National Indigenous Australians Agency
PO Box 2191
Canberra ACT 2600
via: ████████████████████████████

To the National Indigenous Australians Agency,

We write in regard to the National Strategy for Food Security in Remote First Nations Communities, and thank you for the opportunity to respond to this consultation. We commend the work that has been done to date to bring this discussion paper and a draft national strategy together. Various members of our team have appreciated the opportunities to have input into the development of this through the stakeholder reference group.

Our team are academics in Public Health Nutrition at Monash University in the Department of Nutrition, Dietetics and Food (Faculty of Medicine, Nursing and Health Sciences), who have contributed to the evidence-base on food and nutrition security, healthy and equitable food environments as well as Indigenous peoples' food and nutrition. We lead the Benchmarking for Healthy Remote Stores in Aboriginal and Torres Strait Islander communities [MRFF2007282] and have published extensively on food security and food systems in relation to remote Indigenous communities.

Uniquely, several of our team members have had experience working as nutritionists in remote communities of the NT, and one has previous experience as Nutrition Manager with a retail management organisation, totalling over 30 years combined. We have a particular interest in the remote Australian context stemming from this experience. We have an established research program focused on addressing inequities in the remote food system for improved health.

Our response will address Evaluation and Continuous Improvement, and the Focus Areas of Health, Stores, Supply Chains and Healthy Economies, as this is where our expertise predominantly lies. We adopt the definition of food security adopted by the FAO High Level Panel of Experts of the Committee on Food Security: *"Food security (is) a situation that exists 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."* We believe that Aboriginal and Torres Strait Islander leadership and effective cross-sectoral coordination within and across governments are vital to achieving food security in remote Aboriginal and Torres Strait Islander communities.

We thank you for considering our response.

Sincerely,

Department of Nutrition, Dietetics & Food, Monash University

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National Strategy for Food Security in Remote First Nations Communities Consultation

MONASH UNIVERSITY RESPONSE

Evaluation and Continuous Improvement

How often should the Strategy be evaluated over the ten-year implementation period? What resources and governance mechanisms need to be developed to support effective monitoring, evaluation and learning throughout implementation?

Establishing a monitoring and evaluation learning system early on prior to implementation of the strategy will be critical to the strategy achieving the desired results. This involves a combination of ongoing monitoring of both key processes and impact indicators for continuous improvement and timely evaluation.As the strategy is multi-sectoral in its design and seeks to serve diverse remote communities, a layered monitoring and evaluation process that involves representatives of remote Indigenous communities and relevant government and non-government sectors to provide an annual appraisal of the strategy's performance, combined with the proposed three-yearly evaluation, would be required.

In order to enable effective monitoring, evaluation and accountability processes to be established, clear action plans for each evaluation period, outlining *specific* and *measurable* targets and outcomes, required resourcing, timelines and responsibilities for implementation would be needed. Long-term commitment of adequate funding and allocation of personnel to implement the strategy will be crucial to its success.

As the National Remote Food Security Strategy requires policy action across government sectors and aims to benefit all remote Indigenous communities, monitoring (appraisal) of strategy implementation and impact would need to occur at different levels, including: i. all relevant government sectors; ii) all relevant non-government bodies; iii) and remote communities. As there are over 230 remote communities, a community in each state/territory could be identified each year and supported to provide an appraisal of implementation and impact and/or this be facilitated through existing governance groups that have remote community representation and have as their remit to improve the wellbeing of remote community residents. While it would be useful to continue to seek feedback from the Coalition of Peaks, Closing the Gap Partnership Working Group and the Closing the Gap Joint Council throughout implementation, an appropriate governance group (or groups, potentially for each particular focus area) would need to have oversight of this annual appraisal process. This includes the collation and reporting of information and making of recommendations to the government for strengthening of the policy and its implementation. Members of such a governance group need to be reimbursed for their time.

What already exists?

The Good Food Systems Good Food For All participatory multi-sector continuous improvement approach to enhance food security (Good Food Systems approach) provides a fit-for-purpose template for annual appraisal of the strategy's performance by a diverse range of stakeholders (1,2). The Good Food Systems approach was co-designed over four years (2009-2013) by Menzies School of Health Research, led by Brimblecombe et al, with four remote Indigenous communities in the Northern Territory and Northern Queensland, including over 150 stakeholders in total. It involves a multi-sector group making an annual appraisal of the local food system using the co-designed 'Good Food Planning Tool' (3) domains and associated best practice actions. Collectively, the multi-sector group considers each of the food system's domains and gives a performance score to each best practice action using 'The Ripple Tool'. This process facilitates a discussion on what is working, not working and where there are opportunities for improvement. The Good Food Systems approach was shown to be feasible and impactful.

For the purpose of the National Remote Food Security strategy, the Good Food Planning Tool template could be modified so that the domains are replaced with the strategy's eight focus areas, and the strategy's intended outcomes informing a set of indicators of success ('best practice actions') for each focus area. The Ripple Tool is a standardised way of collectively scoring performance and can be used to facilitate the collective appraisal of each focus area and its associated intended outcomes. The Ripple Tool was the concept of the Aboriginal Project Coordinators of the Good Food Systems Good Food For All project.

The Healthy Food Environment Policy Index (Food-EPI) developed by Deakin University academics can provide some insight into how an annual participatory appraisal of the National Remote Food Security Strategy could be operationalised so that it captures perspectives on its performance at different levels of implementation. Food-EPI has been used to assess the extent to which governments in Australia are implementing globally recommended policies for tackling obesity and creating healthier food environments (4). It provides for government representatives in each

state/territory of Australia to report on actions taken by their governments in relation to the recommended policy actions. It uses this information together with an appraisal provided by a panel of assessors in each state/territory to provide a scorecard based on the level of implementation of the recommended policy actions as 'very little, if any', 'low', 'medium', 'high'.

For the National Remote Food Security Strategy Focus area 'Stores', Monash University has led the co-design of the Benchmarking for Healthy Stores in Remote Aboriginal and Torres Strait Islander communities study [MRFF2007282] (5) and a continuous improvement model that can directly inform the monitoring and evaluation of this focus area. It provides evidence- and industry-informed best practice standards for healthy remote stores, validated tools for monitoring the implementation of best practice standards, and a set of indicators that provide a measure of community-level diet using data derived from store sales. The best practice standards relate to product availability, promotion (and placement) and food price. The approach was informed by the Good Food Systems continuous improvement approach (1,2), the Store Scout App, the Healthy Stores 2020 Policy Action series and the Healthy Diets Australian Standardised Pricing and Affordability (Healthy Diets ASAP) tool (6); developed over the years 2021-2024 with partners (including The Arnhem Land Progress Aboriginal Corporation (ALPA), Outback Stores, Sunrise Health Aboriginal Corporation, Katherine West Health Board Aboriginal Corporation, Miwatj Health Aboriginal Corporation, University of Queensland, Menzies School of Health Research and Health and Wellbeing Queensland); and tested with 29 remote community stores in the Northern Territory.

