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House Standing Committee on Aboriginal and Torres Strait Islander Affairs

Submission

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

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Introduction

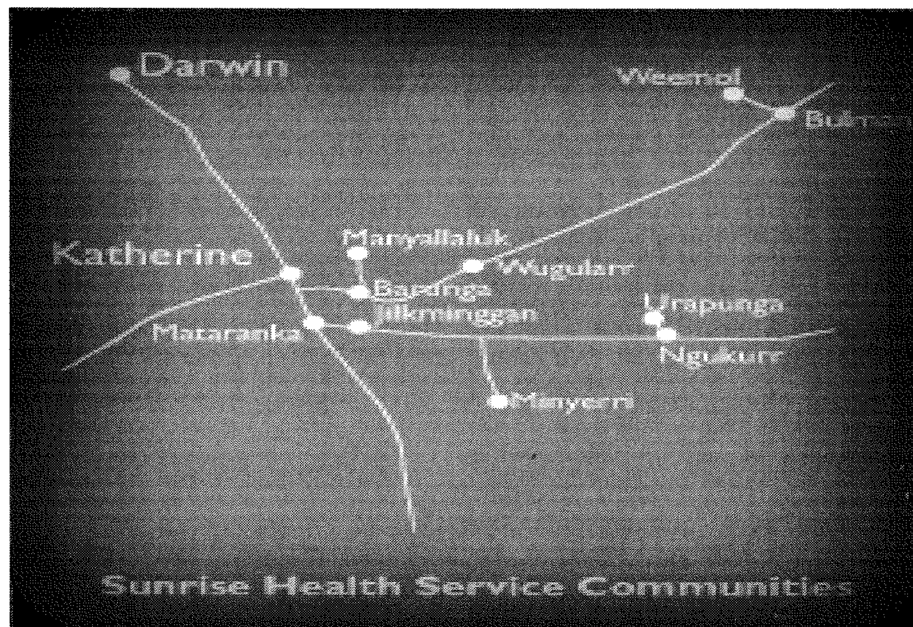
Thank you for the opportunity to provide a submission to the House Standing Committee on Aboriginal and Torres Strait Islander Affairs; Committee Inquiries and Reports; Inquiry into community stores in remote Aboriginal and Torres Strait Islander communities.

Sunrise Health Service Aboriginal Corporation (Sunrise) main purpose is to improve the health and wellbeing of the people in the region east of Katherine in the Northern Territory. Please see (Attachment A) for background information about Sunrise. Overall, there are around 3400 regular clients who utilise Sunrise Health Service. Please see (Attachment B) for detailed information about demographics.

Sunrise delivers Primary Health Care Services in nine locations in Remote and Very Remote areas of the Northern Territory. Services are delivered through an integrated multi-disciplinary approach through established Health Centres and specialist programs to people living in Barunga, Wugularr, Manyallaluk, Bulman, Mataranka, Jilkminggan, Minyerri, Ngukurr and Urapunga.

The outstations associated with these communities also have access to the services. Sunrise is also undertaking some further processes to support the expansion of direct service delivery in Weemol and Werebun. Sunrise became a fully-fledged service in mid-2005 after successfully completing a Coordinated Care Trial.

Specialist health education and promotional programs are also undertaken in the communities mentioned above in the areas of Nutrition, Women's and Maternal Health, Men's Health, Child Health, Aged Care, Physical Activity and Aural Health.



Messages of Importance

Issues of distance and access to public transport

There is no system of public transport for people living in the Katherine area. As stated by the Hon Warren Snowden MP on 13 March 2008. "*There is no question that infrastructure*[1] *is the veins through which the lifeblood of our economy flows.*

The importance of good infrastructure cannot be assessed just in economic terms. It has a direct effect on Communities. The provision of infrastructure takes on a whole new dimension.

Vast distances between population centres and a high number of remote and rural communities create a unique set of issues in delivering reliable infrastructure and ensuring people can access the services they deserve as citizens of Australia"[2].

The lack of opportunities to access public transport for people living in the Katherine area is of concern. Please see information about distance at (Attachment C) and the case study at page 23.

Community-controlled community stores

The licensing of community stores is governed under part 7 – Section 92 of the *Northern Territory National Emergency Response Bill 2007.* The legislative framework provides for a five year response plan.

The store licensing regime was primarily introduced to affect the income management regime, with the improvement of nutrition, employment, enterprise and governance training as, at best, peripheral side effects. As an administrative imperative, government has primarily pursued a process of resuming stores and handing them over to Outback Stores as a centralised management structure.

While the community store licensing regime is governed by this legislation, there is no legislative contemplation of the long term future for such stores beyond the five year operation of the *Emergency Response*. This is a major shortcoming, and should be addressed by this Inquiry.

This is of particular relevance given so many stores throughout the Northern Territory have come under the control of Outback Stores. It is the view of Sunrise that while the Outback network of stores has had some benefits in management and group purchasing, the health benefit outcomes have yet to be realised.

Community-controlled stores are often the only commercial operation on communities, especially smaller ones, and hence effectively the only private sector source of employment for Aboriginal people on those communities. While this is less true of some larger communities in which other private sector employment is available, the role of community stores in establishing or building other economic activities on communities is vital.

We recommend that the long term goal in working towards improving cost, quality and culturally appropriate food to remote communities needs to have a focus on the

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[1] Infrastructure in this context refers to transport and roads

[2] www.warrensnowden.com/speeches 2008 March - Infrastructure Australia

control of community stores being placed with the right senior people and traditional landowners as appropriate to each community location.

An examination of the profits from Outback Stores must be a component of the Inquiry's investigation. Local communities' economies must be ensured through approaches that include the profits from local business transactions, staying local.

The effectiveness of Outback Stores and indeed all stores licensed under the new regime in employment and training for Aboriginal people, must be assessed as a matter of urgency. Similarly, the extent to which these stores can contribute to local governance training is critical, especially if Outback Stores revert to local ownership and/or control.

Further consideration about the links that community stores form with others and other agencies must be examined. Community stores through their store committee previously often supported other important local events, such as ceremony and or provided assistance with funeral expenses. Since the commencement of Outback Stores this important community link that supports inclusion policies is missing[3].

The real issue that has to be faced is what the post-Emergency Response landscape might look like. While there might be a reversion to locally-governed and/or owned stores, consideration needs to be given to an outback-style structure at a regional or Territory-wide level to ensure group buying and resourcing of training, recruitment and coordination is maintained.[4]

Investment in subsiding freight and store infrastructure

An additional investment to subsidise freight and store infrastructure is recommended. It is important that people have every possible opportunity to ensure the foods they are purchasing are at a competitive and fair price. Remote stores, particularly those that are inaccessible in the wet season require greater storage and freezing facilities again leading to increased costs.

Indigenous Australians living in Remote and Very Remote areas have low incomes. Please see data under Equivalised Household Income in the body of this submission on pg 14.

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[3] *The Northern Territory National Emergency Response Bill 2007* can be cited as a special measures bill - this bill adopts a blanket approach. A one size fits all framework is not recommended as an effective measure to close the gap for some of the poorest Australians. The bill rolls up a number of key elements of individual pieces of legislation into a special approach. Power under this legislation includes, but is not limited to, power to the Commonwealth to seize assets, appoint government observers, control community stores licenses and control the permit system. Sunrise asserts that the special measures contained in the bill are or at the very least appear to be discriminatory and disempowering to Aboriginal Traditional Owners.

[4] Up until the mid 1980s in Katherine, and elsewhere in the Northern Territory, the former Department of Aboriginal Affairs funded regional stores management organisations, with emphases on group buying, training and recruitment as central parts of their charter. Unfortunately, these mechanisms were progressively de-funded, with considerable loss of expertise and assistance to the community store sector. The Inquiry might choose to investigate some of these mechanisms in formulating their recommendations.

A broader concept of a community store

We recommend further investigations be conducted into what a community store or community food supply system that meets the social and physiological needs of local people might look like. Further exploration of innovative ideas need to be encouraged, accepting that one model may not fit all. In particular the following elements need to be further explored;

- Increased sale of bush tucker at stores
- Increased harvesting of bush tucker food to be sold at community markets, including marine fish takes[5]
- Investigation of different market garden models to supply store or to be sold at markets
- Increased business opportunity to be investigated and explored
- Options for like businesses and appropriate links and diversification for example the establishment of local community bakeries
- Consideration of the existing or potential role of community stores to be the lead tenant in town business centres which would also house other enterprises and government agencies as a process of broader economic development on Aboriginal towns and communities

Culturally appropriate food supply through remote stores

Further engagement and consultation with Aboriginal and Torres Strait Islander people about what items a Market Basket that is culturally appropriate might contain is recommended. Traditional foods not only contribute to physical health but play a significant role towards cultural, spiritual and emotional health.[6]

Housing and essential goods

We agree with the statement made by COAG – "*Housing is an essential building block in closing the gap on Indigenous disadvantage. Sub-standard and overcrowded housing has detrimental impacts on the health of tenants as well as their ability to participate in education and employment*"[7].

