

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

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

**Dympna Leonard  
Po Box 14  
Machans Beach  
Qld 4878**

**Ph 07 40559397**

[nutritionnorth@bigpond.com](mailto:nutritionnorth@bigpond.com)

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**Summary**

- Good nutrition is essential for healthy growth and development in early life and for prevention of chronic disease in adult life. With the high prevalence of chronic disease and the gap in health and life expectancy, good nutrition is even more important for Aboriginal and Torres Strait Islander people in remote communities than for other Australians. Higher costs and limited availability of healthy food are barriers to purchasing healthy food for people on low incomes in remote settings
- Providing nutritious foods in remote locations is a high risk business compared to provision of energy dense nutrient poor foods. Supporting remote consumers to purchase nutritious foods through a 'Food Stamps' program or similar will provide a 'guaranteed market' and enhance the viability of remote stores which provide nutritious foods
- Some remote store groups (such as Outback Stores) have written nutrition policies and are accountable and transparent in respect of their practices. Support for remote stores – including participation in a 'Food Stamps' scheme should be provided only where stores have written nutrition policies, and accountable reporting against their nutrition policy and other aspects of the store business. Nutrition expertise is needed to assist stores/store groups to develop and implement nutrition policies and should be included in store boards to influence strategic direction and planning
- Supply of nutritious foods has improved in many remote stores in recent years but so also has the supply of energy dense nutritionally poor foods and drinks. Consequently there is a risk that improved supply may contribute to a deterioration in the health of remote communities rather than an improvement in health and nutrition. It is essential to monitor the nutrition and health of people in remote communities in order to measure whether improvements in food supply achieve the desired effect of improvements in health

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**Introduction**

My name Dympna Leonard. Originally from Ireland, I have worked in public health nutrition since 1978, in Papua New Guinea and Vanuatu as well as in central Australia, the Kimberley and north Queensland. My main work interest is in nutrition for mothers, babies and young children. Good nutrition and health in early life is needed for healthy growth and development of young children and also helps prevent chronic diseases in adult life.

Poor nutrition in pregnancy and in early childhood results in changes to the normal metabolic profile which predisposes children to develop chronic disease in adult life. The 'thrifty gene theory' which is often interpreted as suggesting that some ethnic groups have a predisposition to chronic disease has been challenged by the 'thrifty phenotype' theory which proposes that adult chronic disease relates to poor nutrition in early life. Whichever theory one accepts, the conclusion is the same. In populations where the prevalence of chronic disease is high, there is a greater need for nutritious food throughout life but especially in pregnancy and in the first years of life.

I soon realised that improving nutrition of any population group can only be done if there is healthy food available and accessible to them and consequently I became involved in food supply issues. My work on remote food supply issues in Australia has included work on market basket surveys, co-authorship of the FoodNorth report and work on the Remote Indigenous Stores and Take-aways (RIST) project.

I welcome the opportunity to provide a submission to the current parliamentary inquiry into community stores in remote Aboriginal and Torres Strait Islander communities and do so as a private individual. The views I express here are my own and do not represent the views of any organisation.

I would also like to acknowledge the many Aboriginal and Torres Strait Islander people who have shared their experience, knowledge and expertise with me and helped shape my views.

Much of my work prior to coming to Australia, was with rural and remote subsistence farmers who were farming, fishing and hunting on their traditional land, rivers and seas. Work on food security focused on enhancing their local food production with some nutrient rich foods to complement the traditional staple foods which formed the bulk of the local diet, especially in those areas where fish and bush animals were scarce.

Working with remote communities in Australia by contrast, meant working with people who had lost much of their traditional food production systems and were consequently reliant on distant sources of food. I was stuck by the inequity and injustice of a situation where loss of traditional lands and thus traditional food systems results still in a huge disparity in access to healthy food for Aboriginal and

Torres Strait Islander people in remote communities, compared to mainstream Australians. This is of course reflected in the gap in health and life expectancy.

Traditional food systems in remote Australia provided foods which were nutrient dense but relatively low in energy. Most foods were low in fat, sugar and salt and traditional foods which were high in any of these – such as wild honey (sugarbag), dugong or the fat depots of kangaroos & goanna - were highly valued exceptions. These traditional foods were replaced in 'ration times' with predominantly non-perishable foods like tinned corned beef, tea, white flour and sugar which are nutrient poor - and in the case of tinned meat, high in saturated fat and salt.

