Central Australian
Aboriginal Congress
ABORIGINAL CORPORATION | ICN 7823

Position Statement – Food Security

Key Policy Actions

Congress commits to working on and advocating for the following:

1. Any approach to addressing food security in Aboriginal communities must be based upon the rights to self-determination of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Aboriginal Peoples*.
2. Support for Aboriginal groups that wish to live on their traditional lands to do so, given the clear physical, social and emotional wellbeing benefits that result including through greater access to bush foods and a more active lifestyle.
3. Advocate for a stronger government commitment to reducing poverty and inequality. This commitment should include a significant and permanent increase in the Newstart and similar citizenship entitlements for all participants, and an additional loading on such payments for those in remote or very remote areas to address significantly higher costs of living.
4. A direct to consumer, point of sale subsidy to address financial barriers and increase affordability of essential food, including fruit and vegetables, in remote areas funded by at least a 20% hypothecated tax on sugar, including all sugar-sweetened beverages, to rebalance the high cost of healthy foods against the relative affordability of unhealthy foods.
5. Advocate for an economy of scale store model, encouraging the collective buying power of small independent or community owned stores to access lower prices that can be passed to the community.
6. Advocate for significant increases in culturally appropriate and well maintained housing for Aboriginal communities, to ensure that Aboriginal families have access to appropriate food storage, preparation and cooking facilities.
7. Aboriginal Community Controlled Health Services are to be recognised as the preferred providers of public health and nutrition programs and other initiatives to address food security in Aboriginal communities.

Background

Food security in Aboriginal Australia

Food Security is commonly defined using the United Nations Food and Agriculture Organization's (FAO) definition '*Food and nutrition security exists when all people at all times have physical, social and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life* ' [i]

Aboriginal people report food insecurity at a significantly higher rate than non – Aboriginal people. The Australian Aboriginal and Torres Strait Islander Health Survey 2012-13[ii] showed that 22% were living in a household that had run out of food and could not afford to buy more, where 7% lived in a household that had gone without food when they ran out. In the NT Aboriginal population, 34% of the population had run out of food in the last year compared to 4% of the non-Aboriginal population. The national rate for Aboriginal people was 25%. In 2013, 97% of Aboriginal people in the NT reported inadequate vegetable intake and 49% reported inadequate fruit intake.[iii]

Culture, colonisation and the right to self-determination

In traditional times, Aboriginal people's access to Country and deep cultural knowledge of bush foods ensured that they and their children were well-nourished and healthy. Bush foods were generally high in protein and fibre and low in fat and sugar. Traditional land management techniques ensured that food resources were not over-used, and a mobile lifestyle meant a high degree of flexibility in relocating should local food shortages occur.

However, since colonisation Aboriginal peoples' access to the land and its resources has been restricted. Nutritious bush foods have been replaced in many cases by a diet high in processed foods, sugars and fats and low in fibre and nutrients. Fatty and high sugar foods were hard to find in traditional times and there was a strong drive to eat these foods when they were available to be able to gain the weight necessary to survive the lean times that would sometimes come. This inherent drive in hunter gatherer people's to eat sugar and fat when available led to the development of the "thrifty gene hypothesis" and this served the survival of Aboriginal people well for tens of thousands of years. However, once access to high fat and sugar foods suddenly and dramatically improved, Aboriginal people have had to learn to try to rapidly adjust.

In the Northern Territory this transition was very sudden as the basic rations that were provided, in lieu of wages, to Aboriginal people forced to live and work on cattle and sheep stations, prior to the Land Rights era in the NT, included sugar, flour and treacle or honey as well as tobacco. This ready availability of these foods, in the absence of other alternatives, then contributed greatly to the development of an unhealthy taste for sugar and sweet foods generally, including the love of damper.

Fortunately, in those places where Aboriginal people have retained access to their Country, bush foods continue form an important part of their diet and is associated with lower mortality and reduced risk of chronic disease including cardiovascular disease and diabetes[iv].