Many people living in the communities where Sunrise provides primary health services do not have access to, or own adequate white goods to support a healthy life style that includes good nutrition. This coupled with overcrowded environments and low incomes can make the storage of food and preparation of meals very difficult.

The essential link between housing, community infa structure and health outcomes are well documented in Taylor and Westbury 2000 statements about *the need for healthy home hardware refers to the provision of adequate facilities to store, prepare*

[5] Current "community fishing licenses" on coastal communities are inadequate for this purpose, and do not allow the sale of opportunistic windfall catches by individual or family groups of fishers.

[6] National Health and Medical Research Council. 2000. *Nutrition Aboriginal and Torres Straight Islander People-an information paper*. National Health and Medical Research Council: Canberra

[7] Council of Australian Government National Partnership Agreement on Remote Indigenous Housing

and cook food. Environmental health survey reports point to a lack of functional cooking facilities as a primary deficiency in terms of nutrition hardware[8].

Quality controlled accountability for the entire food supply chain

The entire food supply chain needs to be investigated. The food industry needs to be made accountable right along the entire food supply chain. While there are some monitoring and surveillance systems in place for compliance to food safety, hygiene and quality standards, it is evident in some remote stores that this is not being adhered to. As well as surveillance, ongoing support is required in meeting the expected standards.

Income Management

Income management was first introduced as part of the Northern Territory National Emergency Response initiated in June 2007. Legislation was passed in August 2007 to change the way welfare is administered. Income Management means that part of affected peoples Centrelink income is managed by Centrelink. People living in the Sunrise /Eastern Katherine Communities are living in prescribed areas under the *Northern Territory National Emergency Response Bill 2007* and as such are subject to Income Management.

This means that individuals who are on Income Management receive half of their regular fortnightly payment after deductions have been taken out such as child support and government debt repayments. A Basics Card is issued for people to spend their managed income at approved stores. Basics Card can be used for food, clothes, medicine and other basic household items.

Sunrise is concerned that this one-size fits all approach is not best practice, and is potentially discriminatory.

It should be noted that the great majority of people living in the Sunrise/East Katherine communities are not suspected of child abuse, the ostensible primary target of the *Emergency Response*, and the apparent motivation for Income Management. Similarly, the vast majority of families in the Sunrise/East Katherine region are not involved in alcohol and drug abuse, again one of the subsidiary targets of the *Emergency Response*.

It should also be noted that Aboriginal people of the region have lived under conditions of significant poverty all their lives. To this extent, they have always been effective at individual and family budgeting in ways only similarly poor people can contemplate. The removal of discretionary budgeting for these people *reduces* rather than enhances people's capacity for personal and family budgeting. Its infantilising effect is deeply resented by many people, especially women, in the Sunrise/East Katherine region.

The impact of this at a personal and family level cannot be overestimated. It is strongly suggested that the House Inquiry consider this impact. [9]

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[8] 2000 Taylor, J. & Westbury, N. A Report to the Fred Hollows Foundation and the Jawoyn Association. – *A Scoping Framework for the Nyirranggulung Nutrition Strategy*

[9] Personal testimonies to this effect can be listened to at http://www.abc.net.au/rn/backgroundbriefing/stories/2008/2416248.htm, accessed 19 February 2009 and http://news.bbc.co.uk/1/hi/programmes/crossing_continents/7773558.stm, 19 February 2009

It is recommended that Managed Income be applied on a case by case basis rather than as a blanket approach. Managed Income strategies currently being delivered by Centrelink are disempowering to Aboriginal and Torres Strait Islander people living in Sunrise/Eastern Katherine Region and do not support important self-determination policies. It is important to note that the Baby Bonus is also Income Managed for those living in prescribed areas – Individuals receive the baby bonus over 13 weeks and not as other Australians do. This has also applied to recent, and proposed, financial grants as part of the Federal response to the international economic downturn. This does appear to be discriminatory.

Background

There is no doubt that good health is dependent on good nutrition and that the poor health experienced by many Aboriginal people today is compounded by the inadequate access to an affordable and nutritious food supply. 'Food security is defined as *the ability to eat adequate, culturally appropriate and nutritious food from non-emergency sources on a regular basis*[10]'. To be food secure is a basic human right and we all have a right to expect that it will be made available to us. 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*[11].

While the community store is central and important in ensuring that Aboriginal people have access to a nutritious, food supply, Sunrise also acknowledges and stresses the point that until the range of other barriers to food security are addressed health gains through nutrition will not be achieved. These underlying determinants include adequate housing, facilities for storing and preparing food, a quality drinking water supply, a local public transport system and sufficient income for the purchasing of healthy food.

It is interesting to note; of the states and territories, the Northern Territory had the largest proportion (45%) of its population living in Remote and Very Remote areas, with four-fifths (79%) of its Indigenous Population living in these areas[12].

NATSINSAP[13] provides a framework for action to improve Aboriginal and Torres Strait Islander health and wellbeing through better nutrition. The primary action areas aim to improve the nutritional health of Indigenous Australians through beginning to address the many social, economic, geographical, environmental and infrastructure issues and factors which influence food choices and nutrition in Indigenous communities.

NATSINSAP highlights seven key areas for action including:

- food supply in remote and rural communities;
- food security and socioeconomic status;
- family focused nutrition promotion: resourcing programs, disseminating and communicating 'good practice';

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[10] 2001 Strategic Inter-Governmental Nutrition Alliance FOODChain 5
[11] United Nations 1948 The Universal declaration of Human Rights www.un.org/overview/rights.html
[12] ABS 4713.0 Population Characteristics, Aboriginal and Torres Strait Islander Australians 2006 pp13
[13] National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010 (NATSINSAP)

- nutrition issues in urban areas;
- the environment and household infrastructure;
- Aboriginal and Torres Strait Islander nutrition workforce; and
- National food and nutrition information systems[14].

Sunrise acknowledges, as does the Dietitians Association of Australia and Public Health Association of Australia in their recent policy statement, that the funding to implement the NATSINSAP has been far from adequate despite a clear mandate for action. '*Funding for the priority areas of food security, nutrition issues in urban, rural and remote areas and the environment and household infrastructure has been almost non-existent*[15].

In the Katherine East communities there have been a number of changes to store models including those that are privately owned and managed, community-controlled and those managed externally by Outback Stores and The Arnhemland Progress Association (ALPA). In the last 12 months, the number of stores managed by Outback Stores has increased to five of nine communities.

Please see the table of the current store models by community below.

Sunrise Communities	Store Model	Comment
Barunga	Outback Stores	Outback Stores in operation July 2008
Wugularr	Outback Stores	Outback Stores in operation October 2008
Manyallaluk	Outback Stores	Outback Stores in operation February 2009. Previously no store and community travelled to Katherine by car or taxi (a $230.00 trip each way)
Bulman	Outback Stores	Outback Stores in operation June 2008
Jilkminggan	Outback Stores	Outback Stores in operation July 2008
Mataranka	Mataranka supermarket, privately owned and managed store	
Ngukurr	Ngukurr General Store is community controlled functioning under a committee of management with paid management staff Roper Bar is a privately managed enterprise	
Urapunga	No store in community Travel to Roper Bar Store (? Km away and only accessible in the wet by boat) or	Community has plans to open community-controlled store. Working with Fred Hollows Foundation on this

[14] http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-food-nphp.htm
[15] 2009 Dietitians Association of Australia and public Health Association of Australia – Food Security for Aboriginal and Torres Strait Islander Peoples Policy

	Ngukurr General Store (30 minute drive and often an inaccessible drive in wet without barge	venture.
Minyerri	Alawa Community Store is managed by ALPA Hodgson Downs Store	

Some gains have been made through the following initiatives; the development of nutrition policies, implementation of programs that have improved the quality of take away food and increased the range of food. However the issue remains that Indigenous Australians living in Remote and Very Remote areas continue to have poor health and inequalitable opportunity to consume a healthy diet.

Food supply, quality, cost and competition issues

Please note the issues of food supply, quality, cost and competition are interrelated and complex and can not be considered independently of one another. However for the purposes of this submission these elements have been looked at under individual headings.

Market Basket Surveys

The Northern Territory Government has been conducting an annual Market Basket Surveys (MBS) since 1998 in remote community stores to monitor the price, quality and supply of food through community stores.

The MBS also aims to measure the success of nutrition interventions.

The same MBS tool has now been used for 10 years.

While this has been a useful monitoring tool, there has been little improvement to the cost, availability and variety of food in Katherine East remote stores when compared to Katherine town and Darwin.

It should also be noted that the MBS has been consistently carried out in the time period between April and June masking some of the very real issues and barriers of freight and storage of food to stores during the wet season (October to April).

This can also mean that stores have the opportunity to prepare for the survey by ensuring that their store supplies the contents of the market basket at the time of survey. This again may contribute to the appearance of greater availability, quality and price than is actually the case.

In 2007, the range of food availability was 83-100% in the Katherine District and in 2008 the food availability ranged from 57-100%.

The collaborative Northern Territory Market Basket Survey Report for 2008 has not yet been made publicly available.

