

NATIONAL RURAL HEALTH ALLIANCE

Submission to the House of Representatives Standing  
Committee on Indigenous Affairs

# Inquiry into food pricing and food security in remote Indigenous communities

**30 June 2020**



NATIONAL RURAL  
HEALTH  
ALLIANCE LTD

... healthy and  
sustainable rural,  
regional and remote  
communities



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## **SUMMARY**

As the Committee has highlighted through this Inquiry, there continues to be significant barriers to addressing food security in remote Indigenous communities. This has been underlined by the effect of the Covid-19 pandemic and the vulnerability of remote Indigenous communities to supply chain interruptions.

Aboriginal and Torres Strait Islander people living in remote communities in Australia experience a disproportionate burden of chronic disease and there is clear evidence of the significant detrimental health effects of poor nutrition linking to a range of chronic diseases which affect life expectancy and overall community well-being. Food insecurity has adverse health and social effects from early childhood through all stages of life.

The key food security issue for remote Indigenous communities relates to access to affordable, high quality, nutritious food. There are many factors that influence food security which are explored in this submission, however, the high cost of fresh food relative to the low level of incomes in remote communities emerges as a significant factor.

It is clear that market forces alone cannot be relied upon to address food security issues in remote communities, and there is a role for government at the national, state/territory and local level to intervene in the market to ensure both demand and supply side issues are addressed.

Finally, locally-based solutions must be the result of outcomes designed and supported by communities in response to specific community circumstances and needs.

## **INTRODUCTION**

The National Rural Health Alliance (the Alliance) is the peak national body for rural and remote health in Australia. The Alliance is comprised of 44 member organisations and is committed to improving the health and wellbeing of the seven million people living in rural, regional and remote Australia. Our vision is for healthy and sustainable rural, regional and remote communities.

The Alliance's membership is diverse and geographically dispersed and this reflects the complex nature of rural health. Our members include consumer groups (such as the Country Women's Association of Australia), the Aboriginal and Torres Strait Islander health sector (NACCHO and the Australian Indigenous Doctors' Association), health professional organisations (representing doctors, nurses and midwives, allied health professionals, dentists, pharmacists, optometrists, paramedics, health students, chiropractors and health service managers) and service providers (such as the Royal Flying Doctor Service). This large and diverse membership gives the Alliance a comprehensive and authentic view of the health interests of rural and remote Australia. For a full list of our members see Appendix A.

The Alliance appreciates the opportunity to make a submission to the Committee's Inquiry, noting that improving the availability and affordability of fresh and healthy foods in remote communities complements the Alliance's key objective of healthy and sustainable rural, regional and remote communities. The Alliance's focus includes Aboriginal and Torres Strait Islander people living in remote communities who experience food insecurity including through difficulty in accessing affordable, high quality fresh and healthy food options.

## **BACKGROUND**

The definition of food security used by the World Health Organisation (WHO) states “food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life. Household food security is the application of this concept to the family level, with individuals within households as the focus of concern.” Conversely, the WHO states that “Food insecurity exists when people do not have adequate physical, social or economic access to food as defined above.”

While food insecurity exists in low income communities across Australia, one of the groups at greatest risk are remote Aboriginal and Torres Strait Islander communities. The underlying causes of food insecurity in Aboriginal and Torres Strait Islander communities include factors such as high food costs, low income and unemployment, inadequate housing, overcrowding, lack of educational opportunities, transport, cultural food values, food and nutrition literacy, knowledge and skills. <sup>i</sup>

It is widely acknowledged that food insecurity has adverse health and social effects across the whole of life – from infancy through to old age. The human health impact includes higher rates of chronic diseases and this is felt most significantly in rural and remote communities. <sup>ii</sup> Aboriginal and Torres Strait Islander people living in remote communities in Australia experience a disproportionate burden of diet-related chronic disease<sup>iii</sup>. This occurs in an environment where the cost of store-purchased food is high and cash incomes are low, factors that affect both food insecurity and health outcomes.

