



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

Inquiry into Food Security in Australia

House of Representatives
Standing Committee on
Agriculture

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ABOUT NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 144 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

Enquiries about this submission should be directed to:

NACCHO

Level 5, 2 Constitution Avenue

Canberra City ACT 2601

Telephone: 02 6246 9300

Email: @naccho.org.au

Website: naccho.org.au

Recommendations

NACCHO recommends:

1. that any policies or programs addressing food security be implemented in accordance with the four Priority Reform Areas of the National Agreement on Closing the Gap;
2. regular monitoring of Aboriginal and Torres Strait Islander food insecurity, including adequate resourcing and training for ACCHOs to conduct local surveys;
3. investment in the development of a community-based nutrition workforce, including funding to support Aboriginal Community-Controlled Registered Training Organisations to deliver the training;
4. job creation in urban, rural and remote communities, including redesign of the CDP in partnership with our people, and raising income support payments to above the poverty line;
5. extending targeted subsidies to more remote stores, to compensate for high overheads;
6. a national program modelled on the *Fixing Houses for Better Health* program, to ensure kitchens in remote Aboriginal and Torres Strait Islander housing are adequately maintained;
7. planning for future pandemics that considers the capacity of remote stores to provide adequate food during biosecurity lockdowns;
8. investment in roads, bridges and sea landings for remote communities to ensure reliable and efficient food supply as well as food security during periods of extreme weather; and
9. long-term investment in community-controlled, local food production, which includes:
 - training for local, agriculture jobs for Aboriginal and Torres Strait Islander people; and
 - assistance for harvesting traditional foods for community consumption and external sale.

Introduction

NACCHO welcomes this opportunity to provide a submission to the Parliamentary inquiry into *Food Security in Australia*. NACCHO acknowledges the contributions made to this submission by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Aboriginal Medical Services Alliance Northern Territory (AMSANT), Aboriginal Health Council of Western Australia (ACHWA), and Aboriginal Peaks Organisation Northern Territory (APO-NT).

In recent years, significant disruptions to the food supply chain caused by the COVID-19 pandemic, natural disasters and international conflict, has deepened pre-existing vulnerabilities within the food system. As a result, food insecurity is on the rise, and this disproportionately affects Aboriginal and Torres Strait Islander people.

Food security is commonly described as ‘when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life’.¹ This definition is built on the four pillars of food security – availability, access, utilisation and stability. Food insecurity exists when one or more of these pillars is compromised: availability does not equal access, access does not equal utilization.

In 2012-13, it was estimated that up to 31% of Aboriginal and Torres Strait Islander people experience food insecurity.² This figure is outdated and, due to underreporting, likely underrepresents the number of Aboriginal and Torres Strait Islander people experiencing some level of food insecurity.

The United States Department of Agriculture (USDA) 18-item Household Food Security Survey Module (HFSSM) could be adopted across settings to provide valid, internationally comparable data on food insecurity. Modified versions of the USDA HFSSM have been developed and validated for use with Aboriginal and Torres Strait Islander groups.³ To ensure self-determination, trust and cultural safety, ACCHOs should be adequately resourced and trained to administer the survey.⁴

NACCHO recommends regular monitoring of Aboriginal and Torres Strait Islander food insecurity, including adequate resourcing and training to ACCHOs to conduct local surveys.

It is important to note that food security can only be achieved when there is access to nutritionally adequate foods. Closing the gap between Aboriginal and Torres Strait Islander people and other Australians requires addressing underlying structural barriers to participation in the Australian economy by Aboriginal and Torres Strait Islander. Only then will food security be fully addressed.

National Agreement on Closing the Gap

In July 2020, the Australian Government, all state and territory governments, the Australian Local Government Association (ALGA), and the Coalition of Peaks signed the *National Agreement on Closing the Gap* (National Agreement). The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.

