



Dietitians Association of Australia (DAA) response to the National Rural Health Alliance draft paper on Food Security in Remote Areas

About DAA

The Dietitians Association of Australia is the largest nutrition focussed organisation in Australia representing a membership of over 3000 dietitians, dietetic students and Associate members.

Its mission is to '*support members*' and to advocate for '*Better food, Better health, Better living for all*'.

Introduction

DAA welcomes the opportunity to contribute to this important paper and is pleased to see the NRHA providing national leadership on this important public health issue. DAA has sought feedback from its membership on this paper, in particular members working in public health and with remote communities were targeted for comment.

General Comments

In general the members believe this is a good paper presenting an overview of the food security issue, however it is not a very scientifically based paper, and would be strengthened by greater referencing of the literature.

DAA believes the paper would benefit from the inclusion of some further background about the NRHA and the aim/purpose/ context of the position paper (as this is not clear from reading the paper as it currently stands).

At this stage the paper reads as an interesting information paper rather than a position paper. There does not seem to be a clear NRHA 'position' stated in the paper at present and we believe this would add strength to the paper.

The section on "what needs to be done" should be expanded on, as it is very brief and does not offer many options to the reader. There is no clear call to action, which would also add strength to the paper.

Specific Issues

- The title of the paper should be changed to include the fact that the paper focuses on food security issues for Indigenous people who live in remote areas
- Under the 'who should read this paper', change to Dietitians and nutritionists.
- P3 – Para 4 – health hardware in the home for storage and preparation – these items are not included in the definition of health hardware on p 7.
- P7 – Para 2 - 'Community food security and food access', this definition is quoted without a reference.
- P 8 - Under 'Picture this', please note coconut milk is not high in cholesterol, only foods from animal sources contain cholesterol
- P9 – There are a number of statements throughout the document that note that the health of remote Australians is poorer than other Australians and that health declines the more remote you are. None of these statements are referenced and need to be.
- P9 - Last Para – states 'More Indigenous mothers are diabetics' – should be reworded to 'More Indigenous mothers have diabetes'. This phrasing should be used throughout the document.
- P10 - Para 3 – states 'It took much effort – and therefore calories – to obtain food.'. The word 'energy' would be a better word than calories for this statement.
- P 11 - Para 5, the first sentence should be on the end of Para 4.
- P 11 - Para 6 – is it necessary to use the word graft – as it also means unscrupulous practices (corruption) and is not a commonly used word.
- P12 – Para 2 – need to write HACCC in full for clarity
- P 12 – Para 3 - incorporate paragraph 'The manager will usually decide opening hours' sentence.
- P 12 – Para 6 – talks about the ' Lands' – not everyone will know what this is and it needs its full title.
- P14 - First sentence, should be reworded to remove 'expensive' as all food is expensive.
- P 14 - Para 3 - notes that schools have been 'accused' of selling high sugar/high fat foods, it's not an accusation...it's a fact. Before the many

initiatives that have occurred over the last 10 years all across Australia (and the WA StarCap program is a good one) many schools did sell junk (many still do).

- P 14 – Para 3 and 4 – this section could be an opportunity to talk about the previous extensive use of ASSPA money to fund food programs and that this is no longer an option for this money, leaving a funding gap. There are also several significant programs, eg. NT school breakfast program, that have not been mentioned.
- P 14 – ‘By communities’ section – ALPA should be asked to provide information directly, as well as using other peoples perspective on the Associations role.
- P16 - Para 1 and 2 - the relationship between SIGNAL, Eat Well Australia and NATSINSAP needs to be clearer, it currently reads as though NATSINSAP was a separate entity. Suggest NRHA contact SIGNAL for more details.
- P 16 – Para 4 – The RIST sentence needs rewording.
- P 18 – Para 1 – The ‘money story’ seems just put there with no explanation. Please note that it was not developed by Fred Hollows but rather has been adapted. There should be some reference to the developers.
- P 18 - Para 5 - This section needs to be re-written to reflect that improving the content of training is one strategy, along with a range of other ones – see NATSINSAP
- P 18 - Last Para – rewrite sentence to say ‘In some stores these will be specially ordered in for the individual family or a few items may be stocked in the shop.’
- P21 – reference to Roy Price – ‘dietitian’ is spelt incorrectly

For further information

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NATIONAL RURAL
HEALTH
ALLIANCE INC.

Food Security in Remote Areas

First Public Draft of a position paper of the National Rural Health Alliance

13 February 2006

Thanks to Liz Mattock for leading the drafting on this and to the correspondents who have assisted Liz.

When completed, this Position Paper will represent the agreed views of the National Rural Health Alliance, but not necessarily the full or particular views of all of its Member Bodies.

Contents

EXECUTIVE SUMMARY	6
RECOMMENDATIONS	7
WHO SHOULD READ THIS PAPER?	8
BACKGROUND.....	8
<i>Picture this</i>	9
DEFINITIONS.....	9
<i>Picture this</i>	11
WHERE IS REMOTE AND WHO LIVES THERE?.....	11
<i>Picture this</i>	11
THE HEALTH OF REMOTE AUSTRALIA	12
<i>Picture this</i>	13
The cost and supply of food in remote areas	13
<i>Picture this</i>	15
WHAT IS BEING DONE NOW?	16
In schools	17
By communities	17
<i>Picture this</i>	18
By governments and health professionals.....	18
By industry and philanthropic organisations	20
WHAT MORE CAN BE DONE?.....	21
BIBLIOGRAPHY.....	22
ACKNOWLEDGMENTS.....	24

Food Security in Remote Areas

Public draft of a position paper of the National Rural Health Alliance

15 February 2006

EXECUTIVE SUMMARY

This paper highlights the issues of food security for those most impoverished of Australians: Indigenous people who live in remote Australia.