### **Food Insecurity in remote Indigenous communities**

At least 3.7 per cent of Australian households report having run out of food in the previous 12 months and not being able to afford to buy more. This proportion is higher among some groups, affecting more than one in five Aboriginal and Torres Strait Islanders (22 per cent), around 11 per cent of those unemployed and 16 per cent of rental households. <sup>iv</sup>

As noted above, the Aboriginal and Torres Strait Islander Health Survey reports that overall, more than one in five Aboriginal and Torres Strait Islander people were living in a household that, in the previous 12 months, had run out of food and had not been able to afford to buy more. This was much higher than in the non-Indigenous population (3.7 per cent). Aboriginal and Torres Strait Islander people in remote areas were more likely to run out of food than those in non-remote areas (31 per cent and 20 per cent respectively) and slightly more likely to go without food (9.2 per cent and 6.4 per cent respectively). <sup>v</sup>

### **Health effects of food insecurity in Aboriginal and Torres Strait Islander communities**

Aboriginal and Torres Strait Islander people living in remote communities in Australia experience a disproportionate burden of diet-related chronic disease. <sup>vi</sup> This occurs in an environment where the cost of store-purchased food is high and cash incomes are low, factors that affect both food insecurity and health outcomes.

Food insecurity had adverse health and social effects from early childhood through all stages of life. The life expectancy of Aboriginal and Torres Strait Islander people is approximately 10 years less than non-Indigenous Australians. The majority of this gap is due to chronic disease, especially cardiovascular disease and cancer, and injury for the 35-74 years age group. For example, in 2013–

2014, Indigenous Australian adults were 3.7 times more likely to have chronic renal disease; 3.3 times more likely to have diabetes; and 1.2 times more likely to have cardiovascular disease than non-Indigenous Australians (AIHW 2015). Dietary intake is a key factor contributing to this gap. The National Strategy for Food Security in Remote Indigenous Communities (COAG 2009:5) estimated that up to 19 per cent of the national Indigenous health gap is attributable to diet related causes, including low fruit and vegetable intake.<sup>vii</sup>

Five of the seven leading risk factors contributing to the health gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians - obesity, high blood cholesterol, alcohol, high blood pressure, and low fruit and vegetable intake - relate to poor diet. Combined dietary factors contribute the greatest proportion (27.4 per cent) of all risk factors assessed.<sup>viii</sup>

There is significant research and evidence linking food insecurity to a range of diseases, chronic health conditions and illnesses, child development issues and other health risk factors including:

- Chronic disease – poor nutrition is linked to range of serious and life-changing conditions including cancer, obesity, kidney-disease, diabetes, chronic renal disease, cardiovascular disease and high blood pressure;
- Mental and physical development - Lack of nutrition during childhood can have adverse effects on mental and physical development and implications for chronic disease for whole of life;
- Malnutrition - the nutrition burden among Aboriginal and Torres Strait Islander adults is underscored by malnutrition, which includes both over-nutrition (particularly over-consumption of unhealthy ‘discretionary’ foods) and under-nutrition (dietary deficiencies related to inadequate intake of healthy foods)
- Diarrhoeal disease – the association between diarrhoeal disease and malnutrition in Aboriginal children has been well studied;<sup>ix</sup>
- Pregnancy complications;
- Dementia – food insecurity has been identified as a contributing factor to the substantial difference in the prevalence of dementia between Aboriginal and non-Indigenous Territorians aged over 45<sup>x</sup>.

## **KEY ISSUES**

### ***Cost of food***

Since the early 1990s, surveys of the cost of a basket of foods have consistently shown that prices in remote Aboriginal and Torres Strait Islander communities are up to 50 per cent more expensive than in the nearest capital cities. There are also fewer opportunities to purchase foods at discounted prices in remote areas. In remote Aboriginal communities, foods of relatively high energy density (such as oil and flour) tend to be cheaper per unit of energy than nutrient dense foods (such as most fruit and vegetables), but are not always cheaper when price is assessed by nutrient density or by other units, such as weight. Aboriginal and Torres Strait Islander households have, on average, a weekly gross income which is \$250 less than that of non-Indigenous households. In the 2014-15 National Aboriginal and Torres Strait Islander social survey (NATSISS), the unemployment rate for Aboriginal and Torres Strait Islander people aged 15 years and over was 20.6 per cent, much higher than the 12.7 per cent for Australians as a whole.<sup>xi</sup>

The affordability of healthy food is affected by both household income and food prices. Purchasing a healthy diet is estimated to cost 20-31 per cent of the disposable household income of low income families, compared with 14-18 per cent for those on a median disposable income. Food affordability

is lowest in remote Aboriginal and Torres Strait Islander communities, as food prices are higher in remote locations than in urban areas, yet median income is lower in remote areas. In Aboriginal and Torres Strait Islander communities in Australia, depending on location, it has been estimated that at least 34 - 80 per cent of the family income is needed to purchase healthy diets.

