



**QAIHC SUBMISSION TO THE
House of Representatives
Standing Committee on
Indigenous Affairs**

SUBMISSION

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

July 2020



© Queensland Aboriginal and Islander Health Council 2020

You may cite, distribute and build upon this work. However, you must attribute QAIHC as the copyright holder of the work. All enquiries regarding this document, including copyright, should be directed to:

Chief Executive Officer
Queensland Aboriginal
and Islander Health Council
PO Box 3205
South Brisbane, Qld 4101
P: (07) 3328 8500
F: (07) 3844 1544

*QAIHC receives funding support
from the Australian and Queensland
Governments*



QAIHC SUBMISSION TO THE HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON INDIGENOUS AFFAIRS

SUBMISSION

Inquiry into food pricing and food security in remote Indigenous communities

About the Queensland Aboriginal and Islander Health Council (QAIHC)

The Queensland Aboriginal and Islander Health Council (QAIHC) was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health Sector (the Sector). From our first meeting 30 years ago, we have grown to become a national leader in Aboriginal and Torres Strait Islander health, and as a voice for our 26 members, the Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland, two regional bodies and 14 Affiliate Members.

Like our ATSICCHOs, we embody self-determination; we are governed by an Aboriginal and Torres Strait Islander board that is elected by our Members.

QAIHC Members work tirelessly to provide culturally appropriate, comprehensive, primary health care services to local Aboriginal and Torres Strait Islander communities in Queensland. Collectively they have established more than 60 clinics across the state to service the population. Our two regional bodies – The Institute for Urban Indigenous Health (UIH) and Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA) also provide support to our Members.

Our Members provide more than just holistic Primary Health Care models, they help the whole community and regional economies by encouraging whole of community wellbeing, thus creating local jobs and ensuring local design of services.

Nationally, we represent ATSICCHOs through our affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and are regarded as an expert in our field.

QAIHC, as the peak of ATSICCHO's in Queensland, wishes to express the collective views on behalf of our Members on the Inquiry into food pricing and food security in remote Indigenous communities.

The purpose of this submission is to ensure the committee is aware of the complex determinants of food security that significantly affect Aboriginal and Torres Strait Islander peoples' health and wellbeing in Queensland. QAIHC recommends the government and other key stakeholders develop and implement strategic priority actions to address the problem. QAIHC would like to thank the House of Representatives Standing Committee on Indigenous Affairs for the opportunity to respond the Inquiry.

QAIHC CONTACT REGARDING THIS SUBMISSION:

Angela Young, General Manager - Policy and Research

Email: angela.young@qaihc.com.au Phone: 07 3328 8532

1. Opening statement

QAIHC believes that all Aboriginal and Torres Strait Islander peoples should have the same opportunity to be as healthy and as well as other Australians, and deserve equitable access to the health and social system.

Aboriginal and Torres Strait Islander peoples experience a disproportionate burden of health risks due to systemic disadvantage when compared to non-Indigenous Australians, with far greater consequences on health and wellbeing.

Food security is a fundamental human right and has not yet been achieved for Aboriginal and Torres Strait Islander peoples in Australia. Current responses to food security in Australia are not sufficient and jeopardise the entitlement of Aboriginal and Torres Strait Islander peoples living in remote, rural and urban areas to have a standard of living adequate for positive health and wellbeing.

Aboriginal and Torres Strait Islander peoples living in remote Australia face a significant range of third world conditions in relation to food security which other parts of the country do not have to endure.

QAIHC have worked collaboratively with our Member Services across the Queensland; and understands that at least two of our Members, Gidgee Healing Aboriginal Corporation (Gidgee Healing) and Apunipima Cape York Health Council (Apunipima), have submitted information to the Inquiry regarding their local concerns which QAIHC support. QAIHC have also contributed to NACCHO's submission to the Inquiry. The level of engagement from the ATSIICHO Sector (the Sector) for this particular consultation indicates the extent of concern that food security poses for health organisations in Australia. Part two of this response provides further information on food security issues specific to remote Queensland.

QAIHC notes this Inquiry is about food pricing and food security in remote Indigenous communities. However, it is important to note that many of the factors identified as part of consultation for this submission affect Aboriginal and Torres Strait Islander peoples living in urban environment as well.¹

QAIHC understands that addressing food security amongst Aboriginal and Torres Strait Islander peoples is a complex issue and there is no single solution to fix the problem. However, a multi-level, coordinated and focused response is needed to ensure Aboriginal and Torres Strait Islander peoples living in remote areas have equitable access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. This will protect Aboriginal and Torres Strait Islander peoples' right to food security in Australia and, ultimately, play a vital preventive role in helping improve health outcomes.

This is a historical and urgent need, therefore QAIHC and the ATSIICHO Sector calls for immediate collective action to achieve food and nutrition security for Aboriginal and Torres Strait Islander peoples living in remote, regional and urban areas of Queensland and Australia.

