NATIONAL RURAL HEALTH ALLIANCE INC.

Position Paper

Providing fresh food in remote Indigenous communities

March 2006

This Position Paper reflects the views of the National Rural Health Alliance, but not necessarily the full or particular views of all of its Member Bodies.

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The Commonwealth Department of Health and Ageing provides the Alliance with core operational support.

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Executive summary

The National Rural Health Alliance is the peak non-government body concerned with rural and remote health issues in Australia. It comprises 24 Member Bodies, each a national body in its own right, representing health professionals, service providers and consumers. A list of the Alliance's Members and much other information about the organisation and its work is on its homepage at **www.ruralhealth.org.au.**

The National Rural Health Alliance's mission is related to the fact that the health status of rural and remote Australians is substantially lower than that of people who live in metropolitan areas. Overall, the health of Australians deteriorates with increasing remoteness, and at the same time their exposure to health risk factors becomes greater.[1]

Recent evidence shows that there are two reasons for the worse health in more remote areas: the greater proportion there of Indigenous people, and remoteness itself.[2] No health and well-being issue in Australia as a whole is worse or more urgent than the appalling health status of Indigenous people. Part of the challenge involved is to improve access to good food and nutrition for such people, and for those of them in remote areas this poses particular cultural, transport, economic and management issues.

This paper deals with an important part of that overall challenge: food insecurity.

The Alliance's position on the matters discussed is reflected in the recommendations for action. The Alliance will promote these recommendations and it hopes that other bodies will do so as well.

This paper is not merely a discussion of the issues: it is also a call to action. In a country as wealthy as Australia, it is an outrage that some citizens go without good fresh food. Whatever needs to be done must be done—and as soon as possible.[3]

The 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".[4]

The health of remote Indigenous people is making some gains, but there is a high incidence of obesity, hypertension, raised cholesterol levels, cardiovascular

disease, diabetes and renal failure.[5] 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.[6] Poor nutrition early on in life 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.[7]

For most people who live in remote communities the major source of food is the community store, where it is particularly 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, 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.[8] Generally food is much more expensive in remote areas.

The paper goes on to describe some projects under way 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 briefly discussed, 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 Indigenous Australians in remote areas and further recommends as follows.

1. Government and non-government agencies should promote wider understanding of the current difficulties people in remote areas have in accessing healthy food and health hardware.

2. The Australian, State and Territory Governments should strongly pursue a whole-of-government approach to food security, including through training, supporting price control, reducing freight costs, requiring adherence to food safety and transport regulations, and work on issues relating to store governance.

3. Suitable resources and regulations should be provided to allow Indigenous health professionals, especially Aboriginal Health Workers, to play a central role in improving food security.

4. Governments should provide the support and resources to encourage Indigenous health promotion officers to become accredited with nutrition qualifications.

5. The Australian Government should put in place additional measures to support Indigenous people in managing budgeting and banking, as outlined in *Money Matters in the Bush.*[9]

6. Cold water fountains in remote communities should be provided at schools, clinics, stores, sports venues and community offices.

7. New and refurbished houses in remote communities should be provided with a 'household kit' that includes cleaning and cooking materials and a safe place to keep them.

8. There should be a national study into the potential establishment of community kitchens.

9. Standard contracts for store managers in remote communities should be introduced. They should include provision for a period of probation, and should further progress the industry as a profession through education, accountability, adherence to state or territory nutrition policies and their involvement in the training of local staff.

10. There needs to be proper training and orientation for store managers. It would cover retail skills, cultural studies, IT skills, education in the laws of food transport and storage, nutrition, training of local staff and business skills.

11. Governments should agree to develop and support remote Indigenous 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.

Who should read this Paper?

This Information Position Paper should be read and acted upon by any person or organisation concerned with access to food for people in remote Australia. This would include:

- consumers;
- Indigenous health agencies, providers and services;
- dietitians and nutritionists;
- State and Federal politicians;
- agribusiness;
- media;

- public servants concerned with remote areas and food;
- the health sector, particularly remote health practitioners and managers;
- health-related sectors such as Home and Community Care, 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. For this reason 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 of the infrastructure that surrounds health in remote and rural Australia.[10] 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.[11]

Access to adequate, safe and good-quality food and water is a basic requirement for good health. This paper will describe the importance for health outcomes 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.