Pollard et al in their study of Geographic factors as determinants of food security: a Western Australian food pricing and quality study<sup>xii</sup> analysed the cost of a Healthy Food Access Basket (HFAB) across a range of retail types and geographic areas. The HFAB cost 24 per cent more in very remote areas than in the major city with fruit 32 per cent more expensive, vegetables 26 per cent more expensive and dairy 40 per cent more expensive. Further, higher prices did not correlate with higher quality with only 80 per cent of very remote stores meeting all criteria for fresh produce compared to 93 per cent in Perth. With increasing geographic isolation, most foods cost more and the quality of fresh produce was lower.

Access to potable, clean and continuous water is also essential to support healthy dietary choices. Bottled water in many remote communities is very expensive and many reports highlight this aspect of food security and recommend access to free water dispensers in communities and subsidised bottled water.

Food quality is a key issue. If a consumer has a choice between expensive, very poor quality 'fresh' produce or low food value but better preserved poor quality food for the same or cheaper prices, the choice can quite often reasonably be the poorer quality food choice.

### ***Transport and supply chains***

Supply chain issues are widely acknowledged as a critical influence on food security for remote Indigenous communities, with the need for affordable, effective transport services to remote Indigenous communities highlighted as a critical determinant of food security. The main challenge for a supply chain is to deliver perishable food with limited shelf life. The typical characteristics of contemporary supply chains are 'just in time' concepts where inventory is kept to a minimum, timelines pressurised and tight and no flexibility to account for road and weather conditions.<sup>xiii</sup>

Often communities are located significant distances from the usual freight corridors and roads may be cut off for several months of the year. The logistical challenges become greater with greater distances and sparser populations. Supplying the food needs of communities in remote Australia places significant pressure on supply chains. Not only are distances vast, but perishable items need to be correctly stored for lengthy periods while in transit. The combination of logistical challenges and small populations (and so low levels of demand) means that fresh food is sometimes simply not available in more remote areas. The corollary of this is that the food that is available in remote areas is of poorer quality, more expensive and less varied in terms of brands, size and type.

The COVID-19 pandemic has highlighted the issues of vulnerability of remote Indigenous communities to significant supply chain disruptions. Since the start of the COVID -19 pandemic there have been reports of persistent and severe food supply shortages potentially affecting household and community food security. The small, remote Aboriginal and Torres Strait Islander communities have been heavily affected. This issue was highlighted in a media release from the Hon Ken Wyatt's office on 21 April 2020.<sup>xiv</sup> Along with the apparent food shortages have come rising prices of staple foods, which creates additional anxiety amongst disadvantaged communities.

Aboriginal people from remote communities in lockdown are risking prosecution under biosecurity laws to go into regional centres to buy food and essentials, because their community stores can't

source enough supplies. The Guardian Australia reported on 21 April 2020, that the Central Land Council had heard of families travelling into Alice Springs because their store could not supply baby formula.

The Guardian article also reported that a group of 13 Aboriginal organisations from across the Northern Territory was calling on the national cabinet to do more to guarantee food security for remote communities. The coalition of health, housing, medical and legal groups says communities are still going without food and essentials such as baby food and toilet paper. It wants the national cabinet to guarantee an agreed proportion of essentials will be set aside for the independent suppliers of community stores.

### ***Community stores***

Community stores are critical to improving the health outcomes of Aboriginal and Torres Strait Islander communities. For most people who live in remote communities the major source of food is the community store. Food in community stores is often very expensive and the quality of what is sold is often poor. Issues associated with community stores include food supply, the cost of the food itself, governance of the store, transport of the food from the source to the community, health hardware in the homes in the community for storage and preparation of the food, and the income required to buy purchase food. As small businesses not aligned to the major grocery chains, local stores in remote Indigenous communities face challenges relating to sourcing foodstuffs, transport and storage, and pricing.

