



QAIHC SUBMISSION TO THE
Council of Australian
Governments (COAG)
Health Council

SUBMISSION

National Obesity Strategy 2020-30

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QAIHC SUBMISSION TO THE COUNCIL OF AUSTRALIAN GOVERNMENTS (COAG) HEALTH COUNCIL

SUBMISSION

National Obesity Strategy 2020-30

About the Queensland Aboriginal and Islander Health Council (QAIHC)

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community controlled health sector.

Originally established as QAIHF (Queensland Aboriginal and Islander Health Forum), the organisation provided a voice for the community controlled health sector in Queensland. This organisation was self-funded until 1996, when the Commonwealth Department of Health commenced funding support. QAIHC has experienced considerable growth in membership and the scope of services provided to those members since its establishment.

In 2004, the organisation was reconstituted under the Australian Investment and Securities Commission (ASIC) and assumed its current form as QAIHC.

Today, QAIHC represents 28 community-controlled health services and 14 associate members who share a passion and commitment to addressing the unique health care needs of their communities through specialised, comprehensive and culturally-appropriate primary health care.

QAIHC is the peak body representing the Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) sector in Queensland at both a state and national level. Its membership comprises of ATSICCHOs located throughout Queensland. Nationally, QAIHC represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

QAIHC as the peak of ATSICCHOs of Queensland, wish to express the collective views on behalf of our state-wide members, regarding effective and sustainable approaches of addressing the excess burden of obesity among Aboriginal and Torres Strait Islander peoples.

The purpose of this submission paper is to ensure the National Obesity Strategy 2020-30 embraces and incorporates the unique cultural and socio-economic issues of Aboriginal and Torres Strait Islander peoples to tackle obesity and disparity in health outcomes.

QAIHC would like to thank the Council of Australian Governments (COAG) Health Council for the opportunity to comment on the proposed framework for the National Obesity Strategy 2020-30.

QAIHC CONTACT REGARDING THIS SUBMISSION:

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1. Opening statement

QAIHC believes that all Aboriginal and Torres Strait Islander peoples should be healthy and well.

QAIHC supports the strategic objectives that have been incorporated in the consultation document. The draft framework and guiding principles positively set out a path towards the development and implementation of a National Obesity Strategy 2020-30. There are a number of positive strategic points which have already been incorporated.

However, QAIHC and the Queensland ATSI CCHOs have identified a number of concerns with the strategy. Key themes to these concerns are:

1. 'Institutional racism' is not sufficiently addressed
2. There is a lack of focus on 'self-determination'
3. There is a lack of focus on 'cultural safety'
4. Not enough importance is placed on holistic health and the role of mental health as a key component to address the principles of holistic health

In order to resolve these issues, a number of solutions and recommendations have been proposed:

Ref	Solution	Recommendation
1	Eliminate "institutional racism"	<ol style="list-style-type: none"> 1. Appoint an Aboriginal and Torres Strait Islander identified position on the COAG Working Group; and at every level of the decision-making process. 2. Develop a specific strategy for Aboriginal and Torres Strait Islander peoples and even better, one for Queensland. 3. Conduct a thorough internal review of systems to understand where institutional racism may be present, and address failings in a timely manner.
2	Mandate partnership with ATSI CCHOs	<ol style="list-style-type: none"> 4. Mandate partnership and engagement of ATSI CCHOs and their representative bodies to lead co-design and delivery of preventive health initiatives/programs for Aboriginal and Torres Strait Islander peoples.
3	Integrate "cultural safety" into the strategy	<ol style="list-style-type: none"> 5. Add 'cultural safety' as an additional key guiding principle of the National Obesity Strategy.
4	Include Social and Emotional Wellbeing (Mental Health) as a key component of prevention	<ol style="list-style-type: none"> 6. Incorporate 'social and emotional wellbeing (mental health)' within each of the proposed primary and secondary preventive actions. 7. Rename the strategy the 'National Healthy Weight Strategy'. 8. Use the term 'healthy weight' consistently throughout the strategy.
5	Develop community capacity for sustainable health outcomes	<ol style="list-style-type: none"> 9. Invest in capacity development of ATSI CCHOs to build a sustainable health promotion and health literacy (preventive health) community mechanism.

