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NATIONAL RURAL HEALTH ALLIANCE INC

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ROY PRICE:

Facilitator: Sue McAlpin

SUE McALPIN: I'd now like to call on Roy Price. I first heard Roy at a conference - I won't say of what discipline - but it was a national conference and Roy presented on food security, which is what he is going to be presenting on today. It obviously was an issue about remote and rural health. The message that he is going to be talking about is something which is very relevant to improving health outcomes for both rural and remote Australians. Roy is a nutritionist and a dietitian from central Australia where he has worked for the last 15 years.

In 1997 Roy was seconded to lead the development of the Northern Territory Market Basket Survey, a tool designed to measure and monitor variety, quality, availability and affordability of health foods in remote Aboriginal community stores in Northern Territory.

For the audience here, Liz Mattock - Liz, would you like to stand up - Liz has been putting together quite a bit of material from across Australia in a position paper on food security that the Alliance hope will be out at the end of the year. So a very relevant topic for today.

I hand over to Roy.

ROY PRICE: Good morning, ladies and gentleman. Firstly, I want to acknowledge the Ngunnawal people, the traditional custodians of the land we're meeting on, and I also pay respect to the elders both past and present, and the Ngunnawal nation and extend that respect to other Aboriginal people present here today.



I make my presentation to you as a health professional concerned about the food supply in remote areas of Australia, not as a representative of the organisation for whom I work. I'll begin by making reference to an event that took place on December 10, 1948 when the general assembly of the UN adopted the Universal Declaration of Human Rights. In article 25, it states:

“Everyone has a right to a standard of living, adequate for the health and wellbeing of himself and his family, including food”

and other things.

With that statement, access to a healthy food supply was deemed the fundamental human right, something we all have a right to expect will be made available to us by the mechanisms of the society in which we live. The dietary guidelines for Australians upholds these principles and encourages us to eat a wide variety of nutritious foods, eat plenty of vegetables, legumes and fruits.

These issues might seem trivial in an atmosphere of increasing terrorist violence, the threat of bird flu and a horse race this afternoon. But a secure nutritious food supply is deemed a human right, primarily because it is necessary to attain and maintain health. If we have the right to a healthy food supply intact, and utilise these rights by eating a wide variety of nutritious foods we should be free of nutrition related diseases, and live a long and healthy life.

However, in many parts of Australia the right to a healthy food supply is not as evident as whole communities of Aboriginal people live in environments of food insecurity.

And there is a map from the CHINS atlas, from the now defunct ATSIIC website showing the location of remote - discrete Aboriginal communities Australia-wide.

Food security is defined as access at all times for the food needed for a healthy life, regardless of financial status. Food insecurity exists when a person cannot obtain a nourishing, culturally acceptable diet. Food insecurity 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, wellbeing and life span. Food insecurity within a whole of government setting is a



consequence of the underlying, social, economic and structural factors that affected quantity and quality of available food and its affordability.

It needs to be acknowledged that food insecurity is not the only health problem facing Aboriginal people in remote areas. Overcrowding and substance misuse and high rates of unemployment have an impact on health. The causes of high rates of indigenous ill-health are complex and interrelated and poor nutrition related to food insecurity is just one but central to the problem and needs to be tackled on a multitude of levels.

There are 1,223 discrete Aboriginal communities with about 110,000 people. Seventy-two per cent of these communities have less than 50 people. Twelve per cent of these communities have 200 or more. The official unemployment rate is 35 per cent, but this figure is much higher really, because most people are counted as employed are on a work-for-dole program. Twenty-nine per cent of the people in these communities worry about going without food and as Colleen said earlier life expectancy is much less than for non-Aboriginal people.

Here is a photograph of Starbucks - sorry, it's not Starbucks at all, I've trivialised - this is a photograph of an Aboriginal community store, not far from Alice Springs. This is where people do their shopping for food. Here's another one.

The community store is often the sole source of food for the majority of the 1,223 discrete Aboriginal communities. As the provider of the primary source of nutrition and a duty of care that responsibility implies, community stores are actually an essential service. Unfortunately, more often than not, they're expected to be high profiteering business enterprises.

In remote areas eating healthily can be expensive. Healthy food basket surveys or "market basket surveys", as they are sometimes called, conducted over the past two decades have demonstrated the cost of fresh foods in remote communities is considerably more than in southern cities, averaging between 50 to 80 per cent higher.