All governments have committed to the implementation of the National Agreement’s four Priority Reform Areas, which seek to bring about structural change to affect ways in which governments work

¹ Food and Agriculture Organization (2001) *The State of Food and Agriculture 2001* FAO

² Australian Bureau of Statistics (2015) *Australian Aboriginal and Torres Strait Islander Health Survey: Nutrition Results - Food and Nutrients, 2012–13*. Canberra: Australian Bureau of Statistics

³ McCarthy L, Chang AB, Brimblecombe J. (2018) *Food Security Experiences of Aboriginal and Torres Strait Islander Families with Young Children in An Urban Setting: Influencing Factors and Coping Strategies*. International Journal of Environmental Research and Public Health. 15(12)

⁴ Australian Household Food Security Data Coalition (2022) *Household Food Security Data Consensus Statement*. AHFSDC: Australia

with Aboriginal and Torres Strait Islander organisations, communities and individuals. The four Priority Reforms are:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth-telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

NACCHO recommends that any policies or programs addressing food security be implemented in accordance with the National Agreement and its four Priority Reform Areas.

Diet, health, and food insecurity

Members of Aboriginal communities have defined food security as ‘the land and the sea is our food security. It is our right. Food security has two parts: food security is when the food of our ancestors is protected and always there for us and our children. It is when we can easily access and afford the right non-traditional food for a collective health and active life. When we are food secure, we can provide, share and fulfil our responsibilities, we can choose good food knowing how to make choices and how to prepare and use it.’⁵ This definition highlights the importance of culture and traditional food sources in achieving food security for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people are the oldest continuing living culture in the world and have a deep understanding and connection to the land and water. Through this connection, Aboriginal and Torres Strait Islander people have cared for and sustained their food environment for thousands of years. Colonisation, however, restricted access and availability to traditional foods, through the introduction of food rations. As a result, dietary patterns of Aboriginal and Torres Strait people shifted from traditional diets, which were nutrient-dense, to energy-dense diets.⁶

⁵ Menzies school of health research (2016) *Developing a good food system in your community, Information Sheet 1, Good food systems overview*. Darwin: Australia

⁶ Shannon, Cindy (2002) *Acculturation: Aboriginal and Torres Strait Islander nutrition*. Asia Pacific Journal of Clinical Nutrition.

Today this shift has continued, with poor nutritional food choices⁷ reflected in data estimating that 41% of total energy intake among Aboriginal and Torres Strait Islander people is derived from discretionary food and drink items, which are high in saturated fat, salt, and sugar.⁸ Higher consumption of carbohydrate-based foods, sugar-sweetened beverages, less fruit and vegetables, and processed meat, result in sub-optimal dietary intake.⁹

Food insecurity is linked to overall poorer health in adults and children. It contributes to being overweight, to obesity, higher gestational weight gain, as well as to weight loss. Food insecurity can affect stress levels, mental health and lead to feelings of shame. Childhood development and learning can also be adversely impacted by iron deficiency and anaemia. Poor diet quality can also increase the risk of non-communicable diseases, such as type two diabetes and cardiovascular disease, which account for 80% of the mortality gap between Aboriginal and Torres Strait Islander people and other Australians.¹⁰

At the 2021 Food Summit held by the Aboriginal Medical Services Alliance Northern Territory (AMSANT), participants stressed the importance of employing Aboriginal people to deliver and support nutrition and health. Locally led health promotion programs are critical to ensuring healthy-eating messages are designed and delivered in a culturally appropriate way. Community-wide nutrition promotion should be undertaken through use of local language, cook-ups, group education, hunting trips and education on traditional foods to children in schools with Elders. Developing cooking skills and health literacy in young Aboriginal people is vital. Education and youth services should work closely together to educate and develop young Aboriginal people's cooking skills and appreciation for healthy eating. These promotional programs should aim to be led by Aboriginal people using local languages.¹¹

A strong example of a locally led health promotion program is provided by the Arnhem Land Progress Aboriginal Corporation (ALPA) Health and Nutrition Strategy. ALPA employs two nutritionists to drive positive nutrition practices across community activities and stores.¹²

NACCHO recommends the Australian Government invest in the development of an adequately trained and supported community-based Aboriginal and Torres Strait Islander nutrition workforce.