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| 6 | Put greater focus on a “place-based approach” | <p>10. The National Obesity Strategy should put greater focus on a ‘place-based approach’ to healthy weight.</p> <p>11. Add ‘place-based approach’ as an additional enabler of the National Obesity Strategy.</p> <p>12. Incorporate actions to address ‘food insecurity’ issues faced by Aboriginal and Torres Strait Islander peoples living in socio-economically disadvantaged and rural remote areas.</p> |
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QAIHC is invested in ensuring that the strategy is appropriate and effective for the Aboriginal and Torres Strait Islander community in Queensland and would be interested in ongoing consultation regarding the development and implementation of this strategy.

2. Current strengths with the proposal:

QAIHC notes and supports the following strategic points that have been incorporated in the consultation document:

- government leadership for a whole-of-society response to enable genuine partnerships, improved collaboration and shared responsibility.
- strategies for Commonwealth and State and Territory governments, as well as the community and other key stakeholders including, non-government organisations and the private sectors.
- specific focus on primary and secondary preventive actions that promote and support healthy eating, regular physical activity and a healthy weight for all.
- supporting children and families, mobilising people and communities, enabling active living, and building a healthier and more resilient food system – as key priority areas of the proposed National Obesity Strategy.
- consideration of the broader determinants of health in addressing obesity and identifying strategic actions to achieve health outcomes.
- integration of the complex drivers of population health and prevention to develop solutions.
- working in partnership with Aboriginal and Torres Strait Islander peoples to develop and deliver culturally appropriate and safe initiatives/programs and resources for Aboriginal and Torres Strait Islander peoples.
- empowering Aboriginal and Torres Strait Islander peoples to lead initiatives that best benefit individuals and their communities.
- Building and sustaining collective commitment to, and action for, comprehensive and contemporary obesity prevention and health equity efforts.
- co-development of evaluation and research approaches with Aboriginal and Torres Strait Islander peoples, utilising cultural and traditional knowledge.
- investment in connected active places and spaces in urban, regional and rural areas.
- increasing health workforce understanding of equity and social justice, and for cultural and language competency to respond to the diverse needs of the Australian community.
- imbedding health promotion and equity principles into vocational and tertiary training for essential support sectors.
- supporting the continued growth and development of the Aboriginal and Torres Strait Islander workforce.
- providing adequate investment in sustainable interventions that promote healthy weight.

3. QAIHC's concerns with the proposal:

QAIHC and the Queensland ATSI CCHOs have identified a number of opportunities for improvement to the National Obesity Strategy. Key themes to these opportunities are:

1. 'Institutional racism' is not sufficiently addressed.

Institutional racism is evident in the Australian health care system and has a profound impact on improving health and wellbeing outcomes of the Aboriginal and Torres Strait Islander peoples. Institutional racism is distinctive and separate to personal racism where racist features are directly or indirectly linked with the policies, program, structures, attitudes, hierarchies, practices and perspectives of the organisation. Also, institutional racism may appear in different forms within the system. It is characterised as the absence or insufficiencies of appropriate considerations intentionally or unintentionally which leads to racial disadvantages^{1,2}. Systemic racism greatly influences Aboriginal and Torres Strait Islander peoples' access to health care as well as limits individuals from receiving the same quality of healthcare services available for non-Indigenous Australians³.

True representation of Aboriginal and Torres Strait Islander peoples in the development and implementation of the National Obesity Strategy has not been ensured in the current proposal. QAIHC note that there is no representation of Aboriginal and Torres Strait Islander peoples in the National Obesity Strategy Working Group. Within the proposal there are a handful of strategies/sub-strategies proposed (such as 'to work in partnership with Aboriginal and Torres Strait Islander peoples for the development and delivery of culturally appropriate and safe social marketing and supporting programs'), however the strategies are insufficient to sufficiently address risks of institutional racism.