QAIHC recommends to the House of Representatives Standing Committee on Indigenous Affairs that consideration be given to three types of improvements to address food security issues in remote communities across Australia:

- I. strategic structural improvements;
- II. environmental improvements;
- III. strengthened community capacity.

In part three of this submission, the aforementioned areas for improvement are expanded upon and recommendations, listed in the table overleaf, are identified.

| Solutions | Recommendations |
|---|--|
| <p>Strategic structural improvements</p> | <ol style="list-style-type: none"> 1. Conduct an audit for institutional racism across all government departments involved with food security, publishing results and ensuring failings are addressed accurately and in a timely manner. 2. Work in partnership with the ATSI CCHO Sector to revive the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan. 3. Implement recommendation 29 (a national licencing regime for remote community stores) of the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs Inquiry into remote Aboriginal and Torres Strait Islander Community Stores Report 2009, ensuring (and resourcing) Aboriginal and Torres Strait Islander peoples' participation at all levels of decision-making. 4. Establish cross-governmental and cross-departmental systems for collaboration to support community-led design, development, implementation and evaluation of actions to address socio-economic inequities experienced by Aboriginal and Torres Strait Islander peoples, improving food security. |
| <p>Environmental improvements</p> | <ol style="list-style-type: none"> 5. Improve the food supply chain to remote communities through encouraging collaboration between food manufacturers and retailers, non-government organisations, and Aboriginal and Torres Strait Islander communities. 6. Implement the learnings from the Healthy Stores 2020 study, in partnership with the ATSI CCHO Sector. 7. Reinstate the important cultural, spiritual, emotional and physical role of traditional foods for Aboriginal and Torres Strait Islander peoples and support traditional food procurement projects and local community/food gardens in partnership with Aboriginal and Torres Strait Islander communities. |
| <p>Strengthened community capacity</p> | <ol style="list-style-type: none"> 8. Increase funding to enable the ATSI CCHO Sector to improve health literacy through health promotion and an expanded preventative health workforce to design and deliver food security initiatives based on community need. |

2. The problem

Australians living in remote Queensland tend to have shorter lives, higher levels of disease and injury and poorer access to, and use of, health services compared to people living in metropolitan areas. Almost 60 percent of Aboriginal and Torres Strait Islander peoples live outside of Queensland's capital or in remote areas of the state, at 41 percent and 17 per cent respectively.²

The health disparities in remote communities are greater for Aboriginal and Torres Strait Islander peoples than their non-Indigenous counterparts. Life expectancy decreases with remoteness; in 2015, people living in *remote and very remote* areas had a mortality rate 1.3 times greater than people living in major cities.³ Aboriginal and Torres Strait Islander women live 6.9 years less and Aboriginal and Torres Strait Islander men live 6.2 years less than their Aboriginal and Torres Strait Islander urban counterparts⁴. The leading causes of death in remote and very remote areas compared with major cities in 2015 were: coronary heart disease (mortality rates 1.3 times higher); diabetes, (mortality rates 2.3 times higher); suicide (mortality rates 1.7 times higher) and road transport accidents (mortality rates more than 5 times higher).⁵ The Closing the Gap Report 2020 states that the target to Close the Gap in life expectancy by 2031 is not on track.

Food security has been recognised as an important determinant of health and a significant public health issue for Aboriginal and Torres Strait Islander peoples.⁶ The Australian Bureau of Statistics reports that nearly one-third (31%) of Aboriginal and Torres Strait Islander peoples living in remote areas experience problems regarding food security.⁷

Food security is defined as the ability of individuals, households and communities to acquire appropriate and nutritious food on a regular and reliable basis using socially acceptable means that meet their dietary needs and food preferences for an active and healthy life.^{8,9,10} The Universal Declaration of Human Rights states "*everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food....*".¹¹

Key components of food security include:

- a) **Access to food:** Food access generally refers to *capacity to acquire and consume a healthy diet*, including: the ability to buy and transport food; to store food at home; to have access to suitable preparation and cooking facilities; to have the knowledge and skills to make appropriate choices; and to have the time and mobility to shop and prepare food.
- b) **Supply of food:** Food supply refers to aspects of *the supply of food within a community* affecting the food security of individuals, households or an entire population, specifically including the location of food outlets, availability of food within stores, and the price, quality and variety of available food.

