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National Indigenous Australians Agency

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Re: National Strategy for Food Security in Remote First Nations Communities

Thank you for the opportunity to provide a response to the draft Discussion Paper on the National Strategy for Food Security in Remote First Nations Communities 2024.

Congratulations to the National Indigenous Australians Agency Strategy Partners for producing a comprehensive, well-considered Discussion Paper outlining the context, challenges, and potential actions to improve food security outcomes in remote First Nations communities.

This submission responds to the questions raised in the consultation process. The evidence supporting points raised in this submission is sourced from the results of co-produced work initiated by several Aboriginal and Torres Strait Islander communities over the past four decades. This submission also considers the lack of implementation around previous national efforts to improve food security in remote First Nations' communities. The focus is on information that may not otherwise be easy to access.

Thank you for considering this response.

Yours sincerely



Emeritus Professor Amanda Lee

School of Public Health

Faculty of Medicine

The University of Queensland

[REDACTED]

[REDACTED]

Submission to the National Strategy for Food Security in Remote First Nations Communities

Response to questions raised in the consultation process

1. What does food security mean to you?

The evidence in international and Australian literature supports the definition of food security outlined in the Discussion Paper, importantly including a definition of food security developed by First Nations Peoples (1).

For the first time in the national Aboriginal and Torres Strait Islander Nutrition and Physical Activity component of the Intergenerational Health and Mental Health Study (IHMHS) 2022-23 (2) a more comprehensive measure of adult food security than the usual two questions about households running out of money to buy food has been collected by the Australian Bureau of Statistics. This new tool is based on the United States Department of Agriculture Household Food Security module (3) that covers several aspects of the international definition of food security provided. Results should be available in 2025 and provide a useful benchmark for future intervention studies. However, more work is needed to develop and apply food security measures that will assess all components of a definition of food security that is acceptable to First Nations Peoples in Australia.

2. How could food security be improved in your community?

- ***Provision of adequate resources to support implementation of community-led programs.*** This is at least the third time that there has been a national effort to tackle food security in remote First Nations communities in Australia (4,5). (Please see details below at #8 second dot point). Previous attempts have been unsuccessful due to lack of strategy implementation rather than any lack of information about effective approaches at community level (4,6,7,8). The development and implementation of a detailed Action Plan and the provision of adequate resources to support community-led implementation are still both essential to improve food security.
- ***Tackling poor affordability of healthy culturally acceptable food in remote community stores.*** Recent research has highlighted lack of economic access to healthy, culturally acceptable food is a major food security issue in remote Aboriginal and Torres Strait Islander communities (4,5,9,10,11,12). Our recent co-produced systematic scoping review identifying promising interventions to improve economic access to healthy food in First Nations communities in high-income, colonised countries (Canada, the USA, New Zealand and Australia) was commissioned by the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPYWC) (13). Findings were examined with members of the NPY Womens' Council Anangu research team at a co-design workshop in Alice Springs.

Interventions in the 35 publication meeting the criteria for inclusion in the review were broadly categorised as (i) price discounts on healthy food sold in communities ($n = 7$), (ii) direct subsidies to retail stores, suppliers and producers ($n = 2$), (iii) provision of free

healthy food and/or food vouchers directly to community members ($n = 7$), (iv) increased financial support directly to community members ($n = 1$), and (v) high level government policies ($n = 4$). Promising initiatives included:

- provision of a box of healthy food and/or food vouchers directly to households
- prescriptions for fresh produce
- provision/promotion of subsidised healthy meals and snacks available in community stores
- direct funds transfer for food for children to community members bank accounts
- discount of healthy foods supplied via a mobile van, and
- programs increasing access to traditional foods.

Identified enablers of effective programs included community co-design and empowerment, optimal promotion of the program, and targeting a wide range of healthy foods in addition to fruit and vegetables including traditional foods where possible. Of the promising interventions, the NPY Womens' Council Anangu research team identified five for further consideration and potential trial on the APY Lands, pending funding (13).