Discussions about how institutionalised racism may be present within Australian Government and health service policies and practices are essential to addressing disparities between Aboriginal and Torres Strait Islander peoples and other Australians. Such conversations must be de-stigmatised in order to objectively understand how inequalities may be unconsciously perpetuated by institutions intended to support minority groups.

2. There is a lack of focus on 'self-determination'

For Aboriginal and Torres Strait Islander peoples in Australia, the right to self-determination has been of fundamental importance in improving health and wellbeing outcomes⁴. Self-determination is a principle preserved in international law. According to law, all peoples have the right of self-determination and "by virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development"⁵. Similarly, according to the United Nations Declaration on the Rights of Indigenous Peoples "Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions"⁶.

The proposed National Obesity Strategy has not fully acknowledged and upheld Aboriginal and Torres Strait Islander peoples' right to self-determination. More needs to be done to recognise the distinct cultures and forms of social organisations, governance and decision-making practice of Aboriginal and Torres Strait Islander peoples in the Strategy. Actions and process for transferring responsibility and

¹ Australian Indigenous Doctors' Association (AIDA). Policy Statement https://www.aida.org.au/wp-content/uploads/2017/08/Racism-in-Australias-health-system-AIDA-policy-statement_v1.pdf

² Institutional racism in Australian healthcare: a plea for decency. Barbara R Henry, Shane Houston and Gavin H Mooney. MJA Vol 180 17 May 2004

³ Purdie, Nola; Dudgeon, Pat; and Walker, Roz, "Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (First Edition)" (2010). https://research.acer.edu.au/indigenous_education/24

⁴ Odette Mazel, Self-Determination and the Right to Health: Australian Aboriginal Community Controlled Health Services, Human Rights Law Review, Volume 16, Issue 2, June 2016, Pages 323–355, <https://doi.org/10.1093/hrlr/hgw010>

⁵ Article 1 International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights

⁶ Article 23; United Nations Declaration on the Rights of Indigenous Peoples (Resolution adopted by the General Assembly on 13 September 2007) https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

decision-making power to Aboriginal and Torres Strait Islander communities, so that they can make decisions on matters that affect them, are not sufficiently incorporated in the proposal.

3. There is a lack of focus on 'cultural safety'

Aboriginal and Torres Strait Islander peoples experience a disproportionate burden of illness and social disadvantage when compared with non-Indigenous Australians. Also, Aboriginal and Torres Strait Islander peoples experience much higher levels of racism and discrimination.

To overcome these issues, cultural safety must be embraced at all levels of health care planning and delivery (programs, services, policies and strategies) in order to provide the best possible health care for Aboriginal and Torres Strait Islander peoples.

Cultural safety is about respecting the cultural rights, values, beliefs and expectations of Aboriginal and Torres Strait Islander peoples while providing services that meet their need⁷. Cultural safety is distinguished from cultural 'awareness' as it relates to embedding culturally sound practices into all elements of delivery, rather than merely recognising that cultural differences exist.

The proposed National Obesity Strategy lacks 'cultural safety' as a guiding principle.

4. Not enough importance is placed on holistic health and the role of mental health as a key component to address the principles of holistic health

The Aboriginal and Torres Strait Islander concept of health is holistic, incorporating the physical, social, emotional, and cultural wellbeing of individuals and their whole communities. For Aboriginal and Torres Strait Islander peoples, health is seen in term of the whole-life-view.

The holistic concept also acknowledges the greater influences of social determinants of health and wellbeing including homelessness; education; unemployment; problems resulting from intergenerational trauma; grief and loss; abuse, violence; removal from family and cultural dislocation; substance misuse; racism and discrimination and social disadvantage³.

