



# Closing the Gap Refresh

April 2018

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. DAA appreciates the opportunity to provide feedback on the future of Closing the Gap.

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## **DAA interest in this consultation**

The Dietitians Association of Australia (DAA) is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. Nutrition-related chronic conditions and food insecurity are responsible for a large proportion of the ill-health experienced by Australia's First Peoples who, before colonisation, enjoyed physical wellbeing for tens of thousands of years. DAA advocates for improved food security, health outcomes and health equity for Aboriginal and Torres Strait Islander people living in remote, regional and urban parts of Australia.

Accredited Practising Dietitians (APDs) contribute to the health and nutrition literacy of Aboriginal and Torres Strait Islander peoples by leading population health programs and community initiatives, by supporting individuals through medical nutrition therapy, and by working with other stakeholders in the public, private and non-government sectors.

### **Q1. Do you have any general comments?**

Improved nutrition and food security are fundamentally important in 'Closing the Gap'. Poor nutrition and diet-related chronic conditions are responsible for the largest proportion of the ill health experienced by Aboriginal and Torres Strait Islanders (1). The recent 'Close the Gap progress and priorities report 2017' specifically states that greater attention needs to be paid to nutrition and food security.

A commitment to improve the nutritional health of Aboriginal and Torres Strait Islander peoples, through combined food security, nutrition promotion initiatives and greater access to dietary support, is needed to sustainably improve the diet and health of Aboriginal and Torres Strait Islander people and help close the gap in health, education and employment between Aboriginal and Torres Strait Islander peoples and other Australians.

### **Q2. What does Closing the Gap mean to you?**

Closing the gap means achieving significant improvements in the eating habits and nutritional health/wellbeing of Aboriginal and Torres Strait Islander people. This will be achieved when:

- Aboriginal and Torres Strait Islander people are food secure, have access to a healthy food supply and are empowered to choose healthy foods. In remote Australia, Outback Stores, the Arnhem Land Progress Aboriginal Corporation (ALPA) and the Mai Wiru Regional Stores Council are making a positive difference in the health, employment and economy of remote

Indigenous communities, by providing a quality, sustainable food supply. More communities where the food supply is limited and unaffordable could benefit from services provided by retail management groups which prioritise social outcomes like Outback Stores, ALPA and Mai Wiru

- Aboriginal Hostels Limited is resourced to provide their consumers with food which meets their cultural and health needs. This requires a strengthening of policy measures, an extension of staff training and updated physical environments. Around 25% or more of consumers have special dietary needs but Hostels do not have consistent access to Accredited Practising Dietitians to work with consumers, staff and their communities to ensure menu planning, food purchasing, food preparation and food storage activities meet the needs of the 1500 or so consumers in Hostels around Australia. This is in contrast to the services usually provided in large metropolitan mainstream hospitals which include Accredited Practising Dietitians working full-time in food service activities.
- More opportunities are created for Accredited Practising Dietitians, (including Indigenous APDs), to work in partnership with Aboriginal and Torres Strait Islander people and their organisations to build capacity in the community.
- Aboriginal and Torres Strait Islander communities are well-supported by Aboriginal Community Controlled Health Services, including Aboriginal Health Workers with skills and knowledge to support healthy eating, prevent chronic disease and to empower self-management of chronic disease.

Closing the gap also means embedding cultural safety for safe, quality-assured care in the mainstream healthcare sector. Accreditation with nationally consistent standards for culturally safe clinical care will improve Aboriginal and Torres Strait Islander health outcomes via improved cultural safety knowledge and practice in healthcare and a transformation in organisational culture in Australian healthcare.

### **Q3. How can governments, Aboriginal and Torres Strait Islander people and businesses work more effectively together?**

DAA considers it important that a reset Closing the Gap strategy clearly articulates targets for both Federal and State levels of government which have been set by, and have the full support of, Aboriginal and Torres Strait Islander peoples, their leaders and organisations.

A commitment to long term funding of programs is needed, as is the need to build strong governance mechanisms for sustainability. It will be vital to develop local level action plans with Aboriginal and Torres Strait Islander peoples, their leaders and organisations.

Activities of governments, Aboriginal and Torres Strait Islander people and businesses could be more effective if they were informed by national policy. For example, a 'National Nutrition Policy' with specific reference to food, health and nutrition for Aboriginal and Torres Strait Islander people, would guide activities to close the gap in nutritional health that are evidence-based.

#### **Q4. How could Closing the Gap targets better measure what is working and what is not?**

Closing the gap 'health' targets should focus on health measures rather than mortality. Summary measures of populations health, such as health life years (HeaLYs), disability-adjusted life years (DALYs), quality-adjusted life years (QALYs) or health-adjusted life expectancy (HALE) would provide more information on quality of life, morbidity and disability for decision makers on progress than simple mortality statistics.

Closing the Gap Refresh targets should include nutrition and diet-related items which are specific and measurable. They should be accompanied by monitoring and accountability mechanisms, such as key performance indicators (KPIs) to address prevalence of obesity, chronic disease, low birthweight, poor child growth (failure to thrive) and anaemia which are serious concerns in some Aboriginal and Torres Strait Islander communities. For example, in the Northern Territory 36% of children aged 6-18 months are anaemic.

Nutritional biomarkers (i.e. biochemical indicators of nutrient intakes, such as blood cholesterol levels, blood iron levels etc) are needed to support evidence-based health programs and policies related to food, nutrition and health. Biomarkers might be obtained in a variety of ways, including regular national surveillance in the Australian Aboriginal and Torres Strait Islander Health Survey.