TABLE OF MBS SURVEYS Conducted (May 2008) by Sunrise Comparisons of the market basket submitted to Northern Territory Health and Community Services and reported on as an aggregate.			
COMMUNITY	COST	AVAILABILITY	COMMENT
Barunga	$584	57%	
Wugularr	$639	50%	
Manyallaluk	-	-	Store opened in 2009
Bulman	$623	78%	
Jilkminggan	$721	57%	
Mataranka	$562	100%	
Ngukurr – Roper Bar Store	$752	95%	
Ngukurr General Store	$584	95%	
Urapunga	-	-	No store currently
Minyerri	$592	95%	
Average cost for Katherine East	$632		
Katherine Town	**$541**	**100%**	

Despite the past MBS figures highlighting the high cost and limited availability and food variety, over the last 10 years there has not been significant improvements to any of these markers.

Food supply

In remote Aboriginal communities in the Katherine East region, the community store is the predominant option for food and is the key source of nutrition. Traditional foods remain an important part of the diet for Aboriginal people that live in Remote and Very Remote areas but can only be considered as a supplement to their current diet.

For a variety of historical reasons, increased access to takeaway and convenience foods is increasingly displacing the traditional diet of Aboriginal people.

There is a number of issues that impact greatly on the availability of food to Remote communities. Market Basket Surveys have continued to find that food availability is limited in comparison to Katherine town and Darwin.

Two stores that are located within the Katherine East Region; Ngukurr General Store (a community-controlled store with employed managers), and the Gulin Gulin Store (Outback Stores) experience the following issues;

- Freight costs are already excessive and during the wet additional barge delivery and associated labour costs for delivery increases overall costs.

- Road closures that can occur around the Bulman community mean the only delivery option for food stocks is by plane. Due to limits on amounts of food stocks that can be flown in, the range of stock is limited and perishable items have been known to run out.

- Inadequate equipment for freezing large quantities of food in preparation for issues surrounding delivery over the wet season.

- Maintenance and repair of low grade/ and or run down equipment such as freezers and refrigerators is challenging. There are excessive costs involved with bringing out tradesmen during the wet season and sourcing appropriate personal in a timely manner is also problematic.

- The planning required for the wet season, including ordering and management of stock is dependent on the manager's experience and expertise in each individual store. There is a high level of staff turnover in community stores which poses further difficulties.

Sunrise recommends that there be sufficient Government investment to subsidise community stores so that they are able to deal more efficiently with the issues of remoteness as mentioned above. Initially, such resourcing should be allocated on a needs basis, with subsequent government investment following a sliding scale based on the degree of remoteness.

The need for research into effective strategies to achieve equity in costs has been supported in other forums and papers including the National Nutrition Networks Conference[16], the Close the Gap National Indigenous Health Equality Summit[17] and the National 2020 Summit[18].

Consumption of takeaway and low nutrient density foods appears to be high in community stores where this food is available. Foods lower in nutritional value tend to be less expensive than healthy food choices. Due to the limited preparation time and taste preference, these foods have become a regular component of the diet, further impacting on health inequality.

Projects such as the Remote Indigenous Stores and Takeaway Project (RIST) and the implementation of food policies by Outback Stores and ALPA stores, have attempted to address this issue. While there have been gains in greater food choice being available to Remote and Very Remote areas the market demand for low nutrient foods is high.

The definition of food security refers to the availability of culturally appropriate food. There is limited research about the preferred food choices of Aboriginal people. Measuring food availability using the MBS tool may not be a culturally appropriate tool and can be a limiting factor in the food that is made available on the shelves of remote stores. For example; it is recommended that we should we be ensuring that stores stock items that are preferred choices of those residing in remote

[16] 2008 National Nutrition Networks Conference; Recommendations http//www.ruralhealth.org.au/conferences/nnnc2008/NNNCrecommendations.pdf

[17] 2001 Booth, S, and Smith, A. Food Security and Poverty in Australia – Challenges for Dietitians. Australian Journal Nutrition and Diet 58;150-156

[18] 2008 Australian Government Australia 2020 summit: initial summit report. http://www.australia2020.gov.au

communities. An appropriate measurement tool needs to be developed and expectations lifted for the availability of a wider variety of food.

Food quality

Despite the fact that food and nutrition policies are in place through the Outback Stores Model and ALPA Stores, the challenges faced in managing remote stores often mean that policy guidelines cannot be met and food quality is compromised.

A store observation in January 2009 by Sunrise nutritionists highlighted high fruit and vegetable prices for fresh fruit and vegetables in the Gulin Gulin Community Store in Bulman. The fruit and vegetables were starting to spoil and some were not in an appropriate state for sale. Some of the factors leading to higher prices and lower availability of product are beyond the control of the store management and are related to the challenges of freight and infrastructure.

Anecdotal reports and random observation of the meat being sold at the Ngukurr General Store has highlighted that the meat is of a poorer quality than that available in Katherine and Darwin. The percentage of fat compared to the small percentage of meat in the cuts that are sold is way beyond what is acceptable as part of a healthy diet. This issue does not solely stem from store management but is an issue of accountability along the entire food supply chain. Suppliers also need to be accountable to ensuring that a quality product is provided.

Market Basket Surveys only report on the quality of fruit and vegetables. The high rate of anaemia in children living in remote communities is a health concern. Please see page 21 for further information. It is therefore essential that the supply of high quality iron containing foods in stores such as meat and chicken is ensured.

While there are some monitoring and surveillance systems in place for compliance to food safety, hygiene and quality standards, it is evident in some remote stores that this is not being adhered to. As well as surveillance, ongoing support is required to assist remote stores to meet expected standards.

Food costs

Contributing to food costs in stores are;

- the price of the food itself;
- the costs involved in freight of the food;
- labour;
- power; and, infrastructure maintenance costs.

Mark up policy of community stores is between 60 – 100% depending on the item sold[19].

Even with group purchasing and good management structures in place, the additional costs incurred to run a store in a remote environment cannot compete with costs in regional centres.

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[19] 2005 Proposal for Expansion of FHF Community Stores Program, pp 19.

The MBS findings from the last two years taken from the remote communities in the Katherine District area show that the cost is consistently and significantly higher than Katherine town and Darwin.

In 2007 prices for remote stores were on average $629 compared to $537 for Katherine town. In addition to this it should be noted that the Katherine Town supermarket itself was 13% more expensive than Darwin in 2007.

In 2008 the average cost was $632 in remote communities compared to $541 in Katherine town. This is an average of 16% greater than that of Katherine bought food—or 31% greater than that of Darwin. Please see the table on page 11 for specific detail on Katherine East community stores.

This "average" of Katherine East food prices hides major outliers, with the fact that, **for example, one store's MBS equalled $752, or 39% greater than Katherine—57% higher than Darwin.**[20]

Data from the ABS reveals that household incomes for Aboriginal people in rural and remote communities are in the lowest quintile for the nation and amongst the lowest in the Australian community yet food prices in remote areas where these people live are the highest.

- In 2006 the mean (average) Equivalised household income for Indigenous people was $450 per week, compared with $740 for non-Indigenous people.
- Mean Equivalised income was lower in remote areas compared with non-remote areas for Indigenous people $539 per week in Major Cities and $329 in Very Remote areas.
- This pattern differed for non-Indigenous people, where mean income was higher in Major Cities ($779) and Very Remote areas ($812)[21]

Such data is difficult to contemplate for those Australians who predominantly live on the southern and eastern seaboards of the continent. But the facts are simple.

Indigenous Australians living in Katherine East have among the lowest earnings in the nation, yet pay substantially higher prices for food than the rest of the nation. The food is, by and large, of lower quality, and poorer nutritional value. It is little wonder that this has a major effect on nutrition, and hence broader health outcomes.

Sunrise supports the investigation of a number of possibilities to reduce food costs and have the potential to benefit the health of people living in remote communities:

- Trial of limited mark up on essential foods such as flour, fruit and vegetables, meats, milk, bread and increased mark up on the prices of non essential items such as lollies, soft drinks.
- Investigation into food packaging. Much of the food supplied in stores no matter what model uses large amounts of packaging. Sunrise suggests that along the food supply chain, this is another aspect that can be explored as a means to reduce the costs to the consumer and to the environment.

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[20] And Darwin consistently has higher food prices than any of the capital cities.

[21] ABS 4713.0 Population Characteristics, Aboriginal and Torres Strait Islander Australians 2006 pp 48

Competition

The food programs operating in communities including the Roper Gulf Shire Meals on Wheels and some community school breakfast and lunch programs choose not to utilise the community store as the supplier to their programs. The reported reason for this is the excessive cost and the limited food availability. Food supplies are ordered from Katherine or Darwin on a separate freight delivery. This reduces the amount of money that goes into the community store and back to the community, and decreases the market demand for nutritious food options to be sold. It also prevents the opportunity for greater food turnover and less wastage of fresh produce.

On the face of it, this seems counter intuitive. How can a small operation such as meals on wheels or a school feeding program get lower prices than a store? However, it should be noted that such programs "import" a narrower range of goods, and more importantly have the entire salaries and capital costs subsidised through the government agency programs that fund them.

