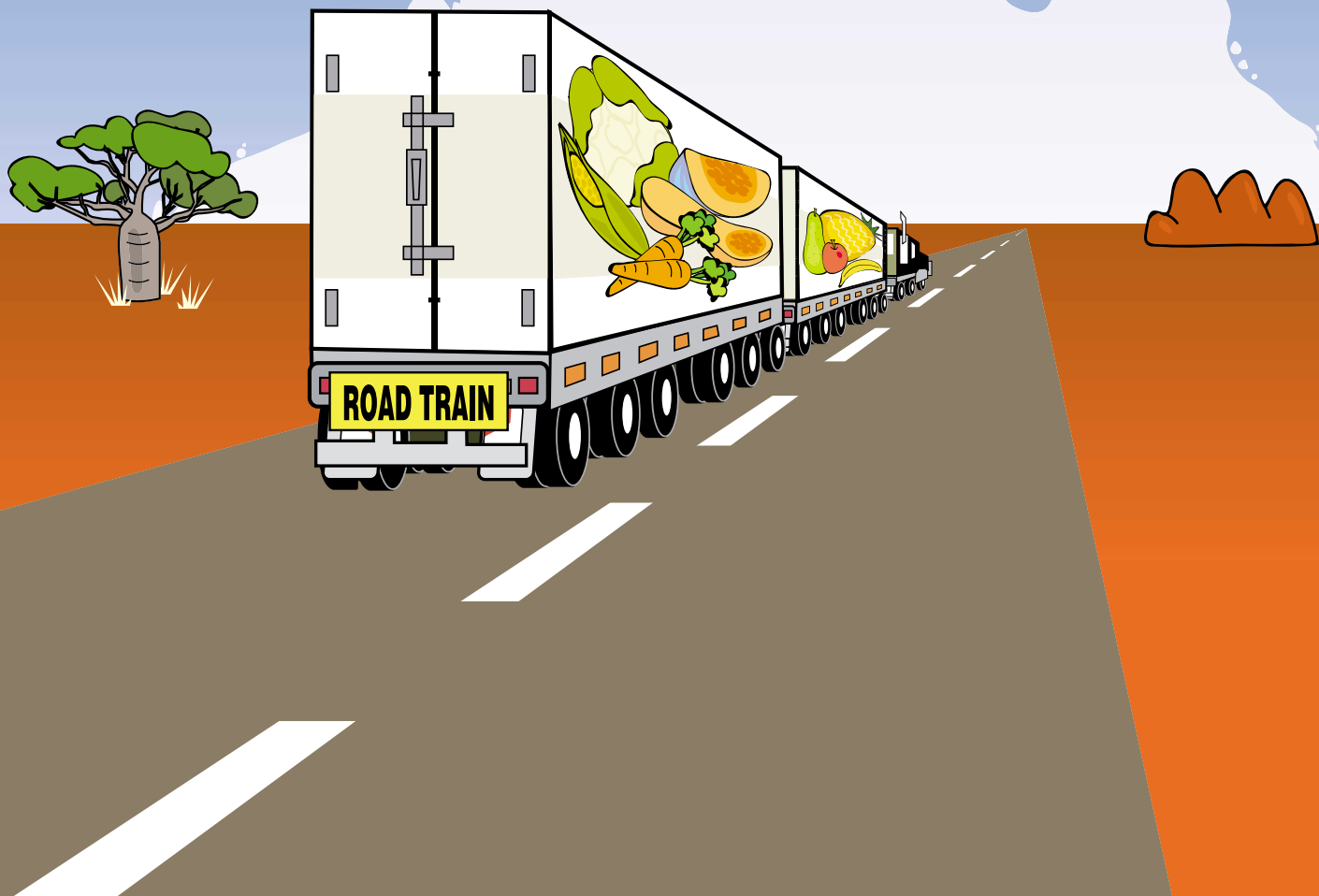


# FoodNorth:

## Food for health in north Australia

JULY 2003



## Acknowledgments

The Aboriginal and Torres Strait Islander people of the remote communities of north Australia whose concerns about their food supply and health lead to this work

The Office of Aboriginal Health, in the Department of Health in Western Australia which funded this project

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The many people who gave generously of their time and their knowledge to contribute to this project

The FoodNorth project has been an initiative of the north Australia Nutrition Group (NANG), the nutrition working group for the north Australian Health Ministers (Western Australia, Northern Territory and Queensland).

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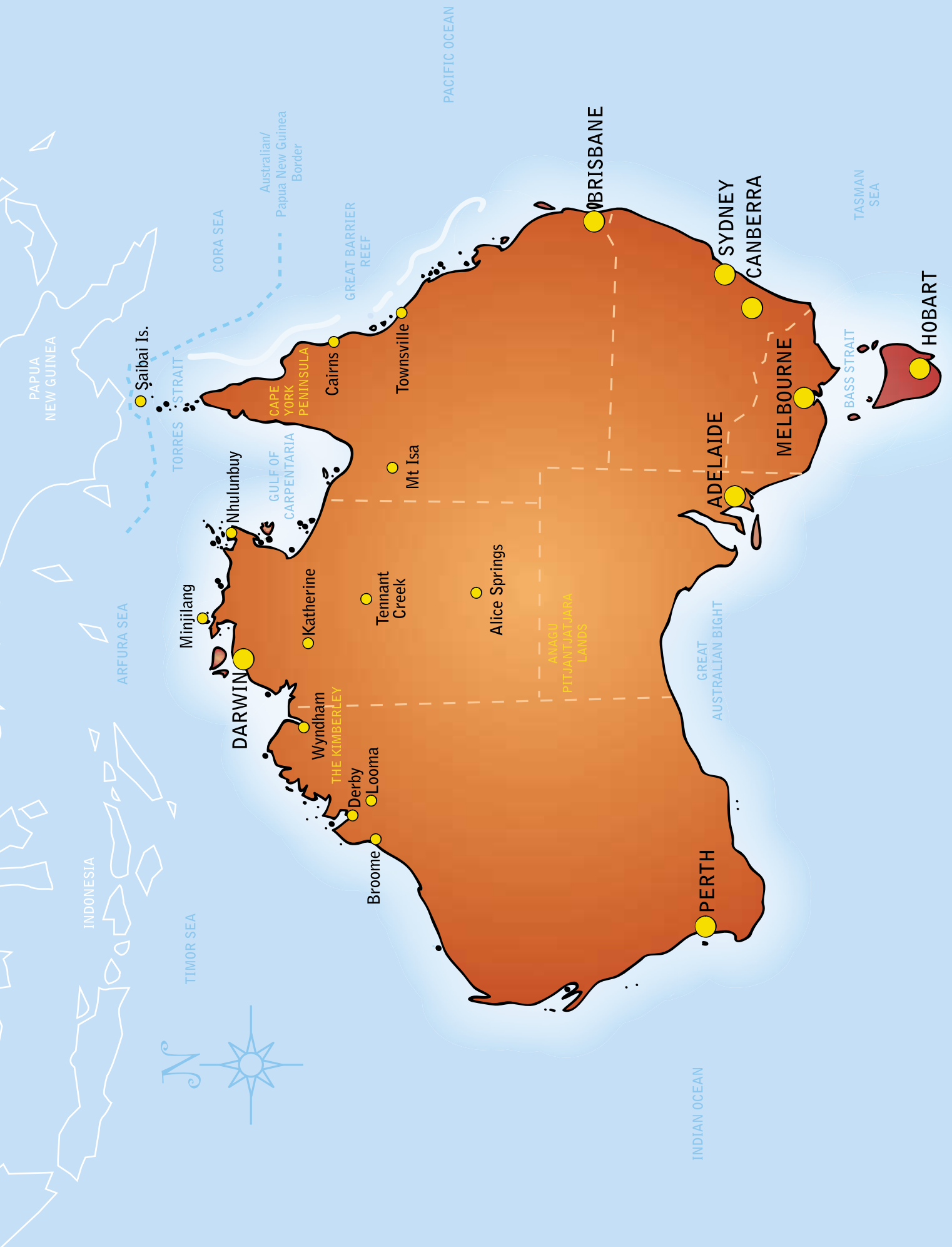
*July 2003*

acknowledgments . . . . .	IFC
map of Australia . . . . .	3
background . . . . .	5

# Contents

<b>Summary . . . . .</b>	<b>7</b>
Why FoodNorth? . . . . .	9
Aim . . . . .	10
Leverage points to address food supply issues in north Australia . . . . .	13
<b>Why FoodNorth? . . . . .</b>	<b>17</b>
Demographics, health and the need for healthy food . . . . .	22
Population(s) in poverty . . . . .	30
Food cost and availability in north Australia . . . . .	36
<b>Food Supply Issues in north Australia . . . . .</b>	<b>45</b>
Store governance and purpose . . . . .	47
Best retail practice . . . . .	59
Stocking healthy food . . . . .	68
Subsidies for healthy food . . . . .	81
Freight . . . . .	86
The Australian food supply and horticulture in north Australia . . . . .	94
Banking and credit . . . . .	100
Take-away food . . . . .	111
Increasing the demand for healthy food . . . . .	122
Workforce and Training . . . . .	133
Monitoring, Reporting and Evaluation . . . . .	143
<b>Recommendations . . . . .</b>	<b>149</b>
<b>Appendices</b>	
Appendix 1: Northern Territory stores project model contract for store managers . . . . .	155
Appendix 2: Store food and nutritional policies in use in north Australia . . . . .	169
Appendix 3: Territory Tidy Towns Store Judging Checklist . . . . .	172
Appendix 4: Summary of evidence for the inter-relationship of diet, nutrition and chronic disease . . . . .	178
Appendix 5: FoodNorth briefing paper . . . . .	179

# MAP OF AUSTRALIA



## background

The north Australia nutrition group (NANG) which includes nutritionists from the Department of Health in Western Australia, the Northern Territory Government Department of Health and Community Services and Queensland Health, is working on public health nutrition issues across north Australia. NANG works under the auspices of the north Australia Health Ministers (NAHM), which includes the Ministers of Health for Western Australia, Northern Territory and Queensland.

NANG has identified food supply to remote Indigenous communities across north Australia as an issue of concern. In February 2003, the three Chief Executive Officers of the Departments of Health of Queensland, Northern Territory and Western Australia in response to a presentation on food supply issues, asked for more information on:

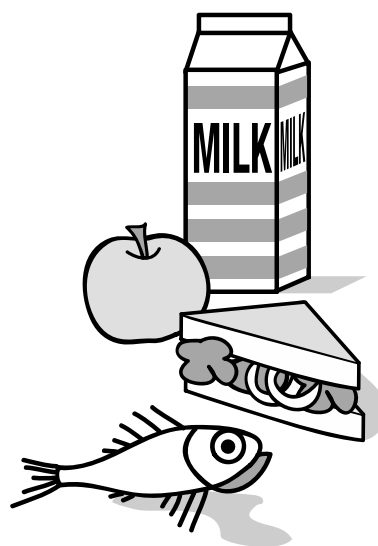
- crucial issues in food supply
- current interventions
- what could be done
- who would do it
- what monitoring would be required

The FoodNorth study was funded by the Office of Aboriginal Health of the Department of Health in Western Australia to collect and collate the relevant information. The FoodNorth project officer focused on the food supply system and the availability of healthy food (see definitions page 6) and interviewed key people, usually by telephone, who work in the food supply industry. Key people were identified initially by NANG and further contacts identified using a 'snowball' effect. Participation as an

observer in Mai Wiru store policy implementation meeting on the Anangu Pitjantjatjara Lands greatly assisted this work.

This study is not intended to be a comprehensive audit of work done to improve food supply in remote locations, nor is it an endorsement of any product or service. The information presented here is limited to discrete remote communities and does not address the difficult issue of food supply in rural and remote towns.

The FoodNorth report is a summary of the key issues involved in food supply to remote communities, and includes examples of interventions and strategies used in different locations. These may provide models for future work to achieve sustained improvements in the food supply, nutrition and health of Aboriginal and Torres Strait Islander people in remote communities of north Australia.



## Definitions<sup>1</sup>

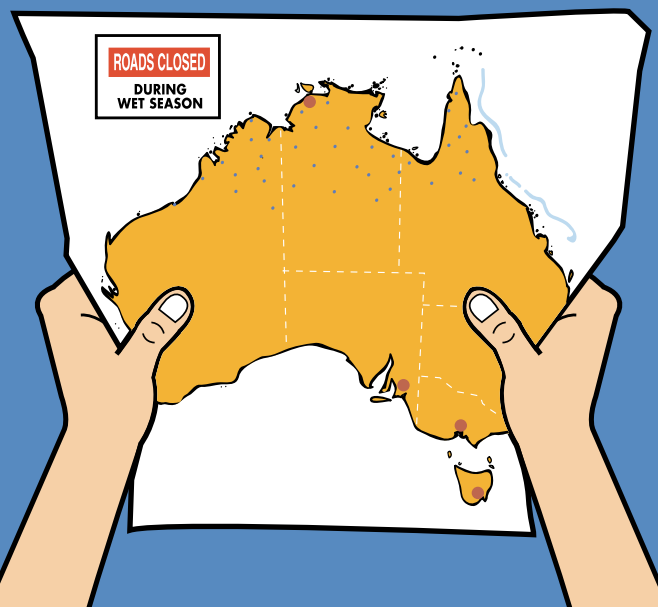
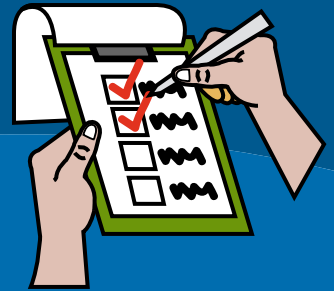
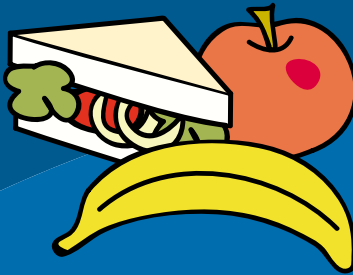
**Food security** means that resources are used efficiently, equitably and sustainably to ensure the accessibility and availability of nutritionally adequate and culturally acceptable food for all people by socially acceptable means.

Food **access** refers to the ability of people to acquire food by using physical or financial resources.

Food **availability** refers to the physical presence of sufficient quantities to meet consumer needs at the household, community or local level, with the choice of a range of foods that will meet nutritional requirements.

1. Marks G, Monitoring the national food supply – availability prices and quality. University of Queensland Nutrition Program 2003

# Summary







This three month preliminary project, funded by the Office of Aboriginal Health, Department of Health in Western Australia, has identified leverage points where action could be taken to improve the supply of healthy food in remote Aboriginal and Torres Strait Islander communities of north Australia. Four recommendations are made for immediate action to initiate and progress the work required to address food supply issues on a sustained basis.

## Why Food North?

All Australians need good food to stay healthy. Aboriginal and Torres Strait Islander people need good food even more than other Australians do, for two reasons.

Firstly, the Aboriginal and Torres Strait Islander population is a relatively young population with proportionally more mothers, babies and young children than the non-Indigenous population. Mothers have extra needs for good food. For babies and young children, good food is required for healthy growth and development in childhood and to reduce the risk of chronic disease in adulthood.

Secondly Aboriginal and Torres Strait Islander people suffer more chronic disease than other Australians. For people with chronic conditions such as overweight, diabetes, high blood pressure and heart disease, eating good food is an essential part of the management of their condition.

However for Aboriginal and Torres Strait Islander people who live in remote north Australia, the high prices and limited availability of healthy food, combined with a low income, are continuing barriers to healthy eating.

Limited access to the food they need to be healthy contributes to the current epidemic of chronic disease, including renal disease, among Indigenous Australians and to the twenty year difference in life expectancy between Indigenous and non-Indigenous Australians. Recognition of food supply issues and the importance of improved remote area food supply has informed health and nutrition policy and planning at national level and in Western Australia, the Northern Territory and Queensland.

Many of the leverage points identified - but not all - fall outside of the mandate of health. Some fall clearly into the mandate of other government departments and agencies. Still others fall 'between stools'. However unless these issues are addressed, health departments will continue to 'pick up the bill' for the consequent high levels of demand on health services, and Aboriginal and Torres Strait Islander people will continue to 'pick up the bill' in terms of poor health of adults and children.

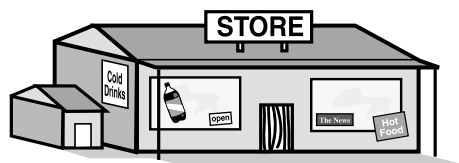
## Aim

**Indigenous people in remote communities in north Australia will be able to purchase the food they need to stay healthy, on a consistent basis, from their stores and take-away food outlets, at a price they can afford.**

## Recommendations

The fundamental issue to address to achieve this aim relates to the purpose and profit levels of community stores and whether these stores are an essential community service or a profit generating enterprise. In the normal Australian situation, competition provides a control on prices and profit levels. In the absence of competition there is an argument for stronger government surveillance and control.

the Aboriginal and Torres Strait Islander Services (ATSIS), the Departments of Transport and Regional Services (DOTARS) and Family and Community Services (FaCs), working together on this issue.