This is an example of a basket we costed in the Northern Territory. In theory there's enough healthy food in this basket to feed a family of six people for 14 days, although it only provides the very basics. It's hard to see all the foods in there, but - and this is a graph of costs. All of these little things in the bar there are \$50 notes, so for that basket of foods in



Alice Springs it costs that many \$50 notes, \$408 to buy that basket this year when we did the survey. But in the most expensive store it was \$717. Now, I didn't put percentages there but it's not hard to work out that it's probably 60 per cent more in that most expensive store. But there's nothing particularly unique about that particular store why those prices should be that great.

Many isolated community stores carry very limited stocks of fresh foods. The explanations often given for this inadequacy are freight costs, infrequent deliveries, lack of cool storage for display infrastructure and lack of store management and government expertise.

In reality freight costs may only contribute a relatively small proportion of the total store expenditure when compared to the cost of wages. Store management and government expertise is highly variable, poorly supported and not well scrutinised.

And you can see there that this was published in Food North, which I'll talk a little bit about later, where information was actually gathered about where the costs went in community stores. And wages was certainly a larger part, and freight, not significantly more than many of the others, yet it is always blamed. It's an easy one.

Compounding this situation is poverty. Of course, with the income of indigenous people declining in proportion to increasing geographic remoteness, the effect being that the poorest people in Australia are handicapped with the most expensive food costs. Research in 1998 illustrated one such example demonstrated in the people living on the Anangu Pitjantjatjara Lands in Central Australia - this might have been mentioned by John Tregenza the other day - that people do not have sufficient income to cover the costs of a nutritious diet and basic hygiene needs.

Another study conducted in the Centre for Remote Health, headed up by John Wakerman, who spoke earlier this morning, demonstrated in a central remote rural region that the average indigenous economic provider will have an income of only \$9,133 per annum, but will have six dependents to share that \$9,133.

The outcome of extreme poverty, combined with food insecurity affects the most vulnerable in communities. For example, Northern Territory Aboriginal children aged between one to five years admitted to hospitals between 1993 and 1997 were 120 more times more likely to



be diagnosed as under-nourished than non-Aboriginal people of the same age.

We need to ask ourselves to whose advantage is it that this situation remains unchallenged, unchanged. Is it to the advantage of taxpayers, for example? Aboriginal people? Certainly not. The health system? Australians in general?

Some people may benefit from this situation. Out bush, rumours abound about non-Aboriginal people with questionable ethics exploiting the unregulated environment to bleed the community stores dry, who leave the community in the dead of night with a suitcase full of one hundred dollar notes, pay cash for a block of units on the Gold Coast, and then move onto another community hundreds of kilometres away to do it all over again, leaving the first community to pay off their debts by doubling the prices in the store.

To my knowledge no one has ever been prosecuted or convicted, either because the rumours are not true or because ultimately store managers are employees of the community council, and the community council is legally and financially responsible for what happens in their store. But everybody is entitled to make a buck, aren't they? In my mind there is nothing admirable about it exploiting the poorest, least educated, sickest, most disenfranchised people in Australia. But for others they are fair game, sitting ducks if you like. Thankfully, unscrupulous store managers are in the minority. But given the level of responsibility and duty of care that comes with the job, there should not be any.

But I digress, as this is not the subject of my presentation. Poor nutritional health has costs, not only financial costs but also social, cultural and spiritual costs. The taxpayers of Australia foot the bill for the financial costs of the outcome of food insecurity, such as those associated with treatment of complications of diabetes, renal disease, malnutrition and so on. Aboriginal people suffer the social cost of ill-health felt by families when loved ones leave home to seek treatment for chronic nutrition-related illness. Community Aboriginal culture is further diminished when hospitalised and institutionalised community members are not able to participate in ceremonial practices and the sharing of cultural knowledge with younger members of the community. I put it to you that there is also a spiritual cost that we all suffer when we see fellow citizens of this otherwise wealthy community continually having their rights to a healthy food supply being ignored or neglected. We are all degraded by this lack of social justice.



There are strategies in place to overcome food insecurity in remote areas. There have been several coordinated attempts to improve food security in remote Aboriginal communities. However, those working to improve food security are beavering away with very little outcome. So far the best outcomes in improved food supply are those experienced in smaller geographic locations.

For example, the Arnhem Lands Progress Association is owned by five Arnhem Land Aboriginal communities. It's been in operation now for 31 years. The ALPA owns five stores and manages six others on a fee-for-service basis. The food sold in the ALPA stores is governed by a nutrition policy. In particular, fresh food and vegetables are not overly expensive as the freight on fresh produce is a hundred per cent subsidised by a tax on Coke and cigarettes.