It is in this context that the currently high levels of food insecurity in contemporary Aboriginal communities should be seen and any approach to addressing the issue must recognise this underlying process of colonisation and its effects. It should therefore be founded on the rights of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Aboriginal Peoples*[v], which states:

> *Article 23: Aboriginal peoples ... have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.*

Food and health outcomes

Nutrition is a key determinant of health. Poor nutrition is the leading single preventable risk factor for death and disability in Australia. This is likely to be worse for Aboriginal people living in remote areas, where the disease burden for Aboriginal people is 2.4 times that for non-Aboriginal Australians. [vi,vii]

Chronic diseases related to diet, such as cardiovascular diseases, kidney disease and diabetes are responsible for more than 70 per cent of the burden of disease for Aboriginal people.[viii] Aboriginal adults are almost 4 times as likely to have diabetes as non-Aboriginal people.[ix]

Poor nutrition includes a high intake of energy-dense, nutrient-poor foods such as sugar sweetened beverages, and unhealthy take-away coupled with a disproportionately lower intake of healthy foods such as fresh fruit and vegetables. [x,xi] A high intake of energy-dense, poor-nutrient foods leads to a double burden of malnutrition and obesity, which is occurring in economically developing countries and in Australian Aboriginal communities. [xii,xiii]

The high cost of healthy food and lower incomes in remote Aboriginal communities

People living in remote communities spend more on food than other Australians. Prices for healthy, fresh foods, particularly fresh fruit, vegetables and dairy foods, are higher for a number of reasons, including the cost of freight over long distances, and the high cost of storing perishable food.[xiv,xv] On average, a food basket (i.e. foods that meet the average energy and recommended nutrient needs of a family of six for a fortnight) is 41 per cent higher in remote NT communities than in Darwin.[xvi]

Lower than average incomes compounds the issue of affordability of healthy foods. In remote areas across Australia both poverty and inequality are worsening for Aboriginal people, with Aboriginal incomes falling and the income gap to non-Aboriginal people widening[xvii]. Aboriginal people use income support at disproportionally higher rates than non-Aboriginal people, more so in remote communities where employment opportunities are scarce. [xviii,xix] Furthermore, payments such as the Newstart Allowance, the Parenting Payment and the Youth Allowance, all fall below the poverty line.[xx] For example, for welfare-dependent families living in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, a healthy diet costs more than half of disposable income, compared with 28–40 per cent of that of welfare-dependent families living in non-remote areas, or 20 per cent for Australian families with an average income living in urban areas.[xxi]

In this context, it is important to note that the recent doubling of the Newstart allowance through the COVID-19 "Jobseeker payment" is already being reported by Aboriginal people in Central Australia to have achieved a major improvement in food security. It has also been reported by Congress remote health boards that there is less family fighting over access to food and that young people have dramatically reduced breaking and entering into private properties to obtain food to address extreme hunger due to periods where no food was available.

The relative affordability of energy-dense and nutrient-poor foods

On the other hand, energy-dense, nutrient-poor foods are relatively inexpensive, leading to higher consumption and poorer health for all Australians.[xxii] They are also ready to eat and convenient and able to be securely controlled by individuals. Foods that are rich in refined starches, sugars and fats are sold at relatively lower prices than healthier options such as lean meats, whole grains and fresh vegetables and fruits. Furthermore, there is a proliferation of foods high in sugar, fat and salt, such as sugar sweetened drinks, meat pies and potato chips for sale, especially in remote stores in Aboriginal communities.[xxiii]

As a result, many Australians, especially people on lower incomes and people living in remote communities, purchase a higher proportion of energy-dense and nutrient-poor foods compared with healthy foods. An examination of three remote Northern Australian communities found that 16 per cent of food expenditure is on sugar sweetened drinks, while 2 per cent is on fresh fruit and 5 per cent on vegetables. Sugars contributed up to 34 per cent of dietary energy in these communities, 71

per cent being table sugar and sugar-sweetened beverages.[xxiv] In addition, essential nutrients were found to be consumed through fibre-modified and fortified white bread with unacceptably high levels of sodium.

