

Closing the Gap Consultation Response for Outback Stores

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Contact Officer – Jen Savenake, Health and Nutrition Manager

Outback Stores manages 38 remote community stores of behalf of Indigenous communities. Outback Stores recognises a range of issues for Indigenous communities and would particularly like to comment on food security and nutrition.

Q1. Do you have any general comments?

Poor nutrition is a leading risk factor contributing to the gap in health outcomes for Indigenous Australians. Nutrition and food security need greater attention in targets and action. Without improved nutrition for Indigenous people, health, education and employment outcomes will continue to suffer.

Australia is a prosperous country and has committed to contribute to global efforts to reduce poverty, alleviate suffering and promote sustainable development¹. Sustainable development goals of zero hunger and good health and wellbeing are not being met in remote Australia², with significantly worse health outcomes compared to other Indigenous groups and non-Indigenous Australians^{3,4}.

Outback Stores supports quality, affordable, safe, and nutritious food in remote Indigenous communities. As a commercially based enterprise with a focus on social outcome Outback Stores supports local employment and sustainable stores. However, there are still many remote communities in Australia where Outback Stores and other similar organisations do not have a presence where store management, infrastructure and policies actively contribute to food insecurity.

Q2. What does Closing the Gap mean to you?

Equity and opportunity for remote communities

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

Closing the Gap strategy must include Indigenous People in setting targets, developing, implementing and evaluating programs. Outback Stores works with communities to manage their stores and to develop and implement programs to improve health and nutrition.

To work more effectively, businesses must support locally developed action plans based on clearly articulated targets at a national, state and local level. Federal, State and Local Government are responsible for working with Indigenous people to ensure targets meet community needs.

Outback Stores manages retail operations on behalf of Indigenous owned stores. Local store committees develop priorities with information and support provided by Outback Stores which tailor services and programs for the communities and return any profits to the community owners⁵. There are clear roles and responsibilities and shared decision making.

¹ DFAT 2017 Foreign Policy White Paper - porWhite Paper <https://www.fpwhitepaper.gov.au/foreign-policy-white-paper/chapter-six-global-cooperation/promoting-sustainable-development>

² United Nations 2017 Sustainable Development Goals <https://sustainabledevelopment.un.org/?menu=1300>

³ ABS 4727.0.55.001 - Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4727.0.55.001main+features802012-13>

Aboriginal and Torres Strait Islander Health Survey

⁴ ABS 4727.0.55.008 - Australian Aboriginal and Torres Strait Islander Health Survey: Consumption of Food Groups from the Australian Dietary Guidelines, 2012-13 <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4727.0.55.008~2012-13~Main%20Features~Key%20Findings~1>

⁵ Outback Stores <https://outbackstores.com.au/mission/> annual report 2016-2017 <https://outbackstores.com.au/wp-content/uploads/2018/01/OS-Annual-Report-16-17-fa.pdf>

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

Nutrition should be a major focus area for the Government as part of the overall 'health and wellbeing' indicator in 'Closing the Gap Refresh'. Targets for key nutrition indicators should be specific and measurable and accompanied by monitoring and accountability mechanisms, such as key performance indicators.

Closing the gap 'health' targets currently focus on mortality rather than health. The targets that were set in 2007 were based on measures that were being collected at the time. Without targets there is no accountability. High-level targets are important for overall effectiveness and should be maintained. However, intermediate indicators are required to measure the strengths and deficits of existing programs and investment.

Nutrition outcomes do not feature in previous closing the gap planning. Indicators which address the determinants of poor nutrition and diet-related chronic conditions are essential, as these are responsible for the largest proportion of the ill health experienced by Aboriginal and Torres Strait Islanders (i.e. obesity, high blood cholesterol, alcohol, high blood pressure, and low fruit and vegetable intake)⁶. Aboriginal and Torres Strait Islander people obtain 41% of their daily energy intake from 'junk' foods and drinks, that are high in saturated fat, added sugar, salt and/or alcohol, compared to 35% among non-Indigenous Australians⁷.

Determinants of poor nutrition and diet related chronic conditions include food security, obesity, malnutrition and housing conditions. There are a range of food security indicators which have been developed in addition to indicators of smoking, alcohol consumption and nutritional intake.

Nutrition impacts health, education and employment prospects over a long period of time. Current measures do not capture the impact of poor diet on growth, development, morbidity, education and employment outcomes over many years. The impact of preventative programs cannot be easily measured on mortality, so more sensitive indicators of interim outcomes are required. Outback Stores measures sales of food and drink which can be used as proxy indicators for intake^{8, 9}. This has not been linked directly with health outcomes.