This has the perverse effect of government subsidies to social useful projects (for example, meals on wheels), reducing the economic efficiency—and hence enterprise and private sector employment benefits—of community stores. Ironically, this leads to higher prices and less return on capital for the community stores which, in turn, increases the incentive for subsidised social programs to source good and services elsewhere.

Competition in relation to cost and food variety with larger supermarkets such as Woolworths in Katherine means that some people living in the remote communities situated closer to town in the Katherine East region choose to travel to purchase the bulk of their food shopping for the fortnight. Manyallaluk now has a store but communities continue to travel to Katherine to purchase items such as clothing, and for the social aspect of a trip to town. The cheaper prices in Katherine mean that they will take advantage of shopping in Katherine as opposed to supporting the community store.

Effectiveness of the Outback Store model other private, public and community controlled store models

Outback Store Model

Outback Stores has been established as a proprietary limited company model. ALPA stores were established in 1972[22] by the Uniting Church as an Incorporated Association and private stores are generally owned by an individual or number of individuals who operate the store as a for-profit retail outlet. The question of store models and profits associated with the operation of community stores is a key consideration in the determination of the benefits of community stores and sustainability.

Undoubtedly, the introduction of Outback Stores to remote areas of Katherine East and its focus on improving access to nutritious food has made it possible to open a store at Manyallaluk. The opening of this store has provided residents with the opportunity to purchase healthy foods where they live. Prior to this the members of the community who did not have access to a vehicle found themselves with no

[22] 2005 Proposal for the expansion of FHF Community Stores Program May 2005

choice but to travel by taxi to shop in Katherine for a fare of $230 each way. Please see the case study on page 23 of this submission.

Outback Stores has also recently (mid 2008) taken over the management of stores in the communities of Jilkminggan, Barunga and Bulman. These stores were previously managed as privately run enterprises. With the implementation of food and nutrition policies, group store purchasing power and training for new management staff, food prices have decreased and food availability has improved considerably.

Other benefits of the Outback Stores model and ALPA stores is the ability to monitor food pricing and purchasing habits through the use of computerised business systems. Sunrise recommends that funding be allocated to continue to research the food purchasing behaviour of Indigenous customers on those towns and communities ,and utilise this data for the development of relevant projects to increase the demand for healthier food choices.

Group purchasing models as used by Outback Stores and ALPA are able to reduce costs to a degree but issues experienced by Very Remote communities during the wet season will continue to affect cost and availability. Remote store managers will continue to be faced with insurmountable issues independent of the overarching management. In the current situation *all* Australians living remotely—let alone Indigenous Australians—do not have the same access to a nutritious food supply as do those that live in regional centres.

The introduction of Outback Stores is a positive interim step however in the long term health and wellbeing and economic advancement of Aboriginal communities will be dependent on the store coming under community control. The Outback Stores model is a mainstream, one model fits all approach that is improving a current dire situation. It is a concern however that a ceiling point will be reached under this model that limits advancement and opportunity for the community store to be part of broader economic development in Aboriginal communities.

Private Store Model

The ability of privately managed stores to meet the needs of the community is dependent on store owners. Profits do not go back into the community. Stores are market driven and are under no obligation to implement food and nutrition policies. Stores under this model are most at risk for inconsistent and unsustainable operations.

Community Controlled Store Model

A community store has a larger role than the just the store itself—and its role is potentially larger still. Community stores are often a hub for Remote and Very Remote areas and previously performed a number of socially inclusive and capacity building functions.

Programs need to work closely with local people and empower local people to gain a feeling of control in understanding and dealing with the range of barriers faced in improving health through nutrition. We need to ensure any interventions are culturally appropriate and sustainable.

Ngukurr General Store is a community controlled store and is currently price competitive with prices offered through Outback Stores as evidenced through random observations completed by Sunrise Nutritionists[23].

It is critical that support from government to ensure governance arrangements are effective as well as being culturally appropriate, and engage the right people, in the right ways, to support the delivery of healthy foods to Indigenous Australians at a community level.

A community controlled store model is the preferred option as this allows for stores to meet the individual needs of a community and means that the store has an opportunity to be a social point and for other businesses to develop within the community. The importance of the links created by and through community controlled stores is discussed below in this submission.

Other areas that need to be explored include, developing market areas for bush tucker gardens and point of sale, the trading of second hand goods, enterprise arrangements with other business initiatives such as a sewing centre and or the establishment of bakeries. It is worth noting, for example, that fresh bread was sold in Wugularr prior to the flood of 1998.

One model does not fit all communities. Outback Stores have a near monopoly at this time in the Katherine East region. The Outback Store model has not to date established all of the essential links that support individual community needs. Many people living in Remote and Very Remote areas often say they want to buy, for example, flowers, and black and white funeral clothes but often these are not available at the community store.

Community controlled stores have local level protocols that are often informal. These protocols support the appropriate engagement of local Aboriginal and Torres Strait Islander Australians into the labour force. Sunrise supports the philosophy of *local jobs for local people*.

Sunrise supports the rights of Aboriginal people to have a greater say and control over the management of the community store, what their local community store should sell and who should work in the community store.

A community controlled store with government support allows for more innovative and community centred approaches to improving access to healthy food.

In today's current global climate where issues of climate change and depletion of energy resources are high on the government agenda, a localised model of food supply is an obvious sustainable solution.

There is clear evidence that significant local production was achieved at Wugularr and Barunga thirty years ago[24].

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[23] It should be noted that community controlled stores pricing structure could be governed by price capping.

[24] John Taylor and Neil Westbury, 2000. A Report to the Fred Hollows Foundation and Jawoyn Association, A Scoping Framework for the Nyirranggulung Nutrition Strategy.

A locally competitive market: the Maningrida example

Over the past decade or so, commentators have suggested that rural and remote Aboriginal communities[25] should be exposed to greater market competition, particularly with respect to stores on communities. The assertion is that competing stores (or other enterprises) will, put in simple terms, reduce prices and increase quality to customers. On the surface, it is a plausible position, but does not stand up to close scrutiny, except in larger communities.

The only community in the Northern Territory for which this position may be argued is Maningrida and outstations. With a near-regional population of 3,000, and the existence of two long standing organisations with commercial priorities, competition has developed in food supplies, and petrol and automotive repairs, for example. A recent study has compared the relative economic activity at Maningrida and a similarly sized and rural community in New South Wales, Gundagai[26].

Predictably, the levels of economic activity and employment were substantially higher in Gundagai, and a variety of reasons are suggested as to why this might be the case. Notwithstanding this, a related study from the NT Department of Business Economic and Regional Development (DBERD) cited in the *Maningrida Study*, attempts to quantify the levels of population required to establish viable businesses and—by extrapolation—the potential for competition between businesses[27].

What is clear from this study is that the capacity for local market competition is limited, and probably not available to any communities within the Sunrise region other than, perhaps, Ngukurr[28], and the capacity for a locally competitive market between like businesses such as community food stores would be marginal, at best.

The logical conclusion from this, and for the House of Representative Inquiry to examine, is in investigating recommendations that maximise social goods, such as improved health outcomes, training and employment, with an emphasis on optimised efficiency and good governance.

The future: demographic pressures affecting stores on Aboriginal communities

The House of Representatives Committee's current Inquiry would be advised in its deliberations to take account of population projections amongst the Northern Territory's Aboriginal community. The consequences of this growth, which suggests a doubling within a generation, will have an impact on Aboriginal health—obviously—but also on the place of community stores within the health and well-being landscape.

Given the existing and potential role of community stores as economic enterprises within rural and remote towns and communities, a critical eye should be cast over that role as it might develop over the next two decades.

By 2023, the Territory township of Wadeye is predicted to have a greater population than present day Nhulunbuy. By that date, the number of such Aboriginal population

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[25] For example, Senator Grant Tambling, evidence, House of Representative Standing Committee on Aboriginal and Torres Strait Islander Affairs, 23 June 199, p. 784

[26] 2008 *Maningrida Study,* Northern Territory Government, Department of Business, Economic and Regional Development,.

[27] Ibid, p. 15.

[28] Population around 1200 compared to Maningrida around 3,000.

centres with more than 2000 people is likely to be eight or nine times the current number—with at least three over the 3000 population mark.

There is also a number of towns in the Territory with populations already near or over 500—including at least two in the Katherine East/Sunrise region (Ngukurr and Wugularr): Angurugu, Daguragu-Kalkarindji, Elliott, Galiwin'ku, Gapuwiyak, Gunbalanya, Lajamanu, Lyentye Apurte, Maningrida, Minyerri, Milikapiti, Milingimbi, Nguiu, Ngukurr, Ntaria, Palumpa, Ramingining, Wugularr, Yirrkala and Yuendumu.

In short, these towns will—within a generation—have populations of between one to two and a half thousand. This is a sharp contrast to much of the rest of the Australian nation, which is experiencing rural/remote population stagnation or decline.

The health implications of this are considerable, not least in terms of service delivery. However, the role and function of stores in that context of population growth must be factored if there is to be a realistic assessment of the future health of our people.

The future: community stores as enterprise hubs?

As noted above, there is a potential for stores to be the focus of enterprise hubs on towns and communities, without even considering the capacity for local market competition as they reach critical population tipping points where competition might be possible.