Consequently people in remote communities purchase a higher proportion of energy-dense and nutrient-poor foods compared with healthy foods. An examination of three remote Northern Australian communities found that 16 per cent of food expenditure is on SSBs, while 2 per cent is on fresh fruit and 5 per cent on vegetables. Sugars contributed up to 34 per cent of dietary energy in these communities, 71 per cent being table sugar and sugar-sweetened beverages.[xxv] Essential nutrients were found to be consumed through fibre-modified and fortified white bread with unacceptably high levels of sodium.

Taxation to reduce consumption of unhealthy foods

There is mounting evidence that a tax, particularly on sugar and sugar sweetened beverages, will change dietary patterns by increasing costs to consumers and reducing consumption.[xxvi,xxvii,xxviii,xxix] For instance, consumption of sugary drinks fell by 12 per cent and purchases of untaxed beverages such as bottled water increased after Mexico introduced a 10% tax on sugar sweetened drinks.[xxx] As consumers shift towards healthier alternatives, population health improvements are expected. These include reduced rates of obesity, diabetes and dental caries. Such a tax will work against the current social gradient in the prevalence of obesity, diabetes and dental caries by having its biggest positive impact on low income Australians and people living in isolated remote communities. Aboriginal people are disproportionally represented in both these categories.

A tax is also expected to increase government revenue. A 20 per cent tax on SSBs has been estimated to reduce type 2 diabetes by 800 cases per year while generating $400 million in annual revenue.[xxxi] While taxation of other foods such as saturated fats and salt are also considered, a sugar tax has been shown to be the most effective and projected to lead to the biggest health gains.[xxxii]

A key argument against a tax is that people should be responsible for their own food choices and health. [xxxiii] The Australian Government opposes a tax noting that government supports people to make healthy food choices through information and education. Further, a sugar tax unfairly raises the costs of family food bills. [xxxiv] The World Health Organisation argues however that while people on lower incomes will be the most effected by a sugar tax, they will also achieve the highest health gains, which will reduce health inequities.[xxxv]

The impact on additional food cost for unhealthy foods must therefore be offset through hypothecating the tax to implement a subsidy to reduce the cost of fresh fruit and vegetables in rural and remote areas so there is a shift to these healthy foods at no additional cost for people on low incomes. This will help to ensure that the overall impact of the tax on a remote household food budget is positive and not negative which is key to addressing the social gradient that exists in food security.

Combining taxes and subsidies to support healthy eating

The literature indicates that taxes work best in combination with subsidies that increase the affordability of healthy foods such as fruit and vegetables.[xxxvi,xxxvii,xxxviii,xxxix] According to recent Australian modelling, subsidies alone are not likely to work. They increase spending power which can

still be used to buy cheap, unhealthy foods.[xl] There needs to be a combination of price signals to achieve the desired shift from unhealthy to healthy foods.

It is acknowledged that there are existing policies in place that aim to increase the affordability of healthy foods. These include government financial support for remote community stores to provide healthy food where the market fails.[xli]Additionally, fresh fruit and vegetables are Goods and Services Tax (GST) exempt across Australia, unlike processed food. None-the-less there is still a need for interventions that will help to overturn the dietary-related health outcomes that are ubiquitous in remote areas, including malnourishment, obesity, diabetes and renal disease.

Supporting a taxation and subsidy model.

A well-designed taxation and subsidy model that seeks to increase the consumption of healthy foods such as fresh fruit and vegetables and decrease consumption of high energy, nutrient-poor foods including sugar sweetened beverages is supportable.

The evidence suggests taxation for sugar and sugar sweetened drinks should be 20 to 40 per cent to reduce consumption. [xlii,xliii,xliv] The modelling for a taxation/subsidy package changed food and drink prices by 10 per cent.[xlv] Further modelling that takes into account the additional costs of fresh food and vegetables in rural and remote Aboriginal communities will be needed to accurately develop a taxation/subsidy package that ensures that families on low incomes are not financially disadvantaged.

Close monitoring to establish effects, and evaluation to understand outcomes, would be essential to implementing such a model, and adjustments made as needed.