In addition to the benchmarking tools, this partnership co-developed an 'Environment Scan' tool intended for use with store managers and store owners (7). This 26-item, electronically administered survey was developed to identify environmental factors that are enablers or barriers to implementing and maintaining healthy in-store operations, such as transport, store infrastructure, and power supply. Its development was informed by the >150 submissions to the 2020 Parliamentary Inquiry into Food Pricing and Food Security in Remote Indigenous Communities, The Good Food Planning tool and industry expertise. The repeated use of this tool across remote stores nationally could potentially assist in the monitoring and evaluation of the National Remote Food Security Strategy.

This research described above has been conducted for the purpose of informing practice and policy for improved food security for Aboriginal and Torres Strait Islander Peoples in remote communities. Please contact Julie Brimblecombe, Monash University, for access to the tools and/or further information.

Health
• Do you agree with Health as an important Focus Area?
Yes we agree that Health is an important focus area and support the current focus on preventative health programs and community-based education as this is likely to have the most impact in engaging communities in community-led initiatives to build capacity and advocate for food security and build disease prevention awareness across the community. The focus on community control and local workforce development is also warranted, in line with the Closing the Gap (CTG) National Agreement priority reform 2. It should be acknowledged that many of the determinants contributing to poorer health outcomes in remote communities are systemic, and cross-cutting to many themes in this strategy (e.g. country, housing, stores and supply chains).

• Do you agree with the intended outcomes and draft actions?
Yes we agree with those intended outcomes currently listed. We have some comments to note with regards to the following intended outcomes and draft actions:
> Intended outcome: *"Preventative and specialised dietary health care in remote communities are adequately resourced and supported"*

Whilst it is vital for remote communities to have access to "specialised dietary health care" or clinical dietetic care, particularly for acute diet-related medical conditions, this is not likely to have an impact on food insecurity which has multiple underlying social determinants. Food insecurity and its resulting chronic conditions cannot effectively be addressed on an individual level when the majority of people are experiencing the same structural barriers impeding them from following a healthy lifestyle. Therefore the emphasis in this focus area needs to be placed on long-term, adequate funding for preventive health programs and community level education, including food literacy, practical skills and knowledge development similar to the first intended outcome, *"Nutrition education and comprehensive health promotion programs in remote communities are adequately resourced and supported across the lifecycle."* These programs need to occur alongside other policy initiatives that address the broader systemic determinants of food security such as improved housing, food affordability, access to traditional foods, as education alone cannot improve food security.

We suggest that these two outcomes for this focus area could be combined with the **focus on preventative nutrition** (encompassing the broader food system, e.g. stores, food service providers), community-based nutrition/food literacy education and health promotion, and **the need for longer-term funding emphasised** in order to promote sufficient time for community-led program development, implementation and evaluation (as demonstrated by the Miwatj Case Study in the discussion paper). A focus on preventative nutrition encompassing the broader food system would allow for "actions

that address the social and commercial determinants of food insecurity" as mentioned as a key aspect of primary prevention in the discussion paper.

> *Draft Actions: "Implement recruitment, retention, and career progression strategies to build a sustainable nutrition and health workforce on-the-ground in remote communities." and "Provide professional development that supports remote health workers to provide services in line with the Aboriginal and Torres Strait Islander Community Controlled Health model of care."*

It should be noted that these two actions, encompassing building the local community-based nutrition workforce in remote communities, as well as strengthening retention of the existing nutrition workforce among health care providers and ensuring their cultural capabilities in working together with remote communities are a priority, and paramount to successfully planning and delivering the other actions, such as *"Develop and implement locally relevant, culturally appropriate and community-controlled nutrition projects"*. The transience of the remote nutrition health care provider workforce has been noted and is a barrier to building the relationships required to successfully partner with communities to develop long-term and sustainable community nutrition programs.

> *Draft action: "Work with Universities and First Nations Registered Training Organisations to develop a vocational First Nations nutrition workforce pathway linked to ongoing employment."*

We believe this action could be strengthened and not just focus on vocational education but also university level degrees. Working with universities to establish appropriate pathways for school leavers and adult learners to access nutrition education, including tiered course options, such as Certificate - Diploma - Degree pathways would be one way to do this. Increasing scholarship options should be considered, as well as the potential for fully government-funded training, such as the current undergraduate certificates in Aged Care, Health Care Essentials and/or Mental Health. These courses were funded after the [Royal Commission into Aged Care Quality and Safety](#) recommended the ongoing development of workforce capacity through training and professional development. These courses are able to build capacity through online learning at a relatively low cost in a short timeframe and across large geographical areas and service settings. This type of model could be investigated to improve access to nutrition education in remote communities.

> *Draft action: "Strengthen formal referral systems to ensure client dietary needs are met in multi-disciplinary care settings…"*

This action does not acknowledge the current barriers that exist to impede formal dietetic referrals taking place. One key barrier is the use of different electronic medical record systems between different health services, and even within health services. For example, in the Northern territory, government health services provided through NT Health used to have multiple different systems in place in their hospitals, urban community health centres, correctional care centres and remote health clinics. In recent years, through the [Core Clinical Systems Renewal Program](#) NT Health have been working to integrate all NT Health services onto a single, secure, Territory–wide, electronic patient record. However, Aboriginal Health Services in the NT still use different patient record systems that do not communicate with each other or with the broader NT Health electronic patient record, and there is also often client travel and access of other health services across jurisdictional borders which are on separate systems. The Australian National My Health Record system can be useful for determining client whereabouts if handover and/or referrals are required to be provided to a different service, however not all clients are registered for this, not every client contact is sent to the e-health record (providers can choose whether or not to send) and often only limited health information can be obtained through this source. Hence, formal referrals are not always possible if health care providers don't have the knowledge of client whereabouts. Strengthening uptake and use of the national My Health Record system could be a more effective solution to health care communication for transient populations.

• How well do the draft actions meet the intended outcomes?
The draft actions align with the intended outcomes, however they do not align with the current wording of the Health focus area goal of *"First Nations people living in remote communities have equitable access to the nutrition needed for healthy lives"*. The intended outcomes are focussed on access to culturally appropriate preventative health programs and nutrition/food literacy education rather than access to good nutrition itself, so we suggest amending the wording of the goal accordingly so it is better aligned.

See comments above regarding amendments suggested to current outcomes and actions.