While the notion of private home ownership is heavily contested, there has been virtually no discussion of public/private investment into leased commercial premises such as business centres. Instead of building on or augmenting the only existing enterprises as represented by community stores which generate sustainable employment, there has been much arid discussion over home ownership (and little about the capacity of home buyers to purchase those homes without sustainable employment to service home loans). It's an extraordinary example of putting the cart before the horse.

For example, a PPP method of establishing a business hub might then lend to the establishment of micro enterprises leasing parts of the hub for, example, bakeries, hairdressing salons, hardware and home improvement/furniture, clothing, internet café, restaurants. Alterations to taxation regimes over building depreciation, for example, would greatly assist the viability of such an approach.

The endpoint, as far as Sunrise is concerned, is the capacity for food supply through stores and related enterprises to sustainably enhance health outcomes for the people of our region.

Impact of these factors on the health and economic outcomes of communities

Food insecurity is heightened when people are in a situation of prolonged hunger or are limited in their ability to access and prepare healthy foods due to the environment in which they live. This contributes to the inequality of health status and life expectation between Aboriginal and Torres Strait Islander and non-Indigenous people in Australia.

According to the ABS the most disadvantaged areas of Australia are located in remote areas of Northern Territory.[29] Indigeneity is highly correlated with relative socio-economic disadvantage at an area level. It has been shown that on average, Indigenous Australians have significantly lower levels of income, employment and education than the rest of the population[30].

- Living arrangements varied with geographic remoteness. Among Indigenous households, multi-family[31] households were the most common in Very Remote areas where 20% were multi-family. In comparison, multi-family other households were most common in Major Cities, however this accounted for only 1% of all household types.

- The condition of houses in Indigenous Remote communities is deteriorating. Between 2001 and 2006, the percentage of houses requiring major repairs in remote communities increased from 19% to 23%. One in four houses needing major repairs is currently inhabitable[32].

- Indigenous households tended to be larger than other households (average of 3.3 persons per household, compared with 2.5 respectively). One of the major factors contributing to this difference is the higher number of dependant children in Indigenous households- for all Indigenous family types the average number of dependant children was 1.1 compared with 0.5 for other households[33].

- For Indigenous households, household size tended to rise with increasing remoteness, from an average of 3.1 persons per household in Major Cities to 4.9 in very remote areas[34].

- The average occupancy per dwelling in remote areas is estimated to be 8.8 persons per dwelling, while the average National occupancy rate is almost 2.6 persons[35].

- Local observations and anecdotal evidence suggests that the average occupancy per dwelling in remote areas is estimated to be up to 17 people per household.

Of the Indigenous people who were employed in the 2006 Census;

- 93% were employees, 6% worked in their own business and 1% were contributing family workers
- 74% were employed in the private sector, and one quarter (26%) worked in the public sector
- more than half (59%) worked in low skill occupations, while one in five (22%) were in medium skill occupations and one in seven (15%) in high skill occupations[36]

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[29] Socio-Economic Indexes for Areas (SEIFA) – media release March 2008

[30] ABS Socio-Economic Indexes

[31] two or more families pp 21 ABS 4713.0

[32] COAG; *National Partnership Agreement on Remote Indigenous Housing.*

[33] ABS 4713.0 Population Characteristics, Aboriginal and Torres Strait Islander Australians 2006 pp 21

[34] ABS 4713.0 Population Characteristics, Aboriginal and Torres Strait Islander Australians 2006 pp 21

[35] ABS Community Housing and Infrastructure Needs Survey 2006

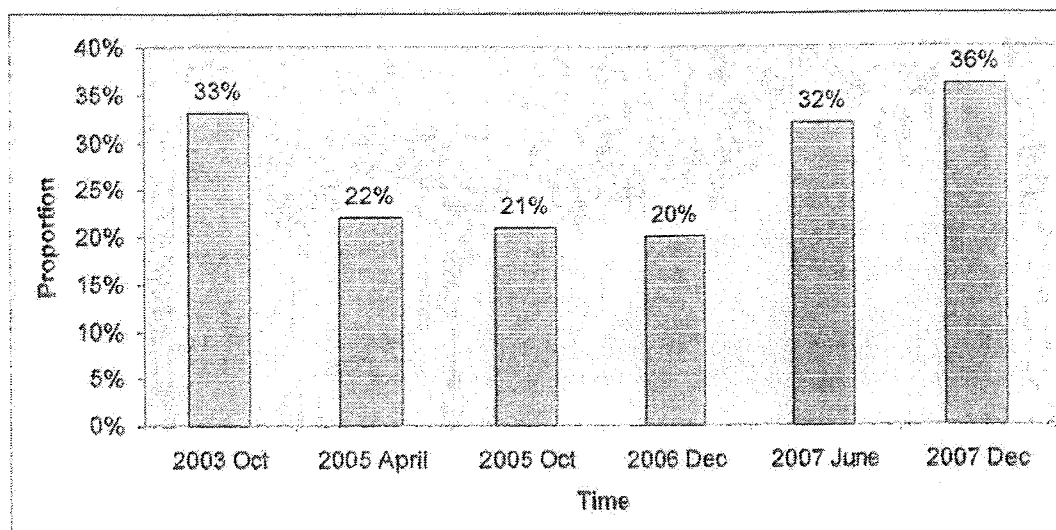
[36] ABS 4713.0 Population Characteristics, Aboriginal and Torres Strait Islander Australians 2006 pp 37

Despite the implementation of nutrition interventions such as; development of food and nutrition policies, introduction of healthy food to store takeaway, changes to store governance structures and the more recent overtaking of remote stores by Outback Stores, the health status is consistently poor.

- In 2004-05, Indigenous people living in remote areas reported significantly higher rates of diabetes/high sugar levels (9.2 per cent), heart and circulatory diseases (14.1 per cent), and kidney disease (3.0 per cent) than Indigenous people living in non-remote areas[37].

Please see Sunrise Data in the table below.

Anaemia rate in SHS



Unfortunately anaemia rates (under 5 children) have gone high in the last reporting period although the rate was the lowest in Dec 2006.

Maternal malnutrition[38], failure to thrive and poor nutrition in infancy and childhood are all implicated as possible causal factors in the development of chronic, life threatening illness later in life[39]. Diseases such as diabetes, heart disease, and hypertension are linked and many people suffer form two or more of these conditions.

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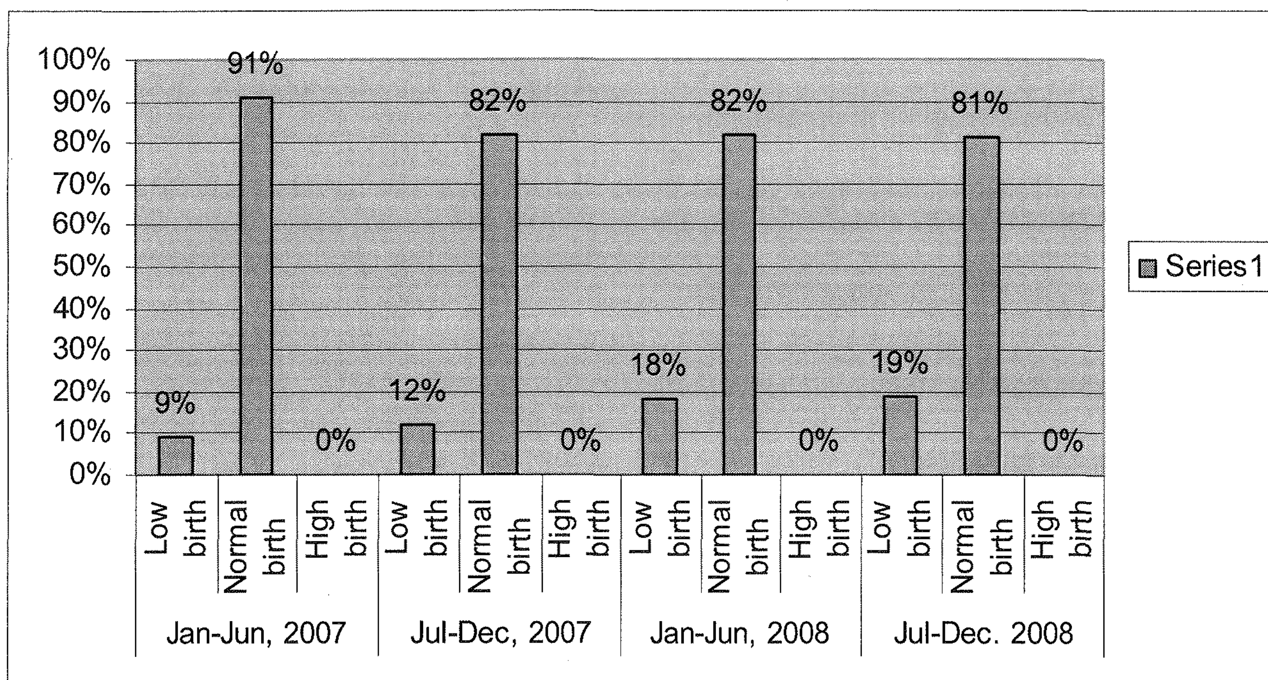
[37] 2007 Commonwealth of Australia Steering Committee for the Review of Government Service Provision (SCRGSP) *Overcoming Indigenous Disadvantage Key Indicators* 2007.