Remote Stores and Access

Access to affordable healthy food is one of the biggest factors in achieving food security.[xlvi] In remote Aboriginal communities the availability of fruit and vegetables is significantly lower than metropolitan, whilst prices are significantly higher.[xlvii] With literature reporting that healthy food contributing to 34-80% of a household budget.[xlviii]

It has been highlighted, through reviews that community stores are essential to addressing food security in remote communities, requiring additional support and policy work to support these structures. [xlix,l] One critical aspect of this is remote stores having adequate access to wholesalers and producers. Outback Stores was a key measure that the federal government implemented in 2006 to address food security, in remote Aboriginal communities in the NT. The stores group aimed to improve store management and develop greater buying power to lower prices.[li] This however did not result in any significant improvements in store prices.[lii] Throughout the COVID -19 Pandemic it was primarily the independent stores experiencing difficulty in securing stock and accessing suppliers to fulfil their orders. Highlighting the need for an economy of scale store model to assist Independent stores in accessing supplies, cheaper prices and discounted freight.

Locally derived health initiatives work well when the communities they impact on are able to participate in their development and implementation, particularly if there is a defined goal the community wants to achieve.[liii] Health promotion activities with Aboriginal and Torres Strait Islander people should ensure there is capacity for smaller regional campaigns relevant to specific areas. That

is, Aboriginal people living remote to ensure the campaigns are culturally appropriate for those communities.

For example, the Arnhem Land Progress Aboriginal Corporation (ALPA) is an Aboriginal Corporation, which works to supply affordable healthy food to reduce chronic disease in remote communities. It also employs Aboriginal people, which also supports good health and wellbeing. However, as with most remote communities, prices for healthy, fresh foods escalate for number of reasons, particularly the cost of freight over long distances, and the high cost of storing perishable food.[liv,lv] ALPA therefore independently subsidising (no government funding) fruit and vegetables and promotes healthy eating and work towards preventing chronic diseases. ALPA also subsidises all freight on frozen, tinned and dried vegetables in member stores. These subsidies help make prices on healthy food more affordable.[lvi]

Homelessness and Housing

Appropriate housing is critical in ensuring food security as it provides a place to prepare, store and consume food. The Northern Territory has the highest rate of homelessness in Australia, with more than 1 in 5 Aboriginal Territorians homeless in 2016, 25 times the rate for non- Aboriginal people.[lvii] The Australian Bureau of Statistics' definition of homelessness comprises six categories and includes those people living in severely overcrowded dwellings, defined as one that needs 4 or more extra bedrooms to accommodate the people who usually live there.[lviii] In 2016, almost 9 out of 10 (88% or over 10,700) homeless Aboriginal and Torres Strait Islander people in the Northern Territory fell into this category, with a further 800 (7%) living in improvised dwelling, tents, or sleeping out.[lix]

The high need for repairs and maintenance in Aboriginal housing is overwhelmingly the result of poor design / construction and overcrowding.[lx] Adequate resources for and prompt response to the need for repairs and maintenance (especially for food storage and preparation, electricity, water and sewerage) is essential or houses will undermine rather than protect and support health and wellbeing. The failure to maintain housing leads to the rapid decline in housing stock as houses become unliveable adding to homelessness.

Community driven, evidence informed solutions under Aboriginal community control

Health initiatives work best when the communities they impact on are able to participate in their development, particularly if there is a defined goal the community wants to achieve. Aboriginal community controlled health services (ACCHSs) provide formal structures by which Aboriginal communities can engage with the health issues that are of most concern to them and determine the potential solutions to those problems.

ACCHS provide a comprehensive model of care that goes beyond the treatment of individual clients for discrete medical conditions to include[lxi,lxii,lxiii,lxiv]:

- a focus on cultural security;
- assistance with access to health care (e.g. patient transport to the ACCHS and
- support and advocacy to access care elsewhere in the health system);
- population health programs including health promotion and prevention;
- public health advocacy and intersectoral collaboration;
- participation in local, regional and system-wide health planning processes; and
- structures for community engagement and control;
- significant employment of Aboriginal and Torres Strait Islander people.

ACCHSs are also highly cost effective, with a major study concluding that *"up to fifty percent more health gain or benefit can be achieved if health programs are delivered to the Aboriginal population via ACCHSs, compared to if the same programs are delivered via mainstream primary care services"*[lxv].

These factors make them the best-practice service platforms for addressing complex health and wellbeing issues such as issues of food security.

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