Food insecurity has a pervasive history for Aboriginal and Torres Strait Islander peoples, instigated with the colonisation of Australia resulting in intergenerational racism and ongoing policy and socio-economic influences.¹² Assimilation policies that forbid all access to traditional food procurement practices on land, sea and sky; payments or rations of sugar and flour, alcohol and tobacco; and an introduction to processed food has left Aboriginal and Torres Strait Islander peoples food insecure for the generation. The relationship between systemic racism and food insecurity is complex and is clearly intertwined with other established social determinants of food insecurity including poverty, unemployment, incarceration, and disability.¹³ Food insecurity, resulting from socio-economic and geographic barriers, has been associated with significant negative health outcomes for Aboriginal and Torres Strait Islander peoples; it is an important public health priority.¹⁴

There are many overarching complex structural barriers, beyond the control of individuals and their families and communities, that contribute to food insecurity amongst Aboriginal and Torres Strait Islander peoples in remote Queensland.

Aboriginal and Torres Strait Islander peoples living in remote Queensland pay the highest average price for food.¹⁵ Factors that can contribute to higher food prices, particularly in remote areas, include freight charges, store management practices and reduced retail competition in communities with small populations.¹⁶ Food prices, and the relative retail price of different foods, are a central concern for health equity because they disproportionately impact on low-income shoppers who spend a greater share of their income on food and are more price-sensitive than shoppers with higher incomes at their disposal.¹⁷

The combination of higher levels of unemployment, lower levels of income, and higher food prices in remote Queensland means that the percentage of income spent on food increases, thus making equitable access to healthy food even more difficult to achieve for Aboriginal and Torres Strait Islander peoples.

Furthermore, amongst Aboriginal communities across Australia, only six per cent of houses have all of the functioning nutritional infrastructure needed to store, prepare and cook food (functioning hardware includes storage space for food, preparation bench space, refrigeration, functioning stove and sink etc.).¹⁸ This hugely impacts Aboriginal and Torres Strait Islander peoples' ability to become food secure.

In addition to a lack of infrastructure, a significant number of Aboriginal and Torres Strait Islander peoples living in remote communities have limited opportunities to obtain the necessary knowledge and skill for planning, selecting, preparing, and eating healthy foods (health literacy) which has significant impact on food security.

3. Solutions and recommendations

Three groups of solutions to address food security issues in remote communities across Australia are presented in this section:

- I. **strategic structural improvements** where the Australian Government works collaboratively with multi-sectoral partners (national, state and local government, non-government and community) to fundamentally resolve system-level issues; this includes eliminating institutional racism and undertaking policy reform at all levels.
- II. **environmental improvements** to bring practical changes to the food system to improve availability, affordability and utilisation of healthy food. These solutions include: improving the food supply chain; creating a healthy store environment; promoting community ownership and self-development; improving environmental health; and promoting access to, and the use of, traditional / cultural foods.
- III. **strengthened community capacity** to enable individual health choices to change and empower community to support decision making; and having the ability to access food and infrastructure. This is through empowering the ATSI/CHO Sector to build food literacy amongst their communities.

I. Strategic structural improvements

QAIHC believes that strategic structural level improvements are overdue and required to improve the supply of, access to, and consumption of nutritious food in remote communities. The Government should recognise that food insecurity amongst Aboriginal and Torres Strait Islander peoples is the end product of many interrelated and complex factors reflecting the historical injustices; and social and economic conditions of the system. The improvement of food security and poor nutrition requires robust policy actions and ongoing government funding.

Solution 1: Eliminate institutional racism

QAIHC believes that a better food security system for Aboriginal and Torres Strait Islander peoples cannot be achieved unless institutional racism is eliminated. The impact of racism and discrimination on food insecurity must be acknowledged and resolved. This can be achieved through creating opportunities for genuine and active inclusion of Aboriginal and Torres Strait Islander peoples in every level of decision-making structures, including in the design, development, implementation and evaluation of policies and programs that are intended to ensure food security for Aboriginal and Torres Strait Islander peoples. Approaches that address structural racism and discrimination have important implications for alleviating disparities in food security and promoting health equity overall.

Recommendation 1: *Conduct an audit for institutional racism across all government departments involved with food security, publishing results and ensuring failings are addressed accurately and in a timely manner.*

Solution 2: Policy reform

There is a need for policy development and political reforms at the national and local jurisdictional level, based on evidence to better address issues of nutrition and food security for Aboriginal and Torres Strait Islander peoples in remote communities. Strong Aboriginal and Torres Strait Islander leadership in policy and program development is vital. Policy related to reducing the price of healthy foods to help shift consumer purchases towards healthier options should be explored. This includes building on a range of existing national and jurisdictional level health policy initiatives, including the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) and its associated Implementation Plan.