[38] Malnutrition in pregnancy is known to be one of the causal factors in low birth weight babies.

[39] National Health and Medical Research Council Nutrition in Aboriginal and Torres Straight Islander Peoples July 2000 pp20-23.



Please see the number and proportion of low, normal and high birthweights by Sunrise communities for the periods January 07 to December 08.

The proportion of low birthweights data has increased from 9% in Jan – June 2007 to 19 % in July – December 2008. Please also see the information in Birthweights of babies of Indigenous mothers, live births, by State and Territory 2003[40] (a) on pg 19 of this submission. Monitoring of food purchasing, eating behaviour and health research is inadequate to understand the impact that differing store models have on health. Health outcomes cannot be measured solely on the improvement of the cost, quality and variety as determined by a Market Basket Survey. Stores are a social meeting point and central to community life. A store which can fulfil these needs has a greater opportunity to benefit health.

A functioning community controlled store provides the best model for a strong future in access to healthy and culturally appropriate food. It is essential to support the communities to take control of the management of their store and increase the community awareness of nutrition so that they can see a reason for the importance of healthier food options in their community store and demand that these recognised foundations of an active and enjoyable life can be met.

Access to healthier foods has improved with the introduction of new models however, we do need to consider how we are measuring this and whether the indicators being used are meaningful to suggest that the overall dietary consumption of Aboriginal people has improved.

Sunrise recommends that important social determinants affecting food security such as such as poverty, overcrowding, infrastructure and education in remote communities must be addressed otherwise the health of Indigenous people living in Remote and Very Remote areas will not improve.

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[40] Laws P. & Sullivan E., 2005, *Australia's Mothers and Babies 2003*, AIHW Cat. No. PER 29, AIHW National Perinatal Statistics Unit (Perinatal Statistics Series No. 16), Sydney; 2007 Report; 2007 Report, table EA.20. ABS Table HPA.9

Case Study

The case study – *Christmas Spirit in the Northern Territory by Rachel Willika* highlights a number of important issues that relate to some of the issues raised in this submission. An extract of the publicly available information has been developed into a case study to support the evidence put before the Inquiry.

Christmas Spirit in the Northern Territory by Rachel Willika[41]

The children at Eva Valley community had no Christmas presents this year. No Santa Claus, no decorations, no Christmas spirit, nothing. Christmas Day, we had lunch at the Women's Centre. The Fred Hollows Foundation provided and paid for all the food. It was good food. We had salad, ham, turkey, prawns, Christmas cake, chips, lollies for the children. We all helped with getting that food ready. It was a quick lunch because a family member had passed away.

We couldn't buy presents ourselves because that quarantining has come in. We got that store card just before Christmas. That store card is just for Woolworths, Big W, and Caltex. There is no Big W in Katherine, only Target, so we couldn't buy toys. Only the little toys that are in Woolworths. We could only buy food with that store card. What about presents, and Christmas decorations and streamers, and stuff like that? Those things are important, too. You can't choose where to spend your store card. You can only spend it at those places that they say. Woolworths, Big W, Caltex. There's pictures showing on the card. Woolworths, Big W, Caltex.

My friend and I were walking around Eva Valley yesterday and we said 'No-one's been listening to us. Nothing has changed'. We've told those intervention people about our worries, but nothing has changed.

When we go to town some of us share the cost of that taxi, but it is a lot of money, even when you share the cost. Last Thursday I went to town to get my store card, to buy food. When I went to that Centrelink there was a sign 'There are no store cards in the Katherine office until 1pm today.' Centrelink was running out of store cards. They could only give me a store card for $50 to buy food, and one for $200 for clothing. I've still got $94 that they have to give me for food. Now, I'll have to pay another taxi ride to get back to Katherine. I think they won't give me a taxi voucher. I'm a bit worried, because they might not have enough store cards again.

There were a lot of people lined up at Centrelink, and some of them were getting upset. They said 'This is no good' and 'I don't like standing in line all day.' Some people had come in from a long way. One old lady from Beswick said: 'Oh, hurry up. I've got to get my voucher so I can go back and the water might be up over the bridge. I might not be able to get in, if I go back too late.' There were over 500 or 600 people at Centrelink. They were from Barunga, Beswick, Eva Valley, Walpiri Camp, Gorge Camp, Binjari, Long Grass, some from Hudson's Downs, some from Roper. Some were inside, and some were waiting outside. There was a big, long waiting line. Everyone was complaining about the time. There were only six or seven workers. I counted them.

A lot of people only got a store voucher for a little bit of money, like me. I think maybe some of them didn't get anything. That Centrelink was running out of store cards. One woman had a problem getting her ID card. You have to have your ID card with you all the time. We got our ID cards from legal aid. We paid $5 to get that card. Centrelink said we had to get our ID card. It has our photo on it. We had to go right back, walk over to legal aid, walk back to Centrelink, and wait in line again. At Katherine Centrelink, there is a toilet but it is not in use. Some people have to wander off to find a toilet and they miss out when their names are called. They have to wait in line again.

Just before Christmas we were stranded in Katherine. That mini bus driver said 'Wait. I can't travel at night. I'm going to have to take you mob in the morning now.' We were stranded, and we had bought all our food. We didn't know where to sleep. I know that Christian Brother from church, and I saw him, so I asked him 'Can you help us out? Do you have a vehicle that can take us to Eva Valley?'

He went to ask his friend and his friend wasn't there. He was on holiday. He said to me 'This is not fair on you. You have to travel a long way. You should talk to your local government, write a letter.' He said 'When you come into town next time, you and me can sit down and write a letter. We can go to that local government together and talk to them.' This has been a hard Christmas for us at Eva Valley.

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[41] http:/www.womenforwik.org (extract)

Conclusion

The current inquiry by the House of Representatives is a welcome one.

While the issue of "health hardware"—including cooking and food storage facilities, water supply, ablution and so on—has long been subject of research, comment and action, the same cannot be said of the "community store". Discussion of the role of the community store has been sporadic and perfunctory at best. In the Northern Territory, government abandoned an activist approach to stores back in the 1980s other than a handful of pilot projects related to health and nutrition.

In fact, it is arguable that the community store is at the front line of health hardware.

The Intervention has refocussed attention on community stores. It is the view of Sunrise that any recommendations arising from the current House of Representative Inquiry must be sustained—and sustainable.

Community-controlled stores are often the only commercial operation on communities, especially smaller ones, and hence effectively the only private sector source of employment for Aboriginal people on those communities. While this is less true of some larger communities in which other private sector employment is available, the role of community stores in establishing or building other economic activities on communities is vital.

We recommend that the long term goal in working towards improving cost, quality and culturally appropriate food to remote communities needs to have a focus on the control of community stores being placed with the right senior people and traditional landowners as appropriate to each community location.

An examination of the profits from Outback Stores must be a component of the Inquiry's investigation. Local communities' economies must be ensured through approaches that include the profits from local business transactions, staying local.

Further consideration about the links that community stores form with others and other agencies must be examined. The real issue that has to be faced is what the post-Emergency Response landscape might look like. It is important that people have every possible opportunity to ensure the foods they are purchasing are of good quality and at a competitive and fair price. The entire food supply chain needs to be investigated.

Consideration needs to be given to the existing or potential role of community stores to be the lead tenant in town business centres which would also house other enterprises and government agencies as a process of broader economic development on Aboriginal towns and communities

Many people living in the communities where Sunrise provides primary health services do not have access to, or own adequate white goods to support a healthy life style that includes good nutrition. This coupled with overcrowded environments and low incomes can make the storage of food and preparation of meals very difficult.

Sunrise is concerned that this one-size fits all approach is not best practice, and is potentially discriminatory. It should be noted that the great majority of people living in the Sunrise/East Katherine communities are not suspected of child abuse, the

ostensible primary target of the *Emergency Response*, and the apparent motivation for Income Management. Similarly, the vast majority of families in the Sunrise/East Katherine region are not involved in alcohol and drug abuse, again one of the subsidiary targets of the *Emergency Response*. It is recommended that Managed Income be applied on a case by case basis rather than as a blanket approach.

It should also be noted that Aboriginal people of the region have lived under conditions of significant poverty all their lives. To this extent, they have always been effective at individual and family budgeting in ways only similarly poor people can contemplate. The removal of discretionary budgeting for these people *reduces* rather than enhances people's capacity for personal and family budgeting. Its infantilising effect is deeply resented by many people, especially women, in the Sunrise/East Katherine region.

The impact of this at a personal and family level cannot be overestimated. It is strongly suggested that the House Inquiry consider this impact. [42]

[42] Personal testimonies to this effect can be listened to at http://www.abc.net.au/rn/backgroundbriefing/stories/2008/2416248.htm, accessed 19 February 2009 and http://news.bbc.co.uk/1/hi/programmes/crossing_continents/7773558.stm, 19 February 2009

(Attachment A)

Sunrise Health Service Aboriginal Corporation

Background

Description of Organisation

Sunrise Health Service Aboriginal Corporation's main purpose is to improve the health and wellbeing of the people in the region east of Katherine in the Northern Territory. This is done using a holistic approach that includes providing a high standard of medical care, the promotion of social justice and the overcoming of the sickness that affects so many people in the region.