### Recommendation 1:

#### **Establish a high level 'whole of government' approach to resolve issues of food supply**

A 'whole of government' approach to address equity in food availability and access can achieve a coordinated and collaborative initiative among the many agencies involved, which is essential if improvements are to be achieved and sustained.

The issues identified here are common to remote areas across the three jurisdictions of Western Australia, the Northern Territory and Queensland. Each jurisdiction could take a separate approach but action could be strengthened by all levels of government including Commonwealth agencies such as

### Recommendation 2:

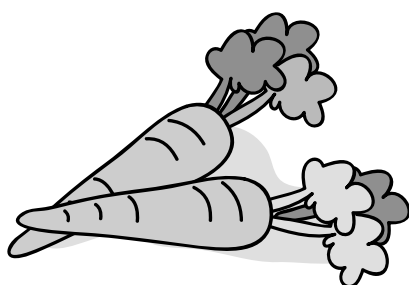
#### **Secure funding to implement a north Australia Food Supply Project**

The north Australia Food Supply project has been developed by the north Australia Nutrition Group (NANG) to address food supply issues in remote communities in north Australia on an ongoing basis. This project will progress work immediately on those areas where health has a direct role (see 'leverage points' listed below). The estimated budget for this project is \$250,000 approximately, over eighteen months

An Aboriginal and Torres Strait Islander Advisory group will direct and support this work. Identified project outcomes will include:

- Promotion and dissemination of good retail practice including an accreditation system and award program to support and recognise good practice in stores and take-aways
- Healthy food stocking guidelines for stores and take-aways
- Food preparation guidelines for take-away food outlets
- A system of identification and promotion of healthy choices in stores and take-aways
- Collaboration with industry to develop products for stores and take-aways, tailored for remote community requirements
- Collaboration with primary industry to improve access to healthy food produced in north Australia
- Recommendations for method(s) of subsidising healthy food
- Partnerships & networks with key Indigenous organisations and with industry for sustainability

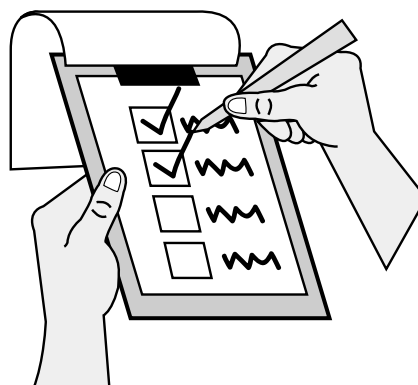
This work will complement the wider mandate of the Strategic Inter Government Nutrition Alliance (SIGNAL) and address key areas of Eat Well Australia and the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP).



## Recommendation 3:

### Establish a monitoring and evaluation system

A monitoring and evaluation system is required to measure indicators of food supply, nutrition and health status. This system will provide information for the evaluation of work to improve food supply and health and will inform the work of the 'whole of government group'. Tentative estimates of the funds required for the development of methodologies and initial implementation are \$100,000.



#### A. Food supply monitoring and evaluation system

A system is required to measure the availability and cost of healthy food in remote communities across north Australia. This will involve the development a methodology to build on scheduled surveys in Northern Territory and Queensland and a proposed survey in Western Australia. This work will include investigations into the use of 'point of sale' systems to monitor sales of food.

## **B. Health, growth and nutrition indicators monitoring and evaluation system**

A system to monitor health and nutrition indicators in remote settings in north Australia is required to provide information on nutrition-related health indicators such as child growth and prevalence of chronic disease. This system will utilise routine data which is currently collected but not compiled and reported. Initially this will require collaboration with epidemiologists and health service management to identify strategies for access of routinely collected information and to address denominator issues.



## **Recommendation 4:**

**Include nutrition as a core component in the new national Aboriginal Health Worker Training Package and as an option within the new national Population Health Package**

The current revision of health worker competencies and development of a national training package for health workers provides the opportunity to include nutrition as a core component of the national **Aboriginal Health Worker Training Package**. This will

build the capacity of the Indigenous health workforce to deliver effective nutrition interventions as part of their work with mothers, babies and young children, and with people with chronic diseases in their communities, and enhance their work in health promotion.

Concurrently the development of a national **Population Health Package** has the potential to provide the opportunity for Indigenous people to attain specialist qualifications in community and/or public health nutrition. Indigenous nutrition specialists will be well placed to address food supply issues in stores, schools and other settings.

At present, the work to improve nutrition and health in Aboriginal and Torres Strait Islander settings relies heavily on non-Indigenous nutritionists. It is important to avail of the opportunity to build Indigenous capacity in nutrition as a critical step to achieving sustained improvements in the nutrition and health of Aboriginal and Torres Strait Islander people.



## Leverage points for action

- \*\*** Strategies where health has a lead role
- \*** Strategies where health can assist other agencies with specialist advice

### Store governance and purpose issues

- Establish clear governance of remote stores
- Decide if stores are enterprise for profit or essential community service\*
- Identify store cost structures and store pricing policy\*
- Establish transparency in accounting and reporting
- Support initiatives for Indigenous enterprise in the retail and wholesale industry
- Establish an accreditation system for stores, based on sales of healthy food, which is linked to funding\*
- Investigate legislative and contractual options



### Best retail practice

- Combine buying power and/or negotiate for lower costs
- Coordinate freight, maintenance and other services
- Have efficient and documented store procedures in place
- Establish the price structure within the store to reduce the mark-up on more healthy products and increase the mark-up on less healthy products\*
- Have transparent financial reporting and regular reconciliation
- Establish community/business partnerships for best retail practice

### Stocking healthy food (store level)

- Provide store managers with stocking guides which identify healthy product lines\*
- Order good quality to reduce wastage
- Negotiate with suppliers to provide products tailored for the community market\*
- Forward plan and stock for the wet\*
- Develop management systems that identify stocking shortfalls\*

## **Stocking healthy food (funding and other agencies)**

- Establish an accreditation system for stores, based on sales of healthy food, which is linked to funding\*
- Develop collaborations among stakeholders to improve access to healthy food\*
- Establish a method of communicating information about, and recognising good practice in stocking and selling healthy food\*
- Advise stores for the infrastructure needed\*:
  - to store and display healthy food
  - to prepare healthy take-away food
  - to hold sufficient stock over the wet season
- Support preventative forward planning to deal with the wet and have contingency plans in place for when this fails\*

## **Subsidies**

- Investigate if subsidies are required to make healthy food affordable\*
- Investigate how subsidies could be applied – options include\*
  - Subsidies for store overheads
  - Selective subsidies for healthy food
  - Provide some foods free of charge to vulnerable groups
- Monitor to ensure that subsidies result in lower prices

## **Freight**

- Conduct freight studies to measure requirements and identify potential for cost savings
- Utilise freight groupage systems software for greater efficiency
- Apply best practice for transport and handling of perishable food to remote locations\*

## **Local production of fresh fruit and vegetables**

- Identify strategies for remote area people to access the fresh produce grown in north Australia\*
- Develop strategies for local food production on commercial and non-commercial basis\*

## **Banking and credit**

- Establish banking/credit agencies in remote areas and remove this function from stores
- Apply standard regulations to credit practices in remote areas and adjacent major centres



## Take-away food

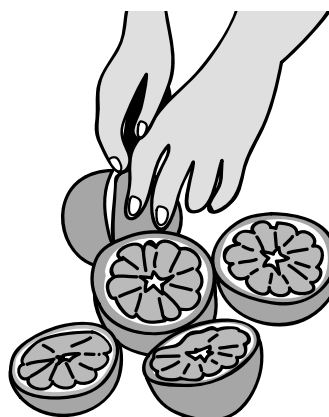
- Establish current practice in respect of take-away food\*\*
  - What is sold
  - How much take-away food people eat
  - How is it prepared
- Identify and implement strategies to make healthy take-away food available\*
- Develop an accreditation system for take-food outlets, based on sales and linked to funding\*

## Increasing the demand for healthy food

- Value add to work to improve food supply by promotion of healthy eating\*\*
  - Establish community based programs to promote healthy eating (linked with physical activity). Include various settings such as schools and child care as well as stores\*\*
  - Market healthy eating by media promotions - preferably TV - tailored to Indigenous people\*\*
  - Utilise in-store promotions (shelf talkers and cooking demonstrations) \*\*
  - Establish community based weight management and chronic disease programs which promote healthy eating and increase demand for healthy food\*\*
  - Support programs which address critical social issues\*\*

## Training and Workforce

- Provide informal training to community members in:
  - Healthy shopping (Food Cent\$)\*\*
  - Cooking skills\*\*
- Provide training to store staff in\*:
  - Looking after fresh fruit and vegetables
  - Organising store layout to promote healthy food choices
  - Shelf talkers and other systems to promote healthy choices
- Cold chain management for transport workers\*



- Support young Indigenous people to take formal training in the retail industry and ancillary industries :
  - Horticulture
  - Retail
  - Wholesale
  - Food preparation
  - Banking
  - Mechanics

- Assist develop appropriate content for nutrition units in formal training courses in retail practice, food preparation and horticulture\*
  - Include a basic nutrition component in Food Safety training\*\*
  - Develop the accreditation system for stores so as to make relevant information available for communities wishing to recruit store managers with appropriate skills, knowledge and practice
  - Ensure Aboriginal and Torres Strait Islander health workers have core competencies in nutrition through the current process of developing a national training package for Aboriginal Health Workers\*\*
  - Utilise the current development of a national training package in population health to develop a training opportunity for Indigenous people to who wish to specialise as nutrition health workers\*\*
- Collect qualitative information on food security in the community\*\*
    - Is there healthy food available in the store and is it affordable
    - Are people going without food some days
    - Do people worry about not having enough money to feed the kids
  - Develop adaptations to 'point of sale' systems which will facilitate monitoring of sales of healthy food choices\*\*
  - Develop appropriate reporting systems so that this information is accessible to the community and appropriate agencies\*\*

## **Monitoring and Evaluation (food supply)**

- Establish a sampling framework to collect representative information\*
  - Collect quantitative information on food supply in the store and the take-away\*\*
    - Are the basic healthy foods there
    - What do they cost
    - How does that compare with cities/income/unhealthy products
- ## **Monitoring and Evaluation (health and nutrition)\*\***
- Use existing health service systems to compile information on health and nutrition – possible indicators include:
    - Birth weight
    - Children's growth (6 mths to <3 yrs)
    - Prevalence of anaemia in pregnant mothers
    - Prevalence of overweight and obesity
    - Prevalence of chronic disease
  - For interpretation of this information, denominator and coverage information is required
  - Develop appropriate reporting systems so that this information is accessible to the community, the community health services and other agencies.



# Why FoodNorth?





## Why Food North?

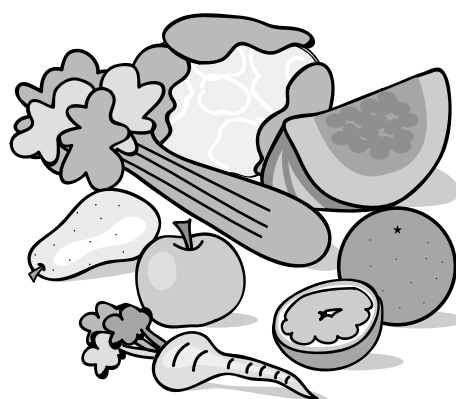
“A range of social determinants underpins the poor nutritional health of Indigenous Australians. These include poverty, disrupted family and community cohesion, social marginalisation, stress, lower levels of education, unemployment, lack of control over circumstances, inadequate and overcrowded housing, inadequate sanitation, water supplies and hygiene, limited access to transport, and discrimination.<sup>1</sup>”

Information on the health and nutritional status of Aboriginal and Torres Straits Islander people has been compiled in a recent National Health and Medical Research Council report.<sup>2</sup> “The poor nutritional health of Indigenous Australians is a recent phenomenon. The limited historical record about the diet and nutritional health of Aboriginal and Torres Strait Islander people prior to European settlement in Australia suggests slim and strong people.

Securing food in traditional times required intimate knowledge of the land and sea, and the effects of seasonal cycles on the plant food, animals and marine foods which formed the basis of the diet in varying degrees. The traditional diet was relatively low in energy but rich in micronutrients – the kind of diet which is now known to protect health and prevent chronic disease. The few traditional foods which were energy dense foods (fat from animals, turtle, dugong and witchetty grubs, sweet foods like nectar and honey) were highly prized items, often seasonal and requiring effort and skill to procure. The diets of the missions and reserves era was nutritionally poor, limited in variety and

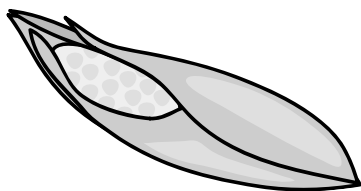
established a pattern of poor eating for coming generations. Modern food supplies mean easy access to highly energy dense foods and drinks but limited availability of more nutritious, perishable foods.”

There is now a substantial body of evidence about the protective effect of good nutrition in preventing chronic disease<sup>3</sup> (see appendix 4 page 178) and the potential reductions in health service costs which could be achieved by modest improvements in fruit and vegetable intakes in respect of cancer<sup>4</sup> and modest reductions in weight in respect of Type 2 Diabetes.<sup>5</sup>



Two community-based nutrition interventions in remote Aboriginal communities (one in the Northern Territory and one in the Kimberley) have shown that relatively small improvements in nutrition can have disproportionately beneficial impact on health.<sup>6,7</sup> These exceed the benefits that could be expected in a population where baseline nutrition and health is better.

National, state and territory health and nutrition policy and plans in respect of Aboriginal and Torres Strait Islander people reflect a recognition of the importance of good nutrition and the need to improve availability and cost of healthy food for Aboriginal and Torres Strait Islander people across Australia, and in particular in remote Australia.



The National Food and Nutrition Policy included a strategy to address 'the availability, accessibility, and cost of nutritious food for communities which have either socio-economic and/or geographic disadvantage with a view to action to overcome these barriers'.

The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINS&AP) is a component of Eat Well Australia, the national action plan for public health nutrition. NATSINS&AP identifies seven key action areas of which the first is 'Food supply in remote and rural areas.'

'Poor food supply in remote and rural areas where many Aboriginal and Torres Strait

Islanders live, continually undermines efforts to address the poor nutrition and health status of Indigenous peoples. Work to address structural barriers in rural and remote areas is needed to achieve a situation where 'healthy food choices are easy food choices'.

The Aboriginal Food and Nutrition Policy for Western Australia identifies nine objectives which will contribute to the goal of improved nutritional health of Aboriginal people in Western Australia, of which the first is 'increase the communities access to affordable nutritious foods in remote and urban communities'.

The first Northern Territory Food and Nutrition Policy was endorsed in 1995. The new five year action plan 2001-2006 has three priority areas of which 'Food Supply' is one. Planned outcomes include increased availability, affordability and adequate consumption of core foods in remote communities.

Eat Well Queensland has six Priority Action Areas of which the first is 'Address food supply issues. Key issues identified in food supply are:

- Cost and availability
- Equity issues
- Food safety and standards
- Food service settings
- Rural/remote issues

## FoodNorth: Aim

Indigenous people in remote communities in north Australia will be able to purchase the food they need to stay healthy, on a consistent basis, from their stores and take-away food outlets, at a price they can afford.

## What is healthy food?

The Australian Guide to Healthy Eating (AGHE) provides detailed information about healthy eating based on five food groups:

- Bread, cereals, rice, pasta, noodles
- Vegetables and legumes
- Fruit
- Milk, yoghurt and cheese
- Meat, fish poultry, nuts, legumes

AGHE describes how much food from each group should be eaten to meet nutritional needs for people at different ages and life stages. Most of the foods eaten should come

from the cereals, vegetables and fruit groups, with smaller amounts from the meat and milk groups.

A healthy diet also includes small amounts of fats and oils with health benefits especially from the mono-unsaturated and poly-unsaturated oils. There is room for some less nutritious foods as well but in small amounts and eaten only sometimes.



