

DAA Submission, May 2017 (Final - lodged online)

Social and Cultural Determinants of Indigenous Health

Publishing/Privacy Statement and Your Details

1. What is your title? eg. Ms, Mr, Dr.
2. What is your name?
3. What is your email address?
pao@daa.asn.au
4. What is your contact phone number?
(02) 6189 1200
5. The Australian Government makes no undertaking that quotes from your submission will be published in an Australian Government report.

6. However, if you choose to make a submission, please be aware that your submission may be quoted or referred to in a report, which may be used internally or published online. Please indicate if your responses:

(Required) May be published or quoted, with your personal name and organisation name included May be published or quoted, with your organisation name included May be published or quoted, with your personal name included May be published or quoted, but with no identifying information associated
If you have concerns or a request about the way your submission may be used, please contact us on MyLifeMyLead@health.gov.au or provide further information below.

7. Are you of Aboriginal or Torres Strait Islander origin?

(Leave this question unanswered)

8. What is your gender?

9. *(Leave this question unanswered)*

10. What is your occupation?

Accredited Practising Dietitian (APD)

11. Are you willing to be contacted by a representative from the Australian Government Department of Health if they have any further questions or clarifications?

(Required) Yes No

12. Please indicate if you would need an interpreter, and in which language.

13. Are you making this submission as an individual or on behalf of an organisation?

(Skip the rest of this page, if you are doing an individual submission)

On behalf of an organisation

14. What is your position/job title in this organisation?

Policy and Advocacy Officer

15. What is your organisation?

Dietitians Association of Australia (DAA)

16. What type of organisation is it?

Commonwealth Government
 State/Territory Government
 Local Government
 Community organisation
 Religious organisation
 Educational institution
 Business entity
 Other service provider
 Other
 Not applicable

17. What is the role of your organisation?

DAA is the leading organisation for nutrition professionals and the peak body representing dietitians in Australia.

18. Where does your organisation operate? (select the most appropriate answer options)

Major city
 Inner regional
 Outer regional
 Remote
 Very remote

National

State/Territory

postcode

Suburb/Town/Community

19. If you or your organisation are making a representation on behalf of another organisation or group, please tell us who it is and its role.

Consultation Contents

This submission process is organised into major social and cultural determinants of Indigenous health.

Please click on the relevant section below and make your submission on that topic. You may respond to one or multiple sections in any order that you choose.

Everyone needs to complete the section 'Publishing/Privacy statement and Your Details', but all other sections are optional.

Connection to family, community, country and culture

Connection to family, community, country and culture has been shown to be important to your health. We would like to learn how to better enable diverse cultural groups to build and maintain their cultural connections.

1. We are looking for experiences, ideas and evidence that show how connection to family, community, country and culture can be enhanced or maintained. Please tell us your story.

Food is essential in terms of providing nutrients for growth, development, maintenance of good physical and mental health, and prevention of chronic disease. Food also has an important role in the lives of families with respect to culture. Eating together and sharing food connects people, enhances community wellbeing, and helps to maintain cultural customs and traditions.

Community food programs (e.g. community kitchens, community gardens, community BBQs, food co-ops etc.) in Aboriginal communities provide an excellent example of the great sense of pride and fulfilment that community members gain from working together to make lasting changes to their own lives and to the lives of others in their community. Participating in, or contributing to, a community food program and sharing a healthy meal together fosters community support and friendship, supports the development of food independence and encourages healthy eating and healthy lifestyles - all vital elements to address disadvantage in Aboriginal Communities. 'Sharing the Tracks to Good Tucker' (Browne J, et al, 2014) provides a wealth success stories for Aboriginal community food programs with a focus on increasing access, knowledge and skills around healthy eating and traditional foods.

Indigenous involvement in 'caring for country' activities (i.e. participating in interrelated activities on Aboriginal lands and seas with the objective of promoting ecological, spiritual and human health) have also demonstrated some good dietary and health outcomes. In one Australian study, (Burgess et al, 2009) caring-for-country scale score was significantly associated with more frequent exercise and bush food consumption, and with better health on most clinical outcomes (lower BMI, less abdominal obesity, less diabetes, lower blood pressure, lower HbA1c level, higher HDL cholesterol level and lower CVD risk). These outcomes are consistent with previous work and international models of Indigenous health promotion, where caring for country was associated with better nutrition, more frequent physical activity and fewer chronic disease risk factors and diagnoses.