It is impossible to separate Australia's historical context from present-day Aboriginal and Torres Strait Islander health disparities. Consideration of this relationship is essential in the development of effective health services⁸. A particularly damaging factor is the assumption within governance and public health that past injustices have been resolved and are non-consequential for health policy. Numerous accounts and research, including ethnographic research conducted in Brisbane among Aboriginal and Torres Strait Islander peoples, refute this assumption by confirming an ongoing impact⁹. It is therefore necessary to critically analyse the continuing presence of colonial legacies within the lives of Aboriginal and Torres Strait Islander peoples, as well as implications for the construction of policy, governance, and service provision according to the dominant culture.

Profound intergenerational impacts of trauma inflicted by racist policies, state sponsored discrimination and violence, forced institutionalisation of individuals by government medical officers, the removal of children from families and social marginalisation are visible within the prevalence of mental illness such as depression, violence and self-harm, substance misuse, imprisonment, and inharmonious family relationships¹⁰. The resulting grief and trauma has been culturally devastating and is inextricable from the identity of present-day Aboriginal and Torres Strait Islander peoples.

It is important to consider the relationship and connectedness aspect of Aboriginal and Torres Strait Islander peoples to each other and to the environment as a key determinant for a healthy weight. It is clearly understood that, individualistic approaches of weight management are not culturally aligned with Aboriginal and Torres Strait peoples' ways of life¹¹.

⁷ Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice

⁸ Hollinsworth, D. (2013). Decolonizing Indigenous disability in Australia. *Disability & Society*, 28(5), 601-615. doi:10.1080/09687599.2012.717879

⁹ King, J. A., Brough, M., & Knox, M. (2013). Negotiating disability and colonisation: the lived experience of Indigenous Australians with a disability. *Disability & Society*, 29(5), 4. doi:10.1080/09687599.2013.864257

¹⁰ O'Sullivan, D. (2012). Justice, culture and the political determinants of Indigenous Australian health. *Ethnicities*, 12(6), 691. doi:10.1177/1468796811432697

¹¹ Ricky Bell, Catherine Smith, Leigh Hale, Geoffrey Kira, Steve Tumilty, Understanding obesity in the context of an Indigenous population—A qualitative study, *Obesity Research & Clinical Practice*, Volume 11, Issue 5, 2017, Pages 558-566, ISSN 1871-403X

The proposed National Obesity Strategy has not included mental health, and social and emotional wellbeing, as a key component of obesity prevention. Evidence shows that people living with mental illness face considerable health challenges including risk of cardiovascular disease, diabetes and obesity¹². People with poor mental health can experience social isolation which is also related to reduced everyday objective physical activity and greater sedentary time¹³. In addition, a person's social and emotional state can have a significant effect on food addiction supporting unhealthy eating behaviour¹⁴.

4. Solutions and recommendations:

In response to the issues identified by QAIHC, two types of improvements are suggested; the first are strategic structural improvements which the COAG Health Council could deliver to fundamentally improve system level structures, the second are practical changes that can be made to the National Obesity Strategy.

Strategic structural improvements:

Solution 1: Eliminate institutional racism

QAIHC believes that better health outcomes can not be achieved unless institutional racism is eliminated. This can be achieved through creating opportunities of a real and active involvement of Aboriginal and Torres Strait Islander peoples in every level of decision-making structures, including in the design, planning, implementation and delivery of health services and programs designed to improve health literacy.

Recommendation 1: *Appoint an Aboriginal and Torres Strait Islander identified position on the COAG Working Group; and at every level of the decision-making process.*

Recommendation 2: *Develop a specific strategy for Aboriginal and Torres Strait Islander peoples and even better, one for Queensland.*

Recommendation 3: *Conduct a thorough internal review of systems to understand where institutional racism may be present, and address failings in a timely manner.*

Solution 2: Mandate partnership with ATSI CCHOs

QAIHC believes Aboriginal and Torres Strait Islander peoples must have the ability to develop and determine health programs affecting them and administer such programs through their own institutions. When Aboriginal and Torres Strait Islander peoples take charge of developing their own strategies, they better reflect their interests, values, vision and concerns, increasing ownership and accountability¹⁵.