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".[12] It is particularly relevant for those who are physiologically and socioeconomically 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".[13]

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.

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".[14]

Food and social exclusion

"Food is itself a powerful marker of social exclusion, both for individuals and communities".[15]

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".[16]

"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."[17]

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)."[18]

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."[19]

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 …"[20] Health hardware includes such items as items in the home for food storage and preparation, as well as showers, basins, plumbing, septic systems and washing machines.

Picture this

At a council meeting at Desert Oaks a decision is made to provide water coolers around the community. Coolers are installed outside the clinic, at the basketball court, outside the shop, at the school playground, outside the workshop. They are accessible 24 hours a day. The water pipes are connected to the existing water supply and the electricity paid for by the clinic, school etc and is not expensive. As a result, the consumption of high sugar content soft drinks is reduced markedly. People are 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 is 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'.[21]

Whether one uses the RRMA (Rural, Remote and Metropolitan Areas) classification, ASGC (Australian Standard Geographical Classification) or ARIA, 2–3% of Australians live in remote Australia.[22] This equates to 400 000 to 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 Yuendemu, 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 nation. 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. The cost of living is higher. There is a pattern of increasing disadvantage and lower socioeconomic status with increasing remoteness.

About 26% of the people who live in remote areas are Indigenous. This is a much higher proportion than in the major cities.

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 that is cooked in coconut milk, which includes fish, turtle, dugong, meats, green vegetables, fruit—almost anything, really. However, 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. Martin 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

The health of remote Australians is poorer than that of people who live in the rest of Australia.[23] 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.[24]

There are higher incidences of obesity, hypertension, high cholesterol, cardiovascular disease, diabetes and renal failure.[25]

Indigenous children under two years in the Top End of the Northern Territory have a malnutrition rate of 20%. From 1993 to 1997 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 the situation was even worse.[26] Indigenous children are more likely to be admitted with skin diseases, infectious and parasitic diseases, endocrine, nutritional and metabolic disease than other Australian children.[27] Surveys of dietary indicators show that only 35.9% of Indigenous children in Western Australia eat adequate vegetables.[28] If children miss meals or do not have access to fresh and nutritious food they are less likely to be able to concentrate in class and learn. There is a link between poor nutrition in early life and chronic disease later on.

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.[29] More Indigenous adolescents are young mothers and have to look after their own and their baby's nutrition. More Indigenous mothers have diabetes. Indigenous babies are more likely to have a low birth weight and poor growth in early life.[30] When these children grow up they are more likely to be overweight and have more decayed, filled or missing teeth.[31]

The issues of obesity, diabetes, high blood fats and hypertension are acute in the Torres Strait Islands.[32]

The reasons for this poor health are many and include poor living conditions, racism related to dispossession and colonisation, poverty and poor nutrition.[33] Traditionally Australian Indigenous people had a diet that was relatively low in energy but rich in micro-nutrients—the kind of diet that is now known to protect health and prevent chronic disease. It took much effort—and therefore energy—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.

Picture this

Sue lives with 2500 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 2500 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 (the busiest part of the store is the takeaway 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. This paper is concerned with all of these issues, not the better-known issue of nutrition and 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 six for two weeks in 'remote' and 'very remote' Queensland. "In the *very remote* category the cost of the [basket of food] 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 Healthy Food Access Basket (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.[34]

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% higher than in Darwin; Darwin prices were 7.3% higher than those in Cairns.[35]

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. Surveys in the NT also started about that time.

In 1998 a study was conducted into the cost of living on the Anangu Pitjantjatjara (AP) Lands in South Australia.[36] 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; it 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 that showed 80% of Aboriginal people with an income of less than $20 000 per annum, as opposed to 42% of non-Aboriginal people.

The price differences are due to a combination of freight costs, infrequent deliveries, lack of proper storage, poor display areas, lack of store management expertise, poor planning for the Wet Season, unscrupulous actions and corruption, sometimes double-handling through a secondary wholesaler and poor economies of scale.