• Is there anything important missing?
To further support self-determination, and in line with [CTG priority reform 2 - Building the Community-Controlled Sector](#), this strategy could also more explicitly state in the intended outcomes an aim to **support increased transition to community-control in the remote health service sector**. It was agreed through [CTG](#) 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" and this Reform also received the strongest support in the 2019 engagements. Aboriginal Community-Controlled Health Services have clear community-led visions and values which guide the practice of their staff. These benefits of community control within the health sector specifically are clearly demonstrated through the Miwatj case study included in the discussion paper, and we believe would form a strong basis to support the other intended outcomes and proposed actions.

While the discussion paper includes "policy development based on evidenced based nutrition interventions" and "coordinated, well planned, cross-sector action" as key elements in primary prevention to improve food security and nutrition in remote communities, there is no mention of policy in the intended outcomes or draft actions. Several Aboriginal Community Controlled Health Services, such as Miwatj Health and Central Australian Aboriginal Congress, have developed specific Food Security Position Statements, highlighting the importance of the issue to their member communities (8,9). We recommend as an intended outcome that **food security should be included in relevant policy and/or strategy documents for all health services serving remote Aboriginal and Torres Strait Islander communities.** This will enable food security to remain on the agenda and for action in the area of food security to continue to be resourced and monitored longer-term.

While "adequately resourced and supported" programs are mentioned in the intended outcomes, funding and resourcing is not specified in the draft actions. As we have already mentioned, and is highlighted in the Miwatj Case Study in the discussion paper, **longer term funding for both nutrition workforce and preventative programs in the health sector is required** to successfully progress toward a food secure future in remote communities. Short-term funding cycles lead to short contracts for staff, inhibiting job security and hindering staff retention, and resulting in insufficient time to effectively plan, establish and evaluate health programs with the community. Continuity and progress is regularly lost with staff turnover and program de-funding and this needs to change if we are to see sustainable progress in improving food security in remote communities.

• Are there any risks or negative consequences? Does anything need to change?
Please see amendments described above

Stores
• Do you agree with Stores as an important Focus Area?
Yes, health-enabling stores are crucial to ensuring food security in remote First Nations communities.

• Do you agree with the intended outcomes and draft actions? How well do the draft actions meet the intended outcomes?
We agree with the intended outcomes and draft actions and that the actions if effectively implemented will meet the intended outcomes. We provide comment on three of the outcomes: national standards, disaster resilience and store viability.

National standards: At Monash University we have led research that can directly inform and accelerate implementation of the action: "co-design and implement a national Industry Code for remote stores, including benchmarking against other stores and a support package where required to meet required standards". With funding from the Medical Research Future Fund [MRFF2007282], we have led the co-design of a continuous improvement benchmarking strategy (benchmarking strategy) to support remote stores adopt best-practice evidence for healthy stores and food security (5). The benchmarking strategy has been co-designed with remote stores and First Nations health organisations to purposefully support the decision-making power of Aboriginal and Torres Strait peoples for their stores. It provides evidence- and industry-informed best practice standards for healthy remote stores, validated tools for monitoring the implementation of best practice standards, and a set of indicators that provide a measure of community-level diet using data derived from store sales. The best practice standards relate to product availability, promotion, placement and food price.

The benchmarking strategy comprises an annual cycle of i. Assessment; ii. Feedback iii. Action Planning; and iv. Implementation. Central to the benchmarking strategy is feedback on the assessment to the store owners (such as the store committee and/or board). This feedback is in the form of a report that provides a visual representation of the store's performance benchmarked against the best practice standards and against other stores. An action plan is developed based on this feedback and then implemented. Nutritionists with First Nations health organisations or government health services facilitate feedback and action planning with stores that are not managed and/or owned by store groups, while store group nutritionists with assistance from others in their organisation deliver the benchmarking strategy in store group owned/managed stores. Monash University manages the data and generates the reports. This includes the use of a data pipeline that has been developed by Monash University with Menzies School of Health Research to enable the processing, linking with nutrient data and analysis of store sales data.

We have assessed the feasibility of the benchmarking strategy from the perspective of various stakeholders involved with its implementation and through a randomised controlled trial, are assessing its impact on diet outcomes derived from store sales data. Preliminary findings indicate that the benchmarking strategy is feasible. It adds value to current store initiatives to improve store healthiness and ensures that strategies put in place are tailored to each store and community. However, its normalisation and sustainability requires additional investment and the participation of all stores through enabling government policy such as the proposed National Industry Code. This is to achieve a level playing field so that stores participating in the benchmarking strategy have the best chance to implement all best practice standards without risking loss of trade if other stores do not participate.

Tools, action plan templates, capability, training and coaching have been developed to support the benchmarking strategy. Tools include:

- Policy Action Progress Audit (led by University of Queensland)
- Store Scout App (led by Monash University)
- Healthy Diets ASAP (6) (led by University of Queensland)
- Environment scan survey (7) (led by Monash University)

Other capabilities developed:

- Data pipeline
- Report template (for store and community)
- Action plan template
- Store nutrition policy template
- Recommendation logic
- Global store rating

The benchmarking strategy has been developed for the purpose of strengthening practice and policy for healthy sustainable stores. Tools and a training package can be accessed through contacting project lead: Julie Brimblecombe, Monash University.

Disaster resilience: *"Support adequate remote store infrastructure, storage, power, and disaster resilience to ensure continuous supplies of food and other essentials in remote communities."*

We agree with this intended outcome and associated draft actions. We bring to the attention of the National Remote Food Security Strategy working group the aforementioned Environment Scan electronic survey tool co-designed by our benchmarking strategy partnership to collect data on environmental factors such as storage, power, store infrastructure and their impact on store operations (REF). Use of this e-survey with 29 NT Indigenous remote community stores in 2023 shows transport costs are a key barrier to store operations and 68% of stores experience food delivery disruptions (10). Regular and widespread use of this survey across stores could assist in identifying stores that may require assistance to mitigate food insecurity with disasters.

"Develop a nationally consistent response for remote community stores to access essential support and provide food and other essential groceries during crisis, unplanned or extended supply chain interruption, and seasonal isolation."

Evidence indicates that currently disaster management plans for remote communities are not tailored to specific communities and do not show evidence of incorporating Indigenous Knowledges, nor ongoing community engagement (11). Community-specific plans are critical to provide information for communities to manage risks, respond to events, and be resilient. We support the draft action as quoted above as without a coordinated whole-of-government approach and place-based plans, Indigenous communities face times of critical and prolonged food insecurity with climate change events, and corresponding consequences for diet-related health outcomes. We stress however that a whole of government national response must allow for the development of place-based plans. Action 3.6 of the National Health and Climate Strategy states that there be support for leadership of Indigenous communities on health and climate change decision-making (including food security - Action 6.7) and that the strength and wisdom of Indigenous Peoples be upheld as a strategy principle.

Store viability:
"Support remote stores to remain viable and provide affordable, healthy food whilst retaining and promoting community participation and control (CtG Outcome 17)."