The ALPA also offers and conducts training and the board or management is made up of Aboriginal people allowing for strong Aboriginal control. The ALPA has been active in food security for 31 years, but mostly in a small and isolated part of Australia. In October 2004 the ALPA board of directors endorsed a new nutrition program with the aim to increase fruit and vegetable sales from 2.4 per cent of total turnover to 7 to 8 per cent of total turnover.

Mai Wiru, which you would have heard about from John Tregenza if you attended his presentation, is the Regional Stores Policy and Associated Regulations for the Anangu Pitjantjatjara Lands, and it's based on the premise that the residents of the Anangu Pitjantjatjara Lands, by virtue of their citizenship, are entitled to a safe affordable and nutritious food supply. The ALPA Lands Council has asked for prices to be reduced to the equivalent of Adelaide prices and has developed a regional stores policy.

The laws governing the AP Lands has been changed to give the AP Lands Council the power to pass a by-law that all stores in the AP Lands are bound to abide by the Mai Wiru store policy. The area affected by the Mai Wiru policy covers nine Aboriginal communities. Incidentally, the ability for communities to pass a by-law is not necessarily something that can be done in the Northern Territory. For instance, where some communities are not actually - some are incorporated as housing associations, for instance, and are not able to pass by-laws like some community councils can.

The Jawoyn - Fred Hollows Foundation Nutrition Program. In 1999 the Jawoyn Association



asked the Fred Hollows Foundation to help develop a nutrition strategy to tackle the major underlying cause of poor health in their communities. Partnership with other philanthropic and corporate foundations has gathered funding, expertise and broad base support for their programs.

Woolworths is the major benevolent partner in the program and has seconded experienced mainstream store managers to provide support and training to three community stores. This program has been impressive and in 2004 the Minister for Indigenous Affairs, Senator Amanda Vanstone, announced a grant of \$1.5 million to support the expansion of the Fred Hollows model, and in 2004 the Wugularr store - I wonder if it's pronounced that way - in partnership with the Fred Hollows Foundation and Woolworths Limited won a Prime Minister's award for excellence in community business partnerships.

To measure and monitor changes in the food supply in remote areas, healthy food or market basket surveys have been designed in an attempt to provide objective measures of the availability and affordability of healthy food, two fundamental aspects of food security. Three separate methodologies exist in North Australia, one in Western Australia, one in the Northern Territory, and one in Queensland. And while it is important that monitoring of the food supply is ongoing, conducting the surveys themselves does not actually bring about improvements in the food supply. Often we are monitoring the status quo. Store turnover of fresh food and vegetables remains relatively unstudied and unreported, although in the eighties and early nineties quite a bit of work was done. At the end of the day the methodology that is currently being used may not be sensitive enough to pick up changes that might be occurring in the food supply in remote areas. These issues suggest an urgent need for an overhaul and strengthening of the nutrition, monitoring and surveillance methodology in remote areas and for one methodology to be used across all regions of remote Australia.

SIGNAL, the Strategic Inter-Government Nutrition Alliance was a subcommittee of the National Public Health Partnership and was established to coordinate action to improve nutrition and health of Australians. It was made up of representatives from the Department of Health and Ageing, state and territory government health departments, etcetera, etcetera. Its priority areas were coordinating the implementation of the National Nutrition Strategy, Eat Well Australia, with the aim of increasing consumption of vegetables and fruit. And I'll talk more about SIGNAL later. Its two main areas of focus were the food supply in remote and rural communities and the Aboriginal and Torres Strait Islander Nutrition Workforce.



Food North was a preliminary study undertaken in 2003 in preparation for a planned longer-term project to address food supply issues in North Australia, Supported by the Health Ministers of Queensland, Northern Territory and Western Australia, the aim of Food North project was to compile information about the critical issues impacting on the cost and availability of healthy food, and to identify strategies and initiatives that have been used to improve food supply in remote locations, and to provide a framework for the implementation of NATSINSAP.

NATSINSAP is The National and Aboriginal Torres Strait Islander Nutrition Strategy and Action Plan was developed as part of Eat Well Australia. Its aim was to provide a framework for action to improve Aboriginal and Torres Strait Islander health and wellbeing through better nutrition. It was driven by SIGNAL, with funding provided by OATSIH. That was \$120,000 for 12 months. A project officer was employed to work on two priority areas, as I already mentioned.