2.1. National food security framework for Aboriginal and Torres Strait Islander peoples

QAIHC notes there is no specific food and nutrition policy or strategy that specifically targets Aboriginal and Torres Strait Islander peoples' food and nutrition issues in Australia, since the expiration of the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) occurred in 2010. Poor nutrition was recognised in the NATSINSAP as a key factor to the poor health and disproportionate burden of chronic disease experienced by Aboriginal and Torres Strait Islander peoples. The NATSINSAP set a framework for action across seven priority areas for all levels of government, in partnership with industry and the non-government sector. However, policy actions and funding were limited for the priority areas of food security, nutrition issues in urban areas, and the environment and household infrastructure.¹⁹

QAIHC recommends that a revised national policy and strategy specific to Aboriginal and Torres Strait Islander nutrition is required to address food security issues amongst Aboriginal and Torres Strait Islander peoples. The strategy should incorporate multiple actions to improve system level issues such as:

- Actions to ensure remote community stores have equitable access to essential food and grocery products at an affordable price.
- The provision of subsidies for transporting a range of fresh, healthy foods to remote areas, providing fresh fruit and vegetables to child care centres and schools and supporting the purchase of refrigerators and freezers.
- The provision to incentivise collaboration between large supermarkets and remote community stores to improve the food supply chain.
- The provision to encourage food manufacturers, wholesalers and large supermarkets to re-distribute surplus food through Foodbank programs for families of low socio-economic status and remote communities.
- Actions to improve environmental health.

Recommendation 2: *Work in partnership with the ATSI CCHO Sector to revive the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan.*

2.2. Establish a national licencing scheme

QAIHC notes that the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs Inquiry into remote Aboriginal and Torres Strait Islander community stores report 2009 clearly identified the need for a national licencing regime,²⁰. However, to date, no national licencing scheme has been introduced.

A rigorous licencing system would ensure equitable best practice is upheld consistently across all community stores. It would provide a benchmark for store management and operation standards with a strong governance structure that aligns with the principles of Aboriginal and Torres Strait Islander leadership. QAIHC supports a national accreditation scheme for remote community stores and retail outlets within remote communities. Government should ensure ongoing resources to support a scheme's implementation, including local community workforce development.

Recommendation 3: *Implement recommendation 29 (a national licencing regime for remote community stores) of the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs Inquiry into remote Aboriginal and Torres Strait Islander community stores report 2009, ensuring (and resourcing) Aboriginal and Torres Strait Islander peoples' participation at all levels of decision-making.*

2.3. Improve socio-economic measures to improve food affordability

In QAIHC's view, affordability is one of the key drivers of food choice. Unfortunately, the cost of food in remote communities is high and many Aboriginal and Torres Strait Islander peoples have low incomes. The submission from Gidgee Healing provides a practical example of this.

To ensure food security amongst Aboriginal and Torres Strait Islander peoples in Australia, the issue of affordability must be addressed. Affordability is linked with inequities in social status (such as employment, income, welfare, and education), housing and transport in remote communities. Coordination across multiple sectors including health, housing, transport, education, human services, employment and training, social services, child protection and food industries, as well as across all levels of government (local, state and commonwealth), is necessary to address food insecurity.

The National Aboriginal and Torres Strait Islander Nutrition and Physical Activity Survey identified that more than 20 per cent of Aboriginal and Torres Strait Islander peoples report having run out of food during the last 12 months and not being able to afford to buy more.⁶

Alongside the longer-term measures to improve the socio-economic status of Aboriginal and Torres Strait Islander peoples through cross-governmental and cross-departmental coordination of strategies, a range of more immediate solutions are available to tackle the immediate problem of affordability. These include introducing direct subsidies to the consumer to improve access to essential food and basic household hardware needed to store, prepare and cook food, along with supporting emergency food-relief services such as ATSI CCHOs that run Foodbanks. The value of community-driven solutions in providing food security are explained in part III.

Recommendation 4: *Establish cross-governmental and cross-departmental systems for collaboration to support community-led design, development, implementation and evaluation of actions to address socio-economic inequities experienced by Aboriginal and Torres Strait Islander peoples, improving food security.*

II. Environmental improvements

There is a need to create a supportive and sustainable food environment. A lack of reliable access to fresh and healthy food compromises food security and the health of people in remote communities. Long transport distances and seasonal climatic conditions create challenges and add costs to food supply. On occasion, food must be air-freighted for transport to some isolated communities at huge additional expense. Food transport and storage are sometimes sub-optimal, so food quality at the point of purchase may be poor. QAIHC believes that improvement to the current food environment will ensure people in remote communities have reliable access to sufficient, affordable, nutritious food to support a healthy life.

Solution 3: Improve the food supply chain

The food supply chain has a significant impact on food pricing and quality. Concerted action across all levels of government and in collaboration with food manufacturers and retailers, non-government organisations, and Aboriginal and Torres Strait Islander communities is essential to improve supply. There are a number of strategies that large supermarkets can employ that remote stores do not typically have access to. For example, they can reduce prices to customers through considerable promotional pricing funded by manufacturers and have an ability to supply a large range of generic products which are generally cheaper than the branded versions which helps reduce the cost to the customer.

The lack of reliable, efficient and cost-effective supply chains provides challenges for transporting and handling refrigerated products in remote communities. Poor supply chains can cause a significant loss of product and reduction in food quality. Large supermarkets have the potential to support remote community stores improve their supply chain through greater collaboration.

