths, diabetes death rates between seven and ten times higher and death from end stage renal failure up to ten times higher. The obesity rate for Aboriginal and Torres Strait Islander adults is double that of non-Indigenous Australians. Poor diet continues to account for much of the chronic disease burden.

Poor quality diet reported among Aboriginal Australians is characterised by excess refined carbohydrate, saturated fat and sodium, and low levels of fruit and vegetable consumption^{28,29}. Research undertaken using store turnover methodology in remote communities from the 1980's, identified that 50% of energy consumption was derived from just three foods: beef, white flour and sugar³⁰. Average fat intake was around 37 teaspoons (148 grams) per day and sugar intake 50 teaspoons (250grams) per day. Intakes which dangerously exceed the recommended amounts for adults³¹. On average, only 0.5 medium piece (72g) of fruit and 0.3 cups (62 grams) of vegetables were consumed per day. Twenty years later, similar patterns were revealed in a community food supply study undertaken in North East Arnhem land, where four single food items including table sugar (16.3%), flour (12.8%), bread (11.5%) and milk (7.6%) provided approximately 50% of the total energy. Fruit contributed no more than 1% to total energy intake³². The 2004-05 National Aboriginal and Torres Strait Islander Health Survey showed that 20% of Indigenous Australians in remote areas reported no usual daily fruit intake and 15% reported no usual daily vegetable intake.

Research interventions undertaken in remote communities have demonstrated good evidence that community directed nutrition programs, which address both food supply and demand issues can influence consumption patterns and lead to marked and sustained improvements in anthropometric, biochemical and

²⁷ Australian Institute of Health and Welfare (2006) Australia's health 2006: the tenth biennial health report of the Australian Institute of Health and Welfare. (AIHW catalogue no. AUS 73) Canberra.

²⁸ Brimblecombe J. Keeping track of healthy foods: Towards improving the nutritional quality of foods sold in community stores in remote Australia. 2008. Darwin, NT, Menzies School of Health Research

²⁹ Lee AJ, O'Dea K, Mathews JD. Apparent dietary intake in remote Aboriginal communities. *Aust J Public Health* 1994; 18(2):190-197.

³⁰ Lee A, Bailey A, Yarmirr D et al (1994) Survival tucker: Improved diet and health indicators in an Aboriginal community, *Australian Journal of Public Health* 18: 277-85

³¹ Lee, A. (1992) Survival Tucker, Aboriginal Dietary Intake and Nutrition Intervention Project, p.H.D.Thesis Sydney: Faculty of Medicine, University of Sydney.

³² Brimblecombe, J. (2007) Enough for rations and a little bit extra. Challenges of nutrition improvement in an Aboriginal community in North-East Arnhem Land; p.H.D. Thesis; Menzies School of Health Research & Institute of Advanced Studies, Charles Darwin University.

haematological risk factors of chronic disease^{33 34}. A nutritionist engaged to work with the Queensland Department of Communities Retail Stores Operations (RSO) stores combined with an investment in infrastructure such as cool rooms and display fridges led to an overall increase in sales of fresh fruit by 54% and sales of fresh vegetables by 57%³⁵. Similarly in 2007, a six month trial in a Kimberley community demonstrated increased sales of fruit by 69% when nutrition expertise was engaged to facilitate whole of community nutrition education activities, combined with store infrastructure upgrades and the establishment of weekly freight deliveries. The magnitude of improvement demonstrated by these examples show the potential for success these interventions hold. However lack of evaluation data and a tendency to fund short term projects rather than long term community programs have impeded progress in this area.

Building the Aboriginal and Torres Strait Islander nutrition workforce is a key action area of the NATSINSAP and important way in which successful nutrition interventions can be replicated to ensure health outcomes are more broadly available. Across Australia there are insufficient numbers of skilled and supported Aboriginal people within the nutrition workforce, particularly given the scale to which poor nutrition contributes to Aboriginal health. Across Australia there are only around 105 dedicated community nutrition positions focused on working with Aboriginal and Torres Strait Islander communities; of these only around one third are filled by Aboriginal or Torres Strait Islander people³⁶. The nutrition workforce, including public health nutritionists and Aboriginal Health Workers specialising in nutrition have a key role in developing effective programs to influence food supply and demand in remote communities. Responsibilities may include:

- The development, promotion, monitoring and reporting of store nutrition policies,
- Input into the selection and promotion of food varieties stocked in a store,
- Menu development and advice on the preparation of healthy takeaways,
- In store fruit and vegetable promotion projects,
- Nutrition training for store managers and store staff,
- Community nutrition education, food preparation and budgeting programs,
- Facilitation of community wide nutrition programs engaging services such as schools, councils and child care services.

The need for a specialist Aboriginal and Torres Strait Islander nutrition workforce to facilitate community driven nutrition programs was again a specific recommendation of the 2008 National Nutrition Networks Conference³⁷.