Remote food retail comprises a diverse landscape of stores that supply food to multiple relatively small populations in very remote areas, presenting a unique food retail setting. These stores are a vital part of Australia's food system. They provide food security to many small populations in places that are geographically isolated from the main food distribution networks. The Australian government has a responsibility to ensure food security for all peoples. In turn, remote living populations serve many critical functions for the nation, from protecting biodiversity and cultural heritage to border protection. Stores in remote Indigenous communities are on Indigenous Lands and serve the majority Indigenous population. An important aspect of the draft action is that community participation and control be retained and promoted. This is in line with the United Nations Declaration on Indigenous Rights, i.e., for Indigenous peoples to participate in decisions that affect their lives, and also Reform 2 of the CTG National Agreement - building the community-controlled sector, which recognises the right to self-determination by Indigenous communities.

• Is there anything important missing? Are there any risks or negative consequences? Does anything need to change?
Please see comments above.

Supply Chains

• Do you agree with Supply Chains as an important Focus Area?
Evidence indicates that remote food supply chains are fragile and exponentially vulnerable to shocks compared to metropolitan areas. These vulnerabilities are compounded by the growing effects of human-induced climate change, increasing instances of extreme weather events and increasing seasonal interruptions to food supply, access and availability, as well as the quality and variety of food available in remote stores. The majority of the most vulnerable key freight routes nationally are located in the Northern Territory, along with over 50% of the remote food retail stores in Australia (12). Disruptions of these highly vulnerable critical road key freight routes can result in communities being completely cut off from essential freight using these routes. As the majority of remote communities only have one land access route for freight, disruptions can majorly impact the food security of communities. Whilst this is broadly recognised, a systematic review completed here at Monash University showed little empirical evidence on the effects of vulnerable food supply on food security and food price in remote communities (13). We agree that Supply Chains are an important Focus Area of the National Strategy for Food Security in Remote First Nations Communities, but there needs to be significant resourcing to fill the gap in evidence regarding the impact of Supply Chains on remote food security in Australia.

• Do you agree with the intended outcomes and draft actions?
It is imperative that all potential actions within the Supply Chain Focus Area are guided by an Aboriginal and Torres Strait Islander working group. This will ensure actions are community-led and sustainable, and guided by Indigenous Knowledges and Values. In order to assist remote community stores to collaborate and develop partnerships with other community stores, we suggest the use of the Remote Community Stores Directory (14), developed by Monash University. The Directory is an open-access, user-updated database that will allow for stores to connect with others in their region for support, as well as those that are under similar management and ownership arrangements.

The Strategy highlights the action to *"support stores to improve communication with customers for greater transparency on pricing policies and rebate use"*. Although transparency with customers is important, from our extensive work with stores, it is apparent community members are concerned about pricing but are not as aware of the use of business practices and operations. It is suggested it is worthwhile to advertise price subsidies at the point of sale (POS) for the customer. For example, in a store that subsidises fruit and vegetables, an advertisement at the POS highlighting to the customer that fruit and vegetables are sold at the wholesale price and are not marked up would be shown (e.g. through shelf ticketing). This would aid in transparency with communities about decisions that Store Boards are making that translate into improved community food security. Communications with the community need to be tested to ensure relevance and understanding. The Strategy should also support stores to improve transparency with Store Directors and Community Leaders as a vital action. As part of the Benchmarking for Healthy Stores in Remote Aboriginal and Torres Strait Islander communities project [MRFF2007282], led by Monash University, a community feedback task group was formed to guide the design of resources to improve transparency with community about work stores are doing to ensure a healthy and supportive food environment. This model could also be utilised to ensure transparency regarding pricing policies and food supply changes, and we would be happy to share the templates developed.

With regards to the importance of signalling a price subsidy to customers, we also bring to the attention of the National Remote Food Security strategy, research led by Professor Brimblecombe conducted in partnership with ALPA and Outback Stores: the SHOP@RIC study applied a 20% price discount at point of sale (POS) on fruit, vegetables, water and diet drinks and signalled the discounted and usual price to the customer using shelf talkers. This discount resulted in a 12 % increase in fruit and vegetable sales (15).

"Local Emergency and Disaster Risk Management Plans are designed in partnership with remote community residents, representative organisations, service providers and emergency response organisations."
Local Emergency and Disaster Risk Management Plans not only need to be *designed with* remote community residents, but *led by* remote communities and their representative organisations. The development of these plans needs to consider the inclusion of communities that are cut off seasonally rather than a one-off extreme weather event. In addition, communities experiencing isolation from a weather event that has not impacted their community directly (e.g. houses flooded) but has impacted indirectly (e.g. access roads flooded and cannot get food into community without paying extreme air freight costs) need to be included in the plans. This indirect impact from extreme weather events can result in the consideration of evacuating communities due to limited to no availability of food. This has been communicated to our team by our partner stores in the Benchmarking for Healthy Stores project. For example, in April this year, the General Manager of the Walangeri Ngumpinku Aboriginal Corporation shared that the food situation in their community was critical, with the road impassable for the past 6 months. The store accessed government-funded freight ($6k-$10k/tonne of food; with 4-8 tonne required per week) for four weeks, and were sharing their plea for further assistance in ensuring food supply to the community. There need to be contingency plans outlined in the Strategy to support food security if there is no access to communities during seasonal and unexpected weather conditions.

The aforementioned Environment Scan e-surveys, co-designed by Monash University and the Benchmarking for Healthy Stores partnership, could be used to help to identify leverage points that impact food price in remote food retail stores that are outside of the store's control, as well as track changes over time.

We agree with the action of *"encouraging food and grocery manufacturers, wholesalers, distributors, and producers to provide lower prices to remote stores on core items"*. This aligns with the call to bring manufacturers and producers into the picture of reducing food price in remote community food retail (16). We have evidence from our Benchmarking for Healthy Stores study [MRFF2007282] that with increased availability of cheaper or generic branded healthy products, the cost of the recommended (healthy) diet is reduced.

In 2023, across 29 remote stores in the NT, when cheapest available options were priced compared to the usual brands in the Healthy Diets ASAP protocol, the cost of the recommended diet in remote stores was reduced by $102 (7%, from $1404 to $1302) per fortnight, while in regional centres costs were much more markedly reduced by $250 (21%, from $1179 to $936) per fortnight (10). The differences in costs seen with cheaper options is due to the number of healthy items where there was a cheaper equivalent available: out of the 27 healthy food and drink items included, remote stores on average had a cheaper option available for 4 items, while major supermarkets in the regional centres had an average of 24 cheaper healthy items and independent supermarkets had an average of 14 (17). Despite remote stores trying to bring down food costs for customers by stocking cheaper or generic-branded product lines, more limited generic product options are available to remote retailers, so suppliers also need to be increasing the range of generic lines available to the remote market.