Common barriers in the least successful programs included inadequate study duration, inadequate level of subsidies, lack of supporting resources and infrastructure for cooking, food preparation and storage, and imposition of the program on communities. Due to profiteering along the food chain, the least effective strategy was provision of subsidies directly to retail stores, suppliers and producers. Worryingly, this is the most common economic remote food security intervention currently implemented in Australia (13).

3. What community strengths support food security?

All available evidence confirms that community control and leadership is the major success factor- food security programs are best initiated, developed, implemented, evaluated and sustained under community control (4,5,13,14,15,16). However, rarely have adequate resources been provided to develop, employ and support elders and other senior local leaders to drive all these five essential stages of implementation of food security programs.¹ Often the only source of available resources is through competitive research grants. This is problematic for three reasons- (i) enormous time and resources are wasted on complex application processes, (ii) funded projects tend to be supported only in the short-term, with no pathway for sustained implementation or continuous improvement of successful ventures, and (iii) given the enormous demands on the relatively small number of First Nations academic leaders in Australia, many non-Indigenous researchers are co-opted as Chief Investigators, so projects tend to be, at best, co-designed instead of truly community led (4,5).

1. In 2011 several junior positions were created for "healthy lifestyle workers" with some responsibilities including food and nutrition in remote communities. However, the initiative was unsuccessful due to low resourcing and lack of training and support provided for the young people predominantly attracted to these roles.

Few successful community-led food security programs have been evaluated by objective measures. Consistent with the aim of the discussion paper to take a strengths-based approach, it would be useful to include these examples as case studies. One possible case study is the Minjilang Survival Tucker Project (17,18). Another is the ongoing Food Security work on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands (22,12,19).

3a. The Minjilang Survival Tucker Project

The Minjilang Health and Nutrition Survival Tucker Project was a community initiated and run program that employed multiple strategies to improve food security, nutrition and diet-related health (17,18). Community leaders included Marrgu and Iwatja Elders, particularly the local Nursing Sister, Aboriginal Health Workers, School Teacher, and the Council President. The intervention was to “do everything the community requested”, facilitating all community suggestions to improve food security. Among multiple strategies this included provision, promotion and cross-subsidisation of nutritious, culturally acceptable foods in the community store (that is, those foods most like traditional bush and sea foods), and individual health checks (quarterly anthropometric, biochemical and haematological assessment with personal feedback). Store turnover of food was shown to be a robust estimate of community dietary intake by validation against diet-related biometric data. The project provides a unique example of an intensive community-led food security intervention nested in an interrupted time-series with control research design that also assessed biomedical diet-related sequelae. The intensive intervention ran from 1989 to 1990; food security data was collected for nine years from four years before to four years after this period. Objective evaluation demonstrated marked, positive, rapid impacts and outcomes including:

- Dietary improvements over the intervention year, including increase intake of vegetables and fruit from 83g to 183g per person per day, reduction of sugar intake from 102g to 89g per person per day, and reduction of intake of unhealthy ‘take-away’ foods from 116g to 40g per person per day. Conversely, in the control community, intake of fruit and vegetables, sugar and unhealthy take-away foods remained relatively stable at approximately 75g, 175g, 39g per person per day respectively.
- Density of nutrient intake improved, including increase in ascorbic acid (135%), folate (60%), β -carotene (40%), thiamine (50%) and calcium (60%); percentage of energy intake derived from free sugars reduced by 10%, from saturated fat reduced by 30%, from protein increased by 15% and dietary fibre increased by 20%. Conversely, in the control community, density of dietary intake of vitamins, minerals and macronutrients remained relatively stable.
- Significant improvements in mean estimates of community biomarkers included reduction in serum cholesterol (-12%) and blood pressure (systolic -4%, diastolic -5%), and increase in red blood cell folate (130%), serum ascorbic acid (170%) and β -carotene (31%). There was also normalisation of BMI amongst younger women, and a small but significant decrease in BMI in men and older women, also with glucose tolerance improving in the latter.