- 1 Queensland Public Health Forum (2002). Eat Well Queensland 2002-2012: Smart eating for a Healthier State p40
- 2 National Health and Medical Research Council Nutrition in Aboriginal and Torres Strait Islander people - an information paper. P35-49 National Health and Medical Research Council. Canberra July 2000
- 3 World Health Organisation Diet, Nutrition and the Prevention of Chronic Disease July 2000
- 4 Marks GC, P and G, Coyne T, Picton P. Cancer costs in Australia - the potential impact of dietary change. Canberra, Commonwealth of Australia Department of Health and Aging
- 5 Marks GD, Coyne T, Pang G 2002 Type 2 Diabetes costs in Australia - the potential impact of changes in diet, physical activity and levels of obesity. Canberra, Commonwealth of Australia Department of health and Aging
- 6 Rowley KG, Lee AJ, Yarmirr, O'Dea K Homocysteine concentrations lowered following dietary intervention in an Aboriginal community Asia Pacific J Clin Nutr 2003; 12 (1): 92-95
- 7 Rowley KG, Qing Su, Cincotta M, Skinner M, Skinner K, Pindan R, White GA. Improvements in circulating cholesterol, antioxidants and homocysteine after dietary intervention in an Australian Aboriginal community Am J Clin Nutr 2001; 74:442-8
- 8 Commonwealth Department of Health, Housing and Community Services Food and Nutrition Policy Canberra 1992 p17
- 9 Strategic Inter Government Alliance for Nutrition (SIGNAL) Eat Well Australia: National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan p24 2000
- 10 Office of Aboriginal Health Aboriginal Food and Nutrition Policy for Western Australia 1999. Office of Aboriginal Health Health Department of Western Australia
- 11 Department of Health and Community Services Northern Territory Food and Nutrition Policy Action Plan 2001-2006. Northern Territory Government 2000
- 12 Queensland Public Health Forum (2002). Eat Well Queensland 2002-2012: Smart eating for a Healthier State p44-45 Commonwealth Department of Health and Family Services
- 13 Australian Guide to Healthy Eating 1998

## Demographics, health and the need for healthy food

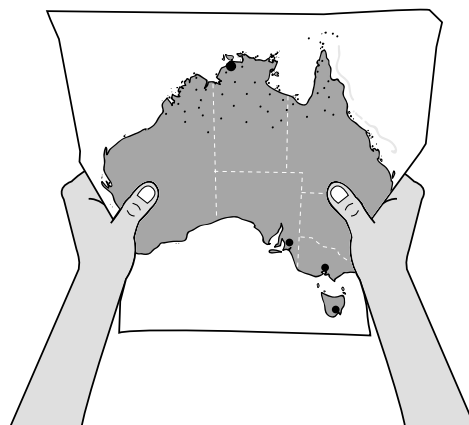
This section presents a summary of information about the population structure of Indigenous Australians and about their health.

The poor health and nutrition of Aboriginal and Torres Strait Islander people in north Australia is an issue of great concern for all Australians. Sadly this is not new information but a problem that has been ongoing for many years.

However this information is summarised here to reiterate an important aspect of discussions about the supply of healthy food in remote communities in north Australia. In remote Aboriginal and Torres Strait Islander communities, people have greater needs for healthy food compared to non-Indigenous people because:

- There are about twice as many young children who need good food to provide them with the nutrients they need for growth
- Young Indigenous children suffer high rates of infectious disease and poor growth. They require good food both for prevention and to recover fully when these problems occur
- There are more adolescent girls who are mothers, who must meet their own nutritional needs as well as that of their babies
- There are more mothers overall in the Indigenous population

- There are more pregnant mothers with diabetes who need to manage their diabetes well so that they have healthy babies and so that the risk to those babies of subsequent diabetes is reduced.
- There are more young people and middle-aged people with diabetes who need to manage their diabetes well in order to prevent heart disease, renal failure or loss of limbs
- There are more people with other chronic health problems and at risk of chronic disease problems such as overweight and obesity, high blood fats and high blood pressure. These people need healthy food to delay or prevent the onset of those conditions, and to manage those conditions if they should develop.



## Demographics and health indicators

Based on the 1996 census of Australia, Aboriginal and Torres Strait Islander people number about half a million people of whom 27.7% live in Queensland, 14.4% live in Western Australia and 13.2% live in the Northern Territory.<sup>1</sup> Nationally, 89% of Indigenous people identify as Aboriginal while 8% identify as Torres Strait Islanders and a further 3% as of both Torres Strait Islander and Aboriginal descent.

Across north Australia, about 12% of the population are Aboriginal or Torres Strait Islander. In Queensland, Indigenous people form 3.1% of the state's population and in Western Australia 3.2%.

In the north of Queensland and in the north of Western Australia the proportion of Indigenous people is higher than in other parts of those states. In the Kimberley, the 11,470 Aboriginal people form 35% of the population of region.<sup>2</sup> In north Queensland, the 51,122 Aboriginal and Torres Strait Islander people are slightly less than 9% of the population.<sup>3</sup>

In the Northern Territory 29% of the population or 57,236 people are Indigenous. Around 70% of Indigenous people in the Northern Territory live in remote communities.<sup>4</sup>

The population of north Australia has a substantially higher mortality than that of Australians as a whole, due largely to the poor health of Indigenous people.<sup>5</sup> The excess deaths are due to infections and parasitic diseases and to chronic conditions such as heart disease, diabetes and kidney disease. Mortality rates are highest in those remote

regions where more than 50% of the population are Indigenous people.

Except where the references show otherwise the information below comes from the Australian Indigenous Health InfoNet Summary of Indigenous Health, March 2003.<sup>6</sup> Reports on the health of Indigenous Australians which are based on routinely collected information are often qualified by concerns over the quality of data sources. Incomplete identification of Indigenous people in hospital records and death registrations, and possible inaccuracies in census information could contribute to both over-estimates and under-estimates in calculating rates of disease or mortality. However "the available evidence suggests that Indigenous people continue to suffer a greater burden of ill health than the rest of the population."<sup>7</sup>

## Births and motherhood

The Indigenous population is a 'young' population compared to the general Australian population. While Indigenous people are between 2.2 and 2.5% of the Australian population, about 5% of all Australian births in 2001 were to parents where the mother or father or both identified as Indigenous.

Indigenous women tend to have more babies and to have their babies at a younger age compared to non-Indigenous women. This is particularly true of Indigenous mothers in NT and WA. In 2001, more than 20% of Indigenous births were to mothers who were less than twenty years old. Between the ages of 20 and 24 years is the peak age for childbirth for Indigenous women. These factors are very different from the non-

Indigenous population which means that in Indigenous communities there are a lot more babies and young children and more young mothers.

The average birth weight of babies born to Indigenous mothers (3,149g) is lower than the average birth weight of babies born to non-Indigenous mothers (3,367g). Nationally, babies born to Indigenous mothers are twice as likely to be low birth weight (13.0%) as babies born to non-Indigenous mother (6.5%). Low birth weight babies are at increased risk of sickness and even death compared to bigger babies. They are also more likely to develop serious health problems as adults including high blood pressure, diabetes and kidney disease.<sup>8</sup>

Key factors contributing to low birth weight include poor nutrition, smoking and the young age of Indigenous mothers. Young mothers, who are still growing themselves, have to meet their own nutritional needs for growth as well as that of their babies.

The proportion of low birth weight babies born to Indigenous mothers is higher in Western Australia (14.8%) and NT (14.3%) than in Queensland (11.1%). This may reflect the higher birth weight of Torres Strait Islander babies in Queensland. There is some concern that the higher birth weights of Torres Strait Islander babies is not associated with improved health outcomes and may be a consequence of the high levels of diabetes among Torres Strait Islander mothers.<sup>9</sup>

## Growth and health in early life

The following information on child health indicators is derived from NT information from the rural and remote areas.<sup>10</sup> In other areas of north Australia, child growth assessment is either not done routinely or not linked with reporting systems.

**Growth** in early life is a measure of health and development of young children, with poor growth associated with increased morbidity and mortality in early life and increased risk of chronic disease in adult life.

The data for rural areas of the NT show that:

- Between 4% and 8% of children under five years are wasted (low weight for length)
- Between 15% and 17% are stunted (low length/height for age)

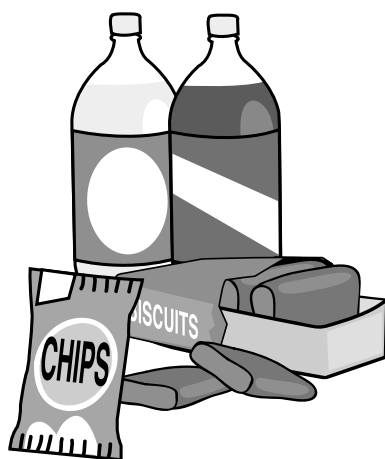
Wasting is associated with increased risk of morbidity and mortality in the short term whereas stunting reflects chronic under-nutrition and is associated with increased risk of chronic disease in adult life. The prevalence of wasting and stunting reported in these areas is comparable with UNICEF reports for Thailand and Ghana.

**Childhood Anaemia** (haemoglobin less than 110g/litre) was diagnosed in about 50% of children under 5 years and between 20% and 40% of children aged 6 to 10 years. Anaemia in childhood is a consequence of poor dietary intakes of iron and/or folate. Frequent infections and gut parasites can make anaemia worse. Anaemia is associated with reduced physical and intellectual development.<sup>10</sup>



## Dental health of children

Poor dental health can effect children's ability to eat healthy food. High sugar drinks and high sugar foods, as well as poor oral hygiene, are major causes of poor oral health. NT Indigenous children had substantially worse dental health than NT non-Indigenous children and Australian children<sup>10</sup>:



- The number of decayed, missing or filled primary teeth among NT Indigenous children was 3.1 which is 2.5 times as many as seen in non-Indigenous NT children (1.2)
- 32% of NT Indigenous five year olds had no dental caries which is less than half the figure (66%) for non-Indigenous children

## Life Expectancy

Life expectancy is the number of years a new born child can expect to live if the current pattern of health and sickness stays unchanged throughout its life.

An Indigenous male born in 1999-2000 can expect to live until just over 56 years, 21 years less than the 77 years for an average Australian male. For Indigenous females the difference is just under 20 years less, with a life expectancy of about 63 years compared to 82.4 years for the average Australian female.

"Between the early 1980's and 1990's, life expectancy increased by 3 years for non-Indigenous Australians generally and by two years for non-Aboriginal Territorians but only by 1.5 years for NT Aboriginal males and hardly at all for NT Aboriginal females."<sup>5</sup>

In 2001, half of all Indigenous male deaths in Australia occurred in men younger than 52 years, while half of Indigenous female deaths were in women younger than 57.6 years. The equivalent for non-Indigenous Australians was 75.8 years for males and 81.9 years for females.

## Causes of Death

Differences in mortality rates of Indigenous people compared to non-Indigenous people can be seen from the earliest years but are greatest among adults, especially those who are between 35 and 55 years old.

The main causes of death are (x # is the relative rate compared to the non-Indigenous population):

- Diseases of the circulatory system (including heart disease and stroke) x 2.1
- Injury (traffic accidents, self-harm and assault) x 2.2
- Cancer x 1.3
- Respiratory x 3.6
- Diabetes x 6.0

In those areas of Queensland where more than 40% of the population are Indigenous, compared to Queensland as a whole:<sup>11</sup>

- Mortality due to ischaemic heart disease is twice as high
- Mortality due to stroke is three times as high
- Mortality due to diabetes is twelve times as high

## Hospitalisation

Indigenous people are in hospital a lot more often than non-Indigenous people. For Western Australia the rates are 2.7 times that of non-Indigenous people while in Northern Territory the rates are 4.6 times that of non-Indigenous people.

The most common reason for Indigenous people being in hospital in 1999-2000 was 'care involving dialysis'.

Dialysis involves multiple short term stays in hospital for the same person. Apart from dialysis-related hospital stays, the main reasons for being in hospital were injury for males and childbirth for females.

## Hospitalisation of children

Information from north Queensland and the NT show higher rates of admission to hospital for young children and longer hospital stays per admission with differences greatest in admissions for infectious conditions and malnutrition.<sup>12</sup>

## Diet and Nutrition status

The traditional diet of Aboriginal and Torres Strait Islander people was nutrient rich and relatively low in energy and required people to be physically active. Success in procuring food and producing food demanded knowledge and skills, passed down through the generations and set within a cultural framework of inter-relationship with country. Today the diet of people in remote communities today is high in energy, fat, sugar and salt but lacking in nutrients such as vitamins and minerals. For children, lack of sufficient nutrients may lead to deficiency diseases, such as anaemia or to poor growth.<sup>13</sup> Health and nutrition research among adults in remote Australian communities shows:<sup>14 15 16 17</sup>

- Low intakes of vegetables and fruit
- High prevalence of low folate status and/or high prevalence of raised homocysteine
- Smokers eat less fruit and vegetables than non-smokers and poor folate status is more common among smokers

Folates are vitamins found in a variety of sources, including vegetables and fruit but also in meat and cereals. Homocysteine is a marker of cardiovascular risk and is high when folate is low. Folates protect against heart disease and cancer. Folates are also essential for healthy development of the baby during the pregnancy, especially in the early stages. Low folate in mothers is associated with low birth weight in their babies.

## Nutrition related chronic disease

Poor nutrition plays a role in infectious disease as well as chronic disease but some of the most serious health problems affecting Indigenous Australians are chronic diseases. Common chronic diseases include cardiovascular disease, diabetes and renal disease. Poor nutrition plays a role in the development of these diseases, together with other lifestyle factors such as smoking, alcohol abuse and physical inactivity. Good food and other aspects of a healthy lifestyle help prevent these diseases but also are essential in managing the disease once it has developed.

## Overweight and Obesity in Adults

- 25% of Indigenous men and 29% of Indigenous women are obese compared to 19% of non-Indigenous men and women<sup>18</sup>
- People who are overweight or obesity are more likely to develop heart disease and/or diabetes
- Aboriginal people appear to be more likely to develop diabetes than non-Indigenous people of the same weight and height, and a lower cut-off of the healthy weight range was recommended<sup>19</sup>
- Recent research has estimated that nearly one half of diabetes among Aboriginal Australians is due to people being overweight<sup>20</sup>

## Overweight and Obesity in Children

- Childhood overweight and obesity is an increasing problem among all Australian children<sup>21</sup>
- Early onset of overweight and obesity increases the risk of early onset associated disease conditions such as diabetes<sup>22</sup>
- Aboriginal and Torres Strait Islander children are at increased risk of childhood overweight and obesity due to the higher prevalence of predisposing factors such as low birth weight and maternal diabetes among Indigenous people
- An increase in childhood overweight and obesity among Indigenous children will mean more Indigenous mothers will have diabetes in pregnancy, with increasingly early onset of obesity and Type 2 diabetes in their children<sup>23</sup>
- Childhood overweight and obesity in school aged children, associated with raised blood fats and blood pressure, are issues of particular concern in the Torres Strait<sup>24</sup>



## Heart disease, stroke and vascular disease

- These diseases are the biggest cause of death for Indigenous people and for non-Indigenous people
- Nationally rates are 2.7 times higher for Indigenous people compared to non-Indigenous people
- Where death registration Indigenous identifiers are more complete the relative rates are higher
  - X 3.3 for Indigenous men
  - X 2.8 for Indigenous women
- The difference in relative rates is greatest among young adults

## Diabetes

- Among non-Indigenous Australians, Diabetes prevalence is about 8% in men and women over the age of 25 years<sup>25</sup>
- In remote Aboriginal communities in north Australia and central Australia, diabetes prevalence is 15% and the prevalence of Impaired Glucose Tolerance (pre-diabetes) is also 15%, among people aged 15 years<sup>20</sup>
- Among Torres Strait Islanders, the prevalence of Diabetes is estimated to be six times that of non-Indigenous people<sup>26</sup>
- More Indigenous women develop diabetes than Indigenous men
- Children born to a mother who has diabetes when pregnant are more likely to become obese and develop type 2 diabetes at a young age 23

- Deaths due to diabetes are much more common among Indigenous people compared to non-Indigenous
  - nine times as many deaths for Indigenous men
  - sixteen times as many deaths for Indigenous women
- Indigenous people develop diabetes at a much younger age than other Australians, which means they are more likely to develop complications
- Indigenous people are admitted to hospital because of diabetes about six times as often as non-Indigenous people

## Kidney Disease (Renal Disease)

- In the NT, between 7 and 8 Indigenous people are under treatment for end-stage renal disease (ESRD) for every one non-Indigenous person
- Across Australia, ESRD occurs about four times as often among Indigenous people as among non-Indigenous people
- In 1997-1999, five times as many Indigenous men and eight times as many Indigenous women died of renal failure compared to the total population
- Relative figures are higher for WA (about seven times as often) and NT (about ten times as often)
- ESRD occurs more often among Indigenous people in remote locations (about thirty times the national incidence) than among Indigenous people in urban areas (about 1.3 times the national incidence)<sup>27</sup>