Lastly, to continue to support the health of communities, it is necessary that 'core items' are healthy items. The Good Tucker App, developed by Uncle Jimmy Thumbs Up!, Menzies School of Health Research and The University of South Australia is a simple look-up tool to identify the healthiness of food and drink options. This tool has been validated and found to be superior to the Health Star Rating and NT School Canteen Guidelines in its ability to accurately identify product healthiness (18), as assessed by products classified as green – 'Thumbs up' or 'Double thumbs up'. The Good Tucker App is used widely across remote communities, and could be used to guide identification of core healthy items. Monash University through Professor Julie Brimblecombe is involved with Uncle Jimmy Thumbs Up! And University of South Australia in the management and use of the Good Tucker App.

• How well do the draft actions meet the intended outcomes?
To ensure the Strategy meets its intended outcomes regarding supply chains, the proposed actions need firm commitment, resourcing and transparency, including a dedicated workforce. The goal of improving supply chains to provide more direct, cost-efficient and resilient supply runs to remote communities, as well as the need for transport and freight resilience planning has been highlighted by a number of previous Parliamentary inquiries, including the most recent 2023 Inquiry into food security in Australia (19), as well as the 2020 Inquiry into food security and food pricing in remote Indigenous communities (20). However, remote food retail stores continue to be impacted by high freight costs, seasonal isolation and a lack of appropriate food storage, among other factors, resulting in food insecurity. There need to be place-based, community-led, and sustainable actions to mitigate these challenges and build resilient remote food supply chains.

The recently launched Queensland Remote Communities Freight Assistance Scheme (21) applies a freight discount on "eligible essential goods" (including healthy foods and drinks and domestic household items such as cleaning products, toothpaste or toilet paper) by the retailer at the checkout to ensure the discount reaches customers. This method of application may give an alternative to previous commentary that there is risk that freight subsidies that would not make it to the customer if provided through freight operators (20). This will be an important scheme to follow nationally, including its impact on community food security over the next four years.

• Is there anything important missing?
The Supply Chain Focus Area is missing the requirement for a greater understanding of the impacts of climate change in order to create sustainable outcomes. The National Health and Climate Strategy recognises the health co-benefits of climate adaptation beyond the health system, with these benefits predicted to be experienced sooner if focus is across all sectors. As previously mentioned, First Nations leadership needs to be central to all decision-making processes, and evidence-informed policy-making needs to occur. To date, there is a dearth of empirical evidence on the environmental determinants of food supply and food price in remote food retail stores. A First Nations Advisory Group or Working Group should be established to lead the Supply Chains focus area and ensure place-based, tailored strategies.

• Are there any risks or negative consequences? Does anything need to change?
The remote community food retail sector is diverse and unique, with over one third of stores nationally owned by a registered Indigenous Corporation (14). This community-owned and independent sector is important to nurture, especially as the wider food retail sector in Australia is dominated by a duopoly. It is imperative that, whilst establishing and sustaining partnerships for the benefit of improving food supply and food security to remote communities, this does not occlude the crucial community control seen in this sector.

Healthy Economies
Do you agree with Healthy Economies as an important Focus Area?
As highlighted in the discussion paper, the direct link between household income and food security underscores a critical need to consider income and employment as part of a comprehensive strategy to support food security in remote communities, so we agree with Healthy Economies as a Focus Area within the National Strategy for Food Security in Remote First Nations Communities.

In addition to the supporting evidence outlined in the discussion paper, the need to address income as a core determinant of household food insecurity is supported by the work of our Benchmarking partnership. As part of the Benchmarking for Healthy Stores project, we have collected food price data from n=29 remote stores in 2023. For a reference family of two adults and four children on a welfare dependent income, a healthy diet cost an average of $1302 per fortnight (even when choosing the cheapest available option of each product) and required 39% of the social welfare payments. The cost of a recommended diet (including cheapest options), was 39% (+$366) higher in remote communities compared to regional centres (10). This finding is similar to the 2023 Northern Territory Market Basket Survey which reported a healthy food basket as 40% higher in remote stores relative to regional centre supermarkets (22). With limited job opportunities in remote and very remote locations, the proportion of Aboriginal and Torres Strait Islander people accessing government social welfare payments as their main source of income increases with remoteness and represents the majority of remote residents (23). This highlights that a recommended healthy diet is not affordable for a family dependent on social welfare payments in remote areas, and reinforces that the remote area allowance fails to account for the food price differential in remote areas relative to regional centres.

This was reflected in a recent analysis of stakeholder written submissions to the Federal Inquiry into Food Security currently being undertaken by the House of Representatives Standing Committee on Agriculture. This research (unpublished) is being conducted by Sustain: The Australian Food Network in collaboration with members of our team at Monash University. We found that n=21 stakeholder submissions recommended a raise in income support payments in line with the cost of living as a key solution to address household food insecurity. Seven submissions explicitly called for a raise in the remote area allowance to make healthy food more affordable to community members. While the Committee's report acknowledged AMSANT's call towards "Improving the Centrelink remote allowance" (19, p.145), the report disappointingly does not include any recommendations to increase income support payments as a solution for food insecurity.

Do you agree with the intended outcomes and draft actions?
Overall, we agree with the three Proposed Intended Outcomes as three critical areas to consider. We have outlined some comments regarding proposed outcomes and potential actions below.

Food price monitoring
We note that for **Proposed Outcome 2**, '*Measure and provide for the realistic additional cost of food and essential groceries in remote social security and tax policies; and ensure support can be accessed by those in need*', there is no proposed action that explicitly targets how the higher cost of living will be measured or monitored over time.

The need to align income support payments with cost of living measures underscores the need for consistent and timely monitoring of food prices and other living costs in remote communities. In the Northern Territory, food pricing data is made available via the NT Market Basket Survey which is collected every two years. As part of the Benchmarking for Healthy Stores Project, we have used the Healthy Diets ASAP tool which has been adapted and validated for use in remote Aboriginal and Torres Strait Islander communities, and allows for comparison across jurisdictions as it is nationally standardised (24). To date, food prices have been collected in-store by public health nutrition staff from our partner organisations and our research team, which is a resource intensive process. Our team has been involved in work led by Dr Emma McMahon at Menzies School of Health Research to develop a methodology of utilising sales data to automate food price monitoring in remote communities. Given the significant costs of travelling to remote communities for data collection, this automated approach would significantly reduce the resources required to monitor prices and could be rolled out across all remote community stores. We would welcome the opportunity to investigate how a nationally consistent monitoring approach for food pricing could be integrated into this National Strategy for Food Security in Remote First Nations Communities and can contribute expertise to the development of such an approach.

It is not only the cost of food and essential groceries that influence household food budgets. As such, we feel it is important to factor in other living expenses when setting levels of social security support and taxation, including housing, and essential utilities such as electricity and water. Where some of these costs are fixed, it can mean that food budgets are constrained. We recommend that this outcome **be more specific in calling for income support levels to be indexed to current cost of living (including food and essential groceries, housing and utilities) in remote communities**.