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?**

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'. The Australian Burden of Disease Study shows that five of the seven leading risk factors contributing to the health gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians relate to poor diet (i.e. obesity, high blood cholesterol, alcohol, high blood pressure, and low fruit and vegetable intake)¹⁰.

⁶ 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.

⁷ ABS 4727.0.55.008 - Australian Aboriginal and Torres Strait Islander Health Survey: Consumption of Food Groups from the Australian Dietary Guidelines, 2012-13 <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4727.0.55.008~2012-13~Main%20Features~Key%20Findings~1>

⁸ Wycherley, T., Ferguson, M., O'Dea, K., McMahon, E., Liberato, S., Brimblecombe, J (2016) Store turnover as a predictor of food and beverage provider turnover and associated dietary intake estimates in very remote Indigenous communities Australian and New Zealand Journal of Public Health, 40, 6, (569-571), <https://doi.org/10.1111/1753-6405.12571>

⁹ McMahon, E., Wycherley, T., O'Dea, K., and Brimblecombe, J.(2017) A comparison of dietary estimates from the National Aboriginal and Torres Strait Islander Health Survey to food and beverage purchase data, Australian and New Zealand Journal of Public Health, 41, 6, (598-603).

¹⁰ 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.

Aboriginal and Torres Strait Islander people obtain 41% of their daily energy intake 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 Australians¹¹.

Australia as a nation is food secure. Most Australians can access affordable, appropriate, safe and nutritious food (96.3%). Aboriginal and Torres Strait Islanders in remote communities report food insecurity (ran out of food and could not afford to buy more) eight times more than non-Indigenous Australians (30.6% versus 3.7%)¹². Outback Stores contributes to food security in remote communities by providing healthy food at affordable prices. Ensuring food remains affordable and sustainable is challenging in the remote setting with high inputs for freight, power, staffing and small turnovers.

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

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 well-supported, resourced and educated Aboriginal and Torres Strait Islander nutrition workforce is essential for the success of nutrition interventions.

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 (and, ideally, control of) all stages of program initiation, development, implementation and evaluation, to ensure the intervention is culturally appropriate and tailored to community needs.

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. A commitment to improve the nutrition status of Aboriginal and Torres Strait Islander peoples, through combined food security and nutrition initiatives, is essential to achieve health, wellbeing and life expectancy targets.

The World Health Organization has global targets to improve maternal infant and child nutrition¹³. While these may not be as relevant to the broader Australian population low birthweight, poor child growth (failure to thrive) and anaemia are serious concerns in many Aboriginal and Torres Strait Islander communities. They are indicative of the health gap between Aboriginal and Torres Strait Islander groups particularly in remote areas. For example, the NT reported in 2016 14% of remote children under 5 are stunted¹⁴ while Australia reports 1.8% (from 2007)¹⁵. More than 20% of remote children under 18 months are anaemic¹⁶. This is a moderate public health problem by World Health Organisation standards in a nation that reports low levels of anaemia in the population^{iv}. These child health outcomes have serious impacts on long term health, development and

¹¹ ABS 4727.0.55.008 - Australian Aboriginal and Torres Strait Islander Health Survey: Consumption of Food Groups from the Australian Dietary Guidelines, 2012-13 <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4727.0.55.008~2012-13~Main%20Features~Key%20Findings~1>

¹² 4727.0.55.005 - Australian Aboriginal and Torres Strait Islander Health Survey: Nutrition Results - Food and Nutrients, 2012-13 <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4727.0.55.0052012-13?OpenDocument>

¹³ WHO 2017 Global nutrition monitoring framework: Operational guidance for tracking progress in meeting targets for 2025 <http://www.who.int/nutrition/publications/operational-guidance-GNMF-indicators/en/>

¹⁴ Child and Youth Health Strategy Unit, (2016) Healthy Kids Under 5 Growth and Nutrition Report NT Annual Report 2016, Department of Health <http://hdl.handle.net/10137/1327>

¹⁵ World Health Organization Nutrition Landscape Information System (NLIS), Global Nutrition Monitoring Framework Country Profile: Australia <http://apps.who.int/nutrition/landscape/global-monitoring-framework>

¹⁶ Child and Youth Health Strategy Unit, (2016) Healthy Kids Under 5 Growth and Nutrition Report NT Annual Report 2016, Department of Health <http://hdl.handle.net/10137/1327>

education outcomes.

Summary measures of population health, such as healthy 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 statistics¹⁷.

¹⁷ Hyder, A. A., Puvanachandra, P., & Morrow, R. H. (2012). Measuring the Health of Populations: Explaining Composite Indicators. *Journal of Public Health Research*, 1(3), 222–228. <http://doi.org/10.4081/jphr.2012.e35>