NACCHO recommends the Australian Government resource Aboriginal Community-Controlled Registered Training Organisations to train this nutrition workforce.

In another example of community-led approaches, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), in partnership with Deakin University as part of the Food Policies for Aboriginal and Torres Strait Islander Health (FoodPATH) project, have recently undertaken a series of consultations across their membership. The aim is to develop a consensus statement which will outline priority food policy actions to improve food environments and nutrition outcomes for Aboriginal and Torres Strait Islander people in Victoria. This work will be critical to improving food environments, security and health outcomes across the state and for informing effective approaches in other communities.¹³ The consensus statement will be released in 2023.

⁷ Sherriff, S., Kalucy, D., Tong, A. et al. (2022). *Murradambirra Dhangaang (make food secure): Aboriginal community and stakeholder perspectives on food insecurity in urban and regional Australia*. *BMC Public Health* 22

⁸ Australian Bureau of Statistics (2015) *Australian Aboriginal and Torres Strait Islander Health Survey: Nutrition Results - Food and Nutrients, 2012–13*. Canberra: Australian Bureau of Statistics

⁹ Lindberg, R.; McNaughton, S.A.; Abbott, G.; Pollard, C.M.; Yaroch, A.L.; Livingstone, K.M. (2022) *The Diet Quality of Food-Insecure Australian Adults—A Nationally Representative Cross-Sectional Analysis*. *Nutrients* 14

¹⁰ Australian Institute of Family Studies. *Healthy lifestyle programs for physical activity and nutrition*. Melbourne: Australian Institute of Family Studies; 2011

¹¹ AMSANT (2021) *Food Summit Report*, AMSANT: Darwin

¹² ALPA One Vision (2022) *Health and Nutrition Strategy* Viewed online at: <https://www.alpa.asn.au/giving-back-through-benevolence>

¹³ FoodPATH Project, <https://www.vaccho.org.au/foodpath/>

Food affordability

Food security is a complex issue that comprises multiple factors, including low household income, unemployment, inadequate transport to food stores – particularly those that offer food at a lower cost – and higher food costs in remote areas.^{14, 15} Aboriginal and Torres Strait Islander people disproportionately experience food insecurity because they experience disproportionately high unemployment and under-employment, and this is especially the case in rural and remote communities. Programs such as the Community Development Program (CDP) and its predecessors have failed to create meaningful, adequately paid jobs and to accommodate cultural responsibilities of Aboriginal and Torres Strait Islander people.

Low household income is compounded by high prices. Recent data from the Northern Territory shows that the cost of healthy food is 52% higher in remote food stores compared to supermarkets in urban areas.¹⁶ As such, households in remote communities may spend up to 50% of their income on food alone – the cost of food is considered affordable when no more than 30% of income is spent on buying food. In recent years the cost of food has also increased faster than the consumer price index.¹⁷ Remote households dependent on inadequate government support payments are at a particular disadvantage.

NACCHO recommends investment and job creation in urban, rural and remote communities, including redesign of the CDP, in partnership with Aboriginal and Torres Strait Islander people;

NACCHO recommends increasing income support payments to above the poverty line and indexing these payments to wage growth.

Community stores

Significantly increased overheads due to small economies of scale make many remote stores financially precarious and lead to inflated prices. Remote stores have higher transport costs due to long distances from markets and poor road conditions; higher capital requirements for new buildings and maintenance; high staff wages; and greater wastage of food stock, some of which is related to the short shelf life that food has after lengthy transportation. Like other remote community service providers, stores need to build and maintain housing, provide vehicles, and cover the utility costs of staff.