Differential pricing and mark-ups may also be an issue. There is some evidence that foods such as fruit and vegetables have a lower mark-up than such items as cigarettes. And the price differential between capital cities and remote areas is lower for cigarettes and soft drinks than for fresh food.

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.

Food is also provided to the elderly and those with a disability through Home and Community Care 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 'book-up' where the individual may obtain goods on credit. The manager will usually decide opening hours. 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 Arnhem Land, people are starting to use the Internet for banking and some communities have credit union facilities.[37]

Leonard's 2003 review found that in Central Australia the major expense for stores 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 Anangu Pitjantjatjara Lands of South Australia that 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 recordkeeping, loans to community members, poor management, and corruption.

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

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 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 community may have freight delivered to various agencies within that community. The school, clinic and shop may all be serviced by different contractors. Economies of scale do not exists for small communities where there is comparatively small demand, low frequency of delivery and consequently high costs resulting in expensive commodities.

Transport SA published guidelines for transport companies delivering food to remote areas and a survey of freight logistics to the AP Lands of South Australia.[38] 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.[39]

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, theses 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 and so on.

Also, there is typically 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.

What is being done now?

A number of individuals and organisations have been struggling with the issues of food security in remote Australia 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.

In schools

Throughout Australia there are still many school tuckshops that sell junk food. This is despite the many initiatives that have occurred over the last 10 years. These include the Northern Territory's school breakfast program, and the Star Canteen Accreditation Program or StarCAP in Western Australia. StarCAP awards stars to schools that 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.[40]

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 was 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.[41]

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

Until 2004 some such food programs were funded by the Department of Education, Science and Training's Aboriginal Student Support and Parent Awareness (ASSPA) scheme. This avenue for grants funding is no longer available, and this is a funding gap that warrants attention.[42]

By communities

The Arnhem Lands Progress Association (ALPA) has owned and managed stores in Aboriginal communities in Arnhem Land 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, their operations and buying negotiations with wholesalers and suppliers. Through economies 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.[43]

Arnhem Land also has 'The Good Food People' employed by the store to provide education for shoppers and those with diabetes 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 Arnhem Land 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.

On the Anangu Pitjantjatjara Lands in the far north of South Australia the Mai Wiru Regional Stores Policy and Associated Regulations have been developed.[44] 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 AP Lands will be bound by the Mai Wiru Policy.

The Yanangu Stores Aboriginal 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.[45] There are advantages and disadvantages. The individual store may lose independence and autonomy and could potentially 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.[46]

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

The Strategic Inter-Governmental Nutrition Alliance (SIGNAL) was for some years an active sub-committee of the National Public Health Partnership (NPHP). However since 2003–04 some of the work of the NPHP has been the responsibility of different policy and program areas of national, State and Territory agencies. Some of the NPHP's sub-committees, including SIGNAL, are no longer active.

Nevertheless the work of SIGNAL is of historical importance because of the principles and strategies it canvassed. SIGNAL comprised representatives of health departments, the key national agencies where food and nutrition are concerned, and four independent members with expertise in nutrition and public health. It provided strategic direction and co-ordination of national nutrition priorities, which were set by the national nutrition strategy, *Eat Well Australia: a national framework for action in public health nutrition, 2000–2010,* endorsed by Ministers in 2001. The Indigenous component of *Eat Well Australia* is the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP), developed by a National Aboriginal and Torres Strait Islander Nutrition Working Party.[47]

NATSINSAP's action plan highlighted seven key areas:

- food supply in remote and rural communities
- food security and socioeconomic status
- family focused nutrition promotion
- nutrition issues in urban areas
- the environment and household infrastructure
- Aboriginal and Torres Strait Islander nutrition workforce
- national food and nutrition information systems.

NATSINSAP explicitly recognised that in remote and rural areas the availability of and access to healthy affordable foods, particularly fresh vegetables and fruit, is "a major issue which continues to compromise the health and nutritional well-being of Aboriginal and Torres Strait Islander peoples living in these regions".[48]

With the fading of the NPHP and SIGNAL it is harder to detect any co-ordinated national effort on food and nutrition, but numerous efforts persist nevertheless. 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 confirm that the cost of food in remote Australia is higher than elsewhere.