Sunrise Health Service Aboriginal Corporation became a fully-fledged service in mid-2005 after successfully completing a Coordinated Care Trial, and the community-controlled organisation now successfully provides quality Primary Health Care services from nine health centres located in Barunga, Wugularr, Manyallaluk, Bulman, Mataranka, Jilkminggan, Minyerri, Ngukurr and Urapunga. The outstations associated with these communities also have access to the services.

Health education and promotional programs are also undertaken in communities in the areas of Nutrition, Women's and Maternal Health, Men's Health, Child Health, Aged Care, Physical Activity and Aural Health.

Sunrise Health Service Aboriginal Corporation incorporates both new and ancient methods to help move away from the past and work towards closing the gaps in health between Indigenous and non-Indigenous Australians. This is done through health clinics and health education, mixing together traditional Indigenous culture and the best of mainstream medicine.

Sunrise Health Service Aboriginal Corporation currently employs more than 130 staff across its nine health centres and head office in Katherine.

Purpose of the Organisation

Sunrise Health Service Aboriginal Corporation is an Aboriginal community-controlled health service that advocates for, and works in partnership with other organisations and the community to provide and enhance equitable access to culturally-appropriate primary health care services for people in its region.

The service is responsible for the management of holistic health programs that address physical, social, emotional and cultural well-being that are delivered in a culturally respectful manner using an approach that contributes to building capacity in the community to promote self-determination and empowerment.

Sunrise Health Service also plays an important role in advocating for the rights of Indigenous people in Australia.

Board Member/Governance Details

Integral to the success of Sunrise Health Service Aboriginal Corporation has been the sense of ownership developed in the community of the service. From the beginning, the need for an independent community-controlled health service was expressed by the regional community.

Self governance ensures that communities are well informed about the health issues in their communities and can become involved in their management.
The premise is that if Aboriginal people can own and control the services provided to Aboriginal people, then self-determination can occur and empowerment result. When populations are empowered they have a voice and political standing.

Sunrise Health Service takes direction from the Board, which is made up of representative from all Sunrise communities. All Board members undergo training to ensure they have the right skills and knowledge to govern.

The establishment of the Community Health Committees (CHCs) ensured local autonomy within the broader regional approach of the service and real involvement in planning at a community level. CHCs operate in all communities, and are comprised of local people, traditional or culturally significant persons and elected representatives from other community groups. Ultimately, CHCs ensure that programs delivered by Sunrise Health Service are culturally appropriate and encourage local ownership.

Mission Statement

Sunrise Health Service is a community controlled organisation that strives to provide equitable and culturally appropriate Primary Health Care outcomes for Aboriginal People living in the Sunrise region. Sunrise should always provide good governance at all levels to ensure our work lasts forever.

Vision Statement

The vision for health in the Sunrise region is that there will continue to be a community-controlled organisation that is committed to and values its people, which seeks to improve their health, well being and life span, and enables access to opportunities in all aspects of life that are available to the wider community.

Core Values

Sunrise Health Service believes that healthy communities result when Aboriginal people own and control their health services. The core values that guide health service planning, delivery and evaluation for Sunrise Health Service are as follows:

- We believe Aboriginal community control is essential for health;
- We want health programs to be holistic and culturally appropriate, incorporating traditional healing and the use of bush medicines;
- We encourage two-way learning blending cultural way "mununga" way to grow and maintain a strong health service;
- We promote mutual respect between the staff and community;
- We believe in a fair go for everyone and to be open and transparent in all our business;

- We are committed to regular communication with individuals, communities and to the wider Australian community to promote health;
- We respect client confidentiality and the individual's rights to make their own decisions about health;
- We actively seek and promote opportunities for Aboriginal people to develop careers in health and training for board members to advocate for health;
- We are committed to developing the skills and knowledge of all staff through professional development opportunities; and
- We believe people are the most important asset to ensure a high quality of service provision.

(Attachment B)

Represent the current population as @ 31 December 2008 for all Communities where Sunrise Health Service Aboriginal Corporation delivers Primary Health Care Services.

Sunrise Health Service Aboriginal Corporation delivers services in the following communities; Barunga, Manyallaluk, Wugularr, Bulman, Mataranka, Jilkminggan, Minyerri and Ngukurr.

Current Population as at 31st December 2008

	0-4 yrs				*5-9 yrs*				*10-14 yrs*				*15-19 yrs*				*20-24 yrs*				*25-29 yrs*			
	M		*F*		*M*		*F*		*M*		*F*		*M*		*F*		*M*		*F*		*M*		*F*	
Community	*Indig*	*Non*	*Indig*	*Non*	*Indig*	*Non*	*Indig*	*Non*	*Indig*	*Non*	*Indig*	*Non*	*Indig*	*Non*	*Indig*	*Non*	*Indig*	*Non*	*Indig*	*Non*	*Indig*	*Non*	*Indig*	*Non*
Barunga	14	1	15	0	18	0	9	0	13	0	13	0	21	0	13	0	19	0	22	1	10	1	15	1
Manyallaluk	4	0	5	0	8	0	3	0	4	0	4	0	5	0	6	0	4	0	4	0	1	0	4	0
Wugularr	23	0	27	0	18	0	36	0	23	0	19	0	25	0	25	1	22	1	27	2	12	1	13	3
Bulman	15	0	23	1	21	0	18	0	9	0	11	0	13	0	10	0	15	1	20	1	6	4	13	2
Mataranka	4	10	4	6	4	7	4	8	2	9	5	4	1	1	2	7	1	2	3	2	2	4	0	3
Jilkminggan	14	0	15	0	25	0	22	0	17	0	12	0	10	0	10	0	8	0	13	0	8	0	12	1
Minyerri	49	1	46	1	31	0	46	0	36	2	27	1	29	0	39	1	32	1	25	1	14	3	23	0
Ngukurr	78	2	68	2	90	1	94	0	58	1	64	1	60	0	51	3	61	2	52	2	55	9	52	2
	201	**14**	**203**	**10**	**215**	**8**	**232**	**8**	**162**	**12**	**155**	**6**	**164**	**1**	**156**	**12**	**162**	**7**	**166**	**9**	**108**	**22**	**132**	**12**
	215		**213**		**223**		**240**		**174**		**161**		**165**		**168**		**169**		**175**		**130**		**144**	
TOTALS	**428**				**463**				**335**				**333**				**344**				**274**			

	30-34 yrs				35-39 yrs				40-44 yrs				45-49 yrs				50-54 yrs				55-59 yrs			
	M		F		M		F		M		F		M		F		M		F		M		F	
Community	Indig	Non	Indig	Non	Indig	Non	Indig	Non	Indig	Non	Indig	Non	Indig	Non	Indig	Non	Indig	Non	Indig	Non	Indig	Non	Indig	Non
Barunga	5	1	3	0	13	0	10	0	10	0	9	0	3	0	4	0	5	3	5	0	0	0	4	1
Manyallaluk	0	0	2	0	1	0	1	0	2	0	4	0	3	0	2	0	1	0	0	0	0	0	2	0
Wugularr	13	1	10	1	15	1	22	2	16	1	14	0	10	1	10	0	4	0	7	2	7	3	4	0
Bulman	11	1	8	1	1	2	9	1	9	1	12	1	6	3	8	3	3	0	4	0	1	0	5	1
Mataranka	1	5	1	6	3	5	3	9	3	11	5	7	3	6	3	6	6	8	1	9	2	13	2	12
Jilkminggan	8	1	7	0	9	0	10	0	7	0	9	0	4	0	8	0	1	1	6	0	3	0	1	0
Minyerri	19	0	15	3	18	3	23	4	12	1	20	1	11	4	10	3	7	3	7	1	4	2	5	4
Ngukurr	32	6	37	6	31	1	43	7	25	4	32	1	16	6	21	2	21	5	18	5	19	6	5	6
	89	**15**	**83**	**17**	**91**	**12**	**121**	**23**	**84**	**18**	**105**	**10**	**56**	**20**	**66**	**14**	**48**	**20**	**48**	**17**	**36**	**24**	**28**	**24**
	104		**100**		**103**		**144**		**102**		**115**		**76**		**80**		**68**		**65**		**60**		**52**	
TOTALS	**204**				**247**				**217**				**156**				**133**				**112**			