However, community stores are often one of the few Aboriginal community-owned businesses in remote settings. They must attempt to be profitable while also providing social benefits, including supporting good health. Unfortunately, reducing prices for healthy food is challenging if the store is struggling financially. The Australian Government must acknowledge the critical social service that remote stores provide to communities and vulnerable people who rely on them for access to healthy food.¹⁸

Consistent with this view and with recommendations made by the APO-NT and AMSANT, **NACCHO recommends** the Australian Government extend targeted subsidies to more remote stores, to compensate for their high overheads.

¹⁴ AMSANT (2021) *Food Security in the Northern Territory: consultation analysis and discussion paper* AMSANT: Darwin

¹⁵ Markham F, Kerins S (2020) *Policy responses to food insecurity in remote Indigenous communities: social security, store pricing and Indigenous food sovereignty*. Centre for Aboriginal Economic Policy Research, Canberra: Australian National University

¹⁶ NT Dept Health (2022) *Northern Territory Market Basket Survey 2021* Northern Territory Government: Darwin

¹⁷ AMSANT (2021) *Food Security in the Northern Territory: consultation analysis and discussion paper* AMSANT: Darwin

¹⁸ Aboriginal Peak Organisations Northern Territory (2020) *Inquiry into food pricing and food security in remote Indigenous communities* Australian Parliament: Canberra

Housing

There is comprehensive, evidence-based literature that demonstrates the powerful links between housing and outcomes for health.^{1,2} In particular, inadequate housing influences food insecurity. Housing experienced by Aboriginal and Torres Strait Islander people all too often lacks sufficient food storage and preparation space, refrigeration and access to a functioning sink or stove. Across Australia, only 6% of Aboriginal and Torres Strait Islander communities have access to the health hardware needed to be food secure.¹⁹ With lack of health hardware, there is a greater reliance on the convenience of unhealthy, takeaway foods.

The community-controlled housing sector has an established track record in developing and managing affordable housing. Within this sector there are currently, approximately 330 Aboriginal Community Housing Providers (ACHP) across Australia, two-thirds of which receive government funding.¹⁴ These ensure rental housing better provides for cultural needs and is better maintained. Increasing the availability of ACHP housing stock will lessen overcrowding, and improve maintenance.

Community kitchens are also an option in remote communities. Food preparation, cooking and eating is often a communal activity. Community kitchens can build on the communal importance of food and empowering communities to pool skills and infrastructure be self-reliant and lead nutritious food preparation. There is also potential for employment and upskilling by teaching cooking and nutrition skills within communities.²⁰

Past programs to address inadequate housing from a health perspective have proven successful. Funded by the Australian Government, *Fixing Houses for Better Health* (FHBH) projects ran from 1999 to 2011 in remote and rural Aboriginal and Torres Strait Islander communities nationally. Using a method known as 'housing for health', FHBH assessed and made repairs to houses, giving priority to improving water supplies, sanitation equipment and food preparation areas.

NACCHO recommends a national program modelled on the successful *Fixing Houses for Better Health* program, which builds strong partnerships with ACHPs.

The COVID-19 pandemic

The pandemic has impacted food availability in Australia. Shifts in consumer demand and purchasing patterns, such as stockpiling of basic pantry items, led to significant disruptions in distribution and supply of food. For Aboriginal and Torres Strait Islander people living in remote and regional areas, panic buying in urban centres coupled with purchase restrictions implemented in larger supermarkets, increased the risk of food insecurity.²¹ Increased warehouse and supply costs were also passed down to consumers in the form of higher prices.