The FoodNorth Project was conducted in 2003 to collect information on the health and food supply situation for Indigenous people in remote Australia, to look at

projects involved in food security and to identify interventions for ongoing work.[49] 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 Report. The program is RIST: the Remote Indigenous Stores and Takeaways Project—Healthy Business, Healthy Food, Healthy Community. The project is to involve extensive consultation and the development of partnerships with agencies, organisations and individuals external to health. RIST is a collaboration of the Australian Government and the five jurisdictions with numerous remote Indigenous communities. Health departments from Queensland, Western Australia, Northern Territory, New South Wales, South Australia and the Australian Government have committed funding for the project for three years.

The project has a number of aspects. One of the main focuses will be to build on current initiatives to identify 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 the population (stocking guidelines);
- a system to identify and promote healthier food choices based on nutrient criteria;
- guidelines on meal preparation and menus/recipes for healthy takeaways;
- agreed 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 takeaways; and
- a training package based on these nutrition competencies.

Other arms of this project aimed at improving access to a healthy food supply include:

- a review of work completed on transport systems and the development of an options paper on streamlining the transport of perishable foods to remote communities in order to ensure a quality product at a reasonable price;
- an investigation of options for small outstation stores, eg food co-operatives;
- 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 the performance of stores.

The Australian Competition and Consumer Commission produced the voluntary Stores Charter in 2002.[50] This is a service charter for stores serving remote Indigenous communities. It is voluntary and aims to help store managers comply with relevant laws, to 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 the provision of healthy snacks.

The Public Health Association of Australia has developed recommendations relating to food security. It 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.[51]

Many individual remote health practitioners, public health nutritionists and dietitians work to improve the standard of food available to remote Australians. However, to meet all of the challenges posed in relation to food security will require the continued attention of governments, health professionals, the transport industry, shop managers, communities, suppliers, the media and anyone else able to influence the outcomes.

By industry and philanthropic organisations

A program of activity in the Katherine region of the Northern Territory has demonstrated how commercial and community groups can collaborate successfully on issues like food security. In this case the collaborators are The Fred Hollows Foundation, Woolworths, the Jawoyn Association and Little Fish, a private community development company. They have developed a nutrition strategy in the region that builds the capacity of local people through education in store management, accounting and nutrition. As a result there is greater accountability in the stores, better and cheaper food, and enhanced financial literacy through The Money $tory—one of Little Fish's products.[52] [53]

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, three to four pieces of fruit or vegetables, monitoring quality and delivering direct to about 30 stores in the Region.[54]

What more can be done?

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

It is an issue greater than the stores and communities themselves. It 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. While ever they can 'do as they like', there must be strong support for them to 'do the right thing'.

The capacity for Indigenous health professionals (especially 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 health workers.

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. There needs to be both more training provided and an improvement in the quality of training curricula and materials.

Remote stores have different needs, particularly if they are to be considered as an essential service. The need and type of skill development for Indigenous Australians who work in the retail sector is different from the mainstream. Therefore, different competencies are required to be developed for this sector. We recommend that consideration be given to the training needs of people currently involved in Indigenous food retail outlets as employees, managers and directors. We also believe that specific remote food retail training must be available if Indigenous people are to develop within the food retail and food service sector.

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 related issue is what else is stocked in community stores. Because the store is usually the only retail outlet in the community, they must be able to stock other items essential for healthy 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 may be regularly stocked in the shop. They may also be purchased in town. Occasionally a travelling shop will appear in the community. However, there could be a more systematic way for stores to be able to provide access to these items. For instance 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 a number of reports into food security, policies written, programs started and recommendations made. The NRHA now joins those seeking action on

this front. 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.[55]

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- John Tregenza, Consultant to the Mai Wiru Project, Finiss, South Australia.

Notes

1 Australian Institute of Health and Welfare 2005. *Rural, regional and remote health—indicators of health*. AIHW, Canberra, May, cat. no. PHE 59.

2 ibid.