It is clearly understood that the Government's current the top-down approach still impacts on health equalities of Aboriginal and Torres Strait Islander peoples in Australia. A bottom-up approach to health policies and programs is the true reflection of self-determination in health, which will significantly contribute on reducing disparity in health outcomes of Aboriginal and Torres Strait Islander peoples.

Upholding a bottom-up approach to preventive health provides Aboriginal and Torres Strait Islander peoples with complete control of the design and the provision of the programs/initiatives that are appropriate to meet their community needs. ATSI CCHOs have a proven ability of building positive partnership within and between communities and with government agencies; and other community

¹² The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness Firth, Joseph et al. The Lancet Psychiatry, Volume 6, Issue 8, 675 - 712

¹³ Schrepft, S., Jackowska, M., Hamer, M. et al. Associations between social isolation, loneliness, and objective physical activity in older men and women. BMC Public Health 19, 74 (2019) doi:10.1186/s12889-019-6424-y

¹⁴ Tatsi, E., Kamal, A., Turvill, A., & Holler, R. (2019). 'Emotion dysregulation and loneliness as predictors of food addiction.' journal of health and social sciences. 4(1), pp, 43-58. DOI: 10.19204/2019/mtnd5

¹⁵ Jumbunna Indigenous House of Learning, University of Technology Sydney. Self-Determination: Background Concepts. Scoping paper 1 prepared for the Victorian Department of Health and Human Services.

organisations. Furthermore, ATSI CCHOs are the embodiment of self-determination as community engagement mechanisms are inherently built into community-controlled structures; there must be a collaborative working relationship between government agencies responsible to implement National Obesity Strategy and ATSI CCHOs.

Recommendation 4: Mandate partnership and engagement of ATSI CCHOs and their representative bodies to lead co-design and delivery of preventive health initiatives/programs for Aboriginal and Torres Strait Islander peoples.

Improvements to the strategy:

Solution 3: Integrate cultural safety into the strategy

QAIHC recognises Aboriginal and Torres Strait Islander culture as a source of strength, resilience, happiness, identity and confidence, which has a significant impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. QAIHC believe that to improve health outcomes for Aboriginal and Torres Strait Islander peoples, health service provision needs to be responsive to cultural differences and the impacts of conscious and unconscious racism. It is clearly understood that Aboriginal and Torres Strait Islander peoples are more likely to access, and will experience better outcomes, from services that are respectful and culturally safe. Integrating cultural safety in health care is the best way to improve equitable access to the health services and programs.

QAIHC believes embracing the world's oldest continuous living Australian Aboriginal and Torres Strait Islander culture will not only benefit Aboriginal and Torres Strait Islander peoples, indeed it will benefit the whole Australian society.

Recommendation 5: Add 'cultural safety' as an additional key guiding principle of the National Obesity Strategy.

Solution 4: Include Social and Emotional Wellbeing (Mental Health) as a key component of prevention

QAIHC notes and supports the inclusion of the proposed "primary" and "secondary" preventive actions that promote and support healthy eating, regular physical activity and a healthy weight for all in the National Obesity Strategy.

Considering the Aboriginal and Torres Strait Islander holistic concept of health, social and emotional wellbeing (mental health) can have a significant impact on healthy eating and physical activity behaviours of an individual and the community.

Including social and emotional wellbeing as a key component of prevention in the strategy would improve both the resilience and strength of Aboriginal and Torres Strait Islander individuals and communities; and significantly impact on improving healthy weight among Aboriginal and Torres Strait Islander peoples as well as the whole Australian population. Also, using positive language such as 'healthy weight' instead of 'obesity' would minimise social stigma, hence encourage community to take a proactive approach toward health and wellbeing.

Recommendation 6: Incorporate 'social and emotional wellbeing (mental health)' within each of the proposed primary and secondary preventive actions.

