



## **Food Security for Aboriginal and Torres Strait Islander Peoples Policy**

This is a joint policy of the Dietitians Association of Australia (DAA) and the Public Health Association of Australia (PHAA). The purpose of the policy document is to provide succinct data about the current situation in relation to food security for Aboriginal and Torres Strait Islander peoples in Australia, and outline the action the DAA and the PHAA will undertake to address the issues identified.

### **The DAA and the PHAA affirm:**

1. Food security exists “when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life”<sup>1</sup>.
2. 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”<sup>2</sup>. The right to adequate food is not a right to be fed but “a right of people to be given a fair opportunity to feed themselves”, now and in the future<sup>3</sup>. The Australian Human Rights and Equal Opportunity Commission’s Social Justice Report 2005 proposes a rights based campaign to close the gap on Aboriginal and Torres Strait Islander health inequalities within a generation. Aboriginal and Torres Strait Islander peoples do not have an equal opportunity to be as healthy as non-Indigenous Australians. They do not enjoy equal access to primary health care and health infrastructure, which includes: safe drinking water, supplies of healthy food, effective sewerage systems, rubbish collection services and healthy housing. Without effectively addressing these underlying causes of health inequality, disease or condition-focussed programs are not likely to result in sustainable changes<sup>4</sup>. In 2008, the Australian government officially supported the ‘Close the Gap’ campaign.
3. In 1996, the World Health Organization declared that “food security is built on three pillars:
  - Food access: having sufficient resources to obtain appropriate foods for a nutritious diet
  - Food availability: sufficient quantities of food available on a consistent basis
  - Food use: appropriate use based on knowledge of basic nutrition and care, as well as adequate water and sanitation”<sup>5</sup>.

### **The DAA and the PHAA note that:**

#### **Australian Context**

4. The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010 (NATSINSAP)<sup>6</sup> recognised that poor diet is central 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 all levels of government, in conjunction with partners from industry and the non - government sector. Through the identification of seven

priority areas, the NATSINSAP has been designed to build on existing efforts to improve access to nutritious and affordable food across urban, rural and remote communities. The NATSINSAP recognises that improving Aboriginal and Torres Strait Islander nutrition is the responsibility of all those involved with diet, health and the food and nutrition system across all levels of government, non-government agencies and the private sector.

Funding to implement the NATSINSAP has been far from adequate despite a clear mandate for action. Funding for the priority areas of food security, nutrition issues in urban areas and the environment and household infrastructure has been almost non-existent. Despite inadequate funding, some of the significant relevant achievements of the NATSINSAP include progress in Aboriginal and Torres Strait Islander workforce training and development, the Remote Indigenous Stores Takeaway (RIST) project, and communication, collaboration and dissemination of good practice programs and processes<sup>7</sup>.

5. The 2008 National Nutrition Networks Conference brought together Aboriginal and Torres Strait Islander and non-Indigenous nutrition experts from communities, universities, government and non-government organisations. The conference recommendations highlighted the importance of addressing the underlying food security issues facing people in urban, rural and remote Australia, including recommendations for: research into achieving equity of costs and availability of healthy food; subsidies for infrastructure and transport; research into food security issues impacting on all Aboriginal and Torres Strait Islander peoples, routine monitoring and reporting, promoting the value of traditional food systems and ensuring community consultation and nutrition expertise is sought in key aspects of store licensing for remote communities<sup>8</sup>.
6. Prior to European arrival in Australia, Aboriginal and Torres Strait Islander peoples were healthy people who survived on a traditional diet rich in nutrients and low in energy density. The dispossession of land and disruption to family structures through death, disease, forced resettlement and the removal of children since European arrival has severely affected the retention of knowledge, access to and use of traditional foods<sup>9</sup>. Despite the devastating impact of colonisation and continued limitations around traditional food hunting/collection, traditional foods remain an important part of Aboriginal and Torres Strait Islander peoples lives today. Traditional foods not only contribute to physical health but play a significant role towards cultural, spiritual and emotional health.
7. Across different states and urban, rural and remote settings there is a considerable diversity of culture amongst Aboriginal and Torres Strait Islander peoples<sup>12</sup> which influences their needs and responses to their environment, improving food security, delivering health services and nutrition education programs. Furthermore, Aboriginal and Torres Strait Islander communities are typically younger populations so all services and strategies should be culturally sensitive, geographically appropriate and age appropriate, especially to engage children and adolescents. Excellent cross-cultural competency and communication at the local level is essential as is full Aboriginal and Torres Strait Islander participation in the planning, implementation and evaluation of initiatives in communities<sup>6,8,18</sup>.
8. Despite being a wealthy nation, in Australia today, all available evidence indicates many Aboriginal and Torres Strait Islander people suffer food insecurity. Food insecurity includes situations of prolonged hunger, or anxiety about acquiring food or having to rely on food relief. The National Aboriginal and Torres Strait Islander health survey showed that nearly thirty percent of Aboriginal adults worry at least occasionally about going without food, indicating extensive food insecurity. The level of food insecurity reported was even greater for people living in remote areas compared to non-remote areas<sup>10</sup>. Similarly one-third of Indigenous

households surveyed in the 2002 National Aboriginal and Torres Strait Islander Social Survey reported days without money in the last 2 weeks<sup>11</sup>.