2. What are your key recommendation(s)? (one sentence per recommendation please)
What needs to happen?

DAA supports and recommends:

- funding of Aboriginal and Torres Strait Islander Community Food Programs, using models which have been shown to successfully foster community support and friendship, support the development of food independence and encourage healthy eating and healthy lifestyles.
- government investment to support 'caring for country' among Aboriginal and Torres Strait Islander peoples, so as to achieve ecological health gains and human health gains through social, physical and cultural mechanisms.

3. References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.

Browne J, et al, 2014. Sharing the Tracks to Good Tucker: Aboriginal Community Food Program Success Stories. Melbourne: Victorian Aboriginal Community Controlled Health Organisation. Available from: <http://secondbite.org/sites/default/files/VACCHO-SB-Aboriginal-Community-Food-Program-Success-Stories.pdf>

Australian Indigenous HealthInfoNet - Community Gardens. See: <http://www.healthinfonet.ecu.edu.au/health-risks/nutrition/programs-projects/community-gardens>

Burgess C, Johnston F, Berry H, McDonnell J, Yibarbuk D, Gunabarra C, Mileran A and Bailie R. Healthy country, healthy people: the relationship between Indigenous health status and “caring for country”. Med J Aust 2009; 190 (10): 567-572. Available from: https://www.mja.com.au/journal/2009/190/10/healthy-country-healthy-people-relationship-between-indigenous-health-status-and#0_CHDEHIDE

4. Is this recommendation about...?

Family Community Country Culture Language Other

5. If this entry also relates strongly to one or more of the other determinants of health, please select which ones below. There is no need to re-enter the same information under different categories.

Racism Early childhood development, education & youth Employment & income Housing, environment & infrastructure Interaction with government systems Law and justice Health choices Food security

6. Upload further supporting documents here, should you wish to.

Racism

Racism is a demonstrated cultural determinant of health. It can impact health directly (eg. physical violence, stress or discriminatory provision of health care) as well as indirectly by influencing other social determinants such as education experiences, or discrimination in housing, employment or the justice system.

We are using a broad definition of racism, including interpersonal racism, systemic racism, racism in the media, unconscious bias, identity challenge and internalised racism.

1. We are looking for experiences, ideas and evidence that show how racism can be prevented or reduced. Please tell us your story.

The incidence of racism in the delivery of health services can be reduced by encouraging culturally responsive healthcare. Culturally responsive healthcare is an extension of patient centred care that includes paying particular attention to social and cultural factors in managing therapeutic encounters with patients from different cultural and social backgrounds. It is vital that health services have staff with a strong understanding of Aboriginal and Torres Strait Islander people's culture, history, lived experience and the sorts of health concerns they might have and ways of working competently with Aboriginal and Torres Strait Islander people.

2. What are your key recommendation(s)? (one sentence per recommendation please)
What needs to happen?

DAA supports and recommends:

- cultural awareness training for all health professionals (including allied health professionals) as part of standard induction training in Australian health facilities (e.g. hospitals, community health centres, mental health facilities etc.) and the provision of education, support and resources to staff to ensure the needs of Aboriginal and Torres Strait Islander clients are met in a culturally appropriate manner.
- cultural awareness training for all health and community service related university training programs.
- the encouragement of all health-related organisations/businesses/not-for-profit sector to adopt and implement a culturally responsive framework to achieve equitable access to healthcare and improved life outcomes for Aboriginal and Torres Strait Islander peoples. An example of such a framework is that developed by Indigenous Allied Health Australia.

3. References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.

Cultural responsiveness in action: an IAHA Framework. Indigenous Allied Health Australia, 2015. Available from: <http://iaha.com.au/wp-content/uploads/2015/08/2015-IAHA-Cultural-Responsiveness-Framework-WEB.pdf>

Position Statement: Racial Discrimination and Health Outcomes for Aboriginal and Torres Strait Islander People, (2014). Coalition for Aboriginal Health Equality Victoria. Available from: <https://nacchocommunique.com/2014/02/28/naccho-aboriginal-health-and-racism-what-are-the-impacts-of-racism-on-aboriginal-health/>

Ward R and Gorman D (2010). Racism, discrimination and health services to Aboriginal people in South West Queensland. Aboriginal and Islander Health Worker Journal, 34 (6). pp. 3-5. ISSN 1037-3403. Available from: https://eprints.usq.edu.au/18448/4/Ward_Gorman_AIHWJ_2010_AV.pdf

Diffey L and Mignone J. Implementing anti-racist pedagogy in health professional

education: A realist review. Health Edu Care. 2017; Volume 2(1): 1-9. Available from: https://www.researchgate.net/profile/Javier_Mignone/publication/313790114_Implementing_Anti-Racist_Pedagogy_in_Health_Professional_Education_A_Realist_Review/links/58a5b4004585150402d34ea0/Implementing-Anti-Racist-Pedagogy-in-Health-Professional-Education-A-Realist-Review.pdf

4. If this entry also relates strongly to one or more of the other determinants of health, please select which ones below. There is no need to re-enter the same information under different categories.