The governance of the store is typically under the control of the Community Council who will appoint the manager. The manager will decide what is to be bought to sell and this may be dictated by what is profitable and what sells, rather than by what is healthy. In addition, the store is often the only retail outlet in a community, so are not subject to the incentives that a more competitive environment may bring.

Research published in the International Journal of Environmental Research and Public Health<sup>xv</sup> finds that there is an increasing recognition of the role that the stores play in the health of communities, highlighting the historical tension between economic and health outcomes which may be giving way as organisations publicly demonstrate valuing health outcomes as an objective of sustainable business.<sup>xvi</sup>

There is a strong consensus in the research that governments should agree to develop and support remote Indigenous community stores as essential community services, not enterprises that promote personal or sectional interests. The work of store managers should be equivalent to that of other managers of essential community services.

Remote stores have different needs, particularly if they are to be considered as an essential service. Different competencies are required for this sector. There is wide support for the need for training for people currently involved in Indigenous food retail outlets as employees, managers and directors, including the importance of making remote food retail training available if Indigenous people are to develop within the food retail and food service sector.

For example, the Outback Stores initiative which works in collaboration with the National Indigenous Australians Agency has the objective of supporting community stores in Indigenous communities to work towards overcoming some of the challenges of ensuring food security and improving the health of Indigenous people living in remote communities by improving access to a nutritious and affordable food supply.<sup>xvii</sup>

### ***Access to infrastructure***

According to the Australian Institute of Health and Welfare (AIHW) analysis of the 2012-13 AATSIHS, 15 per cent of Aboriginal and Torres Strait Islander households reported living in a dwelling that was lacking at least one working facility such as a fridge or cooking facility, toilet, bath or shower. In Aboriginal communities across Australia only 6 per cent of houses have all of the functioning health hardware needed to store, prepare and cook food, such as cupboards, bench space, refrigeration and a functioning stove and sink<sup>xviii</sup>.

### ***Price signals***

Ferguson et al<sup>xix</sup> note that food pricing is considered one of the more effective practices to influence consumer purchasing patterns. Health-promoting food pricing policies exist in remote stores, but there is little understanding of the decision-making process informing their design development including the magnitude of the price increase or decrease and promotion of the policy. Policy development models have evolved to consider trade-offs between multiple and often conflicting objectives; they may have utility in understanding efforts in the remote retail context where governing bodies deal with the dual and potentially conflicting objectives of consumer health outcomes alongside the commercial viability of stores.

Ferguson et al however suggest that further research work is required to better understand factors that drive purchasing decisions and to improve user-friendly dissemination methods. They also note that shaping healthy retail environments should not be task of storeowners and retailers alone – there is a role for government, manufacturers and wholesalers to work with Aboriginal and Torres Strait Islander storeowners and those who support their efforts to implement evidence-informed policy to support healthy environments.

As discussed below, there needs to be caution when utilising price signals as a means to influence and alter behaviour. It needs to be undertaken with the knowledge and consent of the community and be reliant on strong community input and consultation. For example, in one community store, sales of sugary drinks fell after removal of the most popular brands of sugary drinks from the store at the request of the community in 2009. However, sales of alternative sources of sugar such as cordial and sweet biscuits were then higher at that store than the others surveyed in 2012. This demonstrates the need to consider unintended consequences and to assess full store turnover when evaluating nutrition interventions in remote communities.<sup>xx</sup>

### ***Government initiatives***

To varying degrees, governments have recognised the importance of addressing food security issues in remote Indigenous communities and have implemented initiatives seeking to address the issues. For example, the Closing the Gap Strategy released in 2008, aimed to achieve health equity within 25 years. In 2009, a National Strategy for Food Security in Remote Indigenous Communities was developed linking food security and nutrition with the Closing the Gap targets. A regulatory framework for the operation of remote stores, including minimum standards relating to food security was also introduced as part of the NT Emergency Response.

The new *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* is designed to achieve the Closing the Gap targets. Strategies within this plan include improving access to nutritious foods through a *National Nutrition Policy*. Progressing work on developing a new National Nutrition Policy should be a priority.