Some outcomes worthwhile mentioning of the work done here is a joint project funded to the tune of \$930,000, quite a respectable sum, established to address food supply in remote indigenous communities over three years. The partners include Queensland, Northern Territory, Western Australia, South Australia, New South Wales, Department of Health and Ageing, and Indigenous Business Australia. Richard Sager, who was meant to be here today, is heading up that project, and there are a number of other successful outcomes. The project is called RIST, Remote Indigenous Stores and Take-Away Project and what they intend to do, and I hope I've interpreted the information correctly, is: to produce stocking guidelines for remote community stores, that is what food should be for sale; also marketing guidelines and how to promote health enhancing foods; guidelines for community take-away outlets. a source of a lot of nutrition and food for people living in Aboriginal communities, the take-away; minimum standards for display and storage infrastructure, and I'll show you some typical shots of storage infrastructure in a little while; store staff training guidelines; and also a training package for store staff. These are necessary things. We need these things to be able to move onto the next stage.

Here is an example of a typical store infrastructure, the way in which fruit and vegetables is displayed. It looks appetising, doesn't it? If you were presented with that when you went into Coles or Woolworths do you think you would head in that direction? Yet, this is the kind



of infrastructure that stores, because of the amount of money that they have available, etcetera, this is the kind of infrastructure that they use. It's an inexpensive way of doing so, yet it hardly promotes fruit and vegetable consumption.

Here's another example of a drinks fridge being used as a fruit and vegetable display unit. Now, what about this? If you were to go into a community - or a store, this is what you are confronted with when you enter Coles or Woolworths, isn't it, an upright fruit and vegetable display unit, refrigerated, expensive. Although I went to visit a store not far away from Alice Springs a couple of weeks ago actually with Richard Sager, and the store manager had a quote on one of these units, or two of these units, and I think it was closer to \$20,000 than it was to \$6,000 that I thought would probably be the cost. But there again, I don't know whether it's somebody exploiting the interest in this kind of thing.

Here's a typical take-away outlet. Of course the healthy choice is there, and over here is stew and vegetables and rice, but the other stuff is there, as well, too, the chicken and chips, etcetera, fish. So having guidelines for the kinds of things that can be available in stores and how to promote those things, etcetera.

This project will run for three years and requires strong support from all relevant partners to ensure the project attains the best possible outcomes. Once the project is complete our vigilance is required to ensure the training packages, guidelines and minimum standards are actually implemented. Worryingly, the National Public Health Partnership group, of which SIGNAL is a subcommittee, has recently decided to reduce its focus to three streams of work: communicable disease; chronic disease; injury prevention, with four cross cutting things being capacity building, Aboriginal and Torres Strait Islander health, health inequities, and child and youth health. Thus with the stroke of a pen the SIGNAL Standing Committee has been demoted from being a proactive, upstream working alliance to a downstream reactive network, informing the chronic disease and injury prevention working group, and only for the life of the current projects. And in my mind, for an alliance that has achieved so much in upstream activities and initiatives, the logic of the decision is difficult to understand. And in the not too distant future SIGNAL will be defunct, neutered and impotent.

Small retail outlets selling perishable food products in small or isolated communities face many challenges, including transport difficulties and high overheads associated with maintaining buildings, equipment and stock in remote locations. Most of the factors that



contribute to the high costs and limited supply in these locations actually lie outside the health sector, and require commitment and partnerships from a range of sectors to address the problems. It has been shown, however, that none of these problems are insurmountable. Individual store managers, the ALPA, the Fred Hollows Foundation and the person that I worked with, have all demonstrated that these issues can be overcome. However, given that there are 1,223 discrete Aboriginal communities Australia-wide, penetration and potency to effect change that is both widespread and sustainable in the long-term is required. Without a high level of long-term intervention, high level influence over the structural barriers and a high level of political will to ensure that these things happen, these issues are particularly resistant to long-term change.

Ethically speaking, remote community store operators have an unrecognised and unacknowledged duty of care to ensure that the food supply supports people's health. However, it appears that the little accountability in the system lies only in the collection of morbidity and mortality data from the casualties of food insecurity. Furthermore, who other than government-employed nutritionists are overseeing the quality of the food supply in remote areas? Who else gives a damn?

Given that much of the research, policy making and activity are government driven, there is a role for an independent body to take on a monitoring and advocacy role in the push for improved food security in remote areas of Australia; a "Consumer Watchdog" if you like.

Access to an adequate supply of good food and health care are human rights embedded in international human rights law, and a rights-based approach offers new opportunities for strengthening, monitoring, advocacy and accountability in promoting food and nutrition security. Good health cannot be achieved without community food security, which is an important part of the good health jigsaw. Food security is a political issue and progress on food security in remote areas of Australia will not gain the attention it deserves until the impediments to it are politicised. We as taxpayers of Australia have a right to expect that our taxes will be used equitably and ethically to ensure all citizens' rights to food security are guaranteed.

Thank you.