Food security is defined in its most basic form as 'access by all people at all times to the food needed for a healthy life. Achieving food security means ensuring that sufficient food is available, that supplies are relatively stable and those in need of food can obtain it' (*FAO/WHO, 1992*).

The health of remote Indigenous people is making some gains, but there are high incidences of obesity, hypertension, high cholesterol, cardio-vascular disease, diabetes and renal failure (Leonard, D. 2003, p.22; PHAA, 1998, p.1). These rates increase as one travels further into remote Australia. The issues of obesity, diabetes, high blood fats and hypertension are acute in the Torres Strait Islands (Leonard, D. 2003, p.27). Poor nutrition early on translates into poor health later and higher levels of chronic disease. The reasons for this poor health are many and include poor living conditions, racism related to dispossession and colonisation, poverty and poor nutrition (Nganampa Health Council, 2002, p.31).

For most people who live in remote communities the major source of food is the community store, where it is expensive and the quality of what is sold is often poor. The issues concerning food supply relate to the cost of the food itself, governance of the store, the transport of the food from the source to the community, health hardware in the home for storage and preparation of the food, and the income required to buy the food in the first place.

The paper describes some 'food basket surveys' which look at the cost of the average amount of food needed to feed a family for a week. These surveys occur at regular intervals around remote Australia. Generally the food is much more expensive than in non-remote areas.

The paper goes on to describe some projects underway that have the potential to improve the situation. These include nutrition programs in schools, buying services across several communities, strategies to improve management of stores, employment, training, fair trading, food safety and hygiene, pricing and transport.

Several Government initiatives are mentioned, such as the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan, 2000-2010 (NATSINSAP), the Remote and Indigenous Stores and Takeaways (RIST) Project, the Stores Charter and the FoodNorth Project.

RECOMMENDATIONS

The NRHA acknowledges the work that is being undertaken by individuals, communities and governments to improve food security to remote Australia and further recommends:

1. raising awareness of the issues relating to food security in remote Australia: what it is, what it means and its impact on the health of remote Indigenous Australians (see definitions);
2. supporting the whole-of-government approach to food security, including training, price control, adherence to food safety and transport regulations, store governance;
3. acknowledging the central role of Indigenous health professionals (especially Aboriginal Health Workers) in food security and nutrition, and supporting the accreditation of health promotion and nutrition studies;
4. the institution of more measures for empowering Indigenous people to better manage budgeting and banking;
5. that cold water fountains in remote communities should be provided at schools, clinics, the store, sports venues and community office;
6. that new and refurbished houses in remote communities include a 'household kit' that includes cleaning and cooking materials and a safe place to keep them;
7. that standard contracts for store managers be introduced and include provision for a period of probation, education, accountability, adherence to state or territory nutrition policies and training of local staff;
8. that there needs to be proper training and orientation for store managers; it would include retail skills, cultural studies, IT skills, education in the laws of food transport and storage, nutrition, training of local staff and business skills;
9. that there be programs for subsidising food for remote Australia;
10. that funding should be provided for the development and implementation of sustainable, targeted programs to address the nutritional needs of vulnerable groups: pregnant women, infants and children and the elderly; and
11. programs aimed at increasing the workforce capacity of the local indigenous community members.

WHO SHOULD READ THIS PAPER?

This Position Paper should be read and acted upon by any person or organisation concerned with access to food for people in remote Australia. This might include – but is not restricted to:

- consumers;
- Indigenous health agencies, providers and services;
- State and Federal politicians;
- agribusiness;
- media;
- public servants concerned with remote areas and food;
- the health sector including remote health practitioners, nutritionists, managers;
- health sectors such as Home and Community Care (HACC), aged care programs, Centrelink, disability service providers;
- community councils and managers;
- shop and takeaway managers;
- the transport industry including trucking companies and those concerned with the conditions of outback roads;
- food standard regulators;
- the food industry from growers to supermarkets to regulators;
- university researchers concerned with food chain theory and food supply research; and
- national health organisations such as Diabetes Australia and the National Heart Foundation.

BACKGROUND

The 8th National Rural Health Conference was held in March 2005 in Alice Springs, the Centre of Remote Australia. As such there was a strong focus on remote health issues, in particular the health of Australian Indigenous people. The poor state of their health was noted as being the number one social issue for Australia.

The Conference recommendations included a call for “more people working differently, not more of the same”, a focus on Indigenous mothers and children, and for an improvement on the infrastructure that surrounds health in remote and rural Australia (NRHA, 2005). This infrastructure includes the provision of a safe water supply, housing and telecommunications and, although it was not specifically mentioned, must include the supply of adequate, quality food to remote Australians.

The NRHA and the National Rural Health Policy Sub-committee in its *Healthy Horizons* framework for improving the health of remote and rural Australians laid out seven goals. The first is about improving highest health priorities first and specifically mentions cardiovascular health, obesity and diabetes – all of which are conditions that may be partly addressed by improving food security. Goal 2 is to improve the health of Indigenous people in remote and rural Australia (NRHA, 2002, pp.14 and 20).