We also recommend that **the government commit to increased transparency around how the level of income support payments are set, particularly around food prices**, as a measure to increase accountability for supporting remote household food insecurity. This is a key policy recommendation of the [Right to Food Campaign](#) in the UK: *"Government to state how much of minimum wages and benefits (on which people are expected to live) is for food. The Right To Food Campaign wants Government to reveal how much money is factored in for food when setting minimum/living wages and benefits."*

Sugar-sweetened beverage taxation for remote food security resourcing
We also wish to discuss **Potential Action 3**: "*The Australian Government to establish a National Sugar Tax and utilise the revenue to provide community-level food security; healthy food subsidies; health reinvestment; access to drinkable water*".

The World Health Organisation (WHO) recommends a 20% tax on sugar-sweetened beverages (SSB) be applied by governments as a feasible way of supporting reformulation and decreasing population sugar consumption. Evaluation of SSB taxes outside of Australia support their effectiveness in reducing purchase and consumption of SSBs (25,26).

Evidence indicating impact of a SSB tax or tax on non-essential foods/drinks is measured through observational studies. However, we have empirical evidence generated through a world-first randomised controlled trial specifically in the remote Australian setting that restricted retailer promotion of unhealthy food results in significant reductions in sugar sales: the [Healthy Stores 2020](#) strategy was co-designed by Monash University with ALPA to restrict marketing of unhealthy food and promote healthy food only in remote stores. Healthy Stores 2020 showed a 2.8% reduction in total sales of free sugars to energy, amounting to 1.8 Tonne less sugar sold across 10 stores over 12 weeks, with no adverse impact on gross profit (27). This effect size in free sugar reduction is estimated to reduce risk of cardiovascular disease mortality by 10% (28). Whilst we can't compare effect sizes because of design differences, the Healthy Stores 2020 strategy looks as impactful on soft drink sales reduction as what a SSB tax might be, or what a non-essential food/drink tax might be. We recommend that **restricted retailer promotion of unhealthy foods should be the initial policy approach to reduce sugar sales across remote stores**, prior to consideration of a national SSB tax.

The Coalition for Healthy Remote Stores, of which Monash University is a member alongside 15 Aboriginal-led, Aboriginal-community controlled and non-government, retail and health organisations, research institutes and universities have recently developed a position statement on SSB taxes. While we broadly support the recommendation to implement an national SSB tax to support population nutrition, it is integral that the impact of an SSB tax in the unique remote store context be considered. In addition, revenue from the tax should be distributed to remote communities as regions experiencing the highest levels of diet-related chronic diseases and food insecurity (29).

As introduced in the discussion paper, remote stores groups including ALPA and Outback Stores have already taken bold and progressive action to include a 20% markup on SSBs to discourage their consumption, with the revenue used to cross-subsidise fruits and vegetables. Essentially, an SSB tax has been in place in some remote communities for some time, with substantial decreases in sugar sales observed. Therefore, additional health benefits of the national SSB tax attributed to changes in sales would not be expected in remote communities with stores managed by ALPA or Outback Stores given this cross-subsidisation has already been in place.

A national SSB tax could see similar price rises passed on to community members serviced by independent remote stores, however without the subsidisation of fruits and vegetables. As part of the Coalition for Healthy Remote Stores, we recommend that consideration be given to:
1. An increase in the discount on GST-free foods for HCC holders or those living in remote areas of Australia;
2. Freight subsidies for GST-free foods which are mostly healthy basic food items;
3. Funding for community maintenance programs including store building repairs and/or installation and maintenance of generators to keep perishable foods fresh;
4. Al floor price for SSBs which is likely to prevent the discounting that sends a price signal to encourage consumption to be implemented nationally.
5. Direct store grants to supplement stores in need of financial support .

We support a recommendation from the Grattan Institute that any such tax should be accompanied by adequate implementation and monitoring.

Revenue from Sugar Tax:
While we recognise the importance of considering resourcing and funding of initiatives within this strategy to support community food security, we disagree with the reliance of revenue earmarked from a national sugar tax "*to provide community-level food security; healthy food subsidies; health reinvestment; access to drinkable water*" (p.46).

Despite a long history of strong advocacy and collaboration among nutrition actors to generate evidence, raise awareness and advocate for an SSB tax in Australia, neither major political parties have committed to implementing a

sugar tax (30). There is currently an important policy window; the parliamentary committee as part of the Federal Inquiry into Diabetes, has recommended the introduction of a tiered 20% SSB (31) . A recent study investigating the politics of SSB taxation identified that political appetite for a SSB tax in Australia is "impeded by the powerful influence of the food, beverage, and sugar industries, opposition from both major Australian political parties, ideological resistance to regulation, a low quality monitoring and surveillance system for food and nutrition, and limited public advocacy" (30). Therefore, to rely on a policy instrument that is yet to be committed to by either major political party, incurs significant risk as to whether these critical remote food security initiatives would receive adequate resourcing.

If the SSB were to be implemented, the design of a sugar tax is also important to consider in terms of revenue potential. For example, a tiered sugar tax that promotes industry reformulation may have reduced revenue as companies reformulate to avoid the tax. This is reflected in a recent study investigating outcomes of sugar reduction policies in the UK and Northern Island, highlighting that "low revenue is indicative of a successful reformulation scheme; this contradiction is something that policy-makers must be aware of" (32).

Access to food and water security are internationally recognised human rights, encompassed in the right to an adequate standard of living under Article 11(1) of the International Covenant on Economic, Social and Cultural Rights, which Australia has ratified. Supporting remote communities, who experience significant barriers to accessing food and water security, should be resourced by governments through more reliable and consistent allocation of funding. Alternative mechanisms to facilitate funding towards remote stores to support community food security and avoid further increases in food prices includes formal recognition of remote stores as an essential service, similar to healthcare services, which could increase access to funding and other supports to support community food security. Aligned to this, making grants and funding streams available to community stores that are already in place for other essential services was a recommendation of the 2020 Parliamentary Inquiry into food pricing and food security in remote Indigenous communities (20).

Commercial Determinants of Health (CDoH) in remote communities
Regarding **Outcome 3**, in considering employment and training opportunities with industry partnerships as part of this Healthy Economies focus area, care should be taken in what kinds of business models and practices will best support financial opportunities in remote communities.