- 1 National Health and Medical Research Council. Nutrition in Aboriginal and Torres Strait Islander Peoples: an Information Paper. July 2000
- 2 Health Information Centre, Department of Health in Western Australia. February 2002. Summary of the population characteristics and health and wellbeing of residents of the Kimberley Health Zone, Health Information centre, Department of Health in Western Australia. February 2002.
- 3 Queensland Health. Health Indicators for Queensland Northern Zone 2001. Public Health Services, Queensland Health, Brisbane 2001
- 4 Condon J, Warman G, Arnold L (editors) The Health and Welfare of Territorians. Epidemiology Branch Territory Health Services Darwin 20001
- 5 Mathers C Mortality Patterns of Urban, Rural and Remote Populations in Northern Australia People and Place 1995;3(2);p15-24
- 6 Australian Indigenous HealthInfoNet (2003). Summary of Indigenous health, March 2003. Perth WA: Australian Indigenous HealthInfoNet.
- 7 Edwards RW, Madden R The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Australian Bureau of Statistics and Australian Institute of Health and Welfare ABS catalogue no. 4704.0 Australian Institute of Health and Welfare no. IHW 6 2001
- 8 Harding JE. The nutritional basis of the fetal origins of adult disease. *Int J Epidemiology* 2001;30:15-23
- 9 Coory M. Is birth weight an appropriate health-outcome measure for Torres Strait Islander babies? *Aust NZ J Public Health* 2000;24 (1) :354-7
- 10 d'Espaignet ET, Kennedy K, Paterson BA, Measey MA From Infancy to Young Adulthood: Health Status in the Northern Territory 1998 Territory Health Services, Darwin
- 11 Queensland Health: The state of health of the Queensland population p7-18 (2001)
- 12 Coyne ET, Stephens E unpublished data Queensland Health Epidemiology Branch Expenditure on Indigenous north Queensland child hospital admissions 1998/99
- 13 National Health and Medical Council. Nutrition in Aboriginal and Torres Strait Islander people: An information paper NH&MRC Canberra 2000
- 14 McCulloch B, Tulip F, McDermott R. Health Indicators for the Torres Strait Queensland Health Tropical Public Health Unit, Cairns 2001
- 15 McCulloch B, Tulip F, McDermott R. Health Indicators for Cape York Health Service District Queensland Health Tropical Public Health Unit, Cairns 2001
- 16 Lee AJ, Bailey APV, Yarmirr D, O'Dea K, Mathews JD. Survival Tucker: improved diet and health indicators in an Aboriginal community *Aust Journal of Public Health* 1994 Vol 18 # 3
- 17 Rowley KG, Qing Su, Cincotta M, Skinner M, Skinner K, Pindan R, White GA. Improvements in circulating cholesterol, antioxidants and homocysteine after dietary intervention in an Australian Aboriginal community *Am J Clin Nutr* 2001;74:442-8
- 18 Cunningham J, Mackerras DEM, Occasional Paper: Overweight and Obesity in Indigenous Australians 1994 Australian Bureau of Statistics cat no. 4702.0 ABS Canberra
- 19 Daniel M, Rowley KG, McDermott R, Mylvagabam A, O'Dea K, Diabetes Incidence in an Australian Aboriginal Population *Diabetes Care* December 1999;22(12): 1993-7
- 20 Daniel M, Rowley KG, McDermott R, O'Dea K Diabetes and impaired glucose tolerance in Aboriginal Australians: prevalence and risk *Diabetes Research and Clinical practice* 57 (2002) 23-33
- 21 Magarey A, Daniels L, Boulton TJ, prevalence of overweight and obesity in Australian children and adolescents: re-assessment of the 1985 and 1995 data against new international definitions. *Med J Aust* 2001; 174:561-4
- 22 Dietz W. Health consequence of obesity in youth. Childhood predictors of adult disease. *Pediatrics* 1998;101:518-25
- 23 Pettit DJ, Kirk A, Aleck H, Baird R et al. Congenital susceptibility to NIDDM – role of the intrauterine environment. *Diabetes* 1988;37 (May): 622-8
- 24 per comm Aletia Twist. Queensland Health Torres Strait and NPA Health Service District June 2003
- 25 Dunstan D, Zimmet P, Welborn T, Sicree R et al. Diabetes and Associated Disorders in Australia 2000: The Accelerating Epidemic. The Australian Diabetes, Obesity and Lifestyle study (AusDiab) Melbourne: International Diabetes Institute 2001
- 26 Leonard D, McDermott R, O'Dea K, Rowley KG, Pensio P, Sambo E, Twist A Toolis R, Lowson S, Best JD. Obesity, diabetes and associated cardiovascular risk factors among Torres Strait Islander people. *ANZ Journal of Public Health* 2002; 26 (2):143-9
- 27 Cass A, Cunningham J, Wang Z, Hoy W Regional variation in the incidence of end-stage renal disease in Indigenous Australians *MJA* 2001;175:24-27

# Population(s) in poverty

‘Wealthy people are healthy people; poor people have poor health’<sup>1</sup>

In Australia and overseas, the relationship between socio-economic disadvantage and poor health has been shown consistently. People who are better off, tend to be more healthy. Exactly why is still the subject of research and debate. There are many differences between those who are well off and those who are not, including differences in level of education, employment and occupation, differences in diet and other health behaviours such as smoking and physical activity and differences in psychosocial factors.<sup>2</sup>

For all Australians, level of income determines how much food and what kind of food they can afford to buy. Across Australia, people living in low socio-economic areas eat foods which give them lower intakes of many vitamins and minerals compared to people in more affluent areas.<sup>3</sup>

Indigenous Australians in remote locations are under a double disadvantage. They have incomes lower than those of other Australians but food costs and other living costs which are higher.

People who are poor, buy food to satisfy their hunger and the hunger of their children. A recent report on food and poverty in New Zealand found:<sup>4</sup>

- There is a clear connection between not having enough food and having a low income
- Low income families, especially parents, cannot afford to spend enough on food
- Families who have too little money for food have too little money for other basic needs

## Income of Aboriginal and Torres Strait Islander people

The tables below compares income of Aboriginal and Torres Strait Islander people across Australia, to income of other Australians, showing that:<sup>5</sup>

- Individual income levels are lower
- The proportion of people on low incomes is higher
- Household incomes are lower

**Table 1 Personal Income - 1996**

	<b>Torres Strait Islander (living in the Torres Strait)</b>	<b>Aboriginal only</b>	<b>All Australia</b>
Median weekly income	\$195	\$188	\$292
Proportion with income less than \$300 per week	68%	68%	51%

**Table 2 Weekly Household Income - 1996**

	Indigenous %	Non- Indigenous %
Nil	0.7	0.7
\$1-199	8.4	8.4
\$200-399	19.9	17.4
\$400-599	18.9	14.7
\$600-799	13.5	12.2
\$800-1,199	14.8	17.6
\$1,200-1,999	7.4	11.9
\$2000 and over	1.8	5.0
insufficient information	14.8	10.8

## Income in remote north Australia

The low income of Aboriginal and Torres Strait Islander people is reflected in the socio-economic information for remote areas of north Australia.

### **A Social Atlas of Rural and Regional Australia<sup>6</sup>**

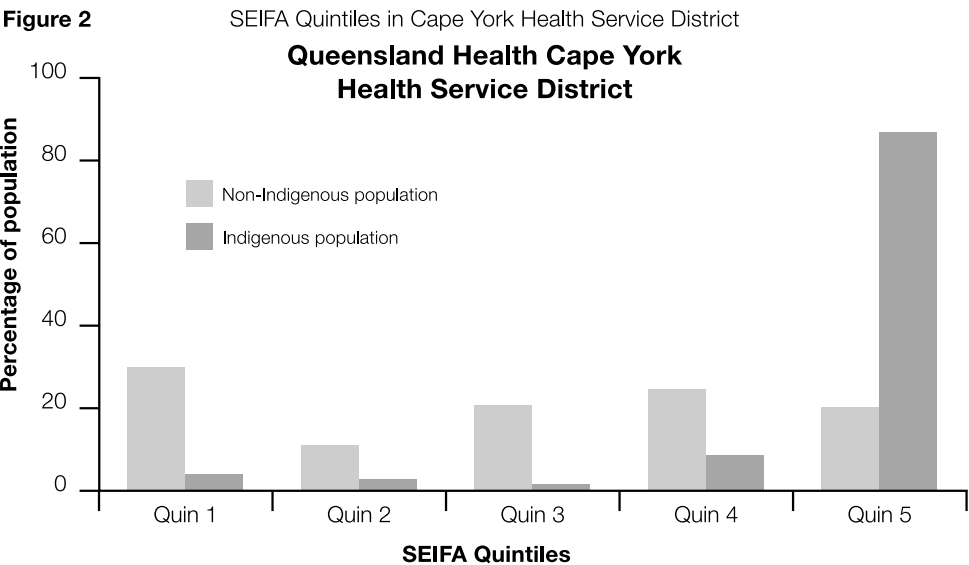
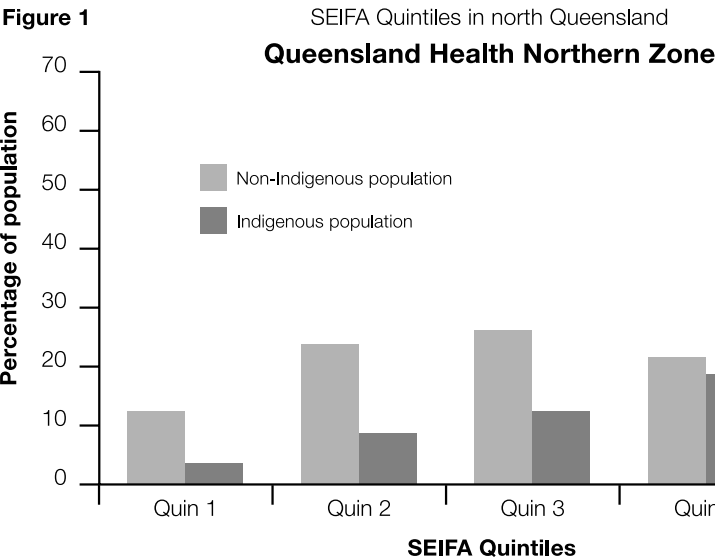
- SEIFA is a measure of socio-economic disadvantage. The lowest SEIFA indices apply to Australia's most remote areas, where there are high proportions of Indigenous people
- There are more single parent families among the Indigenous population than among other Australians. Single parent families are more likely to be poor than other families
- The number of single parent families in the remote areas of north Australia has increased substantially between 1991 and 1996
- More than 40% of families in remote areas of north Australia receive government income support compared to 29% of Australian families overall
- There is a clear negative relationship between the proportion of 16 year olds attending school and degree of remoteness
- Remote areas of north Australia with high proportion of Indigenous people show a low level of labour force participation including low levels of youth labour force participation
- Social and community services and tourism are virtually the only opportunities for employment in remote Australia
- Mean taxable income is low in remote areas where there are many Indigenous people

## Incomes in the Kimberley

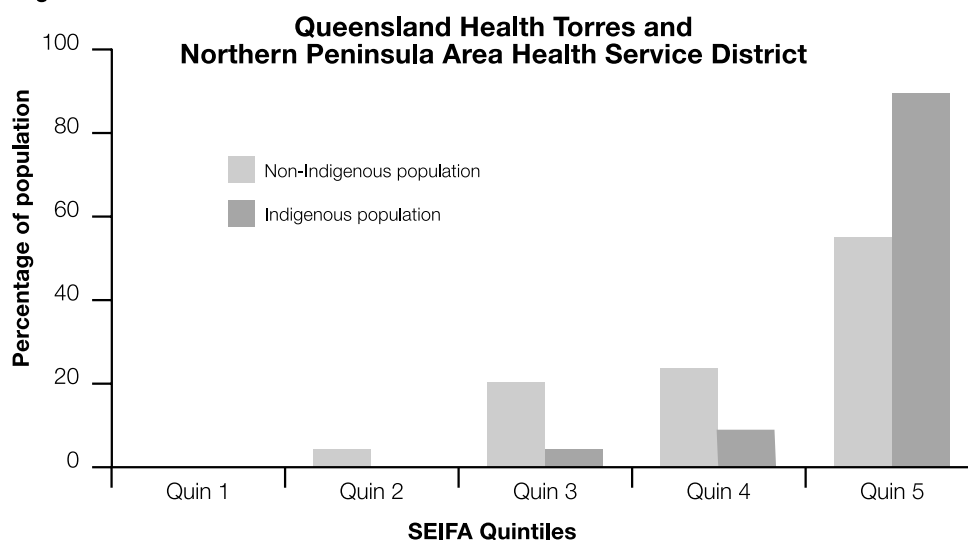
In the Kimberley, census information shows that 48% of Aboriginal people were receiving incomes in the range of \$0 to \$8,000 pa compared with 20% of non-Aboriginal people. Over 80% of Aboriginal people had incomes below \$20,000 pa, compared with 42% of non-Aboriginal people.<sup>7</sup>

## Incomes in north Queensland

The graphs below shows the distribution of socio-economic disadvantage in north Queensland.<sup>8</sup> Census divisions where more than 40% of the population are Indigenous are more likely to fall into the SEIFA category of greatest disadvantage (SEIFA Quintile 5). The distribution of disadvantage is even more pronounced in Cape York and the Torres Strait.





**Figure 3** SEIFA Quintiles in Torres and Northern Peninsula Area Health Services

## Incomes in remote communities in the Northern territory

Information on income given above is based on census data, which is often criticised as being incomplete in respect of Indigenous people. A detailed study in communities near Katherine in the Northern Territory showed considerable disparity between estimates of income based on census data and estimates of income based on payments made by CentreLink.<sup>9</sup> Estimates based on CentreLink information were more than twice the census based estimates. However the almost universal dependence on welfare payments or equivalent payments under the CDEP scheme, was confirmed.

Similar information for remote communities on the Barkly Tablelands of the Northern Territory showed low levels of participation in the workforce.<sup>10</sup> For those people in work, 57% of all jobs were CDEP jobs. Both lack

of other employment options and low levels of formal education restricted the opportunities available. The study concludes that:

“The people of the Southern Barkly are not just poor, but poor in a way that most Australians would have difficulty in comprehending”



In this study of income and living costs on the Anagu Pitjantjatjara Lands it was estimated that a household on CDEP income would have to spend between 79% and 85% of income to meet their basic needs for food and other necessities.

### **A study of income and living costs on the Anagu Pitjantjatjara Lands<sup>11</sup>**

Income calculations were based on Community Development Employment Program ((CDEP) on which 85% of Anagu people depend and government income support. The study used a hypothetical family of six (three adults and three children) to assess income and cost of living and concluded that families did not have sufficient income to meet all their living costs.

The items costed included basic foods, personal hygiene items such as soap and shampoo, health 'hardware' such as brooms, and other necessities such as clothing and blankets.

- the family income estimate was \$584 to \$624 per week.
- the cost of basic healthy food and hygiene items was estimated at \$495 per week
- items such as fuel and convenience foods were not included
- tobacco, soft drink and fast foods were not included

The study found that:

- families would have to spend 79% to 85% of income to meet basic needs
- a reduction of 40% in store prices would be required to make basic food and hygiene items affordable on current income levels

As a result, most people could not afford to eat or feed their children every day. Each fortnight, families have between one and three 'Mai Wiya' (no food) days when families have only tea and damper.

On these days, the researchers noticed that mothers promise hungry children 'treats' of nutritionally poor food such as soft drink and chips, to encourage them to endure their hunger until money was available again.

The study concluded that the gap between incomes and high store prices was a major reason for ill-health.