Access to adequate, safe and good quality food and water is a basic requirement for good health. This paper will describe the health (or lack of it) of many remote

Australians, the connection between nutrition and health and thus the importance of a good food supply.

It is not the brief of the paper to expound the qualities of a good diet, but to explore issues of getting food to people in remote Australia. The paper will consider definitions relating to food security. The cost of food supply to remote areas will be described. Some innovative programs are already in place and will be discussed. More can be done. We can do better differently. Some recommendations will be made for members of the National Rural Health Alliance as well as others concerned with the health of those in remote Australia.

Throughout the paper there will be anecdotes called *Picture This*. They are stories that reflect what can and sometimes does happen in remote communities today. They are stories that will be familiar to remote area nurses and other remote people. Desert Oaks is, of course, a fictitious place.

Picture this

It is Wednesday morning in a remote Indigenous community in Central Australia - Desert Oaks. It is mail day and Maria, one of the teachers, is waiting expectantly for the speck in the sky that tells her that the mail plane is on its way. She is waiting for her bush order, the fresh fruit and vegetables she cannot buy in the local shop - and raspberries for a treat.

The fruit and veg at the local store consist of some boxes of rather old and soft items and the rest of the food in the shop is often out-of-date and very expensive. She doesn't feel guilty for getting in better food than the community members eat as they cannot get subsidised bush orders and need to buy the food from the shop.

Across the community an elderly local woman Aggie is also waiting. She waits for her pension cheque so that she can go to the shop and buy some food. She has not eaten for two days as her money ran out. She has no credit with the shop and the Meals on Wheels service stopped last week. The woman who ran it is in hospital having a baby and there is no-one else doing it. Aggie's daughter is also away and her grandson came in hungry last night and took the last tin of beans Aggie was saving. Aggie is also waiting for the CDEP mob to make her a locked box so she can keep her food safe from being taken.

DEFINITIONS

Food Security

'Food security is defined as access by all people at all times to the food needed for a healthy life, regardless of financial status' (Wood, B. 2001, pp.1-3). It is particularly relevant for those who are physiologically and socio-economically vulnerable.

'Food security within a whole-of-community setting is a consequence of the underlying social, economic and institutional factors that affect the quantity and quality of available food and its affordability' (Cohen, B. 2002, in Price, R.).

Food security is defined in its most basic form as 'access by all people at all times to the food needed for a healthy life. Achieving food security means ensuring that

sufficient food is available, that supplies are relatively stable and those in need of food can obtain it' (FAO/WHO, 1992).

Food Insecurity

'Food insecurity exists when a person cannot obtain a nourishing, culturally acceptable diet, which is important to each and every one of us on a daily basis.'
'It results in poor nutritional status, which has the potential for profound long-term effects on a person's health, lifestyle, activity level, ability to find work, well-being and lifespan' (Wood, B. 2001, pp.1-3)

Food and social exclusion

'Food is itself a powerful marker of social exclusion, both for individuals and communities' (*McGlone et al, 1999*).

Community food security and food access

'Food security can be defined as the state in which all persons obtain a nutritionally adequate, culturally acceptable diet at all times through local non-emergency sources. Food security broadens the traditional conception of hunger, embracing a systemic view of the causes of hunger and poor nutrition within a community while identifying the changes necessary to prevent their occurrence. Food security programs confront hunger and poverty' (*Community Food Security Coalition, 1995*)

'Access to the food supply is defined as access to quality food in local communities which is safe, affordable at competitive prices, culturally and environmentally acceptable and nutritious, with opportunity for healthy food choices, within walking distance or by readily available, frequent and affordable public transport.'

Household and individual food security

'Access by all people at all times to enough food for an active, healthy life and includes at a minimum:

- 1) The ready availability of nutritionally adequate and safe foods; and
- 2) An assured ability to acquire foods in socially acceptable ways (for example, without resorting to emergency food supplies, scavenging, stealing, or other coping strategies.)' (*Anderson, 1990*).

Cold Chain Logistics

'Best defined as the maintenance of produce temperature through Demand-Supply chain, from harvest to consumer.' Inadequate control results in 'softening, bruising, unwanted ripening, bacterial growth and/or texture degradation.' (Leonard, D, 2003, p89).

Health hardware

Health hardware is the "physical equipment necessary for healthy, hygienic living in a remote area. The equipment must have design and installation characteristics which allow it to function and to maintain or improve health status ..." (Pholeros et al 1993: in Territory Health Services, 1999). Health hardware includes such items as showers, basins, plumbing, septic systems and washing machines.

Picture this

At a council meeting at Desert Oaks a decision was made to provide water coolers around the community. Coolers were installed outside the clinic, at the basketball court, outside the shop, at the school playground, outside the workshop. They were accessible 24hrs a day. The water pipes were connected to the existing water supply and the electricity paid for by the clinic, school etc and was not expensive. As a result, the consumption of high sugar content soft drinks was reduced markedly.

People were more likely to play sport.

WHERE IS REMOTE AND WHO LIVES THERE?

As this paper concerns remote Australia it behoves us to describe what it is and who lives there. There are several classifications of remoteness in Australia and each has its advantages and disadvantages. For the purposes of the paper the Accessibility/Remoteness Index of Australia (ARIA) classification of remote will be used. The index is based on 'remoteness from goods and services for any part of Australia'. There are two remote classes, 'remote' and 'very remote' (AIHW, 2004, p.9).