Recommendation 5: *Improve the food supply chain to remote communities through encouraging collaboration between food manufacturers and retailers, non-government organisations, and Aboriginal and Torres Strait Islander communities.*

Solution 4: Create a healthy store environment

In remote communities, residents tend to purchase the majority of their food from the community/grocery store and local fast food outlets. The environmental context of these food outlets, including heavy promotion of energy dense foods through placement and price, significantly contributes to people's behavioural patterns.

The store/outlet environment can increase consumption of high energy density foods and promote a low consumption of fruit and vegetables. The NATSINPAS identified that unhealthy discretionary ("junk") foods that are high in salt, fat or sugar make up more than 41 per cent of the energy intake of Aboriginal and Torres Strait Islander peoples in Australia.⁶

Many regulatory measures have been identified as potential contributors to reducing these types of behaviours.²¹ Having healthy and affordable food available in store/food outlet settings allows people to make healthier food choices. This in turn creates and supports healthy food environments (price, promotion, placement, nutrition information, quality and availability of healthy food within retail food outlets) which is an important part of ensuring food security.

Case study: Apunipima Cape York Health Council and Healthy Stores 2020

QAIHC's member Apunipima Cape York Health Council has been collaborating with the Arnhem Land Progress Aboriginal Corporation (ALPA) / Island and Cape, Monash University and Menzies School of Health in several Cape York communities as part of the Healthy Stores 2020 study.²² This project focused on improving the in-store environment to promote healthy choices through a range of strategies including:

- a) reduced facings and refrigerator space for targeted beverages that are high in sugar,
- b) removing any promotional activity on discretionary products (products that are high in energy, high in saturated fat and/or added sugars, added salt or alcohol or low in fibre)
- c) ensuring no visibility at the counter and high traffic areas for discretionary products (such as front aisle displays).

In addition, in communities where there were no competitor stores, any soft drinks larger than 600ml were removed from the refrigerator and were only available at ambient temperature.

This project has shown a substantial reduction in sugar and soft drink consumption without a negative impact on store income. Apunipima have provided a submission to the Inquiry which QAIHC support.

Recommendation 6: *Implement the learnings from the Healthy Stores 2020 study, in partnership with the ATSICCHO Sector.*

Solution 5: Promote Community ownership and self-determination

It is clearly understood that when Aboriginal and Torres Strait Islander peoples take charge of developing their own strategies, they better reflect their interests, values, vision and concerns; thereby increasing ownership and accountability.²³ In line with Aboriginal and Torres Strait Islander peoples' right to self-determination, QAIHC see much benefit in stores being community owned with decision making occurring at the local level and profits going back to community in preference to privately operated stores. Privately operated stores by nature are profit driven and while some private stores are open to receiving community feedback and do work with community members, private stores often have few incentives to cooperate with community members or with other community organisations concerned with community wellbeing.

A solution is to ensure that food security initiatives are specific to Aboriginal and Torres Strait Islander communities and are co-designed with the community. This could be regulated through a store licencing mechanism (recommendation 3) to ensure that the community have shared ownership and responsibility for food security in their region.

Solution 6: Improve environmental health

The environment in which people live has a direct impact on health. Management of the environment can reduce health risks and support improved health and wellbeing outcomes. The scope of environmental health management includes ensuring: the quality and reliability of water supply and sewage services including the ability to wash and safe removal of waste; adequate housing with working facilities; control of disease vectors like mosquitos are; healthy and well cared for domestic animals; control of dust and waste; and good food hygiene practices including the ability to store and cook food and to clean dishes.²⁴

QAIHC recognises that improving environmental health conditions is particularly important in remote Aboriginal and Torres Strait Islander communities. This is particularly relevant as poor environmental health management is a contributing factor to higher levels of health risk and food insecurity compared with non-remote communities. QAIHC's view is that to create a positive and sustainable environmental health outcome, it is imperative that cultural safety is ensured and communities are listened to and involved in the design, development, implementation and evaluation of initiatives. This could be ensured by resourcing the ATSIICCHO Sector (through the provision of Environmental Health Officer roles) and incorporating community-led actions into the NATSINSAP (recommendation 2).