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- 1 Sainsbury P, Harris E. Health inequalities: something old, something new. NSW Public Health Bulletin 12(5) 117-9 quoted in Australia's health (p212) Australian Institute of Health and Welfare 2002 Canberra :AIHW
  - 2 Australia's health (p212) Australian Institute of Health and Welfare 2002 p212 Canberra: AIHW
  - 3 McLennan W, Podger A National Nutrition Survey: Nutrient Intakes and Physical Measures, Australia p44-5 Australian Bureau of Statistics Catalogue no. 4805.0
  - 4 Hidden Hunger – Food and Low Income in NZ 1999 The Downtown Community Ministry Wellington Oct 1999 ISBN 0-473-06357-3
  - 5 Edwards RW, Madden R The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Australian Bureau of Statistics and Australian Institute of Health and Welfare ABS catalogue no. 4704.0 Australian Institute of Health and Welfare no. IHW 6 2001
  - 6 Haberkorn G, Hugo G, Fisher M, Aylward R Country Matters. A Social Atlas of Rural and Regional Australia. Bureau of Rural Sciences, Department of Agriculture Fisheries and Forest, Commonwealth of Australia 1999
  - 7 Crough G, Christophersen C Aboriginal People in the Economy of the Kimberley Region p39 North Australia Research Unit, ANU Darwin 1993
  - 8 Queensland Health Health Indicators for Queensland Northern Zone 2001, p45. Public Health Services Queensland Health Brisbane 2001
  - 9 Taylor J, Westbury N. Aboriginal Nutrition and Health Strategy in Jawoyn Country. Centre for Aboriginal Economic Policy research CAEPR monograph no. 19 2000 p22-26
  - 10 Morrissey M. Centre for Remote Health, Alice Springs 2002
  - 11 Tregenza J, Tregenza E Anagu Pitjantjatjara Services Resource Management Project. Budgeting Household Resources. Kutjara Consultants 1998 (kutjara@topend.com.au)

## Food cost and availability in remote North Australia

“New nutritional knowledge on the protective role of antioxidants and other dietary factors, suggests there is scope for enormous health gain if a diet rich in vegetables, fruit, unrefined cereals, fish and small quantities of quality vegetable oil could be more accessible to poor people”<sup>1</sup>

The high cost of basic foods and limited availability of healthy foods in remote locations have been measured by ‘market basket’ surveys. Information on costs and availability are collected for the same items and compared between remote locations and main centres. These surveys are designed to answer the following questions:

- Is there healthy food available for people to buy, if they want to buy it?
- How much do people living in different locations have to pay for basic healthy foods?
- How much does it cost to buy healthy food in remote locations, compared to less healthy purchases?
- Is the healthy food in good condition?

The results of these surveys consistently show that people in remote locations and areas of greatest socio-economic disadvantage pay more for basic healthy food. All food groups cost more, not only fresh vegetables and fruit. Issues about quality are a concern but are not as common as general lack of availability of basic healthy foods, especially of fresh fruit and vegetables.

Costs of less healthy items such as tobacco and take-away does not increase in remote locations to the same extent as the cost of healthy food does.

The high cost of food, combined with low income, means that healthy foods are luxury items in many remote Indigenous communities.

The NT market basket surveys estimate that families in remote locations would have to spend 35% of their income to buy basic healthy food.<sup>2</sup> By contrast the Australian Household expenditure survey showed that for the average Australian household about 18% of weekly expenditure (not income) was spent on food.<sup>3</sup>

Complaints about the high cost of food in the Northern Territory are not confined to remote communities. An ongoing survey of grocery prices in the main centres of the Northern Territory commenced in 1999. As with remote communities, these high prices are attributed in part to lack of competition. As in Queensland, routine surveillance does seem to have an effect on prices in the Northern Territory.

Small improvements to the diet can have a disproportionately beneficial impact when nutrition and health are as poor as is the case for Indigenous people in remote north Australia. There is an urgent need to make healthy food accessible by addressing both cost and availability issues in remote north Australia.

## Market Basket Surveys in remote north Australia

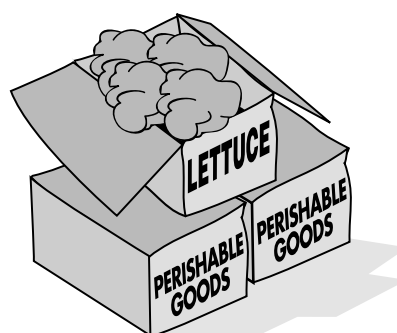
The first food basket surveys conducted in remote parts of north Australia were conducted in the Kimberley region of Western Australia and demonstrated substantially higher costs for a basic basket of groceries in the Kimberley communities compared to Kimberley towns and to Perth.<sup>4</sup> The information from these first surveys was published in 1987. Later surveys show that the situation was unchanged nearly ten years later.

In 1994, the 'Core Food Groups' document was developed which quantifies the amount of different foods required for a healthy and nutritious diet.<sup>5</sup> The 'core food groups' have formed the basis for market basket surveys in Queensland, the Northern Territory and in South Australia.

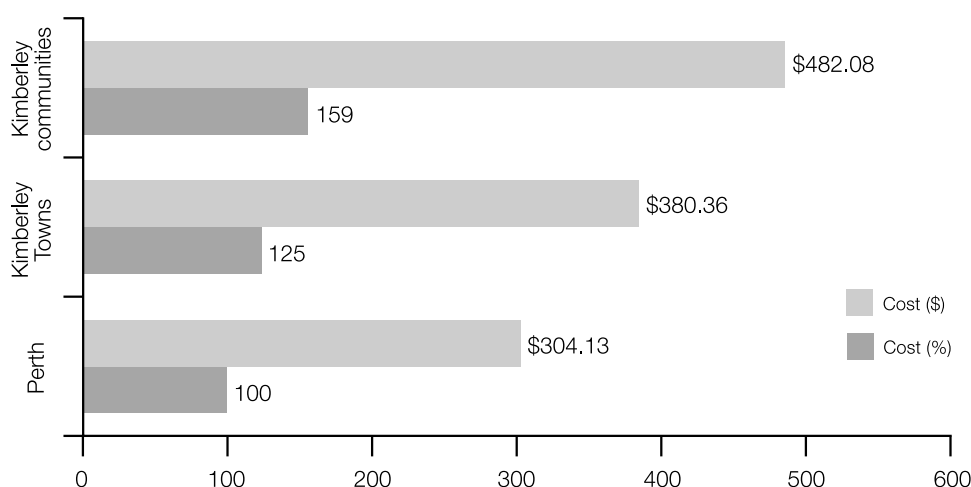
These surveys use the core food groups information to estimate the food required to meet the nutritional needs of a hypothetical family, which is used to compare prices and availability, in different locations.

In the Northern Territory, the surveys also included additional information on stores including information about store nutrition policies, store committees and employment of Aboriginal people in the store. The Northern Territory methodology also uses an income estimate based on welfare entitlements to calculate the proportion of income required to purchase basic food.

The Accessibility and Remoteness Index of Australia (ARIA) is used to provide a sampling and/or analysis framework.

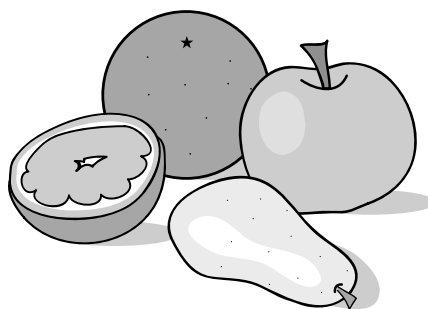


**Kimberley Market Basket Survey October 1996**



### **Market Basket Surveys of remote Community Stores in the Northern Territory 2001 and 2002<sup>2</sup>**

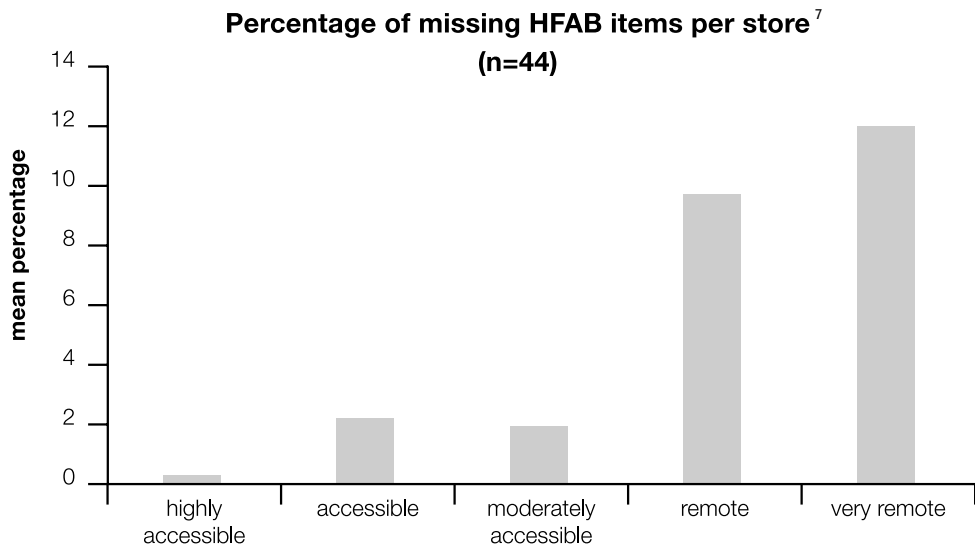
- Fifty four stores were surveyed in 2001 and seventy in 2002
- In 2001, the average store cost was \$529 in remote stores, \$458 in district centre corner stores and \$413 in district centre supermarkets
- In 2002, the average store cost was \$541 in remote stores, \$497 in district centre stores, and \$411 in district centre supermarkets
- Barkly remote community stores were the most expensive in 2001 and in 2002
- In 2001, the average remote store cost was 37% higher than in Darwin supermarkets, while in 2002 the cost was 27% higher than in Darwin supermarkets
- The basket cost in 'very remote' locations in 2001 was \$538 (47 stores) and \$546 (63 stores) in 2002
- The basket cost in 'remote locations' in 2001 was \$455 (5 stores) and \$490 (6 stores) in 2002
- In 2002, in all remote stores, compared to Darwin supermarket prices (Darwin = 100%)
  - Fruit cost 114%
  - Vegetables cost 141%
  - Bread and Cereals cost 130%
  - Meat and alternatives cost 130%
  - Dairy products cost 122%
  - The total basket cost 127%
- In both 2001 and 2002, a remote family would have had to spend 35% of their income to buy the food basket but 27% if buying in Darwin
- The average number of fresh fruit choices in remote stores in 2001 was 6 choices and 7 choices in 2002
- The average number of fresh vegetable choices in remote stores in 2001 was 12 choices and 13 choices in 2002
- 58% of people employed in remote stores were Aboriginal people.



### **The Queensland Health Healthy Food Access basket (HFAB) Survey 2000<sup>7</sup>**

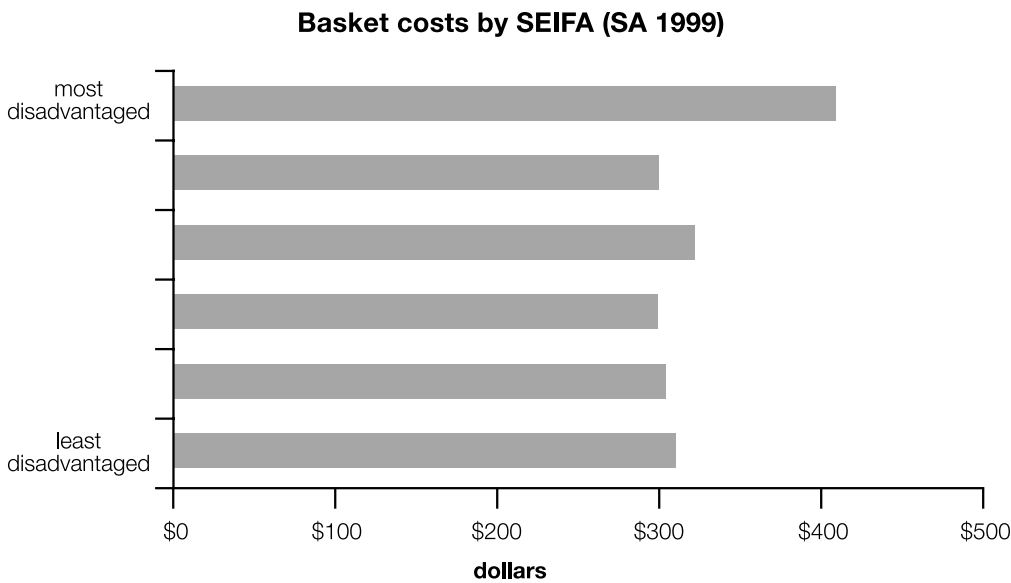
- 92 stores were surveyed across Queensland
- The cost of the basket at \$405.57 was 31% higher in 'very remote' locations compared to \$310.29 in 'highly accessible' locations
- The cost of the vegetables, fruit and legumes in the basket was 29% higher in 'very remote' locations than in 'highly accessible' locations
- Vegetable prices were higher in north Queensland compared to other locations in the state, even after controlling for the effect of ARIA
- The effect of remoteness was significant for all the food groups but was greatest for meat and dairy products
- 'Non-core foods' such as sugar, margarine and oil were cheaper than 'core' foods (fruit, vegetables, meat, dairy and cereal foods) across all locations, when compared on the basis of both weight and on energy content
- The effect of remoteness on the cost of tobacco and take-away food items was less than on basic healthy food. These items cost 13% more in very remote locations compared to 31% more for healthy food
- Availability of basic foods decreased with remoteness with 12% of the basic basket items missing in 'very remote' stores
- Fewer varieties of fruit and vegetables were available in 'very remote' stores
- Fewer 'better nutritional choices' were available in 'very remote' stores. Better nutritional choices are healthy foods which are particularly good for people with chronic disease conditions but which are not included in the basic HFAB basket
- While still high, food prices and availability had improved in the most remote locations with increases since the previous survey being less than the Consumer Price Index (CPI) increases





In remote north Australia, most locations are classified as highly disadvantaged using socio-economic indices.

The food basket survey conducted in South Australia reported food costs by the degree of socio-economic disadvantage (SEIFA). Food costs were substantially higher in the most disadvantaged locations.<sup>8</sup>





### **The Northern Territory Grocery Price Survey<sup>9</sup>**

A Select Committee, established to investigate Territory food prices in response to concerns about the high cost of food throughout the Northern Territory, reported in 1999. The Committee found that prices in Darwin and Alice Springs were reasonable compared to comparable centres in Queensland (Cairns and Mt Isa) but could find no evidence to justify the high prices found in Katherine and Nhulunbuy.

An on-going process of price monitoring was established. The methodology used in this monitoring means that direct comparison cannot be made with the food basket surveys. The Northern Territory Grocery Price Survey is based on Darwin Household Expenditure Survey which means that the most commonly purchased items are costed. From a nutrition perspective, there are two disadvantages with using this methodology:

- non-nutritious but common purchases such as soft drink are included
- if purchasing of nutritious items is reduced or ceases, for example because of price increases, then the inclusion of that food in the grocery prices survey would reduce or cease

Despite these limitations, the Northern Territory Grocery Price Survey provides useful comparative information. In the March 2000 quarter:

#### **Comparing Darwin prices to Cairns:**

- Darwin prices overall were 7.3% higher
- Fresh fruit and vegetables costs 18.6% more in Darwin
- Meat and seafood were 9.8% more expensive
- Soft drink, confectionery and ice-cream were 12.9% more expensive

#### **Comparing Alice Springs prices to Darwin and Mt Isa:**

- Alice Springs prices were 1.7% cheaper than Darwin and 1.4% higher than Mt Isa.
- Fresh fruit and vegetables cost 16.3% more in Alice Springs than in Mt Isa.

#### **Comparing Nhulunbuy prices to Darwin:**

- overall prices were 23.6% higher in Nhulunbuy
- Fresh fruit and vegetables were 39.3% higher in Nhulunbuy
- Meat and seafood was 18.0% more expensive in Nhulunbuy
- Cereal products were 28.7% more expensive in Nhulunbuy

However, Katherine prices were almost identical to Darwin prices – a big improvement on previous results!

The high prices in Nhulunbuy are attributed to high freight and storage costs, lack of economies of scale – and a lack of competition.

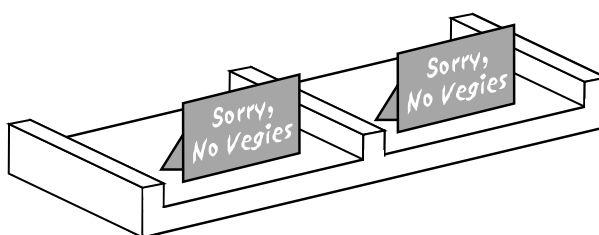
### **Accessibility and Remoteness Index of Australia (ARIA)<sup>10</sup>**

The Accessibility/Remoteness Index of Australia (ARIA) was developed to provide a standard measure of the relative degree of remoteness of all parts of Australia. It was commissioned by the Commonwealth Department of Health and Aged Care, and constructed by the National centre for Social Applications of Geographical Information Systems at the University of Adelaide.

The index measures remoteness in terms of distance by road from population centres offering a range of services such as education and health services. The population of the service centres is used as an indicator for the availability of services while distance from service centres is used as a proxy for the degree of remoteness from those centres.

Area can be expressed as a continuous variable from 1 to 12 where 12 is most remote or grouped into five categories 'highly accessible', 'accessible', 'moderately accessibility', 'remote' and 'very remote'.

Some of these food basket or market basket surveys have used the ARIA index to design and report the survey. Most of the north of Western Australia falls into the 'very remote' ARIA category. Most of Northern Territory is 'very remote' with the exception of Darwin which is 'moderately accessible' and adjacent areas which are 'remote'. North Queensland includes areas around Cairns and Townsville which are classified as 'moderately accessible', while the remaining areas are a mix of 'remote' and 'very remote'.