In comparing the classifications of RRMA (Rural, Remote and Metropolitan Areas), ASGC (Australian Standard Geographical Classification) and ARIA there are roughly the same proportions of people living in their respective 'remote' areas. 2-3% of Australians live in remote Australia (AIHW, 2004, p.76). This equates to 4-500,000 people. Remote Australia includes towns such as Broome, Ceduna, Alice Springs and Mt Isa where there may be better access to services such as a supermarket, pharmacy, a hospital and police station, but also includes communities like Yuendumu, Billiluna, King Island, Roebourne, Fregon and Arukun where services are very expensive and/or non-existent.

Remote Australia is mostly desert, hot and wet or hot and dry. It is mostly in the North and covers about 80% of the country. Many of Australia's islands are 'remote'. Roads are often dirt and sometimes impassable in the Wet. Distances are enormous and the availability of public and private transport decreases. There is a pattern of increasing disadvantage and lower socio-economic status with increasing remoteness.

In remote Australia there is a higher proportion of Indigenous people. About 26% of people who live in remote areas are Indigenous. As we will see, the health of remote Australians is generally poorer than those in the rest of Australia and hence the emphasis on Indigenous issues in this paper.

The cost of living is higher in remote Australia.

Picture this

Martin is a Remote Area Nurse in the Torres Strait. He has been invited to a meal with Valerie, the Health Centre Manager who is also an Elder of the Community on the island. Martin has been advised by his GP down south to reduce his cholesterol level. He loves Island food, especially the food which is cooked in coconut milk, which includes fish, turtle, dugong, meats, green vegetables, fruit - almost anything, really. However, coconut milk is inordinately high in cholesterol and he is worried about himself and Valerie's husband who weighed, well, no-one knew for sure, as the

scales in the clinic didn't go that far. So much of island food, especially at feasts, is cooked in coconut milk. Martin also knows that the community store does not sell much in the way of vegetables, as the food comes by barge from Cairns and it takes a long time....

THE HEALTH OF REMOTE AUSTRALIA

It is well known that the health of remote Australians is poorer than those who live in the rest of Australia. This is particularly true for Indigenous Australians.

Although there have been some gains in recent years, many health related statistics remain grim.

Indigenous people are likely to die approximately 17 years earlier than other Australians. Mortality rates for Indigenous men and women from endocrine, nutritional and metabolic diseases (including diabetes) are about 7 and 11 times those for other Australians (ABS, 2005 ,p xxiv).

There are higher incidences of obesity, hypertension, high cholesterol, cardio-vascular disease, diabetes and renal failure (Leonard, D. 2003, p.22; PHAA, 1998, p.1). These rates increase as one travels further into remote Australia.

Indigenous children under 2 years in the Top End of the Northern Territory have a malnutrition rate of 20%. From 1993-97 Aboriginal children aged 1-5 admitted to hospital were 120 times more likely to be diagnosed with malnutrition than others of the same age. In 2002 there had been a 25% increase (Hollows). Indigenous children are more likely to be admitted with skin diseases, infectious and parasitic diseases, endocrine, nutritional and metabolic disease than other Australian children (NRHA, 2003, p.2). Surveys of dietary indicators show that only 35.9% of Indigenous children in Western Australia eat adequate vegetables (ABS 2005, p.83). If children miss meals or do not have access to fresh and nutritious food they are less likely to be able concentrate in class and learn. There is a link between poor nutrition in early life and chronic disease later on.

Comment: I sense that this is the third time I have read this comment. Is this possible. Perhaps one occurrence was in the summary.

There is an epidemic of childhood obesity in Australia - not just among remote Australians. The AIHW states that in 1995 21% of boys and 23% of girls over 17 were overweight. In 2001 it was found that 'Indigenous people aged 15 and over were 1.3 times more likely [than] non-Indigenous people to be overweight' and that obesity for all Australians over 18 years old increased between 1995 and 2001 (ABS, 2005, p.145). More Indigenous adolescents are young mothers and have to look after their own and their baby's nutrition. More Indigenous mothers are diabetics. Indigenous babies are more likely to have a low birth weight and poor growth in early life (PHAA, 1998, p.1 and Leonard, D. 2003, p.23). When these children grow up they are more likely to be overweight and have more decayed, filled or missing teeth (Leonard, D. 2003, p.26-7).

The issues of obesity, diabetes, high blood fats and hypertension are more acute in the Torres Strait Islands (Leonard, D. 2003, p.27).

The reasons for this poor health are many and include poor living conditions, racism related to dispossession and colonisation, poverty and poor nutrition (Nganampa Health Council, 2002, p.31). Traditionally Australian Indigenous people had a hunter-gatherer life-style. The diet was “relatively low in energy but rich in micro-nutrients – the kind of diet which is now known to protect health and prevent chronic disease” (Leonard, 2003, p.9). It took much effort – and therefore calories – to obtain the food. Today, Indigenous people enjoy hunting for bush tucker and it is often a weekend activity, but the bulk of their diet comes from the community store. Bush tucker is often far from the community and one has to have a vehicle or boat and rifle to be successful.

Comment: Richard Trudgen asserts that a ‘hunter-gatherer’ concept of Aboriginal lifestyle carries disparaging overtones and is one that diminishes the true nature of their civilisation which also incorporated complex agricultural and legal systems and programs of environmental preservation.