However Ferguson et al<sup>xxi</sup> note that ANAO reports have indicated that government policies have made minimal contribution to addressing food insecurity in remote communities and that Closing the Gap target reports show mixed outcomes, including that the target to close the life expectancy gap is not on track and that outcomes are worse in remote than non-remote areas.

It is imperative to embed nutrition and food security outcomes into nationally relevant health and social policies that are current and have strong governance and accountability mechanisms. The current National Aboriginal and Torres Strait Islander health plan (NATSIHP) and Implementation plan should be used to leverage action in this regard. The development of a National framework for chronic disease and potential development of a national nutrition policy or framework also provide an opportunity to explicitly consider issues and include actions to improve diet and nutrition in Aboriginal and Torres Strait Islander groups.<sup>xxii</sup>

### ***Local community gardens***

One option frequently outlined in policy documents and research is the role of local community gardens, or personal gardens in enhancing food security in remote Indigenous communities. In remote Aboriginal settings community gardens are recognised for their potential to improve options for healthy eating by increasing fruit and vegetable availability and consumption through local production. As noted earlier, lengthy supply chains and seasonal weather effects along with lack of appropriate storage facilities can compromise the quality of available fresh food. Access to locally produced food has the potential to improve the quality of food available to communities.

The Australian Government's response to the Senate Select Committee on Regional and Remote Indigenous Communities in 2010 noted that "the Australian Government recognises the important role of local traditional food, local agriculture and horticultural projects, and community gardens in supporting food security in remote Indigenous communities and agrees that these are an important element in improving the supply of health food to remote Indigenous communities."

The House of Representatives Aboriginal and Torres Strait Islander Affairs Committee Inquiry "Everybody's Business – Remote Aboriginal and Torres Strait Community Stores" recommendation 17 recommended that the Australian Government support community garden, traditional food and farming projects in remote Indigenous communities for the local production of food, particularly in schools, where it is demonstrated that long term sustainability can be attained.<sup>xxiii</sup>

The National Strategy for Food Security in Remote Indigenous Communities: National Healthy Eating Action Plan (COAG 2010) also identifies community gardens as one supply-based element.

A Paper produced by the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)<sup>xxiv</sup> looks at key factors that have frustrated attempts to develop sustainable market gardens and that influence consumption of produce in two regions (Cape York Peninsula and Lockhart River). The Paper explores the contributing factors to where community gardens have not been sustainable and where they have been successful. The Paper also identifies five key components for the success of community gardens; clarity about the goal of the garden; long-term funding to support non-coerced behavioural change which takes time; tangible economic advantages for consumers in choosing local fresh produce; expertise, not only in horticulture but experience in long-term planning; and transfer of expertise and control to local Aboriginal individuals and/or groups.

Further, while there is sufficient appreciation of the fresh produce that will supplement other sources to address nutritional need, there have been no significant farm food demand surveys to

ensure that this matches what people want and will eat. Making fresh produce available does not necessarily ensure consumption. In addition, there is a need to incorporate culturally appropriate health promotion principles into nutrition and garden projects.<sup>xxv</sup>

### ***Workforce***

There is also strong research support for a well-supported, resourced and educated Aboriginal and Torres Strait Islander nutrition workforce being essential for the success of nutrition interventions.

Lee and Ride<sup>xxvi</sup> note that a key feature of many of successful nutrition interventions is the recruitment, training and support of Aboriginal and Torres Strait Islander workers in dedicated positions to promote nutrition. Many early successful programs emphasised the importance of professional partnerships between non-Indigenous nutritionists and Aboriginal Health Workers, and demonstrated the effectiveness of providing culturally appropriate training programs and educational resources for Aboriginal Health Workers. A trained nutrition workforce, with excellent cross-cultural competency and communication skills is needed to deliver effective interventions. In particular, a trained, well-supported and resourced Aboriginal and Torres Strait Islander nutrition workforce is essential.

### ***Economic costs and impact***

In addition to the significant health and social impact of food insecurity on individuals and remote Indigenous communities, there are tangible economic costs to individuals, communities and the wider Australian economy.

A recent available estimate of the financial cost of poor diet and nutrition (based on costings from 1990) for the total cost to Australia of poor nutrition was more than \$5 billion per year, including direct healthcare costs of \$3 billion per year.<sup>xxvii</sup> The cost of poor diet or overweight/obesity in Aboriginal and Torres Strait Islander people has not been estimated. The economic cost of food insecurity in remote Indigenous communities, including its effect on the health system, economic productivity, educational and employment outcomes and social dysfunction needs to be calculated in order to quantify the benefits of improving food security.