Increasing research attention has been focussed on the commercial determinants of health, defined as the systems, practices and pathways through which commercial actors drive health and equity (33). This definition and the framework outlined in the Lancet Series on Commercial Determinants of Health acknowledges that commercial actors can have both positive and negative influences on health. For example, research has highlighted the harmful strategies employed by Woolworths to establish a Dan Murphy's store near three 'dry' Aboriginal communities in the Northern Territory (34). Using a commercial determinants of health lens, researchers exposed several strategies employed by Woolworths, including "lobbying, political pressure, litigation, and divisive public rhetoric, while ignoring the evidence suggesting the store would increase alcohol-related harm". In contrast, the findings emphasised the role of civil society action and Aboriginal leadership, with Aboriginal and non-Aboriginal groups working together to counter commercial interests. Woolworths is a notable example, since they are often an industry partner for food security projects, including via food distribution to food relief agencies and other corporate social responsibility initiatives (35).

Developing methods to monitor/ assess commercial practices across different sectors is an important step in creating healthy economies in remote communities. As part of the NHMRC's Targeted Call for Research into Commercial Determinants of Aboriginal and Torres Strait Islander Health, our team is currently contributing a project titled 'A co-designed framework to drive action to promote health and equity in remote Aboriginal and Torres Strait Islander community stores'. This work to date has included the adaptation of the Lancet Commercial Entities in public health framework (36) for a case study investigating the practices of SSB manufacturers in remote communities and the role they play in determining store policies and practice.

Intended outcomes of this study include the identification of best-practice principles and actions to drive health-promoting retail practices in partnership with store directors and mitigate the undue influence of beverage manufacturers to support Aboriginal and Torres Strait Islander health and wellbeing. It is hoped that findings from this study could form the basis of a monitoring tool to assess beverage manufacturers' commercial practices in remote communities.This, in turn, can provide timely information to enable communities to strengthen the healthiness of their food retail environment both in their community context.
It is intended that the findings will be scalable and adaptable to other industries and contexts throughout Australia. We would welcome the opportunity to share these learnings to contribute to actions within this focus area of the National Strategy for Food Security in Remote First Nations Communities.

There is an important opportunity to communicate about commercial determinants of health to communities, to build awareness of the influence of commercial actors and the different forms this can take. A useful example of this is from VACCHO, in collaboration with Deakin University, who have developed an explainer video on the commercial determinants of health as part of the Food Policies for Aboriginal and Torres Strait Islander Health (FoodPath) project.

• How well do the draft actions meet the intended outcomes?
Our current research project (unpublished) analysing stakeholder submissions to the 2023 Federal Inquiry into Food Security highlighted that actions related to income support and training and employment opportunities in remote communities were recommended in submissions, however were not integrated as recommendations by the Committee. To ensure the Strategy meets its intended outcomes regarding healthy economies, the proposed actions need firm commitment, resourcing and transparency, including a dedicated workforce.

The draft actions related to income payments (Action 1) and social support packages (Action 2) are clearly aligned to Outcome 2. It is important that for Action 2 related to social support packages meeting 'client food security and dietary needs' that there is adequate consultation with communities to identify these priorities.

The draft actions related to training and employment and increasing participation in community-controlled food production and food security-based businesses clearly align with Outcomes 1 and 3.

As described above, outside of the SSB tax, we feel that the mechanisms to secure resourcing to provide community-level food security initiatives as part of this National Strategy is less clear.

• Is there anything important missing? Are there any risks or negative consequences? Does anything need to change?
We have addressed this in our comments on the intended outcomes and draft actions above.

REFERENCES:

1. Rogers A, Ferguson M, Ritchie J, Van Den Boogaard C, Brimblecombe J. Strengthening food systems with remote Indigenous Australians: stakeholders' perspectives, *Health Promotion International*, Volume 33, Issue 1, February 2018, Pages 38–48, https://doi.org/10.1093/heapro/daw047

2. Brimblecombe J, Bailie R, van den Boogaard C, Wood B, Liberato SC, Ferguson M, Coveney J, Jaenke R, Ritchie J. Feasibility of a novel participatory multi-sector continuous improvement approach to enhance food security in remote Indigenous Australian communities. SSM - Population Health, Volume 3, 2017, Pages 566-576, https://doi.org/10.1016/j.ssmph.2017.06.002.

3. Brimblecombe J, van den Boogaard C, Wood B, et al. Development of the good food planning tool: A food system approach to food security in indigenous Australian remote communities. *Health Place*. 2015;34:54-62. doi:10.1016/j.healthplace.2015.03.006

4. Sacks G, Mann D. Policies for tackling obesity and creating healthier food environments: scorecard and priority recommendations for the Australian governments, May 2023. Melbourne: Deakin University, 2023. Available from: https://www.foodpolicyindex.org.au/_files/ugd/7ee332_a2fa1694e42f423195caf581044fccf1.pdf

5. Brimblecombe J, Ferguson M, McMahon E, et al. Benchmarking for healthy food stores: protocol for a randomised controlled trial with remote Aboriginal and Torres Strait Islander communities in Australia to enhance adoption of health-enabling store policy and practice. BMC public health. 2024;24(1):1-16. doi:10.1186/s12889-024-19277-0

6. Lee, A.J., Kane, S., Lewis, M. *et al.* Healthy diets ASAP – Australian Standardised Affordability and Pricing methods protocol. *Nutr J* 17, 88 (2018). https://doi.org/10.1186/s12937-018-0396-0

7. van Burgel E, Fairweather M, Hill A, et al. Development of a survey tool to assess the environmental determinants of health-enabling food retail practice in Aboriginal and Torres Strait Islander communities of remote Australia. BMC public health. 2024;24(1):442-442. doi:10.1186/s12889-024-17945-9

8. Miwatj Health Aboriginal Corporation. Position Statement Food Security in East Arnhem. Available from: https://www.miwatj.com.au/wp-content/uploads/doc_608_Miwatj-Position-Statement-Food-Security_v1.pdf

9. Central Australian Aboriginal Congress Aboriginal Corporation. Position Statement – Food Security. Available from: https://www.caac.org.au/wp-content/uploads/2022/05/Congress-Food-Security-Position-Statement.pdf

10. Brimblecombe J, Public Health Nutrition, Monash University – additional information, Document 37. Parliament of Australia Inquiry into Diabetes, 2023. Available from https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/Inquiry_into_Diabetes/Additional_Documents

11. Morley P, Jeremy Russell-Smith J, Sangha KK, Sutton S, Sithole B. Evaluating Resilience in Two Remote Australian Communities. Procedia Engineering, Volume 212, 2018, Pages 1257-1264, https://doi.org/10.1016/j.proeng.2018.01.162.

12. Bureau of Infrastructure and Transport Research Economics (BITRE), Road and Rail Supply Chain Resilience Review, 2023, BITRE, Canberra ACT. Available from: https://www.bitre.gov.au/sites/default/files/documents/Road%20and%20Rail%20Supply%20Chain%20Resilience%20Review_Final.pdf

13. Martin C, Day G, van Burgel E, Brimblecombe J. Environmental factors influencing the cost of food in outer regional, rural and remote Australia: A systematic scoping review. Unpublished.