Picture this

Sue lives with 2,500 other non-indigenous people (and one Aboriginal family), on Shell Island - 30 minutes by ferry from the mainland, in north Queensland. She has the choice of two supermarkets (both ‘chain stores’ with all the specials and range of products that are available in the big cities), a butcher, a couple of bakers, deli, fresh fish shop and other food suppliers. There are also several quality restaurants.

Anne lives with 2,500 indigenous people (and a few non-indigenous families), on Pandanus Island – 20 minutes by plane from the same part of the mainland, in north Queensland. She has a government owned ‘Store’ that is supposed to be a supermarket, struggling to supply fresh food even at subsidised prices, (but the busiest part of the store is the take-away counter selling chips and other deep fried foods), a small butcher and baker.

If the problem of supplying fresh food to remote communities is because of distance and the cost of freight – why is the situation on Shell so much better than on Pandanus Island? Is it about economics – most of the people on Shell Island are employed, most on Pandanus are not – does this mean that Shell Islanders have access to better quality food because they spend more per head on food than those on Pandanus? Or is this just a myth – people on Shell earn more money, but have a lot more to spend their money on than food at the local store – Pandanus Islanders earn less money, but have less to spend it on, so maybe they in fact spend more on food locally, for a lot less in return?

The cost and supply of food in remote areas

The issues concerning food supply relate to the cost of the food itself, governance of the store, the transport of the food from the source to the community, health hardware in the home for storage and preparation of the food and the income required to buy the food in the first place. In this paper we are not so much concerned about knowledge of what constitutes a healthy diet.

There have been many surveys to determine the cost of food in remote Australia. Queensland Health conducts an annual ‘Market Basket Survey’ to count the cost of a standard basket of food – to feed a family of 6 for 2 weeks in ‘remote’ and ‘very remote’ Queensland. “In the *very remote* category the cost of the HFAB was 29.6% (\$113.89) higher and the cost of fruit, vegetables and legumes in the basket was 20.3% (\$32.34) higher compared with the *major cities* category.” Queensland Health also notes “the cost of the HFAB increased significantly more in the *very remote* (18.0%, \$76.93) compared to the *major cities* category (13.2%, \$44.96).” Availability

is also an issue in that 11% of the HFAB food items were simply not available in the *very remote* and *remote* stores (Queensland Health, 2004).

The Fred Hollows Foundation quotes the 2000 NT market basket survey. “In 2000, the average cost of a basket in communities in the Katherine region of the Northern Territory, where the Fred Hollows Foundation works, was \$491. In Katherine, the same basket was \$378 and in Darwin \$366.” They also describe poor availability of nutritious food.

Food is also more expensive in the towns and cities of Northern Australia. For example, in 2000, overall prices in Nhulunbuy were 23.6% more expensive than in Darwin; Darwin prices were 7.3% more expensive than in Cairns (Leonard, 2003, p.41).

Leonard also describes the first surveys that were conducted in the Kimberley in northern Western Australia. They occurred in 1987. Ten years later the situation remained the same. In 1996 the market basket cost was 159% higher in the Kimberley than in Perth (Leonard, 2003, p.37). Surveys in the NT also started about that time.

They also consider the price differential is less in such items as cigarettes and soft drinks.

In 1998 the NRHA conducted ‘The Great Lettuce Survey’. This was a small survey that demonstrated that the cost of lettuce was \$2.19 in Northern Australia and \$1.50 in the southern or temperate zones. Whilst this might seem obvious given that most lettuces are grown ‘down south’ and have to be transported north, it does give an indication of higher costs associated with living far from the more populated southern regions. There was no discussion about the quality of the lettuces.

All the above authorities consider the discrepancies are due to freight costs, infrequent deliveries, lack of proper storage, poor display areas, lack of store management expertise, poor planning for the Wet Season, graft and corruption, sometimes double handling through a secondary wholesaler and poor economies of scale.

Pricing may be a fraught issue. It has been suggested that healthy foods such as fruit and vegetables have a lower mark-up than such items as cigarettes. However, people who smoke are addicted and will buy cigarettes whatever the price.

Apart from the community store, the main source of food for people on communities is the Takeaway, which is usually situated within the store. Typically the takeaway will sell food such as high sugar-content soft drinks, lollies, deep fried and fatty foods, pasties and pies. Some takeaways do sell healthy food, often in the form of sandwiches or a plated dish, but this is dependent on the individual cook or manager. For example at Mulan in the Kimberley a few years ago, there was an Asian cook who would make tasty, nutritious and very popular Asian food. Unfortunately once they left - -

Food is also provided to the elderly and disabled through HACC programs, to school children at school tuckshops and sometimes through community women’s centres.

The governance of the store is typically under the control of the Community Council who will appoint the manager, often a married couple where both parties will be employed at the store. The manager will decide what is to be bought to sell and this may be dictated by what is profitable and what sells, more than by what is healthy. The manager may have no knowledge of nutrition or the health of the people. Frequently the shop manager has little experience of retail business or managing and educating staff. The store may make a profit and this money is typically put back into the community in the form of sporting equipment, a vehicle or other needed items or to pay off debt.