### ***Cultural and historical contexts***

Finally, it is important to ensure that consideration of strategies to improve food security in remote Indigenous communities takes into account the historical and cultural context of the community and the particular circumstances and individual needs of the community. This can only be achieved by community engagement, consultation and ownership of strategies.

The current poor nutritional health of many Aboriginal and Torres Strait Islander people is in marked contrast to the situation prior to European settlement in Australia, when Aboriginal and Torres Strait Islander people were generally healthy and enjoyed a varied traditional diet low in energy density and rich in nutrients.<sup>xxviii</sup> After European settlement in 1788, there was decreased access to and availability of traditional foods, and Aboriginal people were increasingly forced to become dependent on introduced foods. These were primarily 'rations' of flour, sugar, tea, tobacco and to a lesser extent meat (fresh, tinned or salted). The durability, transportability, low bulk, affordability and the simple cooking and storage facilities required for their preparation may still influence popularity of these foods today.<sup>xxix</sup>

Strategies also need to recognise that food is central to individual and collective Aboriginal identity. Traditional Aboriginal society was based around clans. The relationship between individuals in a clan

was defined by rules for sharing food.<sup>xxx</sup> Danielle Gallegos notes that “Contemporary Indigenous identities are complex. Traditional identities are interwoven with contemporary food practices..... Contemporary food practices have also created a sense of loss of culinary tradition and identity for many Aboriginal Australians”.<sup>xxxi</sup>

There are strategies in place to modify behaviour in remote Indigenous communities by price manipulation to influence consumer choice. Sebastian and Donnelly<sup>xxxii</sup> note that while the manipulation of access to foods through the regulation of price in order to address the economic and personal impact of disease due to dietary factors would appear to be justifiable on many grounds, decisions regarding attempts to regulate behaviour through fiscal measures for Aboriginal people should be made by the Aboriginal communities for themselves. They conclude that while nutritional factors affect health, social factors affect dietary practice. “The failure of food policy is due in part to cultural insensitivity. Food behaviour is subject to a range of influences which are part of decisions about foods, including taste, culture, preferences, income and food availability, convenience, education, time, familiarity – and the historical experience of colonisation. Effective food policy making includes a commitment to understand and engage with the meanings that people bring to the table.”<sup>xxxiii</sup>

## **CONCLUSION**

Despite recent efforts to address food insecurity in remote Indigenous communities, there remain significant barriers both economic and geographic to accessing affordable, high quality healthy food, including affordability, quality, access to appropriate food storage and meal preparation facilities. Evidence shows that addressing food insecurity will help address chronic disease and its effect on remote Indigenous communities.

The Alliance commends the Committee for its consideration of the critical issue of food pricing and food security in remote Indigenous communities. This submission has examined the issues of the high cost and inadequate supply of affordable, healthy and quality fresh produce to remote Indigenous communities and the long term health effects of food insecurity. In this context, the Alliance makes the following recommendations for the Committee’s consideration.

Recommendation 1: Reliable and responsive supply chains are critical to food security for remote Indigenous communities. Large suppliers and logistics managers need to recognise that supply chain configurations that apply in metropolitan and rural areas are not appropriate for remote and very remote communities. Suppliers need to formally adopt strategies which recognise the particular needs of remote and very remote communities and build in flexibility and contingencies to accommodate vast distances, unpredictable weather and poor road infrastructure. There is a clear role for government to facilitate these processes as market forces will not incentivise strategies to address the needs of remote communities.

Recommendation 2: Food security should be a key factor and structurally embedded in the consideration and development of national, state/territory and local policies for addressing poverty and inequality including income support, taxation, data collection, health and education. Further, national, state and local government planning, including for future emergency and disaster relief, pandemics, responses to the impact of climate change, extreme weather events should include strategies which prioritise and secure the continued provision of critical supplies to remote and very remote communities.