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- 1 James PT, Nelson M, Ralph A, Leather S. The contribution of nutrition to inequalities in health BMJ 1997;314:1545-9
  - 2 Northern Territory Government, Department of Health and Community Services. Market Basket Surveys of Remote Community Stores, April – June 2001 and April – June 2002
  - 3 Australian Bureau of Statistics Household Expenditure Survey 1998-99 September 2000 Canberra
  - 4 Sullivan H, Gracey M and Hevron V Food costs and nutrition of Aborigines in remote areas of northern Australia. Medical Journal of Australia, 1987; 147: 334 –337
  - 5 Cashel K, Jefferson S. The Core Food Groups, the scientific basis for developing nutrition education tools. National health and Medical Research Council June 1994 ISBN 0 644 35237X
  - 6 Bowcock R, Kimberley Market Basket Survey October 1996, Kimberley Public Health Unit 1996. (phone number 08 9193 1446)
  - 7 Lee AJ, Darcy AM, Leonard D, Groos A, Stubbs C, Lowson SK, Dunn SM, Coyne T, Riley M Food Availability, cost disparity and improvement in relation to accessibility and remoteness in Queensland Australian and New Zealand Journal of Public Health 2002; 26(3): 266-272
  - 8 Meedeniya J, Smith A, Carter P Food Supply in Rural South Australia: a survey on food cost, quality and variety. Eat Well SA May 2000
  - 9 Northern Territory Treasury. Grocery Price Survey December 2000 [www.nt.gov.au/ntt/grocerypricesurvey/tech.dec2000.pdf](http://www.nt.gov.au/ntt/grocerypricesurvey/tech.dec2000.pdf)
  - 10 Australian Bureau of Statistics. The Health and Welfare of Aboriginal and Torres Strait Islander Peoples p172 4704.0 2001

# Food Supply Issues in north Australia





## Store Governance: whose store is it and what is it for?

The questions of who owns the store and the purpose of the store are fundamental questions. The answers to these questions will determine whether the store is managed as an essential community service earning enough profit to stay in business or as a business enterprise making high levels of profit.

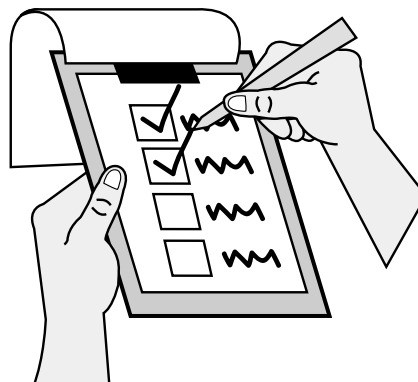


The question of store costs and store expenses and how much mark up is needed for a store to provide a sustainable service are questions that generated a wide range of responses – and some passion – among informants.

Health and nutrition issues have been addressed in some remote stores through food and nutrition policies which address issues such as the stocking and pricing of healthy food. The development and implementation of food and nutrition policies as with any other store policy, requires clear governance structures and processes. When a food and nutrition policy has been adopted, the policy can be incorporated into legal processes and contracts.

This section presents:

- examples of situations where store governance and policy principles has been addressed
- information about the Officer of the Registrar of Aboriginal Corporations which can assist with governance training
- information on costs, expenses and pricing structures in remote stores
- one example of a system of financial accounting and reporting designed for groups with low levels of literacy and numeracy skills
- information about the Mai Wiru store policy on the Anagu Pitjantjatjara Lands where store policy will be included in the law governing the lands and incorporated in contracts for store managers.



The Mai Wiru stores policy document for the Anagu Pitjantjatjara Lands in remote South Australia addresses the issue of store purpose and policy principles:

### **Mai Wiru Regional Stores Regulation: for the Anagu Pitjantjatjara Lands<sup>1</sup> Policy Principles**

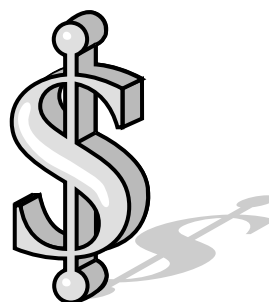
The store has an important role in the holistic delivery of primary health care. It is a key source of nutrition for the community and makes a significant contribution to ensuring the physical wellbeing of the community.

A functional store provides a social and economic focus in the community through aspects of its ownership, management and the employment it provides. The community store has the potential to perform a range of community services including education and health promotion. Conversely, a store that is not fulfilling these functions is failing to provide necessary health services and can be an active contributor to the burden of ill health.

Stores cannot be regarded as enterprises. It has been shown that economic factors in remote communities mean that stores cannot make a profit and still fulfil the functions of a store. The notion of 'store profits' is a contradiction in terms, a further imposition on impoverished people.

The Anagu Pitjantjatjara Regional Stores Policy is based on the belief that residents of the AP Lands by right of their citizenship are entitled to be able to access safe, affordable and nutritious food.

Policy principles will determine how much mark-up is added to the cost of food and other essentials. Stores have to pay for goods they order - store costs - and have to earn enough to pay for the cost of running a store - store expenses. For the store to make a profit on top of this, will mean a higher mark-up on the goods sold.



### Store Costs and Store Expenses

The amount customers pay for goods in a store is made up of<sup>2</sup>

- the money paid to the supplier for the goods, usually referred to as the 'cost'
- plus
- the money spent on freight to move the goods from the supplier to the store and the money spent in running a store, referred to as 'expenses'
- plus
- the profit made by the store

For example:

Gammon Creek Store expenses are roughly equivalent to 47% of the cost of the goods sold and the store wants to make 3% profit, after all expenses are paid.

Gammon Creek Store buys \$100 worth of goods. To make 3% profit, the goods will have to be sold for \$150

Cost of the goods:	\$100
Expenses of the store:	\$ 47
Profit:	\$ 3
<hr/>	
Customer pays	\$150

In this example the mark-up on goods is 50% and this generates a gross profit margin of 33%.

Cost = \$100

Mark-up = 50%

Sale Price = \$150

Gross Profit margin =  $\$50/\$150 = 33\%$

Most remote area stores aim for a gross profit of about 32% to 33% depending on their level of expenses. To secure this customers pay about half as much again for their purchases as the store pays to the supplier.

However the mark-up may not be the same for all goods. Some stores add a higher mark up to some goods and add a lower mark up to essential goods like healthy food but the average mark up across the store is about 50%



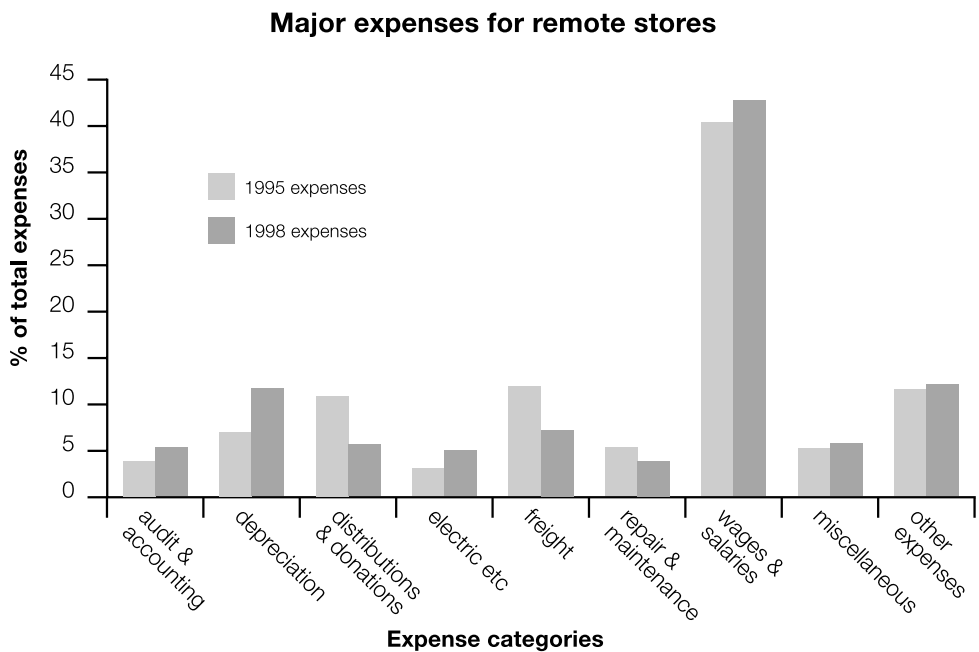
The graph below shows the expenses incurred by some remote stores in central Australia from accounts for 1995 and 1998.<sup>3</sup>

Eight expense categories made up about 88% of the total expense of running the stores, while multiple smaller expense categories (combined into the 'other expenses' category) account for the remaining 12% of expenses. 'Wages and salaries' was the largest single category at 39% to 42% of total expense. The remaining seven major expense categories were auditing and accounting (4% to 5%), depreciation (7% to 12%), distributions (6% to 11%), electricity, water and gas (4% to 5%),

freight (8% to 12%), repairs and maintenance (4% to 6%), and 'miscellaneous' (4% to 5%).

The package paid to a manager (single status) in a remote location is worth approximately twice what an urban store would pay a manger.<sup>4</sup>

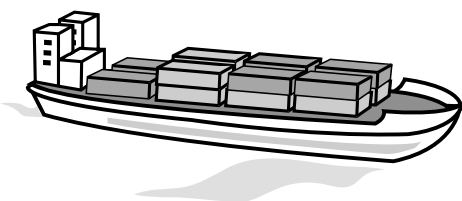
'Other expenses' includes administration, advertising, bad debts, bank charges, committee charges, insurance, interest payments, legal costs, security, staff amenities, stock write-off, superannuation, phone and fax, travel and accommodation.



The amount required to cover the expenses of these stores was equivalent to 42% to 45% of the cost of the goods. These stores were making a gross profit of 30.5% in 1995 and 29.8% in 1998, which the accountants who provided this information described as only 'nominally profitable'. The accountants attributed the deficit to poor record keeping and to provision of loans to community store committee members.

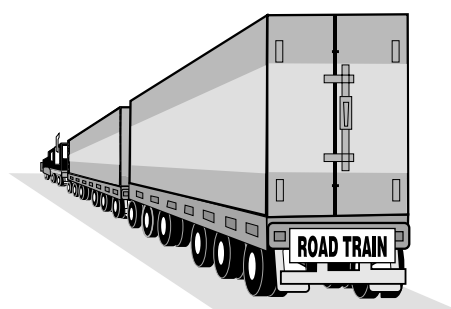
The provision of loans to store committee members and/or other influential community members, from store funds, was identified by several informants as a practice which compromises the normal processes of accountability of the employee – in this case the store manager – to the employer, in this case the community.

The freight expenses for these central Australian stores may not be typical of freight in all remote stores. Many remote stores have greater access problems and therefore higher freight charges. Even in these settings, however, freight will be only one of several major expense categories of which the largest is staff salaries.



Not everyone agrees that store expenses are as high as shown here.<sup>5</sup> In some locations store expenses are **lower** than in urban settings. Stores may not pay rent or for electricity. In this situation, even with high staff related expenses, the expense of the

store are about 25% of the costs. It is claimed that some stores are making gross profits of 60% to 70% by adding excessively high mark-ups to goods. These stores could reduce their mark up considerably and still make enough money to cover their expenses and make some profit.



Clear and transparent accounting and reporting is essential to clarify levels of profit which stores are making. While normal commercial practice requires that pricing practices are kept confidential, there is an argument that remote area community stores which benefit from direct and indirect government financial support, should be more publicly accountable.

### **The Jawoyn Stores Project<sup>6</sup>**

The store has become a separately incorporated body (Wuduluk Progress Aboriginal Corporation) to separate its functions from the community council and to insulate current store committee members from unresolved issues and debt resulting from previous administrations. The store governing committee has taken a strong role in overseeing the management of the store.

Previously a non-Indigenous person managed the store on a leasehold basis for which he paid approximately \$40,000 per year. This person took on the role of making “governing committee” decisions which should have been made by the store committee and not the manager. There were no financial reports for a number of years, which meant the community had very poor understanding of the financial status of the organisation which “owned” the store and there were a number of unexpected debts.

The ‘Money \$tory’ (see page 56) support program has helped people take greater control through better understanding of the complementary roles of the governing committee and the management, and by greatly demystifying the company’s monthly accounts. The ‘Money Story’ is financial literacy training package provided by Pangaea-Little Fish of Alice Springs. Fred Hollows Foundation (FHF) has funded Money \$tory presentations for other local organisations including the Community Councils and the health committees of the Sunrise Health Service. This support has meant a growing cross-community awareness of the ‘Money \$tory’ program and a better grasp of financial decision making processes.

The Registrar of Aboriginal Corporations has also provided free training to Aboriginal organisations about meeting procedures, financial reporting and roles of management and roles of staff.

Woolworths also offered to provide financial assistance to the FHF-Jawoyn program. It was decided that expertise in retail operations was more valuable to the FHF project than a further financial contribution. As a result Woolworths provided a management consultant for the regions’ four stores. Store operations are now showing a considerable profit. An Aboriginal person is now training to become store manager.

It is important to have the management procedures documented, not stored in some-ones head. To reinforce the roles of the committee and management Fred Hollows Foundation has received limited funding to write up a local procedures manual. The aim is to give the committee and the Indigenous Manager a clear statement of the procedures negotiated through the Woolworths consultant and for this manual to act as a guide to future store staff.

The nutrition program is based in the Women’s Centre and funded through deductions from the parents’ family payments. Parents pay through a system of deductions from Centrelink

payments following an agreement with the Minister and with Centrelink at federal level. There is limited government funding for the aged care feeding program. Electricity and phone charges are met by the Women's Centre. The FHF program rests firmly on the skills and interests of community members. Without the support and hard work of the women of the community and the Women's' Centre staff it would be much more difficult to successfully develop these programs.

### **Mai Wiru: Process and Policy: Regional Stores Policy and Associated regulations for the Anagu Pitjantjatjara Lands<sup>7</sup>**

The Anagu Pitjantjatjara Yankunytjatjara Lands Council has identified the stores as a high priority. They have asked for prices to be reduced to the equivalent of Adelaide prices and have identified the need for a regional stores policy.

The law governing the Anagu Pitjantjatjara Lands is being changed give the Anagu Pitjantjatjara Lands Council the power to pass a by-law that all stores on the Anagu Pitjantjatjara Lands are bound to abide by the Mai Wiru store policy. New contracts have been developed for store managers which reflect the Mai Wiru store policy

Mai Wiru is now moving from policy development into implementation with funding granted by Family and Community Services in July 2002. Work until December 2002 concentrated on infrastructure and hardware for stores such as fridges and counters. Work on implementation has now resumed after a break for important ceremonies which are held between December and February.

Negotiations will be held at local level about timelines for implementation of the Mai Wiru policy. Bans on less healthy products will not be introduced until the financial situation of the stores is clarified. The proposed ban on soft drinks and lollies is something that the Anagu Pitjantjatjara identified strongly as needed during the policy development.

A Store Summit was held on May 4&5, 2003 on the Anagu Pitjantjatjara Lands. Summit participants included chairpersons, policy committee, accountants, lawyers, nutritionists, environmental health officers to talk about the new food safety legislation and the various researchers who have been working on aspects of the policy

Stores have had diverse bookkeeping and accountancy practices. Again this lack of transparency means that fraud is easier to hide. Currently one store has accumulated \$130,000 in debt A system is needed which has a built in warning mechanism if things start to go wrong, whether they are going wrong because of inefficiency or because of corrupt practices.

None of the stores has had a budget so there are no parameters to measure store performance against. In addition, planning is not possible without a budget. Salaries, freight, stock, power and maintenance all contribute to high costs in stores. High costs are not only a freight issue.

Banking issues are a concern. An Automated Teller Machine (ATM) can issue money but not receive it. ATMs are demanding to service and stock. There is a need for face to face banking to provide a range of banking services including loans and to provide career opportunities for young people. The Traditional Credit Union (TCU) based in Darwin are working to meet fiscal needs of Indigenous people in remote areas including micro-financing for white goods.

An application has been submitted to ATSIS for funding for store manager salaries. This has been unsuccessful initially but will be re-submitted under the auspices of Indigenous Communities Coordination Taskforce (ICCT). The Anagu Pitjantjatjara Lands are one of the Indigenous Communities Coordination Taskforce (ICCT) pilot sites, under the sponsorship of the Federal Minister of Health Kay Patterson. Store prices should be a concern for ATSIS who administer CDEP funding – the incomes people receive through CDEP are whittled away by high store prices.



### **The Office of the Registrar of Aboriginal Corporations (ORAC)<sup>8</sup>**

The Registrar of Aboriginal Corporations is an independent statutory office holder appointed by the Minister for Reconciliation and Aboriginal and Torres Strait Islander Affairs under the Aboriginal Councils and Associations Act (the ACA Act).