Recommendation 7: Rename the strategy the 'National Healthy Weight Strategy'.

Recommendation 8: Use the term 'healthy weight' consistently throughout the strategy

Solution 5: Develop community capacity for sustainable health outcomes

QAIHC believes that strengthening ATSI CCHOs' 'capacity' for co-design and delivery of preventive health solutions in a way that helps Aboriginal and Torres Strait Islander peoples to shape and exercise control over their physical, social, economic and cultural environments, is a sustainable approach to address health problems. It is widely understood that community authority and autonomy over all aspects of the service planning and delivery (program and initiatives) builds the commitment and

enthusiasm of all people and sectors involved in the process, contributes to building community capacity, and enables community to identify and address their local needs¹⁶.

The ATSCCHO sector has grown from a need for holistic, comprehensive and culturally safe healthcare. ATSCCHOs are governed by an Aboriginal and Torres Strait Islander board that is elected by members of the local community and they deliver services that build, strengthen and enable self-determination for Aboriginal and Torres Strait Islander communities and peoples. ATSCCHOs have reduced barriers of access and institutional racism which has led to improved health outcomes for Aboriginal and Torres Strait Islander peoples. The ATSCCHO family centred, holistic Model of Care (Model of Care) contributes to the success of health services¹⁷.

The provision of culturally appropriate primary health care in a culturally safe environment is core business for ATSCCHOs. Clinical services, health promotion, cultural safety and community engagement, underpinned by research, evaluation and planning activity, are the essential components of the ATSCCHOs Model of Care.

ATSCCHOs have a broader experience and deep understanding of what works best to address local health and wellbeing needs of the Aboriginal and Torres Strait Islander peoples, based on the mutually trusted working relationship. This sets ATSCCHOs in a unique position and enables to work with the community and deliver best possible holistic primary health care services.

QAIHC acknowledge the intention within the proposed National Obesity Strategy to work in partnership with Aboriginal and Torres Strait Islander peoples. However, QAIHC's experience is that more proactive direction is required; and government agencies must invest in developing the health promotion capability of local ATSCCHOs to create a sustainable preventive health workforce and a sustainable mechanism. Adopting this recommendation will address current trends of complex and fragmented service delivery provisions; ensuring cultural safety and better preventive health care arrangements.

Recommendation 8: Invest in capacity development of ATSCCHOs to build a sustainable health promotion and health literacy (preventive health) community mechanism.

Solution 6: Put greater focus on a place-based approach

Place-based approaches support community to participate, lead and own the initiatives that are important to meet their community needs. The approach is also helpful to break down fear and stigma by engaging community, family and children in their own environment and enabling them to take charge of their own health and wellbeing. QAIHC's Members, the ATSCCHOs, can validate the important role of place-based approaches in improving overall health outcomes of Aboriginal and Torres Strait Islander peoples; and are better positioned to facilitate the process at local level to achieve healthy weight for the community. Recognising the different needs of people through place-based solutions will create better results.

People living in rural and remote areas face particular health challenges; many of them are attributable to their socioeconomic status, living conditions, social/geographical isolation, access and affordability. The proportion of Aboriginal and Torres Strait Islander peoples as a proportion to the local population is higher in remote areas compared to major cities and inner/outer regional areas¹⁸. People living in rural and remote areas do not have the same access to health literacy and services. Equitably distributing resources across the sector will enable Aboriginal and Torres Strait Islander peoples to take control of their health and wellbeing.

People who are socio-economically disadvantaged or living in rural and remote areas of Australia additionally face 'food insecurity' (associated with either inadequate access to food, inadequate supply and the inappropriate use of food). It has been suggested that in developed countries food insecurity may lead to greater consumption of inexpensive, energy-dense and nutrient-poor foods, or that low-income households may live in areas with poor access to affordable, healthy food¹⁹.