After the initial research funding ceased, the program was continued wholly by the community. Most dietary improvements persisted for at least three years, although store turnover of sugar

rebounded slightly (18). Subsequently, store managers were identified as key ‘gatekeepers’ to community nutrition (20). As one outcome, the Arnhem Land Progress Association introduced a successful nutrition policy in all stores they managed at the time, (21) and this continues today as featured in the ALPA Case study in the Discussion paper (page 30). Cost-effectiveness of the Minjilang Survival Tucker Project has not yet been investigated but detailed data are available, and analysis would be highly feasible.

3b. Improving food security on the Anangu Pitjantjatjara Yankunytjatjara Lands

From the 1970s, as Anangu were forced to become dependent on retail stores for food, the prevalence of diet-related chronic disease increased on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in Central Australia. Since then, community-controlled service organisations have been working together to improve food security on the APY Lands, particularly Nganampa Health Council and the Ngaanyatjarra, Pitjantjatjara Yankunytjatjara (NPY) Womens’ Council (12, 19,22). Impacts are assessed by regular store surveys, and dietary outcomes are estimated by analysis of store sales data and turnover (12,22,19).

With the establishment of Mai Wiru regional Stores in the 1990s and development of the Mai Wiru nutrition policy in 2001 (12) the availability, price and placement of healthy foods (that is, those most like traditional bush foods) were promoted, while purchase of unhealthy, highly processed foods was discouraged. However, despite marked achievements including decreased intake of sugars and increased availability and affordability of fruit and vegetables, the overall effect in all communities until 2015 was a decrease in total diet quality. This was characterised by increased turnover of sugar sweetened beverages, convenience meals and unhealthy take-away foods. These findings reflected broader changes to the general Australian food supply. They also reinforced the notion that, in the absence of supportive regulation and market intervention, adequate and sustained resources are required to improve food security in remote communities (12).

Subsequently, in a concerted effort to tackle food insecurity, a co-designed study comprising an interrupted time series with controls was developed, funded, implemented and evaluated on the APY Lands from 2018 (19). Availability, affordability, accessibility and sales of foods in the community stores were monitored regularly by teams which included skilled local Anangu researchers. Results were used to update the Mai Wiru store nutrition policy. Then for an intensive year from mid-2018, of the eight locations with stores, (i) two were the focus for concerted intervention, including support from a locally based project officer to help implement the new store nutrition policy and action over 105 community requests for nutrition activities, (ii) three received usual support to implement the policy, and (iii) three were subject to ‘business as usual’. From mid-2019, all communities/stores received usual support services, from 2020 with some restrictions related to the COVID-19 pandemic. Regular monitoring of the stores continued, and data were compared over time, across different community/store groups and with external control communities.

In the 12 months concerted intervention from mid-2018, all food security metrics improved most notably in the two focus communities, Amata and Pipalyatjara (19). Impacts were less

marked in the communities not receiving additional support to implement the revised nutrition policy, and even less apparent, although more varied, in the other three community stores. Importantly, for the first time since data had been collected four decades earlier (22), community dietary intake improved; however, dietary improvements were only seen at Amata and Pipalyatjara, the two focus communities where food security metrics had also improved. Over the intervention year in Amata and Pipalyatjara, for example, dietary intake of fruit and vegetables increased by approximately 50%, and dietary intake of sugary drinks decreased by around a third (19).

From 2020 in all eight locations most gains were eroded due to impacts of the COVID-19 pandemic and other external stressors, including inflation affecting cost of fuel and food. Also, from this time Mai Wiru store committees stopped meeting regularly. All food security metrics, including price of healthy food, appeared more resilient in Amata and Pipalyatjara, the two focus communities, although overall diet quality worsened slightly. Worryingly, at all times assessed, healthy diets were unaffordable for welfare-dependant households in all communities on the APY Lands.

This co-designed and co-delivered study reinforces the potential effectiveness of community-led approaches, confirming as seen earlier in Minjilang (17,18) that it *is* possible to improve food security and diet in remote Aboriginal communities. Results highlight that low incomes continue to be a major barrier to affordability of healthy foods and food security. They also confirm that dedicated resources, employment of local people, sustained implementation, monitoring and evaluation are critical for success (12,19).