The store is usually the centre of community activity as it is usually the only retail outlet selling food, clothes, cigarettes, some white goods and is where the ATM is situated. There may be a system of 'bookup' where the individual may obtain goods on credit. Of course the ATM will dispense money, but cannot receive it and is usually the only banking available in the community. Often there is a hefty charge to use the service. In Arnhemland, people are starting to use the Internet for banking and some communities have credit union facilities (Brimblecombe, pers comm).

The manager will usually decide opening hours.

In a study of stores in Central Australia (Leonard, 2003, p.51), the major expense was wages and salaries (40%), and the amount required to cover the other expenses was about 45%. Profit varied between 29.8% and 70%. Profits of course vary and Leonard also mentions a store on the Lands which had a debt of \$130,000. Some stores swing between being in great debt and being very profitable over the years. Reasons given for debt include poor record keeping, loans to community members, poor management, and graft and corruption. On the other hand, some things might be less expensive or free, such as rent, electricity, water, rates, advertising, some tax exemption.

Picture this

Joe of Joe's Transport (a one-truck business) had been driving out to Desert Oaks and the other two nearby communities for years. As he drove he reflected how good life was. His brother ran the shop at Desert Oaks and they had a good 'arrangement' concerning the price of the freight and the use-by dates of some of the foodstuffs. He was doing very nicely thank you. Although, he was a bit worried as he had heard that the three communities were putting together a stores policy (whatever that meant) with some other nearby communities and that they were going to open up the transport to tender. They were also going to be really picky about the type of food brought in and insist on the food being in-date. They were even going to teach some of the locals about running the stores.

A vital and expensive cog in the wheel is the transport of food out to remote areas. Often the communities are far from the usual freight corridors crossing the country and are on - or off - roads which may be cut for several months of the year. Trucks may be stranded in a remote area and not be able to get out. Floodways may be a kilometre wide under water and loads have to be dumped when the vehicle gets bogged. Cyclonic weather can disrupt service for weeks. Islands are usually serviced

by barges which may be some days away from the nearest freight terminal, which itself might be in a remote area (Darwin, Thursday Island, Cairns).

A community may have freight delivered to various agencies within that community. The school, clinic and shop may be all serviced by different contractors. Issues of economy of scale are concerns of small communities where there is comparatively small demand, low frequency of delivery and consequently high costs resulting in expensive commodities.

Transport SA (2003) published guidelines for transport companies delivering food to remote areas and a survey of freight logistics to the AP Lands of South Australia. These highlight issues of vehicle maintenance, cold chain maintenance, poor knowledge of food safety regulation, multiple handling, inadequate storage facilities in communities for the Wet, cleanliness of the vehicle and refrigeration units, proper storage during transport, poor stock rotation, perishable foods transported in private vehicles resulting in food being thawed on delivery and other issues.

As well as selling food and banking, the community store may often be the only way for people to buy whitegoods. Typically, the store may have a couple of microwaves, some camp ovens, a fridge, some brooms, buckets, blankets, toothbrushes, tampons and maybe some sheets for sale. As with food, these items are expensive and sometimes unavailable. This health hardware is another link in the food chain. Health hardware also relates to food storage facilities in the home, provision of potable water, washing facilities etc etc. Also, typically, there is much overcrowding in remote communities, so 8 -10 people may share one stove and one fridge and one shower. Bore water is often very hard water, so pipes and taps clog up. Cooking is often done as 'one-pot cooking' on the open fire outside. There may be no plates or cutlery so food is eaten from a communal pot or bowl (Personal experience and Brimblecombe, pers comm).

In 1998 a study was conducted into the cost of living on the AP Lands in South Australia. (Tregenza 1998, in Nganampa Health Council, 2002, p.49.) The study found that an average family of six on the Lands had an income (Community Development Employment Program (CDEP) money and pension) of \$600 per week. The cost of a healthy food basket included basic health items, eg soap, cooking utensils and very basic clothes and estimated the number of times for replacement and came to \$500. It did not include money for fuel, off-Lands spending or luxuries.

Typically, most remote Indigenous community members will be on CDEP. Leonard quotes a survey in the Kimberley which showed 80% of Aboriginal people with an income of less than \$20,000 per annum, as opposed to 42% of non Aboriginal people.

People in remote areas are poorer and have to spend more on expensive food than their rural/urban counterparts.

WHAT IS BEING DONE NOW?

Throughout remote Australia many individuals and organisations have been struggling with the issues of food security for many years. Some projects are successful and sustainable, some are funded for a limited time and then cease and

some are unsuccessful. The following is a selection of projects from various parts of the country. It does not pretend to be comprehensive.

In schools

Throughout Australia school tuckshops have been 'accused' of selling a high proportion of high sugar/fat foods. A program in WA – The Star Canteen Accreditation Program or StarCAP – awards stars to schools which sell healthy food. The school also has to demonstrate good food handling practices, link the canteen with health education, proper training and make a profit (Leonard, D. 2003, p116).

In the Torres Strait a project was started to improve food in the school tuckshop. The Saibai Island State School bought healthy food through the IBIS shop (shops that sell food throughout the Straits) cooked meals to a three-week menu rotation and sold fruit drinks, fresh fruit and healthy snacks. It worked well and turned a profit. Funding has been extended until December 2005. Unfortunately the staff member who was co-ordinating the program has left, the management of the program has moved to St Paul's on Moa Island. The new co-ordinator has now left and the project is in limbo (Doyle, 2003, and Barry, pers comm).