Solution 7: Promote access to, and use of, traditional/cultural food

Strong culture, values and a connection to the land contribute to the resilience of Aboriginal and Torres Strait Islander peoples. Traditional foods contribute to physical health and play a significant role towards cultural, spiritual and emotional health. Colonisation has severely affected the retention of knowledge, and access to and use of traditional foods.²⁵

Aboriginal and Torres Strait Islander peoples have a strikingly detailed knowledge of their country, including the availability of particular plant and animal foods.²⁶ Prior to colonisation and settlement, Aboriginal and Torres Strait Islander peoples enjoyed a varied and nutrient dense diet and utilised complex traditional farming methods foreign to the European settlers.²⁷ Traditionally, food was collected and shared between family groups based on the cultural practices and traditional law; involved physical activity to source and prepare it; and knowledge and practices were passed on from generation to generation. Food played, and continues to play, an essential role in teaching and knowledge acquisition, influencing all aspects of society. Colonisation, with the introduction of food rations, has significantly disrupted this relationship with food and contributed to the loss of knowledge and practice impacting on nutrition related health issues.²⁸

Traditional food consumption and social practices are protective factors of food security and overall health and wellbeing. QAIHC recognises the value of traditional foods and their integral role in continuing cultural knowledge and practices and supporting optimal health. Our recommendation is that Aboriginal and Torres Strait Islander peoples today should be supported to have an ability to continue to access traditional foods either on land or via sea/rivers.

Recommendation 7: *Reinstate the important cultural, spiritual, emotional and physical role of traditional foods for Aboriginal and Torres Strait Islander peoples and support traditional food procurement projects and local community/food gardens in partnership with Aboriginal and Torres Strait Islander communities.*

III. Strengthened community capacity

Evidence suggests that alongside creating supportive environments, there is also a need to raise awareness of the importance of healthy eating (food literacy). Food literacy means that a person has the knowledge, ability and confidence to choose healthy foods to eat, plan, prepare, cook, and budget for their purchase. Food literacy skills play an important role in improving food security amongst Aboriginal and Torres Strait Islander peoples. The effectiveness of such initiatives is dependent on availability and accessibility of healthy food in the community (as detailed in part II: Environmental improvements).²⁹

Previous social marketing nutrition campaigns run by the Australian Government based on the assumption that Aboriginal and Torres Strait Islander peoples lack knowledge about healthy food and how to make healthy choices were negatively received in Aboriginal and Torres Strait Islander communities.³⁰ Such past and current Australian Government approaches have disregarded Aboriginal and Torres Strait Islander peoples', and their respective organisations', participation in relevant decision-making processes.

Solution 8: Empower the ATSI CCHO Sector to build health literacy

Engaging local leaders in the co-design of social marketing campaigns, and in the development of locally relevant messaging, creates local-led action to effect change.³¹ ATSI CCHOs have broad experience and a deep understanding of what works best to address the local health and wellbeing needs of their communities, based on a mutually trusted relationship with community. This places ATSI CCHOs in a unique position that enables them to work with the community and deliver multi-strategy social marketing and community capacity development initiatives, alongside other food security initiatives, effectively.

More proactive direction is required for building health literacy. The House of Representatives Standing Committee on Indigenous Affairs should consider recommending that the government invests in developing the health promotion capability of local ATSI CCHOs to create a sustainable preventive health workforce and a sustainable community mechanism. With extended workforce capacity, the ATSI CCHO Sector will have the ability to work with the community and deliver food security initiatives including, but not limited to:

- culturally appropriate food literacy initiatives targeted to community, community groups, school, early learning centres, community food outlet staff;
- transport assistance such as shopper shuttles, food delivery and / or food aid programs (such as Foodbank);

- community kitchen programs to provide access to affordable and healthy meals including community gardens;
- environmental health initiatives including support with food hardware;
- cultural programs including traditional foods;
- supporting community stores to implement healthy store environments.

QAIHC believes that strengthening ATSI CCHOs' capacity for co-design and delivery of the community-led preventive health solutions is a sustainable approach to address health needs of Aboriginal and Torres Strait Islander peoples. It is widely understood that community authority and autonomy over all aspects of 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 needs.³²

The ATSI CCHO Sector has grown from a need for holistic, comprehensive and culturally safe healthcare. ATSI CCHOs 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. ATSI CCHOs have reduced barriers of access and institutional racism which have led to improved health outcomes for Aboriginal and Torres Strait Islander peoples. The ATSI CCHO family centred, holistic Model of Care (Model of Care) contributes to the success of health services.³³

Case study: UIH Deadly Choices Good Quick Tukka program

QAIHC developed a Good Quick Tukka program with the aim of helping to raise awareness among Aboriginal and Torres Strait Islander peoples about how food and lifestyle choices impact on health to encourage better choices. The program is now run by QAIHC's Regional Member, the Institute for Urban Indigenous Health (UIH), as part of their Deadly Choices program.

The Good Quick Tukka cooking program provides people with the opportunity to taste different foods and use ingredients they may not have tried in the past, and creates a positive social engagement opportunity. As a result, the program hopes to increase the number of meals being prepared at home among Aboriginal and Torres Strait Islander peoples.

Good Quick Tukka recipes are available via [UIH Deadly Choices website](#). All of the Good Quick Tukka recipes can be cooked within 30 minutes, are budget friendly, healthy, and include fruits or vegetables.