ORAC provides a number of services to Aboriginal and Torres Strait Islander corporations including information and training workshops. The Office of the Registrar makes all the arrangements and meets the cost of delivering the workshops. The subjects covered at the workshops may be adapted to meet the needs of particular communities, but usually include:

- Role and responsibilities of the Registrar of Aboriginal Corporations and his office
- Aboriginal Councils and Associations Act 1976, and the rules of Aboriginal corporations
- Annual Reporting requirements of the Act
- Governing committees and committee meetings
- Governing committee – duties and responsibilities
- Annual and special general meetings
- Members' rights
- Maintaining proper accounts and records
- Procedures to change a corporation's rules/objects/name
- Public Officer – appointment and responsibilities

The workshops are designed primarily for governing committees, corporation staff and funding agency representatives. However, Aboriginal and Torres Strait Islander groups that are not incorporated under the Act are welcome to attend. These workshops are conducted in all ATSI Regions over a two-year period, with workshops repeated in two yearly cycles.

#### **Contact details**

Office of the Registrar of Aboriginal Corporations  
PO Box 2029  
WODEN ACT 2606  
Telephone: 1800 622 431 (toll free)  
Facsimile: (02) 6281 2739  
E-mail: [Info@orac.gov.au](mailto:Info@orac.gov.au)

### **Littlefish - Pangaea: the Money \$tory and Financial Information graphics System (FIGS)<sup>9</sup>**

Littlefish uses the idea that 'a picture is worth a thousand words' but have translated this into the concept that 'a picture is worth a thousand numbers'

The Littlefish Company, if invited to work in a community, will first visit that community for an introductory visit to listen to the needs of the community and to give the community a chance to become familiar with the Littlefish staff. The same staff member will work with a community throughout the process to maintain continuity in personal rapport, which is essential for good two-way communication.

Further visits are scheduled to workshop various areas of community management with community members. Littlefish can support community capacity building by providing workshops on:

- Two ways cross cultural communication
- How to understand account reports
- Financial management
- Understanding planning
- Planning Budgets
- Roles and responsibilities
- How organisations work and governance
- Meetings and how to run them
- Recruitment and Interviews
- Passing on knowledge and how to present things
- Funding and how government works

The Littlefish 'Money \$tory' is a financial reporting system designed to provide clear financial information which Aboriginal and Torres Strait Islander people can then use to make their own financial decisions based on a solid understanding of the issues involved.

Littlefish developed 'the Money \$tory', which can be used both with commercial entities such as remote stores or with services such as a health service. Subsequently Littlefish has developed Financial Information Graphics System (FIGS) which is a computerised accounting system using graphics for reporting.

Instead of a table of hard to read numbers, FIGS uses icons throughout the system. One icon will be used to identify the overall operation such as a health centre or a store. Other icons will be used to identify each budget line. In the case of community store these may include salaries, on costs, stock, freight, rent, maintenance, electricity, book-up, administration, vehicle. The system shows the annual allocation overall and for each budget line and where problems are occurring such as excessive book-up.

Water tanks are used to illustrate the concepts of a budget and expenditure. Each line item is represented by a bar, which will be coloured blue when it is within budget, and tipped with red where it has gone over budget. A summary report for each line shows a water tank, blue if filled with water (money) empty if drained and with underground red colouring where expenditure has exceeded the budget allocation! This shows that the over-expenditure will have to be met from next years allocation.

The graphic system enables community members to quickly identify excessive expenditure and if necessary, to develop strategies to get budget back on track. Littlefish provides financial reports on large posters (A0) or on A3 sized paper, which can be posted on a notice board so the whole community can see the financial report.

In 2002 Littlefish won the Northern Territory and Commonwealth Government Micro-Business award and, at a national level in the Telstra and Australian Governments' Small Business Awards, the Telstra Countrywide Regional Incentive Award.

## Leverage points for action

- \*\* Strategies where health has a lead role
- \* Strategies where health can assist other agencies with specialist advice

## Store governance and purpose issues

- Identify store cost structures and store pricing policy\*
- Establish transparency in accounting and reporting
- Support initiatives for Indigenous enterprise in the retail and wholesale industry
- Establish an accreditation system for stores, based on sales of healthy food, which is linked to funding\*
- Investigate legislative and contractual options
- Establish clear governance of remote stores
- Decide if stores are enterprise for profit or essential community service\*



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- 1 Community Councils, Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council and Nganampa Health Council. Mia Wiru Regional Stores Regulations for the Anagu Pitjantjatjara Lands Policy Principle 2002, p 13
  - 2 Department of Industry and Technology Office of Aboriginal Economic Development Government of Western Australia: Store Manual for Aboriginal Communities ISBN 0-646-40028-2 p7
  - 3 McDonnell S, Martin DF Indigenous community stores in the 'frontier economy'. Some competition and consumer issues Centre for Aboriginal Economic Policy Research 2002 no. 234: p19
  - 4 per comm Peter Franklin. Retail Adviser Mai Wiru Implementation. Mai Wiru Regional Stores Regulation: for the Anagu Pitjantjatjara Lands
  - 5 per comm Peter Franklin. Retail Adviser Mai Wiru Implementation. Mai Wiru Regional Stores Regulations: for the Anagu Pitjantjatjara Lands
  - 6 per comm Peter Holt, Fred Hollows Foundation Indigenous Program Coordinator (phone 08 8941 5145)
  - 7 per comm Stephan Rainow, Ngamampa Health Council (phone 08 8952 5300)
  - 8 Information extracted from the web site of the Office of the Registrar of Aboriginal Commissions (ORAC) [www.orac.gov.au](http://www.orac.gov.au)
  - 9 per comm Stuart Blyth, Littlefish Pangaea, Alice Springs (08 8952 8802)

## Best practice in retail management to keep prices down

People working in remote stores and people managing store groups emphasised the importance of 'best retail practices' to keep prices down:

- Establish buying power by combining with other stores to form a buying group
- Negotiate with suppliers and use competitive tendering processes for a better deal
- Become affiliated with a wholesale organisation to become entitled to discounts
- Change the price structure within the store to reduce the mark-up on more healthy products and increase the mark-up on less healthy products
- Use good stocking and shelving practices to make stock 'visible' to customers
- Pay bills on time to get a discount for prompt payment
- Have clear operating procedures, which are documented in writing
- Have clear financial reporting systems and regular financial reconciliation.

Becoming part of a store group may mean surrendering some autonomy in work practices and decision making which can be a challenge both for store managers and for community councils. Transparency in financial reporting is essential to ensure that the benefits of group operations are passed to the customer.

This section includes information on:

- The application of these 'best practices' in a variety of situations
- A manual of 'best practice' for remote stores
- An example of a community and business partnership working to improve remote stores in a group of remote communities near Katherine in the Northern Territory
- Information about the federal government's community business partnership initiative
- A proposal for an Indigenous owned wholesale enterprise to service Indigenous community

### **The Arnhem Land Progress Association<sup>1</sup>**

ALPA is owned by five Aboriginal Communities and has been in operation now for 31 years. ALPA owns five stores and manages six others on a 'fee for service' basis. One of the benefits that we have as a group is continuity and this allows us to continually move forward in a progressive manner.

Today we ship fresh milks and dairy products into our stores on a weekly basis that still allows us ample shelf life to sell the products. This has come about by putting services out to tender such as freight, ie better services on a regular basis using the right equipment to do the job at the best price. In fact today a lot of our business goes to tender and we have a policy of having 2 suppliers for various segments of the business. This ensures healthy competition and fair pricing.

### **Store Operational Manual for Aboriginal Communities<sup>2</sup>**

The Department of Industry and Technology of Western Australia has developed a store operational manual, covering:

- Who owns the store
- Risk management
- Staffing
- Point of sale systems
- Sales
- Purchases
- Stock
- Cash
- Bookkeeping systems
- Financial reporting
- External assistance for store managers
- Office set-up

### **The Jawoyn Stores Project<sup>3</sup> (near Katherine in the Northern Territory)**

Initial issues included the lack of cash handling systems, shelf management systems, ordering procedures, and daily routines for staff. All these issues have been addressed including systems which enable store staff to do daily cash register reconciliations and for daily reconciling of total store funds. Usually these balance with minimal error. Occasionally there are larger discrepancies but this is becoming much less frequent.

When the project was initiated, there were negative comments (mainly from non-Indigenous people) that stocking healthy food would 'send the store broke' and that 'Aboriginal people don't eat fresh fruit and vegetables'. Fresh produce stocking levels were very poor with only 12 different types of fresh fruit and vegetables. Now between thirty and forty different types are stocked. Canned fruit and vegetables are also stocked and small quantities of frozen vegetables. The value of sales of fresh produce has increased from less than \$200 per week to over \$300. A new fridge will be arriving soon which will mean better storage and display and this is expected to lead to increased sales. Meat sales have also increased from about \$700 per week to \$3000 due to better display and stocking practices.

Overall prices have not come down a lot but the store profitability has been established. Mark-up on fresh fruit and vegetables has been reduced from 75% to 20% and on meat from 65% to 50%.

Other issues being addressed include issues with suppliers. The price of bread has been reduced by 80 cents per loaf by negotiation. The stores now pay the same price for wholemeal, grain and white loaves. White is still the biggest seller by far compared to grain or wholemeal. Wholesale organisations have indicated that they will reduce their margins if the stores combine their buying power.

Freight costs are not huge. Access to Wuduluk is by sealed road except for a short stretch of unsealed road. Distance from suppliers to the other stores is similar but more of the road is unsealed.

A store manual is being prepared which will include information on policy guidelines, stores procedures and systems, and preferred suppliers. Managers will not be able to change these practices without prior approval from the store management committee. The most important factors for successful store operations are:

- An active store committee - each community has their own committee
- Clear systems for store management
- Appropriate supportive and positive mentoring for store staff
- Good shelf management systems so that products are clearly displayed and re-stocking is done systematically and efficiently
- Effective and regular reconciling of cash registers and total store funds

### **Prime Minister's Community Business Partnership<sup>4</sup>**

The Jawoyn Stores project is an example of a community and business partnership which is benefiting Indigenous people living in a remote setting in the Northern territory. The Office of the Prime Minister supports community and business partnerships to 'develop and promote a culture of corporate and individual social responsibility.' It does this through promoting and rewarding successful partnerships, and identifying and addressing incentives and impediments to the creation of community business partnerships, including taxation initiatives.

There are a number of resources including the Partnership Fact-Sheets that are available through the Partnership's website at <http://www.partnerships.gov.au>. The web-site includes information on research, case studies, web-site links, and business case examples to assist communities develop partnerships with business.

**“Aboriginal people who live in a remote location should not be penalised for where they live and who they are. A store manager needs knowledge, compassion, and patience. He should be able to accept and see what are the community’s needs, as it is their store and not his own.”**

### **Former manager, remote areas stores, Western Australia<sup>5</sup>**

A good store is the heart beat of the community. A good store manager manages the store according to the needs and demands of the people. There is no need for extreme high prices. A community store can sell fresh and healthy food at reasonable prices.

The old store had only a display area for groceries of about 15 to 20m<sup>2</sup> another 25m<sup>2</sup> for clothing plus a large storeroom full of mostly out of date stock and a little store office. The first thing to do was take stock and clean up, display stock more in a more consumer friendly way and meet the needs of the community, not only the staff.

The store turnover was annually about \$500,000 and running at a loss. There were no proper systems in place for stock control, takings and pricing. The goods were overpriced and there was a lot of old stock on hand that could not be sold, only donated to the church or written off. Lots of goods were sold from cartons on the floor, very unhygienic. Fruit and vegetable sales could be considered nil, just what the store staff needed. There was a large cool room with soft drinks and a freezer full of meat, some of it very old.

I refurbished the store, removed some walls to gain space, fitted six display doors to the cool room and three display doors to the freezer, build a store room on to the back and fitted the store office as required for a proper operation.

Three more people were employed and trained. At the time there was no money and the community told me that they did not have any funds for this, but I assured them that I did not need any funds, the store will pay for it, if I can get a separate bank account. In these days there was not a separate bank account for the store, which meant that store takings were used to meet other community costs and then there wasn’t money to pay suppliers.

Finally the financial problems were sorted out by separating off the store accounts from the community accounts. Then the ball started rolling, and money could be used to pay suppliers and pay debts.

All alterations and many more as they came along were mostly paid for, by six months down the track. Through proper stock control and monitoring sales and gross profit I was able to drop the prices about 60%. The community welcomed this.

After this I negotiated better prices with suppliers and transport companies, which resulted in higher turn over and better cash float. The store purchased 500 Foodland shares to get a further discount on stock purchases as well as paying on time made the store eligible for a total discount of about 4.5 % which mounted up over the year to between \$12,000 and \$15,000. After the first year of operation, we had all debts paid and still money in the bank, it was a fantastic result.

As we came out of our teething period I established a mark up, ranging from 15% to 85%. Basic essentials like flour, rice, tea coffee, and sugar were sold at less than 20% mark-up, perishables like vegetables were sold at 55% mark-up.

Over the years the store operated on a 27% to 30% profit margin, checked monthly and adjusted if necessary. This provided the people with a good price and, proved to be successful in paying all the commitments on time as well as giving the community a good return and savings for the planned new store.

We improved our sales dramatically. In particular the fresh food and vegetable sales went up to \$1000 dollars and more per week. My wife and I knew the value of nutrition and, how important it is for people to eat plenty of fresh fruits and vegetables. That why we always worked closely with the health department to improve the supply and the health of the community people.

Aboriginal people who live in remote communities shouldn't be penalised with high priced stores, because they live in the bush. It is the store manager's duty to avoid this, and make community people comfortable to purchase in their community store, and not hundreds of kilometres away in a supermarket.

Freight is one of the largest expense items for a remote community store, particular in the north Kimberley's. If those costs are calculated totally into goods sold, prices become unacceptable and too high. Cost orientated store managers balance these costs and sacrifices some profit to have reasonable prices for their customers.

General store profits can cover most of the freight, because remote community stores have many benefits in costs not applicable to other stores, and those benefits can compensate for it.

Just a few examples: CDEP component for wages, income tax exemption, rent for shop, rates, water, advertising are all free or lower than for other stores. If those benefits are taken in consideration accurately, prices could even be dropped further and profit still maintained.

Centralising the freight cost with the community can make further savings, as the store is the most frequent user of the freight company and in the position to negotiate the best price possible for all.

Paying on time can mean substantial discounts and that helps make the store more profitable and compensates for lower mark ups. In the early days, the invoices to the store had to be faxed through that they could be paid on time. Now with electronic systems in place it is much

easier. All the bookkeeping was done in the store using computers. It was easy to pay all the bills, cheques were written accurately and on time, always paid by the 10th of the next month. The store never carried any debts.

Stock control, ordering and price up dating were done by computers as well as daily reconciliation of all sales.

The store also ran a maintenance book where people could log things that needed repair. When there was enough work, the store would order the mechanic and pay for the repair, then would charge it out on the customers book up account. Travelling cost for the mechanic was mostly paid from the store or administration office.

The store also sold fuel through an fully automatic system. People bought a fuel card for 20, 50, or 100 dollars in the store and where able to get there fuel anytime of the day or night. We had a book up system for pensioners and approved customers, where people where able to purchase white goods, furniture and other Items with 50% deposit. Weekly payments were taken out from their CDEP wages. Pensioners could book-up for about \$60.00 a fortnight and pay it off on pension day.

In the end of the nineties we build a new store close to 400 sqm, four fully automatic checkouts with 360-degree scanners and integrated credit card transaction system. As well as plenty of display freezer, fridges, long-term cooling storage and a large cooled fruit and vegetable display.

The store cost was about \$750,000. Funding were provided from ATSI and the West Australian Lotteries. For the first time, \$250,000 was supplied from the community store savings, saved over a period of about 10 years.

That proves that proper management meets the demand and there is no need for high prices and unhealthy food. A store has fixed costs and they cannot be changed and must be met, regardless if turnover is \$ 1 million dollars or \$ 5 million dollars.

The best way to deal with this is, look around and increase your turnover. The sky is your limit and there is plenty off money to be made in the bush.

There are a few important principles for running a successful business:

- Stock in the storeroom doesn't sell, stock on the shelf does
- You make profit only by buying low, not by selling high
- Display your stock well, and keep the store clean
- Pay your bills on time
- Treat your staff right, respect them as they are, then they will respect you
- Pay staff according to their level of responsibility, with all their entitlements
- Be an example in all matters

Realise how fortunate you are to live and work where other people dream of. Just love it!