Recommendation 3: The role of the community store should continue to be utilised as a key driver of food security for remote Indigenous communities. The often conflicting purposes of operating a

profitable business whilst seeking to encourage the purchase and consumption of health food choices must be acknowledged and addressed through co-design processes and consensus. There is strong support for viewing the community store as an essential community service and options for enhancing and expanding this role should be considered, including providing appropriate training for operators of Indigenous food retail outlets.

Recommendation 4: Further investment, in consultation with Indigenous community members, should be undertaken to explore options and provide critical food preparation infrastructure in accommodation, including functioning necessities to store and prepare food such as cupboards, bench space, refrigeration, stoves and sinks and access to clean water supply. The role of the consumption of traditional foods to address dietary needs should also be further explored and encouraged.

Recommendation 5: The Alliance supports further investigation of the intersection between the cost of a Healthy Food Access Basket in very remote Indigenous communities and the income of individuals in the community. Whilst this issue is acknowledged as a significant determinant of food security in these communities, greater insight is needed into the real cost-based affordability of healthy food in remote communities and where necessary further subsidisation to ensure access to affordable healthy, high quality foods for all remote communities.

Recommendation 6: Whilst the use of price signals has been shown to have some effect on consumer choices, it is critical that community members be consulted on the application of price signals in their communities. Whilst acknowledging consultation takes place in many communities, the Alliance would support a stronger emphasis on formal processes of co-design with each community to determine how best to utilise price and other incentives/disincentives to encourage healthy eating in individual communities.

Recommendation 7: Across all aspect of Indigenous health, there is strong evidence of the importance of the recruitment, training and support of Aboriginal and Torres Strait Islander workers. All strategies to enhance food security for remote Indigenous communities should ensure engagement with and Aboriginal Health Workers. Aboriginal and Torres Strait Islanders should be supported and encouraged to gain expertise in nutrition and partnerships between non-Indigenous nutritionists and Aboriginal Health Workers should be encouraged.

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<sup>i</sup> Lee A, Ride K, *Review of nutrition among Aboriginal and Torres Strait Islander people*, Australian Indigenous Health Bulletin Volume 18 No 1, January – March 2018: 3

<sup>ii</sup> National Rural Health Alliance, *Food Security and Health in Rural and Remote Australia*, October 2016: 6

<sup>iii</sup> Ferguson M, O’Dea K, Altman J, Moodie M, Brimblecombe J, *Health-Promoting Food Pricing Policies and Decision-Making in Very Remote Aboriginal and Torres Strait Islander Community Stores in Australia*, International Journal of Environmental Research and Public Health, Dec 2018: 1

<sup>iv</sup> Lee A J, Kane S, Ramsey R, Good E, Dick M, *Testing the price and affordability of healthy and current (unhealthy) diets and the potential impacts of policy change in Australia*, BMC Public Health (2016) 16:315

<sup>v</sup> Lee A, and Ride K, op. cit: 19

<sup>vi</sup> Ferguson M, O’Dea K, Altman J, Moodie M, Brimblecombe J op cit: 1

<sup>vii</sup> Ferguson M, O’Dea K, Altman J, Moodie M, Brimblecombe J op cit: 2

<sup>viii</sup> Hunter E, Onnis L, Pritchard J, *Gardens of discontent: health and horticulture in remote Aboriginal Australia*; AIATSIS Research Discussion Paper, Number 34, February 2014: 5