At Galiwinku in Arnhemland and other communities in the region, each child gets a piece of fresh fruit every day at school.

By communities

The Arnhem Lands Progress Association (ALPA) has owned and managed stores in Aboriginal Communities in Arnhemland for about 30 years. It is owned by member stores and is based in Darwin. The Board of Management is made up of Aboriginal people. ALPA "provides services in staffing, store management, training, product range supply (purchases) and accountancy". It employs and oversees the store managers and operations and buying negotiations with wholesalers and suppliers. By using economy of scale it is able to negotiate lower costs of products and barge freight rates. Profits go back to the communities for cultural and funeral costs. Other profits go to directors' fees and investment. Freight on fresh produce is subsidised by a tax on cigarettes and soft drink (Price, R. p.4, and Rogers, 2000, p.19).

In Arnhemland there is also 'The Good Food People,' employed by the store to provide education for shoppers, diabetics, etc on good food choices, to check that food is displayed well, to check prices are on goods and that food is not out-of-date. Some communities in Arnhemland have food coalitions called 'new good food groups' to lobby for healthy food and support their stores.

In the Torres Strait and North Peninsula the buying service is the Islands Board of Industry and Service (IBIS). It has a similar structure to ALPA.

The AP Lands in the Far North of South Australia has developed the Mai Wiru Regional Stores Policy and Associated Regulations (Nganampa Health Council, 2002). This policy covers a range of stores operation issues including management and accountability, employment and training, issues of fair trading, food safety and hygiene, food affordability and availability. The Regional Stores Support Unit is now attempting to implement this policy by initiating a better system of supply,

standardising operating systems, governance and human resource management and training. A standard store manager contract will be developed. It is hoped there will be partnerships with industry (eg Woolworths, Coles, Metcash, ALPA) to improve supply. The idea is that stores are a service more than a business and that essential foods and freight should be subsidised by government. It is hoped that eventually foods will be available at the same price as in Adelaide. All stores on the Lands will be bound by the Mai Wiru Policy.

The Yanangu Stores Corporation commissioned a feasibility study in 2002 to explore the possibility of setting up a buying group or service for a group of Central Australian Communities. The buying group would use purchasing power – they represent many communities, thus have the benefit of economies of scale – to deal with wholesalers to buy goods in bulk, thus reducing costs. There are advantages and disadvantages. The individual store may lose independence and autonomy and be stuck with a supplier who delivers inferior produce. There is the benefit of mutual support. In its research, the study found that the communities wanted to own the buying service and that any profit should be passed on to the stores who used the service. The service would also support the store managers with education, employment, information regarding legislation, and computer software upgrades. Discussions with wholesalers were initiated to negotiate a base for determining terms. Factors considered included freight, volume rebates and special purchasing deals for ‘promotions.’ There would have to be a competitive tendering system. The feasibility study has recently been revisited (Des Rogers, Alice Springs, Pers comm).

Picture this

Johnno is an employee at the Desert Oaks store. Six months ago a new manager was appointed. Johnno thought ‘Oh no, not another one.’ However, he was pleasantly surprised. The manager put everyone onto proper wages, not CDEP, and encouraged the shop workers to learn more about the running of the shop. A shop committee had been started. Prices were put on all items, display improved and a lot of out-of-date stuff thrown out. The shop committee was looking at what was being stocked in the shop and a bigger range of non-food items was starting to be ordered. The manager was in negotiation with neighbouring communities so they could group together and bulk buy for the Wet. They also bought out Joe’s Transport. Joe’s old truck was sold and with some shop profits and the money for the truck, the community bought a newer vehicle that met with food transport regulations.

By governments and health professionals

SIGNAL was the Strategic Inter-Governmental Nutrition Alliance. It was a group of Government representatives, researchers and others concerned with food security. Its primary aim was to ‘provide strategic direction and co-ordination of national nutrition priorities.’ Their regular publication was ‘Foodchain.’ SIGNAL co-ordinated the implementation of the National Nutrition Strategy, sought to ‘improve effectiveness, reduce duplication and achieve economies of scale’ in programs, education, workforce development and research related to food security. (SIGNAL website.) Unfortunately SIGNAL is no longer in existence (Roy Price, personal communication).

The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan, 2000-2010 (NATSINSAP) lays out seven areas for action relating to nutrition for Indigenous people. These include actions to improve food supply and security. Regular food basket surveys are carried out to describe and monitor the cost of a standard food basket in remote Australia. These typically occur in Far North Queensland, the Northern Territory, South Australia and Western Australia. They regularly find the cost of food in remote Australia is more expensive than elsewhere. NATSINSAP is also the driving force behind the RIST project mentioned below.

The FoodNorth Project was conducted in 2003 to collect information on the health and food supply situation for Indigenous people in remote Australia, look at projects involved in food security and to identify interventions for ongoing work (Leonard, D, 2003, p.180). The author of that work recommended there be a whole-of-government approach to address the issues in the way of a North Australia Food Supply Project. Food supply, health, growth and nutrition indicators must have evaluation and monitoring systems. The Indigenous workforce (especially Aboriginal Health Workers) must be well educated in nutrition as they are best placed to deliver effective nutrition interventions.