3c. Maitjara Wangkanyi

While efforts to improve food security on the APY Lands have been evaluated predominantly at community level (22,14,19), the NPY Womens' Council *Maitjara Wangkanyi* study provided valuable insights into variations at the household level (11). The study applied Indigenist ethnographic research methods (23,24), including yarning, to explore Anangu perspectives, identifying many historical, environmental, socioeconomic, political, commercial, and geographic factors underscoring household food insecurity. Three major types of dietary patterns were identified at household level. Factors affecting these include household economic cycles and budgeting challenges, overcrowding and family structures, mobility and 'organization', available food storage, preparation and cooking infrastructure, and familiarity with and convenience of different foods. The results highlight Anangu resourcefulness, with many householders securing food for their families despite poverty and adversity. Again, the study confirmed that structural and systemic reform, respecting Aboriginal leadership, is required to improve food security (11).

4. What do you think of the Focus Areas in the Discussion Paper?

The seven focus areas in the discussion paper – Country, Health, Housing, Families and Community Infrastructure, Stores, Supply Chains, Healthy Economies, and Policies, Practice and Governance- reflect those raised in qualitative consultations with many First Nations groups (11,13,23)

It would be good to include a focus on workforce development and capacity building too. This should concentrate on developing and resourcing an Aboriginal and Torres Strait Islander food security and nutrition workforce as recommended under the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) (25). Funding within First Nations' organisations for dedicated accredited public health nutritionists that can help initiate, drive and support inter-sectoral action is also essential.

5. What do you think of the Intended Outcomes in the Discussion Paper?

Appendix one usefully scopes strategy alignment with the priority reforms and intended outcomes of Closing the Gap.

6. What do you think of the Potential Actions in the Discussion Paper?

Under the **Country** Action Area, although implied under expansion of Land and Sea Management, specific mention of management of feral animals and invasive plant species, such as buffel grass (*Cenchrus ciliaris* and *C. Pennisetiformis*) could be noted. This is an issue of great concern in remote First Nations' communities in Central Australia as buffel grass chokes traditional bush food plants and displaces spinifex.

Under the **Stores** Action Area, all relevant research suggests that there is a need to strengthen the requirement for comprehensive, evidence-based store health and nutrition policies that sit in a regulatory framework with strong compliance capabilities.

Also under this Action Area, it is stated that "*Price Watch*" will monitor the impact of investment intended to reduce prices etc. However, no information about this methodology is provided. Alternatively, a useful tool could be the *Aboriginal and Torres Strait Islander Healthy Diets ASAP* (Australian standardised affordability and pricing) method protocol (10). *Healthy Diets ASAP* is consistent with the optimum approach to monitor diet cost and affordability globally recommended by the International Network for Food and Obesity/non-communicable Diseases Research, Monitoring and Action Support (INFORMAS) (26). In remote First Nations' communities it is used to compare the cost and affordability of healthy, culturally acceptable foods and drinks, and habitual diets, and compare results including with those in Australian cities and regional centres (10). A Healthy Diets ASAP web portal has been developed to facilitate collection and analysis of food prices electronically, and this approach has been used successfully in remote areas by local Aboriginal and Torres Strait Islander researcher teams (19). Recently, the Aboriginal and Torres Strait Islander Healthy Diets ASAP protocol has also been incorporated successfully into broader store benchmarking methodology (27).

Relatedly, under the *Healthy Economies* action area, the need to measure the high cost of food is noted in proposed outcomes, but no mechanism to address this is captured under potential actions in the discussion paper.

7. Is there anything important missing from the Discussion Paper?

As noted in response point 3 above, it could be useful to include case studies of community food security programs which objectively demonstrate improved food security and positive dietary impacts and health outcomes, such as the Minjilang Survival Tucker and/or Improving food security on the Anangu Pitjantjatjara Yankunytjatjara Lands.