<sup>viii</sup> Lee A and Ride K, 2018 op. cit. 19

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- <sup>ix</sup> Brewster D R, Morris P S, *Indigenous child health: Are we making progress?*, Journal of Paediatrics and Child Health, July 2014: 43
- <sup>x</sup> National Rural Health Alliance - October 2016, op. cit. 26
- <sup>xi</sup> Lee A and Ride K, *ibid.*
- <sup>xii</sup> Pollard C M, Landrigan T J, Ellies P L, Kerr D A, Lester M L U, Goodchild S E, *Geographical factors as determinants of food security: a Western Australian food pricing and quality study*, Asia Pacific Journal of Clinical Nutrition 2014; 23(4): 703-714
- <sup>xiii</sup> National Rural Health Alliance – October 2016, op. cit. 41
- <sup>xiv</sup> Wyatt, K. Food Security Media Statement 21 April 2020 Available from: <https://ministers.pmc.gov.au/wyatt/2020/food-security>
- <sup>xv</sup> Ferguson et al, Dec 2018 op. cit.
- <sup>xvi</sup> Ferguson et al. Dec 2018 op. cit. 2
- <sup>xvii</sup> The Australian Government National Indigenous Australians Agency – <https://www.niaa.gov.au/indigenous-affairs/health-and-wellbeing/food-security-remote-indigenous-communities>
- <sup>xviii</sup> Lee A and Ride K, 2018 op. cit.: 6
- <sup>xix</sup> Ferguson et al, Dec 2018
- <sup>xx</sup> Lee A and Ride K, 2018 op. cit: 21
- <sup>xxi</sup> Ferguson et al, Dec 2018: 2
- <sup>xxii</sup> Lee A and Ride K, 2018 op. cit.: 28
- <sup>xxiii</sup> House of Representatives Aboriginal and Torres Strait Islander Affairs Committee – *Everybody’s Business – Remote Aboriginal and Torres Strait Community Stores* – November 2009
- <sup>xxiv</sup> Hunter et al, op. cit. 2014
- <sup>xxv</sup> Hunter et al, op. cit.: 28
- <sup>xxvi</sup> Lee A and Ride K, op. cit. 2018
- <sup>xxvii</sup> Lee A and Ride K, op. cit. 2018: 19
- <sup>xxviii</sup> Australian Indigenous Health Infonet website, <https://healthinfonet.ecu.edu.au/>
- <sup>xxix</sup> Lee A and Ride K, op. cit. 2018: 6
- <sup>xxx</sup> Sebastian T and Donnelly M, *Policy Influences affecting the food practices of Indigenous Australians since colonisation*; Australian Aboriginal Studies 2013/2
- <sup>xxxi</sup> Gallegos D, *Food and Nutrition for Aboriginal and Torres Strait Islander Peoples*, 2011, cited in Sebastian and Donnelly *ibid*
- <sup>xxxii</sup> Sebastian T and Donnelly M, 2013 op. cit.:71
- <sup>xxxiii</sup> Sebastian T and Donnelly M 2013, op. cit.: 72

## Appendix A

# National Rural Health Alliance Members (June 2020)

44 organisations with an interest in rural and remote health and representing service providers and consumers

Allied Health Professions Australia Rural and Remote	Exercise and Sports Science Australia (Rural and Remote Interest Group)
Australasian College for Emergency Medicine (Rural, Regional and Remote Committee)	Federation of Rural Australian Medical Educators
Australasian College of Health Service Management (rural members)	Isolated Children's Parents' Association
Australasian College of Paramedicine	National Aboriginal and Torres Strait Islander Health Worker Association
Australian and New Zealand College of Anaesthetists	National Aboriginal Community Controlled Health Organisation
Australian Chiropractors Association (Aboriginal and Torres Strait Islander Rural Remote Practitioner Network)	National Rural Health Student Network
Australian College of Midwives (Rural and Remote Advisory Committee)	Pharmaceutical Society of Australia (Rural Special Interest Group)
Australian College of Nursing (Rural Nursing and Midwifery Community of Interest)	RACGP Rural: The Royal Australian College of General Practitioners
Australian College of Rural and Remote Medicine	Regional Medical Specialists Association
Australian General Practice Accreditation Limited	Royal Australasian College of Medical Administrators
Australian Healthcare and Hospitals Association	Royal Australasian College of Surgeons Rural Surgery Section
Australian Indigenous Doctors' Association	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Australian Nursing and Midwifery Federation (rural nursing and midwifery members)	Royal Australian and New Zealand College of Psychiatrists
Australian Paediatric Society	Royal Far West
Australian Physiotherapy Association (Rural Advisory Council)	Royal Flying Doctor Service
Australian Psychological Society (Rural and Remote Psychology Interest Group)	Rural Dentists' Network of the Australian Dental Association
Australian Rural Health Education Network	Rural Doctors Association of Australia
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives	Rural Health Workforce Australia
Council of Ambulance Authorities (Rural and Remote Group)	Rural Optometry Group of Optometry Australia
Country Women's Association of Australia	Rural Pharmacists Australia
CRANaplus	Services for Australian Rural and Remote Allied Health
	Society of Hospital Pharmacists of Australia
	Speech Pathology Australia (Rural and Remote Member Community)