¹⁶ Australian Institute of Family Studies, Child Family Community Australia. What works in effective Indigenous community-managed programs and organisations, information Exchange Report 2015

¹⁷ Queensland Aboriginal and Islander Health Council (QAIHC), Model of Care, 2019

¹⁸ Rural and Remote health. AIHW 22 Oct 2019 <https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health/contents/summary>

¹⁹ Too little and too much: exploring the paradox of food insecurity and obesity in disadvantaged populations. [VicHealth 2016](#)

Case study: Healthy Stores 2020

QAIHCs member organisation Apunipima Cape York Health Council was the part of the “Healthy Stores 2020” project (funded by NHMRC, not yet published); an initiative in partnership with Arnhem Land Progress Aboriginal Corporation (ALPAC). The project collaborated with local retail stores and manipulated store environment to reduce the availability of sugary drinks and increase the availability of healthier drinks. Results demonstrate a significant decrease in sales of sugary drinks, however the stores did not lose any revenue due to increase in sales of healthier products. Representatives from Community Enterprise Queensland (retails stores in Aboriginal and Torres Strait Islander communities in North Queensland) attended a workshop about the Healthy Stores 2020 initiative and are convinced this can work in their stores as well.

QAIHC recognises the opportunity and recommends that National Obesity Strategy adopt place-based approach while developing and delivering primary and secondary prevention actions through the engagement of local ATSI CCHOs. QAIHC believes that adoption of this recommendation will meaningfully cultivate local social/community connection, relationships, a sense of purpose, and ownership by local community to address their issues. As such, the strategy must consider the fact that a preventative initiative developed with Aboriginal and Torres Strait Islander peoples in Queensland may not prove effective for an Aboriginal community in Western Australia unless it is modified to the specific needs of that community by that community.

Recommendation 9: *The National Obesity Strategy should put greater focus on a ‘place-based approach’ to healthy weight.*

Recommendation 10: *Add ‘place-based approach’ as an additional enabler of the National Obesity Strategy.*

Recommendation 11: *Incorporate actions to address ‘food insecurity’ issues faced by Aboriginal and Torres Strait Islander peoples living in socio-economically disadvantaged, and rural and remote, areas.*

5. Conclusion

Improving overall population health outcomes through empowering people to take control over their health and its determinants by focusing on people and their needs, aspirations, and capabilities; and enriching their autonomy and resilience, has been proven to be effective.

The ATSI CCHOs evidence-based integrated Model of Care is the true reflection of this approach which further incorporates the holistic concept of Aboriginal and Torres Strait Islander peoples' health and wellbeing. ATSI CCHOs are often the first point of contact for Aboriginal and Torres Strait Islander peoples and it is for this reason that ATSI CCHOs must be engaged in the co-design, delivery and review of preventive health actions.

The COAG Health Council's leadership in developing a whole-of-society response to address obesity is heartening and timely. However, the National Obesity Strategy proposal is missing important strategic and system-level actions, which prevent genuine partnerships with Aboriginal and Torres Strait Islander peoples, and limit Aboriginal and Torres Strait Islander peoples from upholding self-determination and taking charge of their health and wellbeing.

Appointing an Aboriginal and Torres Strait Islander identified position on the COAG National Obesity Strategy Working Group; mandating partnership with ATSI CCHOs; focusing on investing in capacity development of ATSI CCHOs to co-design and implement preventive actions and solutions; incorporating 'social and emotional wellbeing (mental health)' alongside the proposed primary and secondary preventive actions; putting greater focus on 'place-based approach'; and using positive language ('healthy weight' instead of 'obesity') would add significant value to the proposed National Obesity Strategy and ultimately improve the health and wellbeing of Queensland's Aboriginal and Torres Strait Islander peoples.

Obesity is an active concern for QAIHC and our Members. An effective strategy will support communities to improve health and wellbeing outcomes. QAIHC is invested in ensuring that the strategy is appropriate and effective for the Aboriginal and Torres Strait Islander community in Queensland and would be interested in ongoing consultation regarding the development and implementation of this strategy.

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