- Connection to family, community, country & culture Early childhood development, education & youth Employment & income Housing, environment & infrastructure Interaction with government systems Law and justice Health choices Food security

5. Upload further supporting documents here, should you wish to.

Early childhood development, education and youth

Experiences of learning start early, and continue throughout life. Educational attainment is a determinant of health, and also directly affects other social determinants of health such as employment prospects.

In addition, literacy and numeracy directly impacts health choices and interactions with services and government systems.

1. We are looking for experiences, ideas and evidence that show how to strengthen early learning, educational engagement and achievement. Please tell us your story.

Good nutrition is a key contributor to maternal and child health and wellbeing. It is therefore important that:

- ongoing investment is made by the Australian Government to promote good nutrition pre-conception, during pregnancy and in early life, especially around the time of complimentary feeding to promote nutrient rich first foods.
- evidence-based nutrition and breastfeeding content is routinely incorporated into Government funded early childhood, education and youth programs.
- cross-sector efforts are made to create supportive environments to encourage healthy eating in community-based settings like early childhood education and care facilities, schools, sporting venues and recreation centres.
- all Australian children, especially disadvantaged Aboriginal and Torres Strait Islander children, learn the basics of good nutrition from a very early age, so as to help establish life-long dietary habits and support good health into adulthood.

An example of an approach to achieve good health outcomes (including nutrition outcomes) in early life is the Apunipima Baby One Program, which is a health worker led health promotion program that supports families from when a woman first presents in pregnancy until when her child is nearly 3 years of age. Details can be viewed here:

- <http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=5&ved=0ahUKEwjpxvKdq7TTAhVEQLwKHbtHCxoQFgg-MAQ&url=http%3A%2F%2Fwww.aph.gov.au%2FDocumentStore.ashx%3Fid%3D49c12135-1249-4077-b1af-16aa91e52c01&usq=AFQjCNGS1T0g7ilqE69VaaUVzSYelgJEcg>

2. What are your key recommendation(s)? (one sentence per recommendation please)
What needs to happen?

DAA supports and recommends:

- ongoing investment by the Australian Government to promote good nutrition pre-conception, during pregnancy and in early life in Aboriginal communities with practical hands on programs
- the incorporation of evidence-based nutrition and breastfeeding content into Government funded early childhood, education and youth programs for Aboriginal and Torres Strait Islander peoples.
- the adoption of settings-based interventions (e.g. in schools, early childhood services and sports clubs) which combine culturally-appropriate nutrition education with the provision of a healthy food environment (e.g. healthy school canteens).
- the embedding of Aboriginal or Torres Strait Islander perspectives in the early years curriculum, by teaching children in primary school about healthy food, from an Indigenous perspective.

3. References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.

See link to 'Apunipima Baby One Program' provided in question 1, as well as those listed below:

Browne J. Food and nutrition programs for Aboriginal and Torres Strait Islander Australians: what works to keep people healthy and strong? Deeble Institute Issues Brief, No. 17, 2016. Available from:

http://ahha.asn.au/system/files/docs/publications/deeble_institute_issues_brief_no_17.pdf

Feeding our future: Aboriginal early childhood nutrition & physical activity needs assessment report. Victorian Aboriginal Community Controlled Health Organisation (VACCHO). Available from: <http://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/NUTRITION/VACCHO-FEEDING-OUR-FUTURE1.pdf>

Yarning about breastfeeding: Celebrating our stories, 2016. Victorian Aboriginal Community Controlled Health Organisation (VACCHO). Available from: <http://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/NUTRITION/BREASTFEEDING/VACCHO-BREASTFEEDING-WEB3.pdf>

Anaemia in young children of Cape York: Results of a chart-audit – summary report 2016. Apunipima Cape York Health Council. Available from: <http://www.apunipima.org.au/images/publications/Anaemia%20in%20Young%20Children%20Summary%20Audit%20Report.pdf>

First 1000 days Australia (website): <http://www.firstthousanddays.org/>

Australian Indigenous HealthInfoNet – Maternal & Child Nutrition: <http://www.healthinfonet.ecu.edu.au/health-risks/nutrition/programs-projects/maternal-child-nutrition>

4. Is this recommendation about...?

Early childhood education Primary education Secondary education
Tertiary education Training Other

5. If this entry also relates strongly to one or more of the other determinants of health, please select which ones below. There is no need to re-enter the same information under different categories.