On March 26, 2020, all remote areas of the NT were declared designated biosecurity zones under the Commonwealth Biosecurity Act, to protect remote communities from potential exposure to the coronavirus. Restricted movement increased reliance on remote food stores, and many remote communities had to rely on local stores not capable of providing the full range of community needs for an extended period of time. Stores were encouraged to carry additional stock and be prepared for a medical lock-down should it eventuate. However, many stores were not supported in this and lacked

¹⁹ Housing for Health (2013) *Improving Nutrition: The ability to store, prepare and cook food* Viewed online at: <http://www.housingforhealth.com/the-guide/health-housing/improving-nutrition-the-ability-to-store-prepare-and-cook-food/>

²⁰ Aboriginal Health Council of Western Australia (2020) *Inquiry into Food Pricing and Food Security in Remote Indigenous Communities* Australian Parliament: Canberra

²¹ Zwart, H (2020) *Coronavirus panic-buying threatens food security in remote NT community* ABC. Viewed online at: <https://www.abc.net.au/news/2020-03-21/coronavirus-panic-buying-threatens-food-shortage-in-nt-community/12071414>

the capacity of regular and refrigerated storage spaces to do so. Some stores also struggled with the financial leverage needed to place a large enough order to meet additional requirements.

NACCHO recommends planning for future pandemics considers the capacity of remote stores to provide adequate food under biosecurity lockdowns.

Climate change

The relationship between our food system and climate change is bi-directional. Food security cannot be addressed or achieved without acknowledging this relationship. Central to promoting food security for all, is building a resilient food system which can withstand climatic changes. Without this, food production, distribution and utilisation will be compromised.

Australia currently and will continue to face the impacts of climate change associated with increase in extreme fire events, heavier rainfall, flooding, and longer periods of drought.²² Many communities have already experienced the impact of extreme weather on food availability and cost. This was seen in early 2022, when road closures due to flooding, in the Northern Territory, inhibited food transport trucks from reaching supermarkets.²³

NACCHO recommends Australian Governments invest in the upgrading of roads, bridges and sea landings for remote Aboriginal communities to ensure efficient food supply as well as food security during extreme weather events associated with climate change.

Local food production

Producing food in and around Aboriginal communities can help increase availability of healthy food. Harvesting and growing more food locally shortens the supply chain of fresh produce, lowering the cost and improving the quality and shelf life of fresh food.

At the 2021 AMSANT Food Summit, participants saw local food production as an aspect of community food security but also an employment opportunity. AMSANT community consultation also found greater access to traditional foods was mentioned as one of the strongest ways to address food insecurity in Aboriginal communities.

There have been many attempts at developing community gardens or farms in the Northern Territory. Most have failed due to absence of a systematic approach to resourcing, marketing, management, sustainability, and succession plans.²⁴ Failure has also been driven by a lack of community leadership and control. Some exceptions exist, such as Centre Farm's Desert Springs Melon Farm and its Work Experience Pilot Projects, which provide practical training hubs for students and job seekers²⁵; and the Bawinanga Ranger fishing program in Maningrida, which supplies locally caught fish to external markets.²⁶

Success will depend on long term commitment from governments, strong links to local employment and a coordinated approach to food production and harvesting. Consistent with this view and with recommendations made by the APO-NT and AMSANT, **NACCHO recommends** Australian governments provide long term investment in community-controlled, local food production. This should include:

²² Commonwealth Government (2022) *State of Climate 2022* Australian Government: Canberra

²³ Dick, S (2022) *Northern Territory food shortages continue as parts of the Stuart Highway remain submerged in floodwater* Viewed online at: <https://www.abc.net.au/news/2022-01-31/nt-food-supply-shortages-flooding-road-transport/100792204>

²⁴ Hume, A, O'Dea, K, Brimblecombe, JK, (2013) *A survey of remote Aboriginal horticulture and community gardens in the Northern Territory* Australian and New Zealand journal of public health, vol. 37, no. 4, pp. 394–395

²⁵ Centre Farm (2020) *Submission to the House Standing Committee on Indigenous Affairs Inquiry into Food Pricing and Food Security in Remote Indigenous Communities* Parliament of Australia: Canberra

²⁶ Bawinanga Aboriginal Corporation (2022) *Seafood*. Viewed online at <https://maningridawildfoods.com/seafood/>

- funding for training for Aboriginal and Torres Strait Islander people linked to Agriculture jobs in and around communities.
- assistance for communities to harvest traditional foods for community consumption and sale to both local and national markets.