³³ Lee A, Bailey A, Yarmirr D et al (1994) Survival tucker: Improved diet and health indicators in an Aboriginal community, *Australian Journal of Public Health* 18: 277-85

³⁴ Rowley KG, Daniel M, Skinner K, White GA, O'Dea K (2000) Effectiveness of a community directed healthy lifestyle program in a remote Australian Aboriginal community. *A&NZ J Pub Health* 24: 136-44

³⁵ Personal communication with Dymphna Leonard 2008, North Queensland Nutritionist and former member of the RIST Steering Committee

³⁶ National survey undertaken by NATSINSAP Senior Project Officer in 2007

³⁷ National Nutrition Networks Conference. 2008. *Recommendations Arising from the National Nutrition Networks Conference*. <http://www.ruralhealth.org.au/conferences/nnc2008/NNNCrecommendations.pdf>

Recommendations

In line with the central premise of this submission that remote Indigenous stores need to be considered 'essential community services', substantial and ongoing government funding is necessary to support interventions that ensure a healthy and affordable food supply in remote Indigenous communities.

- Support the establishment and ongoing operations for Store Groups, such as Outback Stores that provide for economies of scale, systematic and efficient retail operations and a commitment to the health, wellbeing and economic development of Aboriginal and Torres Strait Islander communities.
- Undertake an economic analysis to determine the population threshold required to sustain the viability of remote community stores. Identify and invest in strategies that ensure store viability and achieve equity in the cost and availability of basic healthy foods comparable to capital city prices. This may include subsidising transport and/or subsidising fresh fruit and vegetables, but for smaller stores could include subsidising the cost of wages for store managers and other overheads.
- Ensure government investment in remote stores is contingent upon improving the supply of healthy and affordable food and discouraging of the promotion of unhealthy food and drinks. This should include establishing, monitoring and reporting on the implementation of nutrition policies to ensure store accountability for achieving nutrition outcomes. The RIST resources have been developed for this purpose. The engagement of nutrition experts at levels of influence within store organisations are an essential part of this process.
- Support industry adoption of the RIST tools.
- Explore options for providing grants for store and takeaway infrastructure (particularly for communities with small populations) to assist them in monitoring and providing healthy food, including a minimum weekly supply of perishables, particularly fresh fruit and vegetables, all year round. For example-
 - o combi-ovens instead of deep fryers for takeaways
 - o customized fruit and vegetable storage and display fridges
 - o point of sale scanning systems.
- Include nutrition and health experts in the implementation of the mandatory store licensing program for remote Northern Territory communities with consideration of broadening this program to other states of Australia.

In relation to Outback Stores specifically (relevant in principle to other store groups which receive government support e.g. IBIS)

- o Ensure that Outback Stores, through reporting mechanisms to the Australian Government, continues to prioritise and is held accountable to nutrition indicators, as well as Indigenous employment and economic goals and targets.

- Ensure that there is a facility for, and a commitment from Outback Stores to contribute baseline, ongoing and post intervention data to the currently limited pool of evidence which exists around food supply and demand in remote Indigenous communities.
- Ensure there is health representation on the board of Outback Stores. The health representatives will ideally have high level credentials in public health and/or nutrition.
- Provide resources to sustain and build the nutrition and health workforce within Outback Stores as the company expands.

Governance, Policy, Monitoring

- Include remote Indigenous communities in a 'National healthy market basket survey' that reports upon the quality, availability and affordability of healthy food as a component of a national food and nutrition monitoring and surveillance system.
- Develop a framework through which to encourage comparable pricing structures across all remote community stores.
- Develop food security indicators for Aboriginal and Torres Strait Islander people living in urban, rural and remote locations for routine monitoring and reporting nationally.
- Continue support for the implementation of the NATSINSAP until alternative mechanisms are in place following the NATSINSAP evaluation due to report by mid 2009. Continued implementation of the NATSINSAP will provide a national framework and coordination to address food security in remote, rural and urban Aboriginal and Torres Strait Islander communities.

Food access

- Increase the capacity of the customers of remote stores to purchase healthy foods like fresh fruit and vegetables, providing stores with a guaranteed market and in turn enabling stores to make the financial commitment to stocking those healthy foods. Options may include providing people on low incomes with additional funds to enable them to purchase healthy foods through a voucher or card system.
- Ensure that all planning in respect to housing in remote (and rural and urban communities) help alleviate overcrowding and make adequate provision for food storage and food preparation as an essential determinant of food security.

Workforce

- Implement competency-based remote retail training, including nutrition for store managers and store staff.
- Encourage more investment in developing a local level nutrition workforce who will work on the promotion of healthy food within remote communities. Community directed nutrition programs which address food supply and demand (including nutrition education, cooking and budgeting programs) offer the strongest opportunities for change.