9. Food insecurity contributes to the inequality of health status and life expectation between Aboriginal and Torres Strait Islander and non-Indigenous people in Australia. Life expectancy for Aboriginal and Torres Strait Islander peoples is 17 years shorter in comparison to non-Indigenous Australians. Rates for endocrine, nutritional and metabolic diseases are three to ten times those of non-Indigenous males and females. Furthermore, there is an earlier onset of dental decay, gum disease and most chronic diseases including obesity, diabetes, high blood pressure and cardiovascular disease. Low birth weight and poor growth in early life are of concern along with susceptibility to infections and renal disease<sup>12</sup>.

## **Food Security**

10. Food security issues experienced by Aboriginal and Torres Strait Islander peoples vary across the nation<sup>6</sup>. Whilst more Australian data exists to indicate a greater prevalence of food insecurity in remote areas, Aboriginal and Torres Strait Islander peoples are also likely to experience food insecurity in rural and urban centres, but there is a significant gap in knowledge around urban food insecurity. The capacity for food security for Aboriginal and Torres Strait Islander people is undermined by food access (eg. low income<sup>12,13</sup> and poor connectivity between food stores and residential areas<sup>30</sup>), food availability (high food costs<sup>14-18</sup> and limited availability of nutritious foods<sup>14-18</sup>) and food use (eg. inadequate household infrastructure<sup>22</sup>):

### *Food Access*

- Poverty is a major contributor to food insecurity for Aboriginal and Torres Strait Islander peoples<sup>13</sup>. The median weekly individual income of Aboriginal and Torres Strait Islander people was \$278 in 2006; just over half the median income for non-Indigenous Australians (\$473). Aboriginal and Torres Strait Islander people in major cities had higher median personal weekly income (\$352) than those in regional areas (\$294) or remote areas (\$223)<sup>12</sup>.
- International evidence indicates income is not the sole determining factor of food security and measures including employment status, education level, home ownership and housing costs also play an important role, especially for low-wage workers<sup>14</sup>. In Australia, Aboriginal and Torres Strait Islander peoples are disadvantaged across all socio-economic measures when compared to non-Indigenous Australians<sup>4</sup> (eg. unemployment rate for Aboriginal and Torres Strait Islander peoples is three times the rate for non-Indigenous Australians - 16% compared with 5%)<sup>12</sup>.
- For people living in urban areas, connectivity between food stores and residential areas significantly challenges food security. Transport to food outlets and better public transport overall has been strongly and independently associated with food insecurity in urban Australia<sup>30</sup>.

### *Food availability*

- The variety and quality of nutritious foods including fresh fruit and vegetables are generally much poorer in remote community stores compared to major cities<sup>15-20</sup>.
- Take away food and convenience foods are often the most readily available source of food for many people in remote communities with many choices being energy dense and nutrient poor, such as soft drinks, sweets and deep fried food.<sup>15-20</sup>
- The cost of food has increased considerably in recent years and the Australian government has recently commissioned a national inquiry into the competitiveness of retail prices for standard groceries. In Queensland, the price of a healthy food basket rose by 42.7% from 2000 to 2006, compared with a rise in CPI for food of 32.5%<sup>17</sup>.
- Income levels decline with remoteness, yet costs of food, particularly healthy foods, rise dramatically compared to major cities. In 2004, a healthy food basket cost 30% more in very remote areas of Queensland, compared to major cities<sup>15</sup>. Similarly a healthy basket of

foods in the Northern Territory cost 27% more in remote areas compared to Darwin, and ranged from 26% to 53%<sup>16</sup>.

- A number of factors contribute to higher food prices including freight charges, store management practices, and the reduced economies of scale for purchasing and retailing in small remote communities<sup>17-19</sup>. The need for research into effective strategies to applying subsidies to achieve equity in the costs and availability of healthy foods, including fresh fruit and vegetables have been supported in recent national forums including the National Nutrition Networks Conference<sup>8</sup>, the Close the Gap National Indigenous Health Equality Summit<sup>21</sup> and the National 2020 Summit<sup>22</sup>.
- Lower income levels and higher food prices mean the proportion of income that is spent on food increases, so consuming a healthy diet is even more unattainable for people living in remote areas. A study in a remote community in Northern Australia estimated that people spent on average 38% of their income on food and non-alcoholic beverages<sup>20</sup>. This compared to 29.8% for the lowest income Australian households and 13.6% for the average Australian household<sup>23</sup>.

#### *Food Use*

- Poor environmental health infrastructure is a major barrier to food security. The elimination of overcrowding and the provision of appropriately designed, constructed and maintained houses are essential for the safe storage, preparation and consumption of food<sup>24,25</sup>. In Aboriginal communities across Australia only 6% of houses have functioning nutritional hardware (storage space for food, preparation bench space, refrigeration, functioning stove and sink)<sup>25</sup>.
- Nutrition education around shopping, food preparation and cooking, budgeting and choosing foods that promote health also impact on food security. However, whilst nutrition education is an effective strategy for improving diet, the effectiveness of such initiatives are dependent on healthy food being available and accessible<sup>30</sup>.