	60-64 yrs				65-69 yrs				70-74 yrs				75+ yrs			
	M		F		M		F		M		F		M		F	
Community	Indig	Non	Indig	Non	Indig	Non	Indig	Non	Indig	Non	Indig	Non	Indig	Non	Indig	Non
Barunga	2	3	3	1	1	0	1	0	0	0	0	0	0	0	2	0
Manyallaluk	1	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0
Wugularr	2	0	5	0	3	0	2	0	1	0	1	0	2	0	2	0
Bulman	4	0	1	0	0	1	2	0	1	0	1	0	1	0	1	0
Mataranka	1	15	1	8	2	5	1	3	0	4	0	1	1	0	0	1
Jilkminggan	1	1	2	0	1	1	1	1	0	0	0	0	0	0	1	0
Minyerri	3	1	4	1	2	2	2	0	2	0	1	0	3	1	1	0
Ngukurr	6	7	9	3	1	2	2	0	5	0	2	0	0	0	5	1
	20	**27**	**27**	**13**	**10**	**11**	**12**	**4**	**9**	**4**	**5**	**1**	**7**	**1**	**12**	**2**
	47		**40**		**21**		**16**		**13**		**6**		**8**		**14**	
TOTALS	**87**				**37**				**19**				**22**			

Total Population
275
74
440
286
268
251
611
1206
3411

(Attachment C)

Distance from Katherine NT

Community	
Barunga	***82. km***
Manyallaluk	***105.5 km***
Wugularr	***112.2 km***
Bulman	***370.5 km***
Mataranka	***106 km***
Jilkminggan	***144 km***
Minyerri	***265 km***
Ngukurr	***320 km***
Urapunga	***297km***
Weemol	***368.6 km***
Werenbun	***58 km***

Languages Spoken at Home

Languages spoken in all the Katherine East Region are as follows;

- Alawa
- Marra
- Mayali
- Ngalakgan
- Ritharrngu
- Rembarrnga
- Nunggubuyu
- Mangarrayi
- Ngandi
- Dalabon
- Warndarrang
- Jawoyn

Excluding diabetes, chronic obstructive pulmonary disease, congestive cardiac failure and angina were the three highest sources of potentially preventable chronic separations for Indigenous people in 2004-05 (table 10.5)[43].

Table 10.5 **Standardised hospital separations of Indigenous people for potentially preventable chronic conditions, per 1000 Indigenous people, 2004-05[a, b]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total[c]*	*Aust*
Asthma	np	np	4.2	8.6	4.9	np	np	2.6	5.1	np
Congestive cardiac failure	np	np	7.7	8.5	11.2	np	np	6.5	8.0	np
Diabetes complications[d]	np	np	33.4	38.0	44.4	np	np	30.6	34.9	np
Chronic obstructive pulmonary disease	np	np	14.0	13.4	16.0	np	np	18.0	14.8	np
Angina	np	np	7.1	6.0	6.2	np	np	5.6	6.4	np
Iron deficiency anaemia	np	np	1.2	2.3	1.3	np	np	2.4	1.7	np
Hypertension	np	np	1.7	0.9	2.0	np	np	0.6	1.3	np
Nutritional deficiencies	np	np	–	–	–	np	np	–	–	np
Rheumatic heart disease[e]	np	np	–	–	–	np	np	–	–	np
Total	**np**	**np**	**63.0**	**70.5**	**77.0**	**np**	**np**	**61.6**	**65.7**	**np**

[a] Separation rates are directly age standardised to the Indigenous population at 30 June 2001. [b] Includes data only for Queensland, WA, SA, and the NT (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for the four states and territories are not necessarily representative of the other jurisdictions. [c] Total comprises Queensland, WA, SA and the NT only. [d] Diabetes complications does not include records with a principal diagnosis of renal dialysis and an additional diagnosis of diabetes. [e] Rheumatic heart disease includes acute rheumatic fever as well as the chronic disease. – Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished); 2007 Report, table 10.13, p. 10.53.

[43] http://www.pc.gov.au/gsp/reports/rogs/compendium2007/health/chapter10.rtf

(Attachment E)

Causes of death by Indigenous status, age standardised death rates, 1999–2001 (per 100 000 people) (a), (b)

	Qld	*WA*	*SA*	*NT*
Non-Indigenous Australians				
Lung cancer	24.5	22.4	21.3	30.5
Diabetes (c)	18.5	16.7	23.3	30.3
Circulatory diseases (d)	73.2	59.1	72.3	90.1
Coronary heart disease	47.3	37.1	44.3	63.5
Rheumatic heart disease	0.6	0.6	0.7	np
Respiratory diseases	17.1	13.8	15.9	22.8
Pneumonia	2.0	2.0	2.2	2.7
Injury and poisoning (e)	35.9	32.8	31.5	52.5
Road vehicle accidents	8.9	8.4	8.9	18.7
Self harm	14.1	14.9	11.9	18.2
Assault	1.5	1.0	1.4	2.3
Indigenous Australians				
Lung cancer	65.6	25.7	42.1	53.2
Diabetes (c)	243.3	265.7	284.4	277.8
Circulatory diseases (d)	296.5	317.3	341.4	446.3
Coronary heart disease	201.4	181.1	217.5	251.0
Rheumatic heart disease	11.9	5.8	np	30.8
Respiratory diseases	82.7	80.0	123.5	141.4
Pneumonia	19.2	25.9	31.6	27.9
Injury and poisoning (e)	70.6	115.3	116.6	113.9
Road vehicle accidents	9.9	29.6	31.7	29.7
Self harm	55.1	48.2	51.2	56.1
Assault	8.1	13.2	7.1	23.4

Median age at death (years) (a), (b)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (c)
All Australians									
Males									
1999	74.8	75.3	74.4	74.2	75.9	75.3	72.2	55.0	74.8
2000	75.3	75.8	74.8	74.5	76.1	75.3	73.8	56.3	75.2
2001	75.6	76.2	74.8	74.8	76.7	76.0	72.5	55.2	75.6
2002	76.3	76.8	75.6	75.4	77.2	76.2	76.0	55.9	76.2
2003	76.3	76.8	75.6	75.6	77.5	75.8	74.5	57.3	76.3
2004 (d)	76.9	77.4	76.1	75.8	77.6	76.7	75.6	55.4	76.8
Females									
1999	81.3	81.8	81.1	81.4	82.2	80.6	79.4	61.0	81.4
2000	81.9	82.0	81.4	81.2	82.2	81.0	80.2	57.8	81.7
2001	81.8	82.2	81.5	81.5	82.3	81.2	81.1	61.8	81.8
2002	82.2	82.5	81.9	81.7	82.7	81.9	81.5	57.3	82.2
2003	82.6	82.7	82.0	82.2	83.1	82.1	81.4	62.8	82.4
2004 (d)	82.7	83.0	82.3	82.0	83.3	82.5	81.1	62.0	82.6
Indigenous (e), (f)									
Males									
1999	51.3	np	48.9	49.3	46.5	np	np	47.5	np
2000	53.9	np	53.9	46.6	49.5	np	np	46.2	np
2001	56.3	np	52.5	51.0	51.0	np	np	45.1	np
2002	56.3	np	51.8	51.2	48.9	np	np	47.1	np
2003	56.8	np	51.2	50.2	48.8	np	np	46.3	np
2004	55.8	np	53.7	50.0	49.5	np	np	43.8	np
Females									
1999	60.8	np	60.3	55.3	50.5	np	np	56.3	np
2000	59.4	np	61.3	56.0	56.3	np	np	54.0	np
2001	62.9	np	54.1	53.5	55.5	np	np	52.8	np
2002	61.9	np	58.8	53.0	55.0	np	np	50.0	np
2003	58.9	np	62.1	55.0	50.0	np	np	52.8	np
2004	62.7	np	57.9	63.6	53.5	np	np	54.0	np
Non-Indigenous (e), (f)									
Males									
1999	75.0	np	74.5	74.8	76.0	np	np	60.4	np
2000	75.5	np	75.3	75.1	76.3	np	np	61.1	np
2001	75.7	np	75.1	75.4	76.9	np	np	63.2	np
2002	76.5	np	75.9	75.9	77.3	np	np	63.0	np
2003	76.5	np	75.9	76.1	77.7	np	np	65.9	np
2004	77.0	np	76.2	76.3	77.6	np	np	63.0	np
Females									

1999	81.4	np	81.4	81.8	82.2	np	np	71.3	np
2000	82.1	np	81.7	81.6	82.3	np	np	63.0	np
2001	81.9	np	81.7	81.9	82.4	np	np	71.5	np
2002	82.3	np	82.1	82.2	82.8	np	np	70.5	np
2003	82.7	np	82.2	82.4	83.2	np	np	74.5	np
2004	82.8	np	82.5	82.3	83.3	np	np	71.3	np

(a) Median age at death does not adjust for the age structure of the populations involved.

(b) Based on deaths registered to 31 December 2004. The All Australians data relate to the date the death occurred. The Indigenous and non-Indigenous data relate to the date the death was registered.

(c) Figures for Australia include 'Other Territories'.

(d) Data for 2004 are incomplete due to the delay between the occurrence and registration of a death.

(e) Deaths for whom the Indigenous status was not specified have not been prorated over Indigenous and non-Indigenous deaths. As a result, Indigenous and non-Indigenous deaths may be underestimated.

(f) Care should be exercised when comparing median age at death of Indigenous Australians and non-Indigenous Australians.

np Not published.

Source: ABS (2005), *Deaths 2004*, Australia, Cat. no. 3302.0, Canberra; 2007 Report, table EA.18.