Recently a project officer has been appointed in Darwin to co-ordinate a 3-year program to implement recommendations from the FoodNorth Project. This is known as the RIST project – the Remote and Indigenous Stores and Takeaways Project: Healthy Business, Healthy Food, Healthy Community Project. This new project will involve extensive consultation and the development of partnerships with agencies, organisations and individuals external to health. RIST is a collaboration of jurisdictions in Australia with remote Indigenous communities. Health departments from the five jurisdictions of Queensland, Western Australia, Northern Territory, New South Wales, South Australia and the Australian Government have committed funding for the project for three years.

There are several arms to this project. One of the main focuses will be to build on current initiatives to identify some minimum standards for a ‘healthy’ remote store to ensure that one of the key functions of the store is to provide a food supply that enables community members to meet their nutritional requirements. These minimum standards will include:

- guidelines on minimum amounts of core foods required to meet nutritional requirements of all sub-groups in population (stocking guidelines);
- system to identify and promote healthier food choices based on nutrient criteria;
- guidelines on meal preparation and menus/recipes for healthy take-aways;
- minimum infrastructure requirements for the display and storage of healthy foods based on the population of the community;
- nationally-agreed nutrition competencies for staff employed in remote stores and take-aways; and
- training package based on these nutrition competencies.

Other arms of this project which support the achievement of access to a healthy food supply include:

- a review of work done covering transport systems and development of an options paper to streamline transport of perishable foods to remote communities in order to ensure a quality product at a reasonable price;
- an investigation of options for small outstations stores, eg food cooperatives;
- research into the feasibility and benefits of a subsidisation scheme;
- development of criteria for accreditation of stores and mechanisms to ensure the adoption of these criteria; and
- development and identification of key indicators to monitor performance of stores.

The Australian Competition and Consumer Commission (ACCC) produced the voluntary 'Stores Charter' in 2002. This is a service charter for stores serving remote Indigenous communities. It is voluntary and aims to help store managers comply with relevant laws, encourage better trading standards and to develop understanding and respect between store operators and the Indigenous people of the communities.

The Australian Government is currently offering grants to primary and secondary schools of \$1500 in the 'Healthy School Community' initiative. Projects might include growing vegetables in schools, cooking classes, upgrading the school canteen and provision of healthy snacks.

Many individual remote health practitioners, public health nutritionists and dietitians work to improve the standard of food available to remote Australians. However, food security is an issue that needs to be addressed not only by health professionals, but also by the transport industry, shop managers, communities, suppliers and all who are able to influence the outcomes.

The Public Health Association of Australia has developed recommendations relating to food security. The Association believes that there should be food and transport subsidies, better nutrition policies relating to the transport industry, shop managers etc, education in nutrition for Indigenous people and investigation of quarantine regulations relating to movement of fresh foods (PHAA, 1998).

By industry and philanthropic organisations

The Fred Hollows Foundation in partnership with Woolworths and the Jawoyn Association near Katherine in the Northern Territory has helped provide a nutrition strategy in the region. Its aims are capacity building of local people through education, eg in store management, accounting and nutrition. There is greater accountability in the stores, better and cheaper food and financial literacy through 'The Money \$tory' - a financial literacy program (The Fred Hollows Foundation, 2005).

There are many wholesalers supplying remote stores, large and small. One such is Red Centre Produce in Alice Springs. Strategies include pre-packing and pre-pricing small trays of a variety of say, 3-4 pieces of fruit or vegetables, monitoring quality and delivering direct to about 30 stores in the Region (Personal communication, Des Rogers, Alice Springs).

WHAT MORE CAN BE DONE?

Many individuals and organisations are working to improve the supply of good quality and safe food to remote areas and more can be done.

However, it is an issue greater than the stores and communities themselves and calls for all governments to support accountability in price control, adherence to food safety laws, food transport laws and store governance. As has been mentioned, the store is often the only retail outlet in a community and, as such, is not operating in a competitive environment. Thus it could be said that stores can 'do as they like.' This is another argument for supporting them to 'do the right thing'.

The capacity for Indigenous Health Professionals (especially Aboriginal Health Workers) to address health promotion, nutrition and obesity issues must improve. This can be achieved by making these topics core components in the education of AHWs and others.

Steps can be taken to empower Indigenous people to manage shopping and banking better. This might include producing materials to help people understand their rights as a consumer, how to budget and about the use of banking facilities in remote areas. (This is also one of the action areas in the NATSINSAP.)

Small steps can have major impacts. The provision of cold water fountains around communities is a way of improving access to clean drinking water and decreasing the intake of soft drinks. The water fountains must be 'owned' by an agency to reduce vandalism.

A side issue, not strictly related to food supply, but relevant here, is about what else is stocked in community stores. As has been described, the store is usually the only retail outlet in the community. An effort must be made for stores to be able to stock other items essential for living. These include furniture, whitegoods, household linen, toys, clothing and items for vehicle maintenance. Most of these will be specially ordered in for the individual family or a few items will be stocked (or not) in the shop. They may also be purchased in town. Occasionally a travelling shop will appear in the community. However, perhaps there can be a more systematic way for stores to be able to provide access to these items. Perhaps there could be a 'household kit,' a kit of cooking and cleaning materials suitable for the average household, sold in a lockable box for security.

There have been many reports into food security, policies written, programs started and recommendations made. John Tregenza, who put together Mai Wiru with the people of the Anangu Pitjantjatjara Lands, is one of those who hopes this Position Paper will not be another report that is circulated, then put in a drawer and forgotten.

Let us all hope that this is not the case.

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