As noted in response point 6 above, it could be useful to include more information about the proposed methodology to benchmark, monitor and compare the cost and affordability of healthy, culturally acceptable diets in remote communities.

8. Is there anything in the Discussion Paper that should change?

- Under “Document purpose: target audience and collaborative underpinning principles”, in line with the comprehensive partnership approach described in the Discussion Paper it would be good to add other relevant stakeholders (such as “health” and “academic” sector representatives) to both the target audience (page 1) and the Collaborative Underpinning Principles (outline- page 11). Currently, in addition to “Aboriginal and Torres Strait Islander people in remote areas” being acknowledged rightly as major stakeholders, only “governments and businesses involved in remote food supply” are listed in the document. However, several other sectors can have influence over funding and program decisions and may be useful allies. Given these omissions, it is hoped that representatives from these sectors have not been discouraged from making a submission.
- Many stakeholders may be unaware of the previous attempts to tackle food security in remote First Nations’ communities in Australia. While past community consultations and research are mentioned briefly on page 9, it would be good to include more information about these efforts to help us learn from previous mistakes, avoid re-inventing the wheel and build on past strengths. Much of this information is detailed under policies and strategies in the 2018 reviews (4,5) including relevant discussion of data issues in Appendix 3 of reference 4. Perhaps a brief description and evaluation of past policies and strategies could be incorporated in an appendix to the discussion paper. For example:
 - the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) developed through wide consultation nationally was in place from 2000 to 2010 (25). Evaluation (28) found that the collaborative implementation of NATSINSAP improved workforce capacity and practice, particularly through development of the Remote Indigenous Stores and Takeaways (RIST) resources and training (29,30), but that implementation of other action areas was not well resourced. Despite evaluation of the strategy recommending its continuation (28), co-ordinated implementation of NATSINSAP ceased in 2010.
 - the Northern Territory National Emergency Response Act (the NT Intervention) was imposed on remote NT communities from 2007 (31). Objective study of the income management component found no beneficial effect on tobacco, cigarette, soft drink or fruit and vegetable sales (32).

- More than 30 recommendations to improve remote community stores were made by the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs in 2008 (33). Cross-checking these against the more recent recommendations of the 2020 Inquiry into food pricing and food security in remote Indigenous communities could be useful to aid implementation.
- Nutrition was omitted from the Council of Australian Governments (COAG) Close the Gap initiative (33,34,35) until 2009 when COAG developed the National Strategy for Food Security in Remote Indigenous Communities (36). The strategy was trialled unsuccessfully in South Australia (37) and an audit of the National Strategy for Food Security in Remote Indigenous Communities (38) found resourcing was poor, activities were focused mainly in the Northern Territory, and very few outcomes had been achieved (38).

Despite several successful local programs demonstrating marked improvements in food security metrics, diet and objective health indicators (4,5) efforts to improve food security in remote First Nations' communities remain fragmented and largely ineffective in Australia (4,5). Given the implementation failures of past efforts, it would be useful to outline what different approaches are being considered this time.

- **Food price:**

- Page 6. Bold highlighting is missing from the second food security pillar "access" so it tends to get lost in the list, which is unfortunate as this point covers both physical and economic access. Further the dot point focuses on financial income, rather than also mentioning food price, yet the latter is a key determinant of food security in remote First Nations' communities. Food price should be added here.
- Page 11. Related to the previous point, reducing the price of healthy, culturally acceptable foods, both in real terms and relative to the price of unhealthy foods, appears to be missing under the Access component of Target Outcomes in the Table.

- **Minor points**

- References 25 and 26 are the same.
- The case studies presented on page 19 and 27 concern the same (excellent) community controlled health organisation. However, to illustrate the breadth of community-level work on food security work being implemented across Australia, it would be good to provide more examples from other organisations too.
- Page 33 (second last sentence). It would be good to avoid the word "cheaper" when comparing price of foods in remote community stores. Given the high price of most foods in remote stores, "less expensive" is a more accurate term.

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For further information please contact Amanda Lee, Emeritus Professor, School of Public Health, The University of Queensland, [REDACTED]