Case study: Carbal Food Hamper project

QAIHC's member Carbal Medical Services (Carbal) located in Toowoomba, South East Queensland identified that for some vulnerable members of the community, access to food is a huge challenge for number of reasons such as availability, affordability and transport.

In response to community need, Carbal has developed a food security initiative, 'Food Hampers'. The initiative provides access to fresh nutritious food for people in need and is run in collaboration with local food retailers and the community to address community needs. Carbal staff collect donated food from local food outlets which is then packaged into food hampers and distributed to the community.

The initiative has improved access to healthy, nutritious food to vulnerable members of the Carbal community who would otherwise have struggled to access healthy food. The project was established using Carbal's savings and a \$50,000 flexible funding grant administered by QAIHC.

Recommendation 8: *Increase funding to enable the ATSIICCHO Sector to improve health literacy through health promotion and an expanded preventative health workforce to design and deliver food security initiatives based on community need.*

4. Conclusion

Improving overall population health outcomes through empowering people to take control over their health and its determinants has been proven to be effective. Focusing on people and their needs, aspirations, and capabilities; enriching their autonomy and resilience and enabling true self-determination is what is needed to improve food security.

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, co-development, co-implementation and co-evaluation of food security initiatives.

Aboriginal and Torres Strait Islander peoples living in remote communities face multiple complex food security challenges. There is a need for a multi-level, coordinated and evidence-based intensified response that has a strong focus on strategic structural improvements, creating supportive food environments (improving availability, affordability and use of healthy food) and developing the ATSI CCHO Sector capacity to strengthen community capacity.

Food security is an active concern for QAIHC and our Members. QAIHC is strongly committed to, and interested in, being part of the solution to ensure food security for Aboriginal and Torres Strait Islander peoples and would welcome opportunity to provide further information.

References

- ¹ Browne, J., Laurence, S., & Thorpe, S. (2009). Acting on food insecurity in urban Aboriginal and Torres Strait Islander communities: Policy and practice interventions to improve local access and supply of nutritious food. <https://healthinfontet.ecu.edu.au/healthinfontet/getContent.php?linkid=16329&title=Acting+on+food+insecurity+in+urban+Aboriginal+and+Torres+Strait+Islander+communities>
- ² Australian Bureau of Statistics (ABS) 2016 Census data
- ³ The Australian Institute of Health and Welfare (AIHW)
- ⁴ Closing the Gap report 2020 - <https://ctgreport.niaa.gov.au/life-expectancy>
- ⁵ (AIHW unpublished analysis of National Mortality Database). ABS (Australian Bureau of Statistics) 2015. National Health Survey: First Results, 2014–15. ABS cat. no. 4364.0.55.001. Canberra: ABS
- ⁶ First edition, Food insecurity in Australia: What is it, who experiences it and how can child and family services support families experiencing it? (by Kate Rosier), published July 2011. <https://aifs.gov.au/cfca/sites/default/files/publication-documents/ps9.pdf>
- ⁷ 4727.0.55.005-Australian Aboriginal and Torres Strait Islander Health Survey: Nutrition Results - Food and Nutrients, 2012-13, published in 20/03/2015 Canberra
- ⁸ Food and Agriculture Organization of the United Nations. Food Security Policy Brief, June 2006, Issue 2. http://www.fao.org/fileadmin/templates/faotaly/documents/pdf/pdf_Food_Security_Cocept_Note.pdf
- ⁹ Council of Australian Governments, National Strategy for Food Security in Remote Indigenous Communities. 2009.
- ¹⁰ Christina M. Pollard, Anett Nyaradi, Matthew Lester and Kay Sauer, Understanding food security issues in remote Western Australian Indigenous communities. Health Promotion Journal of Australia, 2014, 25, 83–89
- ¹¹ United Nations. Universal Declaration of Human Rights, Article 25.1 <https://www.un.org/en/universal-declaration-human-rights/> (Accessed on 30/06/2020)
- ¹² Brimblecombe, J., Baillie, R., van den Boogaard, C., Wood, B., Liberato, S. C., Ferguson, M., Coveney, J., Jaenke, R., & Ritchie, J. (2017). Feasibility of a novel participatory multi-sector continuous improvement approach to enhance food security in remote Indigenous Australian communities. SSM - population health, 3, 566–576. <https://doi.org/10.1016/j.ssmph.2017.06.002>
- ¹³ Odoms-Young, A., & Bruce, M. A. (2018). Examining the Impact of Structural Racism on Food Insecurity: Implications for Addressing Racial/Ethnic Disparities. Family & community health, 41 Suppl 2 Suppl, Food Insecurity and Obesity (Suppl 2 Food Insecurity and Obesity), S3–S6. <https://doi.org/10.1097/FCH.0000000000000183>
- ¹⁴ Davy D. (2016). Australia's Efforts to Improve Food Security for Aboriginal and Torres Strait Islander Peoples. Health and human rights, 18(2), 209–218.
- ¹⁵ Rosier, K., (2011), Food insecurity in Australia: What is it, who experiences it and how can child and family services support families experiencing it? First edition.. <https://aifs.gov.au/cfca/sites/default/files/publication-documents/ps9.pdf>
- ¹⁶ Davy, D. Australia's Efforts to Improve Food Security for Aboriginal and Torres Strait Islander Peoples. Health and Human Rights Journal, December 2016, Volume 18, Number 2 (open access article)
- ¹⁷ Nicholls, S., Gwozdz, W., Reisch, L. & Voigt, K. 2011. Fiscal food policy: equity and practice. Perspectives in Public Health, 131, 157–158.
- ¹⁸ Housing for Health. B4 - Improving nutrition - the ability to store, prepare and cook food. <http://www.housingforhealth.com/the-guide/health-housing/improving-nutrition-the-ability-to-store-prepare-and-cook-food/> (Accessed on 30/06/2020)
- ¹⁹ Browne, J., Laurence, S., & Thorpe, S. (2009). Acting on food insecurity in urban Aboriginal and Torres Strait Islander communities: Policy and practice interventions to improve local access and supply of nutritious food. <https://healthinfontet.ecu.edu.au/healthinfontet/getContent.php?linkid=16329&title=Acting+on+food+insecurity+in+urban+Aboriginal+and+Torres+Strait+Islander+communities>
- ²⁰ House of Representatives Aboriginal and Torres Strait Islander Affairs Committee, Everybody's Business Remote Aboriginal and Torres Strait Community Stores. 2009, Commonwealth of Australia: Canberra
- ²¹ Steven Allender, Erin Gleeson, Brad Crammond, Gary Sacks, Mark Lawrence, Anna Peeters, Bebe Loff, Boyd Swinburn, Policy change to create supportive environments for physical activity and healthy eating: which options are the most realistic for local government?, Health Promotion International, Volume 27, Issue 2, June 2012, Pages 261–274, <https://doi.org/10.1093/heapro/dar018>
- ²² Brimblecombe J, Ferguson M, McMahon E, Peeters A, Miles E, Wycherley T, Minaker LM, De Silva K, Greenacre L, Mah C Reducing Retail Merchandising of Discretionary Food and Beverages in Remote Indigenous Community Stores: Protocol for a Randomized Controlled Trial JMIR Res Protoc 2019;8(3):e12646 <https://www.researchprotocols.org/2019/3/e12646/>
- ²³ 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.
- ²⁴ Queensland Government, Environmental Hazards Unit, Health Protection Branch, Prevention Division, Department of Health. Queensland Aboriginal and Torres Strait Islander Environmental Health Plan 2019–2022 https://www.health.qld.gov.au/_data/assets/pdf_file/0024/830445/atsi-environmental-health-plan-2019-2022.pdf
- ²⁵ Public Health Association Australia. Supporting document for the Joint Policy Statement on: Food Security for Aboriginal & Torres Strait Islander Peoples <https://www.phaa.net.au/documents/item/3825>