3 Recent evidence from the National Health Survey shows that 60% more adults in remote areas missed out on food because of a lack of money at some time during 2004–05 than in 2001.

4 FAO/WHO 1992. *International Conference on Nutrition, Final Report*. Rome, December.

5 see Leonard, D 2003. Food North: Food for Health in North Australia. Department of Health, Western Australia, p 22; Public Health Association of Australia 1998. Improving Aboriginal and Torres Strait Islander People's Access to the Food They Need for Health, p 1, <**www.phaa.net.au/policy/ATSIP.htm**>, viewed 9 September 2005.

6 Leonard D 2003. op cit, p 27.

7 Nganampa Health Council 2002. Mai Wiru Regional Stores Policy and Associated Regulations for the Anangu Pitjantjatjara Land, Nganampa Health Council, Alice Springs, p 31.

8 See for instance Queensland Health 2004. Healthy Food Access Basket Survey.

9 Parliamentary Joint Committee on Corporations and Financial Services, Inquiry into the Level of Banking and Financial Services in Rural, Regional and Remote Areas of Australia 2004. *Money Matters in the Bush*. It includes (p 280):

> For self-service banking to work to the advantage of Indigenous Australians, they need to be equipped with the skills and understanding to make effective use of new technology. The report has highlighted the failings in the provision of education and training in financial services for all Australians, especially those living in regional, rural and remote Australia. These shortcomings are magnified for Indigenous people who face particular hardships and, as noted earlier, are vulnerable to exploitation. Again education and training must go beyond merely equipping customers to complete a basic banking transaction.

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22 ibid, p 76.

23 AIHW 2005. op cit.

24 Australian Bureau of Statistics & Australian Institute of Health and Welfare 2005. *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, Canberra, p xxiv.

25 Leonard D, op cit, p 22; PHAA. op cit, p 1.

26 The Fred Hollows Foundation 2005. *Nutrition and Health—Indigenous Program briefing paper, no 8*, <**www.hollows.org**>, viewed on 7 September 2005.

27 National Rural Health Alliance 2003. *Child and Adolescent Health in Rural and Remote Australia*. Canberra, p 2.

28 ABS 2005. op cit, p 83.

29 ABS 2005. op cit, p 145.

30 PHAA 1998. op cit, p 1 and Leonard D 2003. op cit, p 23.

31 Leonard D 2003. op cit, pp.26–7.

32 Leonard D. op cit, p 27.

33 Nganampa Health Council 2002. op cit, p 31.

34 Queensland Health 2004. *The 2004 Healthy Food Access Basket Survey*.

35 Leonard D. op cit, p 41.

36 Tregenza 1998, in Nganampa Health Council. op cit, p 49.

37 Brimblecombe J. pers comm.

38 Transport SA 2003. *AP Lands Freight Survey*, <**www.transport.sa.gov.au/pdfs/freight**>, viewed on 9 October 2005.

39 Transport SA 2003. *Transport and Handling of Perishable Goods to Remote Areas*, <**www.transport.sa.gov.au/pdfs/freight**>, viewed on 9 October 2005.

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41 Doyle M 2003. <**www.saibislass.qld.edu.au**>, viewed on 20 September 2005 and Barry R 2005. pers. comm. from St Paul's School, Torres Strait, Queensland, 20 September 2005.

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51 PHAA 1998. op cit.

52 The Fred Hollows Foundation 2005. *Nutrition and Health—Indigenous Program briefing paper, no 8*, <**www.hollows.org**>, viewed on 7 September 2005.

53 see <**www.littlefish.com.au/About%20Us/Highlights.htm**>, viewed on 20 March 2006.

54 Des Rogers, pers. comm.

55 John was a key presenter at a Food Policy Action Workshop conducted in Alice Springs in October 2003. Out of that meeting came The Food Alliance for Remote Australia (FARA), which resolved that "the health and well-being of Indigenous Australians, especially those living in remote areas, can only be improved when healthy food is readily available, affordable and safe." Among other things, they called for action for rigorous enforcement of current regulations governing retail operations, training and support for better retail operations, and greater community control of the local food supply.