14. Greenacre L, van Burgel E, Hill A, et al. (2023). Food retail in remote Australia [Dataset]. Dryad. https://doi.org/10.5061/dryad.vmcvdnczc

15. Brimblecombe J, Ferguson M, Chatfield M, et al. Effect of a price discount and consumer education strategy on food and beverage purchases in remote Indigenous Australia: a stepped-wedge randomised controlled trial. Lancet Public Health. 2017; 2:e82-95. DOI: 10.1016/S2468-2667(16)30043-3

16. Ferguson M, King A, Brimblecombe JK. Time for a shift in focus to improve food affordability for remote customers. Medical journal of Australia. 2016;204(11):409-409. doi:10.5694/mja15.00868

17. Hill A, Lewis M, Lee A, McMahon E, Ferguson M, Fredericks B, Pollard C, Turner N, Maple-Brown L, De Silva K, Clancy R, Christian M, Murison A, Brimblecombe J. 'Affordability of healthy diets in Northern Territory remote communities and regional centres' (oral presentation), Food Governance Conference, Sydney, February 2024. Abstract available from: https://www.sydney.edu.au/content/dam/corporate/documents/sydney-law-school/news/abstract_booklet.pdf

18. Chan J, McMahon E, Wycherley T, Howes K, Bidstrup G, Brimblecombe J. Validation of the Thumbs food classification system as a tool to accurately identify the healthiness of foods. Br J Nutr. 2023;129(11):2001-2010. doi:10.1017/S0007114522002756

19. House of Representatives Standing Committee on Agriculture. Australian Food Story: Feeding the Nation and Beyond, Inquiry into food security in Australia. 2023. Available from: https://www.aph.gov.au/Parliamentary_Business/Committees/House/Agriculture/FoodsecurityinAustrali/Report

20. House of Representatives Standing Committee on Indigenous Affairs. Report on food pricing and food security in remote Indigenous communities. November 2020, Canberra. Available from: https://www.aph.gov.au/Parliamentary_Business/Committees/House/Former_Committees/Indigenous_Affairs/Foodpricing/Report

21. Queensland Rural and Industry Development Authority. Remote Communities Freight Assistance Scheme Guidelines, version 1. 2024. Available from: https://www.qrida.qld.gov.au/sites/default/files/2024-01/Remote_Communities_Freight_Assistance_Scheme_Guidelines_PDF_286KB.pdf

22. Northern Territory Government. (2023). NT Market Basket Survey 2023. Available from: https://data.nt.gov.au/dataset/nt-market-basket-survey-2023

23. Australian Institute of Health and Welfare. Australia's Welfare 2017: 7.5 Income and employment for Indigenous Australians. Available from: https://www.aihw.gov.au/getmedia/2f327206-c315-43a7-b666-4fe24fefc12f/aihw-australias-welfare-2017-chapter7-5.pdf.aspx

24. Lee, A., & Lewis, M. (2018). Testing the price of healthy and current diets in remote Aboriginal communities to improve food security: development of the Aboriginal and Torres Strait Islander Healthy Diets ASAP (Australian Standardised Affordability and Pricing) methods. International Journal of Environmental Research and Public Health, 15(12), 2912.

25. Andreyeva, T., Marple, K., Marinello, S., Moore, T. E., & Powell, L. M. (2022). Outcomes following taxation of sugar-sweetened beverages: a systematic review and meta-analysis. JAMA Network Open, 5(6), e2215276-e2215276.

26. White, J. S., Basu, S., Kaplan, S., Madsen, K. A., Villas-Boas, S. B., & Schillinger, D. (2023). Evaluation of the sugar-sweetened beverage tax in Oakland, United States, 2015–2019: A quasi-experimental and cost-effectiveness study. PLoS medicine, 20(4), e1004212.

27. Brimblecombe J, McMahon E, Ferguson M, et al. Effect of restricted retail merchandising of discretionary food and beverages on population diet: a pragmatic randomised controlled trial. The Lancet Planetary Health, Volume 4, Issue 10, e463 - e473. DOI: https://doi.org/10.1016/S2542-5196(20)30202-3

28. Yang Q, Zhang Z, Gregg EW, Flanders WD, Merritt R, Hu FB. Added sugar intake and cardiovascular diseases mortality among US adults. JAMA Intern Med. 2014;174(4):516-524. doi:10.1001/jamainternmed.2013.13563

29. Hare, M. J. L., Zhao, Y., Guthridge, S., Burgess, P., Barr, E. L. M., Ellis, E., Butler, D., Rosser, A., Falhammar, H., & Maple-Brown, L. J. (2022). Prevalence and incidence of diabetes among Aboriginal people in remote communities of the Northern Territory, Australia: a retrospective, longitudinal data-linkage study. BMJ Open, 12(5), e059716. https://doi.org/10.1136/bmjopen-2021-059716

30. Dry, T., & Baker, P. (2022). Generating political commitment for regulatory interventions targeting dietary harms and poor nutrition: a case study on sugar-sweetened beverage taxation in Australia. International Journal of Health Policy and Management, 11(11), 2489.

31. Parliament of Australia. (2023). Inquiry into Diabetes report. Available from: https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/Inquiry_into_Diabetes

32. Hashem, K. M., Burt, H. E., Brown, M. K., & MacGregor, G. A. (2024). Outcomes of sugar reduction policies, United Kingdom of Great Britain and Northern Ireland. Bulletin of the World Health Organization, 102(6), 432–439. https://doi.org/10.2471/BLT.23.291013

33. Gilmore, A. B., Fabbri, A., Baum, F., Bertscher, A., Bondy, K., Chang, H. J., ... & Thow, A. M. (2023). Defining and conceptualising the commercial determinants of health. The Lancet, 401(10383), 1194-1213.

34. Crocetti, A. C., Cubillo, B., Walker, T., Mitchell, F., Paradies, Y., Backholer, K., & Browne, J. (2023). 'A recipe for cultural disaster!'–a case study of Woolworths Group's proposal to build an alcohol megastore in Darwin, Northern Territory. Globalization and health, 19(1), 38.

35. Woolworths (2022). Woolworths Group Submission. Inquiry in Food Security in Australia. https://www.aph.gov.au/DocumentStore.ashx?id=4f6fdbd7-7ffa-40a5-95f4-bd2fc9ad607e&subId=730008#:~:text=10%25%20increase%20in%20food%20rescued,supermarkets%20have%20food%20rescue%20partners.&text=Woolworths%20appreciates%20the%20opportunity%20to,into%20food%20security%20in%20Australia.

36. Lacy-Nichols, J., Nandi, S., Mialon, M., McCambridge, J., Lee, K., Jones, A., ... & Moodie, R. (2023). Conceptualising commercial entities in public health: beyond unhealthy commodities and transnational corporations. The Lancet, 401(10383), 1214-1228.