Connection to family, community, country & culture Racism Employment & income Housing, environment & infrastructure Interaction with government systems Law and justice Health choices Food security

6. Upload further supporting documents here, should you wish to.

Employment and Income

Employment can have a lasting impact on family and community. While being unemployed can have a negative impact on health, being employed and having a lack of control over poor pay and working conditions is also detrimental.

How can employer and community attitudes play a positive role to improve employment prospects and conditions?

1. We are looking for experiences, ideas and evidence that show how Aboriginal and Torres Strait Islander peoples can access better prospects for employment,

entrepreneurship, professional development, promotion and income. Please tell us your story.

Building an Aboriginal and Torres Strait Islander nutrition workforce is an area that requires attention, including Aboriginal Health Workers with knowledge and skills in nutrition, Aboriginal Nutrition Workers and Aboriginal Dietitians. Of the 6,200+ Australian dietitians who are members of the Dietitians Association of Australia (DAA), just 13 of these members identify as being Aboriginal and/or Torres Strait Islander (effective January 2017). Building and supporting an Aboriginal and Torres Strait Islander nutrition workforce from community driven initiatives will help address the unacceptable nutrition-related health issues that prevail in these communities.

Reconciliation Action Plans (RAPs) provide a framework for organisations to develop practical plans of action built on relationships, respect and opportunities, so as to create social change and economic opportunities for Aboriginal and Torres Strait Islander Australians. Some aspects of the RAP template provide specific strategies in workplaces to support employment.

- 
2. What are your key recommendation(s)? (one sentence per recommendation please)
What needs to happen?

DAA supports and recommends:

- 
- Ongoing investment in training courses to produce Aboriginal Health Workers and Nutrition Workers, and ongoing investment in continuing professional development to maintain and extend skills and knowledge.
 - Investment in technology and other approaches which locate training for Aboriginal Health Workers and Nutrition Workers in, or closer to, their own communities.
 - Long term strategies to encourage Aboriginal children to participate in education, and especially science education, which prepares them for dietetic training at university.
 - a greater emphasis on workforce development, including embedding workforce models into planning to ensure there is access (that is affordable, accessible, appropriate and available) to dietitians in communities to support Aboriginal Health Workers and Nutrition Workers.
 - further development and training for the non-Indigenous health professionals to ensure they deliver culturally safe and responsive care to our communities that is in partnership with Indigenous leadership.
 - greater encouragement of organisations to develop and implement a Reconciliation Action Plan, with a commitment to investigate employment opportunities for Aboriginal and Torres Strait Islander people.
3. References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.

Development of an Australian Aboriginal and Torres Strait Islander Nutrition Workforce. Information Paper, 2009. NATSINSAP. Available from: https://www.healthinonet.ecu.edu.au/uploads/docs/Nutrition_Workforce2.pdf

Reconciliation Australia website – www.reconciliation.org.au

2016 RAP Impact Measurement Report - https://www.reconciliation.org.au/wp-content/uploads/2017/04/2016_RAP_Impact_Measurement_Report.pdf

4. Is this recommendation about...?

Getting people into employment Employee satisfaction Career advancement / progression Business / entrepreneurship Income Other

5. If this entry also relates strongly to one or more of the other determinants of health, please select which ones below. There is no need to re-enter the same information under different categories.

Connection to family, community, country & culture Racism Early childhood development, education & youth Housing, environment & infrastructure Interaction with government systems Law and justice Health choices Food security

6. Upload further supporting documents here, should you wish to.

Housing, environment and infrastructure

The environment in which you live, work and grow is a determinant of your health. Safe housing, working appliances and clean air and water quality directly impact health, especially in children. Community infrastructure, such as roads, footpaths and lighting, can help prevent injury.

1. We are looking for experiences, ideas and evidence that show how more Aboriginal and Torres Strait Islander people can live in healthy and safe homes and environments, and access essential community infrastructure. Please tell us your story.

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 food¹. In Aboriginal communities across Australia only 6% of houses have all of the functioning nutritional hardware needed to store, prepare and cook food (storage space for food, preparation bench space, refrigeration, functioning stove and sink)². Overcrowding is improving in Aboriginal households but

it still impacts around one in five people nationally and more than a third of Aboriginal and Torres Strait Islander people in remote areas³.