In modern times, foods available for purchase in remote stores are much more diverse and varied but continue to be mostly nutrient poor and energy dense. High sugar drinks, packet chips, confectionary, sweet biscuits, two minute noodles are mostly non-perishable and relatively cheap to transport and store. Along with tinned corned beef, white bread/flour, (white rice in north Queensland) and cigarettes, these foods predominate in the sales of all remote stores.

On my first trip to the Torres Strait in November 1992, I happened to be on one outer island when the people of the community were milling around, waiting for the store doors to open after the fortnightly barge had arrived. When the doors did open there was a stampede inside – rather like the Boxing Day sales - as people rushed to grab what fresh fruit and vegetable they could. I saw two women reach simultaneously for a large cabbage and for an instance I thought a fight would break out between them. After the initial rush, there were a few half empty cartons of potatoes, carrots and onions left on the store floor – all that remained for a community of about four hundred people, until the next barge was due in another two weeks. Meanwhile, outside the store door was a Coca Cola drinks machine which meant that people could access cold high sugar soft-drinks at anytime.

Soft drinks and 'junk food' are popular around the world. People everywhere like the taste of fatty/salty foods or sweet foods. Nutritionists don't advocate banning junk foods and soft drinks but recommend that these should be occasional treats in a diet based on a variety of healthy foods – fruits, vegetables, wholegrain cereals, lean meat/fish, and dairy foods.

In previous generations, high fat/high sugar foods were luxury foods and an occasional treat. Nowadays oil and sugar are cheap ingredients and so high fat and high sugar foods are cheap to produce and profitable for the manufacturer and the retailer. These foods are aggressively marketed with large sums expended on advertising. Frequently remote store managers will justify stocking these foods on the basis that 'you have to give people what they like' and 'we can't tell people what to do'. I am always intrigued that store managers find it acceptable for commercial businesses to influence people's purchasing through advertising but not for health professionals to do so!

Health research has demonstrated that high sugar drinks are a causative factor in the development obesity in children and Type2 diabetes in adults. Many 'junk foods' are high in fats which are naturally highly saturated (like palm oil) or which have been converted to 'transfats', both also linked to the development of heart disease. If remote stores remain profitable by selling large quantities of these foods and drinks, then they do this at the expense of the health of the people of the community and at

the expense of the health services which have to pick up the bill for treatment of diabetes and renal dialysis etc.

Good quality fresh fruit and vegetables are also popular but being perishable, they are less profitable. In addition, low incomes can mean that fruit and vegetables and other healthy food choices fall into the category of 'luxury' items especially for large families. In 'developed' economies across the world, the cheapest foods are those which are nutrient poor and energy dense – these meet energy needs and so they satisfy hunger but do not meet nutritional needs. As a consequence people on low incomes have higher prevalence of obesity, diabetes and other diet related diseases. For people in remote communities, the cost disparity between nutritionally poor cheap food and nutritionally better but more expensive food is exacerbated by distance.

In the location I described above where barge deliveries arrived fortnightly in 1992, the community now has a weekly barge service. However weekly deliveries of good quality affordable fresh fruit and vegetables are accompanied by weekly deliveries of substantial quantities of soft drinks and junk foods. This raises the question of whether the health of people in remote communities benefits from improved supply – or deteriorates?

In practice, remote stores determine what people will buy by their stocking practices. Most stores managers will endeavour to ensure a sustained supply of high sugar soft drinks and confectionary for example but be unconcerned when fresh fruit and vegetables run out and no more is available for a week or two.