For Aboriginal and Torres Strait Islander people in urban, rural and remote areas the interplay of disadvantage around food availability, access and use creates a complex situation that is not well understood in the current literature. This increases the necessity for programs to work closely with local people so the issues are well understood and interventions are appropriate and sustainable.

### **Workforce and Training**

11. Having a well supported, funded and educated Aboriginal and Torres Strait Islander nutrition workforce is essential to attaining food security for Aboriginal and Torres Strait Islander peoples<sup>6</sup>. Across Australia, there is a lack of Aboriginal and Torres Strait Islander specialist nutrition positions available at all levels<sup>8</sup>. Nationally, food and nutrition units have recently been integrated into core Aboriginal Health Worker primary health care training<sup>26</sup>, however nutrition and food security also needs to be integrated into other specialist courses (eg environmental health, agriculture, food store management) at Health Worker, Bachelor and Post Graduate levels to ensure comprehensive and collaborative work is carried out across the traditional health silos.

Nationally, there is currently little ongoing funding, support or opportunity for Aboriginal and Torres Strait Islander people to undertake tertiary level training in nutrition and this is essential to create a sustainable profession with increasing nutrition expertise. Furthermore the existing core training of health professionals in nutrition often fails to include an appropriate Aboriginal and Torres Strait Islander curriculum framework, which leaves non-Indigenous graduates ill-prepared for working with Aboriginal and Torres Strait Islander people and communities<sup>6</sup>.

Whilst training in food, nutrition and food security has limitations, so does the current role definition of many health positions working with Aboriginal and Torres Strait Islander communities. Too often positions are quarantined to solely work in individual health behaviour change programs, ignoring the fundamental work to address issues that impact on food security. Food security crosses over many of the traditional health silos and on many non health roles and role definition should be expanded to include the essential role of food security work.

### **Monitoring and Surveillance**

12. Food and nutrition monitoring and surveillance in Australia has traditionally been ad hoc and uncoordinated<sup>27</sup>. Past efforts at the national level have not been inclusive of the specific needs of Aboriginal and Torres Strait Islander peoples living in urban, rural and remote Australia and nor have they collected sufficient data for this population group or indicators of food security. The Nexus Report recommends an ongoing, regular, comprehensive and coordinated national food and nutrition monitoring system which is inclusive of indicators of food security<sup>28</sup>.

### **The DAA and PHAA affirm:**

13. All Australians, regardless of ethnicity, income, and place of residence, have the right to access resources required to achieve an adequate standard of living for health and well-being, including access to a safe and healthy food supply.

### **DAA and PHAA resolve to:**

14. Provide continuing professional development opportunities for members of DAA and PHAA that enhance the knowledge and skills of non-Indigenous public health practitioners, dietitians and nutritionists around the nutrition, cultural and related health needs of Aboriginal and Torres Strait Islander peoples, similar to what is proposed in the Indigenous Public Health Curriculum Framework<sup>29</sup>.
15. Advocate for continuing implementation of the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan as the key framework to address food security.
16. Advocate to commonwealth, state and territory governments to urgently address the issues contributing to the unacceptable level of food insecurity experienced by Aboriginal and Torres Strait Islander Australians, including those related to taxation and subsidies that will achieve equity in the costs and availability of healthy foods for people living in remote Australia.
17. Advocate to commonwealth, state and territory governments for the urgent establishment of an ongoing national food and nutrition monitoring system as recommended in the Nexus Report,<sup>28</sup> which addresses the needs of Aboriginal and Torres Strait Islander peoples and includes data on food security.
18. Advocate to commonwealth, state and territory governments that recommended actions resulting from the national food pricing inquiry are inclusive of the specific needs of Aboriginal and Torres Strait Islander people living in urban, rural and remote areas<sup>8</sup>.
19. Advocate for and collaborate with experts to improve the current housing policy and housing infrastructure inadequacies that currently contribute to food insecurity in Aboriginal and Torres Strait Islander homes.

20. Promote research into food security for Aboriginal and Torres Strait Islander people, including people living in major urban centres by highlighting food security as themes for conferences, professional development workshops and association publications<sup>13</sup>.
21. Support initiatives (including cadetships) for the employment and training of Aboriginal and Torres Strait Islander people to strengthen the food and nutrition expertise, skills and knowledge of Aboriginal and Torres Strait Islander peoples<sup>6,8</sup>.
22. Advocate for implementation of the cultural respect framework to ensure Aboriginal and Torres Strait Islander health workers are valued for local nutrition knowledge around cultural processes and traditional knowledge<sup>8</sup>.
23. Advocate for intersectoral approaches across health, education, housing, human services, employment and training at all levels of government, and for collaboration between government, industry and non-government organisations to address food security in urban, rural and remote locations.

### **Related PHAA policies**

Aboriginal and Torres Strait Islander Health  
 Food and Health  
 Food and Nutrition Monitoring and Surveillance

### **Adopted 2008**

This policy was developed and adopted as part of the 2008 policy revision process.

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