Other indicators that are useful in monitoring food and nutrition intakes include healthy food baskets, store turnover data validated as a measure of community dietary intake and measures of household food security validated for Aboriginal and Torres Strait Islander communities.

Workforce statistics for the nutrition and dietetic profession (e.g. number of Aboriginal and Torres Strait Islander Health Workers trained in nutrition or qualified as Accredited Practising Dietitians), would be useful to determine adequacy of nutrition and dietetic services available to Aboriginal and Torres Strait Islander people living in urban, rural and remote areas of Australia.

**Q5. What indicators should governments focus on to best support the needs and aspirations of Aboriginal and Torres Strait Islander peoples?**

- **Should Governments focus on indicators such as prosperity, wellbeing or other areas?**
- **What do you think are the most important issues for Aboriginal and Torres Strait Islander Australians, families and communities?**

Given the health statistics for Aboriginal and Torres Strait Islander people and their link to poor nutrition, DAA strongly suggests that nutrition should be a major area of focus for the Government as part of the overall ‘health and wellbeing’ indicator in ‘Closing the Gap Refresh’. Five of the seven leading risk factors contributing to the health gap between Aboriginal and Torres Strait Islander and non-Indigenous relate to poor diet (i.e. obesity, high blood cholesterol, alcohol, high blood pressure, and low fruit and vegetable intake) (1).

Dietary recommendations for the intake of healthy foods is achieved by very few Aboriginal and Torres Strait Islander people. Research shows 41% of their daily energy intake is derived from unhealthy ‘discretionary’ foods and drinks that are high in saturated fat, added sugar, salt and/or alcohol (‘junk’ foods), compared to 35% among non-Indigenous Australians (2-4). There is significant room for improvement in the discretionary food intake statistics for all Australians, including Aboriginal and Torres Strait Islander people.

**Q6. Should Aboriginal and Torres Strait Islander culture be incorporated in the Closing the Gap framework? How?**

**Community control and culture in nutrition-based programs/initiatives:** Improving food supply and security to better prevent and manage poor nutrition and diet-related disease is vital to the current and future health of Aboriginal and Torres Strait Islander Australians. A recent nutrition review (5) confirmed that community involvement in (and ideally control of) program initiation, development and implementation, with community members working in partnership in all stages of development, implementation and evaluation is critical to improving the nutritional status of Aboriginal and Torres Strait Islander people and highlights that sustained and effective interventions to improve nutrition will require:

- an adequately trained workforce
- adequate and sustained resourcing
- intersectoral partnerships
- a practical monitoring, research and evaluation framework
- effective dissemination

The most effective community-based nutrition programs have adopted a multi-strategy approach, addressing both food supply (availability, accessibility and affordability of foods) and demand for healthy foods. A major success factor is community involvement in all stages of program initiation, development, implementation and evaluation, to ensure the intervention is culturally appropriate and tailored to community needs.

**Community control & culture within primary health care:** To meet the needs of Aboriginal and Torres Strait Islander people, primary health care services need to deliver both competent and culturally appropriate chronic disease care. At a local level, mainstream and Community Controlled Primary Health Care Services (ACCHOs) in Australia have a critical role in the delivery of nutrition and dietetic services.

The involvement of Aboriginal Health Workers has been identified by health professionals and patients as an important factor in the delivery of effective clinical care to Aboriginal and Torres Strait Islander people, including nutrition education. As such, DAA supports the strengthening of the Aboriginal Health Worker workforce, both in terms of the number of workers and the skill-base of workers. Given poor nutrition is a leading contributor to the burden of disease among Aboriginal and Torres Strait Islander people, DAA suggests ‘food and nutrition’ should be a core subject in all qualifications for Aboriginal Health Workers so as to build food and nutrition knowledge and skills. Nutrition education and skill development interventions should be evidence-based and reflect past and present contexts of food (e.g. traditional cuisine as well as foods available today), support the educative role of caregivers, and support access to traditional foods.

**Q7. What do you think are the key targets or commitments that should be measured in a refreshed Closing the Gap agenda?**

Physical health and wellbeing impact on all facets of life, including early childhood education, school attendance, educational attainment and employment. Therefore, DAA considers it vital that a commitment is made in ‘Closing the Gap Refresh’ to improve the nutritional status of Aboriginal and Torres Strait Islander peoples, through a combination of food security and nutrition initiatives, so as to achieve improvements in health, wellbeing and life expectancy targets.

**References:**

- (1) Australian Institute of Health and Welfare (2016) *Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011*. (Australian Burden of Disease Study series no. 6, Cat no. BOD 7) Canberra: Australian Institute of Health and Welfare.

- (2) Australian Bureau of Statistics (ABS) (2016) *Australian Aboriginal and Torres Strait Islander Health Survey: consumption of food groups from the Australian Dietary Guidelines, 2012-13.* (4727.0.55.008) Canberra: Australian Bureau of Statistics (ABS)
- (3) Australian Bureau of Statistics (2015) *Australian Aboriginal and Torres Strait Islander health survey: nutrition results - food and nutrients, 2012-13.* (ABS cat. no. 4727.0.55.005) Canberra: Australian Bureau of Statistics
- (4) Australian Bureau of Statistics (2016) *Australian Health Survey: consumption of food groups from the Australian Dietary Guidelines, 2011-12.* (ABS Cat. no. 4364.0.55.012) Canberra: Australian Bureau of Statistics.
- (5) Lee A, Ride K (2018) Review of nutrition among Aboriginal and Torres Strait Islander people. Australian Indigenous HealthInfoNet.