Aboriginal hostels support many people living away from their communities because they are attending school, receiving medical treatment, or for other reasons. Sometimes the hostel is their home for extended periods so it is important that hostels provide food which meets general needs for good health, or meets special dietary requirements for people with known health problems. More investment is needed in infrastructure and the workforce to ensure nutrition contributes to good mental and physical health of Aboriginal hostel residents.

References:

1. Closing the Gap Clearinghouse (AIHW, AIFS). Healthy lifestyle programs for physical activity and nutrition. Canberra: Closing the Gap Clearinghouse: Australian Institute of Health and Welfare and Australian Institute of Family Studies; 2012.
2. Housing for Health, Improving Nutrition: The ability to store, prepare and cook food [Internet]. 2013. Available from: <http://www.housingforhealth.com/the-guide/health-housing/improving-nutrition-the-ability-to-store-prepare-and-cook-food/>
3. Australian Bureau of Statistics,. Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Social Survey: 2014-15 [Internet]. Canberra: Australian Bureau of Statistics; 2016. Report No.: 4714.0. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0>

2. What are your key recommendation(s)? (one sentence per recommendation please)
What needs to happen?

DAA recommends an ongoing commitment by the Australian government to co-design, construct and maintain housing with equipment that is essential for the safe storage, preparation, cooking and consumption of food (e.g. storage space for food, preparation bench space, refrigeration - fridge and freezer, a functioning stove/cooktop and oven, and a sink with clean, running water). As part of the co-design process, residents should be consulted to determine the type of equipment that has been previously used and the successes or failures experienced.

DAA also recommends an initial review of Aboriginal hostels to determine areas for improvement in the provision of healthy food, and ongoing investment to support the 47 hostels around Australia, to meet the varied nutritional needs of residents.

3. References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.

Housing for Health, Improving Nutrition: The ability to store, prepare and cook food [Internet]. 2013. Available from: <http://www.housingforhealth.com/the-guide/health-housing/improving-nutrition-the-ability-to-store-prepare-and-cook-food/>

Closing the Gap Clearinghouse (AIHW, AIFS). Healthy lifestyle programs for physical activity and nutrition. Canberra: Closing the Gap Clearinghouse: Australian Institute of Health and Welfare and Australian Institute of Family Studies; 2012.

Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Social Survey: 2014-15 [Internet]. Canberra: Australian Bureau of Statistics; 2016. Report No.: 4714.0. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0>

More than the landlord – a pilot project for a household-level survey developed in partnership with Aboriginal Housing Victoria (AHV) for clients living in Aboriginal housing in an urban community in Victoria. Available from: <http://www.firstthousanddays.org/more-landlord>

4. Is this recommendation about...?

Housing quality Housing maintenance Overcrowding Housing tenure
 Homelessness Native title Environmental health Infrastructure
Other

5. If this entry also relates strongly to one or more of the other determinants of health, please select which ones below. There is no need to re-enter the same information under different categories.

Connection to family, community, country & culture Racism Early childhood development, education & youth Employment & income
Interaction with government systems Law and justice Health choices
Food security

6. Upload further supporting documents here, should you wish to.

Interaction with government systems

How can government services be more people friendly? How can they be made more accessible, clearer, and offer support when it is most needed? Suggestions of ways to remove barriers, examples of wrap-around-service models, communications or streamlining service provision that would reduce inequalities are relevant here.

Government systems could include the health system, welfare system, education system, etc.

1. We are looking for experiences, ideas and evidence that show how Aboriginal and Torres Strait Islander peoples' access to and interaction with government systems can be improved. Please tell us your story.

Aboriginal and Torres Strait Islander peoples' access to federal/state funded health promotion programs and projects (especially those aiming to improve dietary intakes and nutritional health) can be improved by committing to continuity in funding of such programs/projects. A long-term investment in programs/projects which aim to improve nutritional health, is essential to their success by providing security in the people and infrastructure needed to build local capacity.

Another important issue in this area is the shift to competitive tender mechanisms for Government funding, which often disadvantage Aboriginal organisations (Indigenous Advancement Strategy is a case in point). DAA recommends governance and resource allocation to promote partnerships rather than competition between organisations.

2. What are your key recommendation(s)? (one sentence per recommendation please)
What needs to happen?

DAA recommends:

- federal and state governments commit to continuity in funding for programs/projects aimed at improving the dietary intakes and nutritional health of Aboriginal and Torres Strait Islander people.
- governance and resource allocation to promote partnerships rather than competition (i.e. competitive tenders) between organisations.