Recently a colleague had a conversation with a remote store manager who had recently taken over management of a store – he reported increased sales of fresh fruit and vegetables. 'How did you do that?' my colleague asked. 'I ordered more in' was the reply

Nutrition partnerships with remote stores aim to alter the mix of stocking so as to ensure that people who want to purchase more healthy options, can do so. As well as stocking practices, sales of healthy choices can be promoted through strategies such as:

- appropriate placement of products on shelves and in fridges
- badging of the more healthy choices
- subsidies/ special offers to make healthy choices more affordable
- in store promotions and promotions in local media
- collaborations with key communities members, and with schools and health service partners

There are remote stores which are committed to stocking and selling nutritious foods, including fresh fruit and vegetables, at the lowest possible cost in a situation where overheads are high. Occasionally these stores are community-owned, independently operated stores with store managers who are passionate in their commitment to running a quality store on behalf of the community. More usually, stores which sustain a supply of nutritious food are members of a store group (such as Outback

Stores and ALPA) and have identified nutrition as a priority and have a written nutrition policy and have nutrition expertise in their staffing mix to assist implement the policy. A nutrition policy needs to have clearly specified targets, with transparency and accountability in reporting on progress towards those targets. In some cases, sales of healthy food are linked to performance targets and bonuses etc of store staff. Nutrition expertise should also be included in store group boards to advise on strategic direction and future planning.

However not all store groups have a written nutrition policy and even those that do, do not necessarily report against nutrition related indicators. Transparency and accountability in store operations are important not only from a nutrition perspective. Inefficiencies and in some case corruption, result in higher costs which community members have to bear.

In recent years, the number of privately owned and operated stores in remote Indigenous communities has increased, indicating the potential for profitability in these settings. While these stores lay claim to practices which support good nutrition, most choose not to participate in surveys which might verify this.

From a business perspective, selling nutritious foods in remote settings carries a higher risk than selling nutrient poor energy dense foods. Increased competition may mean that remote stores which now sell nutritious food will be reluctant to continue to take this extra risk.

In my opinion, stores which provide nutritious options should be supported by government funding – provided they are transparent and accountable for their policy and practices. One advantage of the Outback Stores model is this transparency and accountability.

## **Recommendations**

- **Food Stamps or similar**

I believe that the best way to make it viable for remote stores to stock nutritious foods is to enhance the ability of the remote customers to purchase these foods. This would mean providing remote families with funds, through an electronic card or similar, which are provided specifically for the purchase of healthy foods. This could be done as part of Centrelink benefits or in addition to benefits.

Similar programs exist in the USA with the WIC program where pregnant women, mothers and young children are provided with supplements of nutritious food and the Supplement Nutrition Assistance Program (SNAP) directed at low income families. The Northern Territory Emergency Response includes a similar strategy where a portion of benefits is 'quarantined' for purchase of groceries (though not necessarily nutritious food). Stores must be 'licensed' to participate in this scheme and securing that license means certain operating and accountability standards must be met.

Similar requirements should be mandatory for stores/store groups who wish to participate in the proposed 'Food Stamps' scheme. Nutrition expertise in store group staffing and at board level, should also be a requirement to ensure that stores can develop, implement and maintain store nutrition policies in a changing retail environment.

- **Support for infrastructure**

Other support could be provided by supporting (through grants or 'soft' loans) the purchase of infrastructure required to stock/prepare healthy food, including:

- Purpose designed fresh fruit and vegetable display units
- Long term fruit and vegetable storage units for stores cut-off for months by wet season flooding
- Combi-ovens or similar which can be used to oven bake take-away food instead of deep frying

However any system of support should be conditional on stores adopting nutrition policies and practices with transparent and accountable routine reporting.

- **Monitoring of nutrition and diet of people of remote communities**

There is a lack of good quality information on the food supply and nutrition of people in remote communities – indeed there is no routine nutrition surveillance system in Australia. Most of the information which is available is derived from research in the Northern Territory and is often inappropriately extrapolated to other remote locations in Australia. While store sales can be relatively easy to monitor, there are other food sources such as take-away food as well as bush foods, and relatively little is known about the consumption of these.

Where there is government support for store operations, it is essential to monitor if that support results in improved nutrition and health in the remote communities serviced by those stores. It is possible that a sustained supply of nutritious food is accompanied by an increased supply of energy dense nutrient poor food and drinks, in which case there is a risk that the health of remote communities may deteriorate, rather than improve.

A national nutrition monitoring and surveillance system is required which includes locations representative of all remote communities in Australia. Nutrition epidemiological expertise is required to develop and implement such a system.