-
- ²⁶ Lee A, Ride K (2018) Review of nutrition among Aboriginal and Torres Strait Islander people. Australian Indigenous HealthInfoNet.
- ²⁷ Brimblecombe, J., et al., Factors Influencing Food Choice in an Australian Aboriginal Community. *Qualitative Health Research*, 2014. 24(3): p. 387-400.
- ²⁸ Lee, A., The transition of Australian Aboriginal diet and nutritional health. *World review of nutrition and dietetics*, 1996. 79: p. 1-52.
- ²⁹ M. Nolan, G. Rikard-Bell, M. Mohsin, et al., "Food security in three socially disadvantaged localities in Sydney, Australia," *Health Promotion Journal of Australia* 17 (2006), pp. 247–254.
- ³⁰ Davy D. (2016). Australia's Efforts to Improve Food Security for Aboriginal and Torres Strait Islander Peoples. *Health and human rights*, 18(2), 209–218.
- ³¹ Fehring, E., et al., Supporting healthy drink choices in remote Aboriginal and Torres Strait Islander communities: a community-led supportive environment approach. *Australian and New Zealand Journal of Public Health*, 2019. 43(6): p. 551-557.
- ³² Australian Institute of Family Studies, Child Family Community Australia. What works in effective Indigenous community-managed programs and organisations, information Exchange Report 2015
- ³³ Queensland Aboriginal and Islander Health Council (QAIHC), Model of Care, 2019 (https://www.qaihc.com.au/media/37570/modelofcare_19082019_hr.pdf)

THIS PAGE HAS BEEN LEFT INTENTIONALLY BLANK



36 Russell Street
South Brisbane Q 4101

PO Box 3205
South Brisbane Q 4101

T. 07 3328 8500

www.qaihc.com.au