3. References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.

4. If this entry also relates strongly to one or more of the other determinants of health, please select which ones below. There is no need to re-enter the same information under different categories.

Connection to family, community, country & culture Racism Early childhood development, education & youth Employment & income Housing, environment & infrastructure Law and justice Health choices Food security

5. Upload further supporting documents here, should you wish to.

Health Choices

Structural factors, such as income, availability, affordability and access to healthy food and exercise options, directly influence individual choices and behaviours like eating, exercise, smoking and drinking alcohol.

1. We are looking for experiences, ideas and evidence that show how structural factors such as income, access and knowledge can be influenced to improve health choices relating to exercise, eating, smoking or drinking. Please tell us your story.

There are many success stories in the field of nutritional health, with strategies and programs that have been able to positively influence dietary choices among Aboriginal and Torres Strait Islander people. Examples include:

- Remote store practices - there have been some positive developments in remote store management practices by groups (such as those listed below) to address the pricing barriers to food security, including freight subsidies and preferential profit margin policies:
 - Arnhem Land Progress Aboriginal Corporation (ALPA) (<http://www.alpa.asn.au/pages/Health-%26amp%3B-Nutrition-Strategy.html>)
 - Outback Stores (<http://outbackstores.com.au/>)
 - Mai Wiru (<https://www.maiwiru.org.au/>)
 - Remote indigenous stores and takeaways project (<http://www.healthinonet.ecu.edu.au/health-risks/nutrition/resources/rist>)
- Targeted-nutrition subsidy schemes – there is evidence to support the development and implementation of a direct to consumer food subsidy scheme to address financial barriers and increase affordability and access to healthy food and drink in remote areas. See:
 - <https://www.mja.com.au/journal/2013/199/1/health-outcomes-subsidised-fruit-and-vegetable-program-aboriginal-children>
 - <http://trove.nla.gov.au/work/177668727?q&versionId=193448712+223363852>
 - http://espace.cdu.edu.au/eserv/cdu:38042/Brimblecombe_38042.pdf
 - http://www.menzies.edu.au/page/Research/Projects/Nutrition/SHOP_RIC_Stores_Healthy_Options_Project_in_Remote_Indigenous_Communities/
 - <http://www.nutritionaustralia.org/sites/default/files/Le%20SHELF%20economic%20eval%20accepted%20version.pdf>
- Community food programs - participating in, or contributing to, a community food program and sharing a healthy meal together fosters community support and friendship, supports the development of food independence and

encourages healthy eating and healthy lifestyles - all vital elements to address disadvantage in Aboriginal Communities. See:

- <http://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/NUTRITION/VACCHO-Aboriginal-Community-Food-Program-Success-Stories.pdf>
- <http://www.healthinfonet.ecu.edu.au/health-risks/nutrition/programs-projects/community-gardens>
- Fruit & vegetable programs (<http://www.healthinfonet.ecu.edu.au/health-risks/nutrition/programs-projects/fruit-vegetables>)
- Healthy weight programs (<http://www.healthinfonet.ecu.edu.au/health-risks/nutrition/programs-projects/healthy-weight>)
- Maternal & child nutrition programs (<http://www.healthinfonet.ecu.edu.au/health-risks/nutrition/programs-projects/maternal-child-nutrition>)

Several papers have been prepared to summarise evidence of effective interventions shown to have positive impacts on nutrition issues of relevance to Aboriginal and Torres Strait Islander people and communities. These include:

- A report by the Deeble Institute (Issues Brief No. 17, 2016) on food and nutrition programs for Aboriginal and Torres Strait Islander Australians: what works to keep people healthy and strong? This report is available from: http://ahha.asn.au/system/files/docs/publications/deeble_institute_issues_brief_no_17.pdf
- A literature review by Dr Andrew Black (Office for Aboriginal and Torres Strait Islander Health) identified a number of nutrition projects which reported positive impacts on dietary intake, weight gain in children, fasting cholesterol, blood sugar and insulin levels in Aboriginal and Torres Strait Islander communities. This report is available from: [https://www.health.gov.au/internet/main/publishing.nsf/Content/BEC831EE70AE71E7CA257BF0001E8C31/\\$File/social-enviro-report.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/BEC831EE70AE71E7CA257BF0001E8C31/$File/social-enviro-report.pdf)
- An article published in the Medical Journal of Australia by Lee et al (2009) on improving Aboriginal and Torres Strait Islander nutrition and health. Paper available from: <https://www.mja.com.au/journal/2009/190/10/improving-aboriginal-and-torres-strait-islander-nutrition-and-health>
- A report, presented by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), with findings from a needs assessment of early childhood practitioners working in Aboriginal services and settings to promote nutrition and physical activity for children aged 0-8 years. This report is available from: <http://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/NUTRITION/VACCHO-FEEDING-OUR-FUTURE1.pdf>

2. What are your key recommendation(s)? (one sentence per recommendation please)
What needs to happen?

DAA recommends federal and state governments commit to:

- fund, develop and implement (in consultation with Aboriginal and Torres Strait Islander people) multi-strategy, community-wide nutrition interventions with a dual focus – to increase availability, affordability and consumption of core foods (especially vegetables and fruits) AND reduce intakes of discretionary foods (i.e. sugar sweetened beverages, high fat/salt/sugar processed foods).
- continuity in funding for programs/projects aimed at improving the dietary intakes and nutritional health of Aboriginal and Torres Strait Islander people, especially programs with a ‘social and environmental determinants’ approach that have been shown to positively influence food purchases and improve food security among Aboriginal and Torres Strait Islander people. Continued funding should enable successful existing programs/projects to increase their reach so as to make an impact on a larger scale.
- ongoing funding for ‘healthy food access basket surveys’, with a commitment to the development of nationally consistent methodology to monitor food security across Australia. Monitoring the cost/affordability of healthy food is important as cost is a significant factor influencing food choice.

3. References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.

Browne J. Food and nutrition programs for Aboriginal and Torres Strait Islander Australians: what works to keep people healthy and strong? Deeble Institute Issues Brief, No. 17, 2016. Available from:

http://ahha.asn.au/system/files/docs/publications/deeble_institute_issues_brief_no_17.pdf

Evidence of effective interventions to improve the social and environmental factors impacting on health: Informing the development of Indigenous Community Agreements. Dr Andrew Black, 2007. Office for Aboriginal and Torres Strait Islander Health. Available from:

[https://www.health.gov.au/internet/main/publishing.nsf/Content/BEC831EE70AE71E7CA257BF0001E8C31/\\$File/social-enviro-report.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/BEC831EE70AE71E7CA257BF0001E8C31/$File/social-enviro-report.pdf)

Johnston L, et al. A Review of Programs that Targeted Environmental Determinants of Aboriginal and Torres Strait Islander Health. *Int. J. Environ. Res. Public Health*. 2013; *10*: 3518-3542. Available from:

http://apo.org.au/files/Resource/ijerph_areviewofprogramsthattargetedenvironmentaldeterminants_aug_2013.pdf

Black A, et al. Health outcomes of a subsidised fruit and vegetable program for Aboriginal children in northern New South Wales. *Med J Aust* 2013; *199* (1): 46-50. Available from:

<https://www.mja.com.au/journal/2013/199/1/health-outcomes-subsidised-fruit-and-vegetable-program-aboriginal-children>

Black A, et al. Food subsidy programs and the health and nutritional status of disadvantaged families in high income countries: a systematic review. BMC Public Health 2012, 12:1099. Available from:
http://espace.cdu.edu.au/eserv/cdu:38042/Brimblecombe_38042.pdf

Feeding our future: Aboriginal early childhood nutrition & physical activity needs assessment report. Victorian Aboriginal Community Controlled Health Organisation (VACCHO). Available from: <http://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/NUTRITION/VACCHO-FEEDING-OUR-FUTURE1.pdf>

Yarning about breastfeeding: Celebrating our stories, 2016. Victorian Aboriginal Community Controlled Health Organisation (VACCHO). Available from:
<http://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/NUTRITION/BREASTFEEDING/VACCHO-BREASTFEEDING-WEB3.pdf>

Anaemia in young children of Cape York: Results of a chart-audit – summary report 2016. Apunipima Cape York Health Council. Available from:
<http://www.apunipima.org.au/images/publications/Anaemia%20in%20Young%20Children%20Summary%20Audit%20Report.pdf>

Palermo C, Wilson A. Development of a healthy food basket for Victoria. Australian and New Zealand Journal of Public Health. 2007;31:360-3.
<https://www.ncbi.nlm.nih.gov/pubmed/17725017>

Queensland Healthy Food Access Basket Survey 2014. Queensland Government. Available from: <https://www.health.qld.gov.au/research-reports/reports/public-health/food-nutrition/access/overview>

Northern Territory Market Basket Survey 2012. Department of Health, Northern Territory. Available from:
<http://digitallibrary.health.nt.gov.au/prodjspui/bitstream/10137/560/2/NT%20MBS%20Report.pdf>

4. Is this recommendation about...?

Food security Nutrition Alcohol Tobacco Drugs Exercise
Other

5. If this entry also relates strongly to one or more of the other determinants of health, please select which ones below. There is no need to re-enter the same information under different categories.

- Connection to family, community, country & culture
 Racism
 Early childhood development, education & youth
 Employment & income
 Housing, environment & infrastructure
 Interaction with government systems
 Law and justice
 Food security

6. Upload further supporting documents here, should you wish to.

Food security

Food security includes access, storage, and affordability of healthy food supplies to Indigenous communities. In the Footprints in Time study, one in ten families reported going without meals in 2012. Dietary choices are directly related to income, with the cheapest food options often being those that are high in fats, salt and sugar and energy dense.

Many of the causes of ill-health among Aboriginal and Torres Strait Islander people are nutrition-related.

1. We are looking for experiences, ideas and evidence that show how food security can be improved to support the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Please tell us your story.

Food insecurity leads to unacceptable health inequities for Aboriginal and Torres Strait Islander peoples. There are opportunities to improve food insecurity by:

- a. Developing responses alongside people who are experiencing it;
- b. Taking a strategic and coordinated approach to policy options;
- c. Committing to food system monitoring and surveillance; and
- d. Evaluating, disseminating and applying the findings of policy and program efforts.

2. What are your key recommendation(s)? (one sentence per recommendation please)
What needs to happen?

DAA recommends that Australian Governments:

1. Ensure all policies specific to food security identify and build on proven approaches and are developed with Aboriginal and Torres Strait Islander people in a way that strengthens and supports culture, health and capacity.
2. Continue to build national, coordinated, strategic, cross-sectoral policies to address food security for Aboriginal and Torres Strait Islander peoples. This means taking a whole-of-government approach and working in partnership with Aboriginal

and Torres Strait Islander organisations and communities, and cross-sectoral stakeholders to:

- a. Progress nutrition deliverables within the National Aboriginal and Torres Strait Islander Health Plan's Implementation Plan (NATSIHP IP), particularly the Nutrition Framework Gap Analysis and National Nutrition Risk Scheme;
 - b. Embed specific food security strategies, actions and deliverables within the Social and Cultural Determinants of Health domain of the NATSIHP IP. Focus should be on strategies with a 'social and environmental determinants' approach that have been shown to positively influence food purchases and improve food security among Aboriginal and Torres Strait Islander people (e.g. food subsidy programs and programs targeting remote store practices in rural and remote areas, and support for Aboriginal organisations to deliver community food programs, based on local needs, in urban areas).
 - c. Develop, fund and implement a National Nutrition Framework that explicitly incorporates and addresses Aboriginal and Torres Strait Islander peoples' food and nutrition security;
 - d. Commit to the policy recommendations outlined in the WHO Commission on Social Determinants of Health (2008) in order to address underlying barriers to food security in Australia;
 - e. Enhance training opportunities and create job opportunities for Aboriginal and Torres Strait Islander people to work with their local communities to implement sustainable actions to improve food security and close the food and nutrition gap in Australia.
3. Establish an ongoing national food and nutrition monitoring and surveillance system to assess and monitor availability, affordability, accessibility and acceptability of healthy food and track progress with food security policy actions.
 4. Ensure all food security policies and monitoring systems are evaluated and the findings are disseminated to inform decision making and achieve improvements in policy and practice.

For more details, please refer to the two references below.

3. References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.

Joint Policy Statement on Food Security for Aboriginal and Torres Strait Islander Peoples (2016). Collaborators – Dietitians Association of Australia, Australian Red Cross, Indigenous Allied Health Australia, Public Health Association of Australia, Victorian Aboriginal Community Controlled Health Organisation and National Heart Foundation of Australia. Available from: http://www.redcross.org.au/files/2016_-_FANSIG_-_Food_Security_policy.pdf

Background Paper: Supporting document for the Joint Policy Statement on Food Security for Aboriginal and Torres Strait Islander Peoples (2016). Available from: <https://www.phaa.net.au/documents/item/1787>

4. If this entry also relates strongly to one or more of the other determinants of health, please select which ones below. There is no need to re-enter the same information under different categories.

Connection to family, community, country & culture Racism Early childhood development, education & youth Employment & income Housing, environment & infrastructure Interaction with government systems Law and justice Health choices

5. Upload further supporting documents here, should you wish to.

DRAFT