### **The Central Australia Aboriginal Buying Group (CAAB)<sup>6</sup>**

Indigenous people in central Australia have been working for six years to establish a buying group owned by Aboriginal people to benefit Aboriginal people. A study into the viability of the buying group confirmed that the proposal is viable but the group has been unsuccessful in getting funding so far.

Most funding is allocated on the basis of short term outcomes in education or employment whereas this project won't show those kind of results in the short term. In the long term though, CAAB will be offering employment and trainee-ships for young Aboriginal people.

There has been concern as well about the impact of CAAB on existing businesses in Alice Springs. Those businesses see CAAB as a threat. But the government has a duty of care to Aboriginal people.

Currently the group are talking to two wholesale groups, one supplying dry goods which is based in Queensland, and one NT supplier of small goods and dairy. Local businesses will be able to supply other products such as bread, and fruit and vegetables, meat and variety goods.

We want the suppliers to put money into a six month trial. Eight to ten stores will participate in the trial to get the initial logistics worked out, then other stores will be invited to join in. The intention is to negotiate a 2% rebate from suppliers plus 2% equity in their business plus require them to support Indigenous employment and training, and health and nutrition policies.

There is enough demand out there to have our own Indigenous banner and products in language, too. CAAB can also provide market for Indigenous produce - fruit and vegetables grown on communities and beef produced from Indigenous owned stations. This can lead into related areas too, like freight.

We are not talking about a welfare scheme here. There are plenty of Aboriginal people out there, who are sick of the welfare handouts and want to work for a living. They want proper jobs and reliable and sustainable income. For too long all the business on the communities has been run for the benefit of outsiders. This is the best approach to get a positive outcome for Indigenous people to benefit from their own economy.



### **Central Australian Aboriginal Buying Service (CAABS) Feasibility Study, 2000<sup>7</sup>**

A feasibility study determined that the establishment of a Central Australian Aboriginal Buying Service (CAABS) in the central Australia region for Aboriginal community stores is viable. This being due to the:

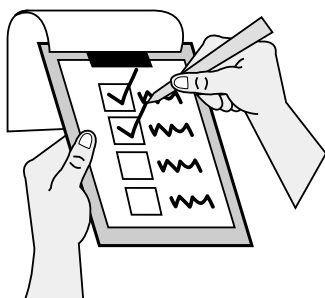
- high level of support and input from store representatives;
- high level of interest in providing better prices from suppliers and wholesalers;
- information received from other buying groups.

The development of the CAABS will be a key outcome for improved health and nutrition of every Aboriginal community in which their store is using the CAABS service. CAABS will be able to provide approximately 15% savings on groceries across the board, enabling persons to have increased spending power if they want to purchase more and/or healthier types of food.

At the time of writing this feasibility study there were twenty-two community stores (from a total of 32 contacted) in the central Australian region that were interested in the buying service.

### **Leverage points for action**

- \*\*** Strategies where health has a lead role
- \*** Strategies where health can assist other agencies with specialist advice



### **Best retail practice**

- Combine buying power and/or negotiate for lower costs
- Coordinate freight, maintenance and other services
- Have efficient and documented store procedures in place
- Establish the price structure within the store to reduce the mark-up on more healthy products and increase the mark-up on less healthy products\*
- Have transparent financial reporting and regular reconciliation
- Establish community/business partnerships for best retail practice

- 
- 1 per comm Richard Frampton, Arnhem Land Progress Association (ALPA) 08 8944 6444
  - 2 Stores Operational Manual for Aboriginal Communities. WA Department of Industry and Technology phone 08 9222 5555 or freecall 1800 628 767
  - 3 per comm Barry Orr Retail stores management consultant. Woolworths /Fred Hollows Foundation Jawoyn Stores project phone 08 8975 4523
  - 4 information from the Secretariat, Prime Minister's Community Business Partnership 1800 359 918
  - 5 per comm Horst Kubsch PO Box 535 Broome WA 6725 phone 08 9192 7168
  - 6 per comm Des Rogers, ATSIC Chairperson Alice Springs phone 08 8959 4211
  - 7 Feasibility Study of a Buying Service for Central Australian Aboriginal Community Stores prepared for Yanangu Stores Aboriginal Corporation, 2000. Provided by Des Rogers (ATSIC Chairperson Alice Springs phone 08 8959 4211)

## Stocking healthy food

Stores and store groups which operate in remote Indigenous communities and which recognise the additional nutritional needs of their customers, are consistent in emphasising the need for good practice in terms of ordering and stock management. In addition the requirements of adequate infrastructure both in terms of storage and shop floor presentation, were identified together with sufficient and reliable power supplies.

There are reports that remote area stores can be used as 'dumping grounds' by unscrupulous suppliers for products which are poor quality or close to their use by date. A pro-active role by store management to seek good quality products and reject poor quality, is essential to protect against this.

If a store governing body makes a commitment to stocking healthy food, the requirement to do this can be listed in duties and responsibilities of the store manager and included in his/her employment contract. The Northern Territory Department of Health and Community Services 'Store Book'<sup>1</sup> includes a model contract for store managers, which includes a requirement to implement the store food and nutrition policy (see Appendix 1 page 155).

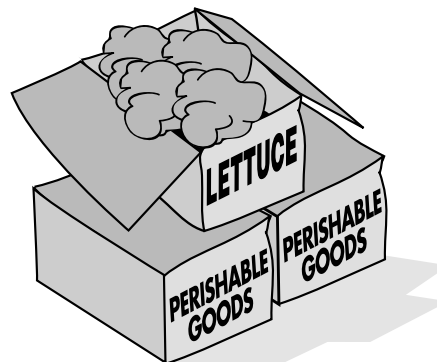
Many remote area stores – and agencies that work with them – have been innovative in finding ways to ensure that healthy food is consistently available. A strategy to disseminate good ideas by newsletter, industry meetings and an award system for innovative practice could improve communication and information sharing between stores.

This section includes information on:

- The work of one store group to develop and implement a Food and Nutrition Policy
- As part of this policy, strategies to source products and fresh produce of good quality in order to offer good quality to customers and to reduce wastage
- A trial to evaluate the effect on sales of installing vegetable and fruit chiller display units in three remote stores.
- Collaborations between nutritionists, stores, suppliers and food processors to develop products tailored for the nutritional requirements of their customers
- Wet season preparations in locations where stores are cut off from road access for weeks or months at a time
- Contingency planning for when wet season preparations go wrong
- A regional forum on food supply involving people from the retail, wholesaler and transport industry, health, Indigenous agencies, primary industry and others
- Inclusion of stores in the Keep Australia Beautiful Tidy Towns competition, which could be used as a model for accreditation of stores.



Another innovation, currently under development, is a store ordering guide for store managers, which will make 'healthy ordering easy ordering'. Several people also identified the need for modifications to store ordering and stock information systems so that store managers are alerted to potential shortfalls in stocking of healthy items, in time to rectify the problem.



### **Wuduluk Store, Jawoyn Stores Project, Katherine, NT<sup>2</sup>**

There have been big changes in the range of goods stocked and the also the kinds of healthy food stocked. Previously we had only one display unit with goods on two sides, now there are five aisles. You see the young mothers buying fruit and vegetables, yoghurts, cheese, tomatoes, tinned vegies. We don't hear so much now from the health centre about sick kids.

### **Mai Wiru Regional Stores Regulations for the Anagu Pitjantjatjara Lands: Implementation<sup>3</sup>**

Discussions have been held with the national manager for a leading soft drink company. The store managers were concerned that the company would take legal action if sugared soft drinks were banned from stores as stated in the policy. However the company management said that they would support the policy and there is a general demand for more healthy drinks which they are working towards meeting. Negotiations are ongoing about a better deal for buying bottled water which is very popular.

A master butcher visited the Anagu Pitjantjatjara Lands. He brought lean cuts of meat and conducted tastings of these at the stores – very popular. He trimmed the fat & bone of the fatty meat in the store showing that people were paying nearly \$30 per kilo for the actual meat. One piece of advice from him was to change from freighting chicken wings to turkey legs – much better value in terms of meat, once the high cost of freight is met.

South Australia Department of Human Services nutritionists are developing a nutrition handbook which will identify which product lines meet the Mai Wiru policy criteria. This will be used by store managers for ordering.

### The Fruit & Vegetable Cabinet Project<sup>4</sup>

The Office of Aboriginal Economic Development (OAED) within the Western Australia Department of Industry and Technology has initiated a study to analyse the effect on the of nutritious foods by addressing the factors that influence food purchasing within remote Aboriginal community stores. The study is being conducted in collaboration with the Gascoyne and Kimberley Public Health Units,

It is common practice in most Aboriginal community stores to see fruit and vegetables in the bottom of soft drink fridges or in coolrooms, not easily accessible or visible to the consumer. The quality of the produce is severely compromised due to these inadequate and inappropriate storage facilities.

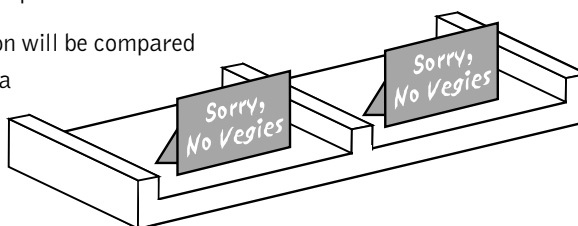
The Fruit & Vegetable Cabinet Project will analyse the impact on the sale of vegetables and fruit by installing appropriate cabinets. Funding was secured from the Lotteries Commission for three fruit and vegetable chilled display units for use on the shop floor. Three community stores were selected as the 'intervention' group on the basis of being representative of stores in different settings. Two are located in the Kimberley, one coastal, one central and the other in the Gascoyne region. They serve communities ranging from 150-200 people to 400-500 people.

These three stores are all managed by Aboriginal Business Development (ABD) and use the same store management systems and the same computerised point of sale systems. Other stores managed by ABD will serve as controls for the trial.

The cabinets cost \$6,000 each to purchase. The Lotteries Commission granted \$10,000 for the purchase, location, and installation of each unit and for the collating of the data. The units are large and require the managers to re-arrange the store so that the fridges are in a prominent location.

The managers in the three intervention stores have been asked not to actively promote vegetables and fruit so that the only effect being measured is that of the presence of the improved infrastructure. Of course, it is not possible to 'blind' store managers to the presence of the new chilled display unit. If store managers are motivated, and as they tend to compete with each other, some additional promotion may be occurring. This motivation and competition may be something to 'tap' into on future.

Data on sales during the intervention will be compared with twelve months historical data when fruit and vegetables were sold from drinks fridges and cool-rooms, and by comparison



with 'control' stores. It will be interesting to measure the effect of the investment in the chilled display unit and to translate this into health benefits if possible. A positive outcome will provide evidence of the benefits of funding the fruit and vegetable chilled display unit.

In any store initiative, the store manager is a key person. Fresh fruit and vegetables require a lot of care including storage at the right temperature and humidity, and careful handling. Store managers often regard fruit and vegetables as not profitable because they are perishable products. On the other hand, take-away food and soft drinks are high profit items. Usually fruit and vegetables would be in stock for a few days after delivery of supplies to the store and when they finished, there would be no more in stock until the next delivery one or two weeks later.

An initiative needs to be easy and attractive from the store manager's perspective. The fruit and vegetable chiller is attractive and colourful and provides a focus to the store and this is more effective than a contractual agreement, which can be difficult to enforce.

Community stores are an ideal place for nutrition intervention. The store often supplies more than 95% of the food eaten on remote Aboriginal communities (Australian Journal Public Health, 1994). It makes sense to try to influence food purchasing behaviour where most food purchasing decisions are made.

Store managers have a significant influence on the food supply and consequently the nutritional health of remote communities. The store manager's attitude is critical, as the store manager is the person who determines the food supply of the store. Increasingly there is awareness that the stores have an obligation to consider health as well as profit.

### **Solid Tucker<sup>6</sup>**

Since 1996 the Kimberley Public Health Unit nutrition team have conducted five store turnover analyses on community stores in the Kimberley. The locations of these stores ranged from coastal communities in the west to desert communities in the east.

The store studies showed that total fat intake was 5% to 10% higher than the recommended 30% contribution to total energy intake. The saturated fat intake was between 30% to 50% higher than recommended. In all communities most of the saturated fat in store food came from meat mainly lamb or mutton and some beef. The store study method probably underestimates fat and saturated fat intake as people also eat non-store foods such as dugong or locally slaughtered beef (killer) which can be high in fat.

Community people at a regional meeting in 1998, who saw the store study results, recommended that a Kimberley 'shelf talker' be developed to show people what meat is best to eat. Evaluations of 'shelf talker' projects in Derby and Kununurra projects had shown a high degree of recognition and acceptability by Aboriginal consumers

The public health nutrition team worked in partnership with a store management group, Aboriginal Business Development (ABD) and two meat processing firms supplying the Kimberley stores, to develop and implement this project. In July 2000, a 'shelf talker' sticker 'Solid Tucker' was developed especially to indicate more healthy meat choices. This sticker was designed so that it could be applied by the meat processor to frozen packets of meat and remain stuck on the packet without deterioration under those conditions.

A nutritionist worked with the main suppliers in Perth to identify leaner cuts of meat which would be relatively affordable in remote communities. Leaner carcasses were selected using the standard industry meat classification system. Lower fat products included chicken drumsticks, lean minced beef, diced beef and kangaroo tails.

The store study had shown that mutton fore quarter packs were a big seller and a major contributor to the high level of fat from meat. As well as selection of leaner carcasses, the contents of the fore quarter packs were altered. The mutton flap was discontinued and replaced with lamb shanks. Lamb shanks proved to be very popular with customers as the larger bones and firmer meat found on a lamb shank were preferred over the small bones and small portions of meat of the belly flap.

Using a dietary analysis program, it was estimated that these changes lead to a reduction of 250g of fat per pack.

The data required to measure changes in sales resulting from the Solid Tucker project was not available. Partial information indicates that sales of fore quarter packs increased substantially. Anecdotal reports are that people felt they were getting better value by buying the 'Solid Tucker' packs.

One potentially negative outcome of the project may have been that increased sales of the meat packs lead to increased fat intake, despite the lower unit fat content per pack. However information is not available to ascertain if this is the case.

### **Arnhem Land Progress Association (ALPA)<sup>7</sup>**

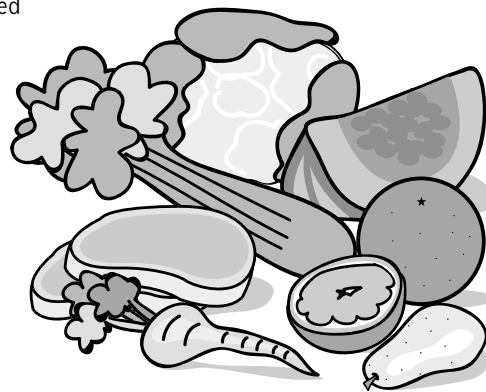
Freedom of choice is paramount in the retail industry but it is essential that choice is actually offered. ALPA sells coke and soft drinks but also sells fresh dairy drinks, fruit juices and water, and this is consistent throughout the whole sphere of our business.

ALPA has a written Food and Nutrition policy. Since the late 80's we have had a policy of subsidising the freight of our fruit and vegetables to the tune of 100%. This allows us to sell fresh produce in our stores cheaper than the chain supermarkets can in Darwin.

ALPA works closely with industry and encourages them to become involved in various issues that may have a bearing or impact onto their business. This has been very successful and we now have government health workers and dietitians working with these organisations and various community stores and groups on a myriad of issues.

Approximately four years ago we developed a bread with added iron and folate in conjunction with Department of Health and Community Services and a local Darwin bakery. Today this is the number one selling product in our stores.

Last year we introduced a frozen meat range that is low in fat (denuded cuts) and again today this represents over 60% of our fresh meat sales.





### **Jackeroo Flour<sup>8</sup>**

Ill health caused by poor nutrition is one of the major issues currently facing Indigenous people in remote communities of Australia.

George Weston Foods collaborated with the Northern Territory Department of Health and Community Services nutritionists in producing a product, which would offer health benefits for Aboriginal people.

Flour baked into damper is a major staple in the daily diets of people in remote communities. The challenge was to develop a flour with extended nutritional benefits, which could easily be incorporated into this daily diet. The result was Jackeroo Flour, a flour fortified with iron, folate and thiamine. Damper made with Jackeroo flour looks and tastes the same as damper made with traditional four but has the benefit of added nutrients.

### **Nutrition Policy for Remote Retail Stores in Queensland<sup>9</sup>**

The Queensland Department of Aboriginal and Torres Strait Islander Policy (DATSIP) Retail Stores Unit manages six stores in Queensland, five of which service remote Aboriginal communities in north Queensland.

In 1998 DATSIP, initiated a three year project on a food and nutrition policy for the store group, in response to concerns about poor nutrition and health among Aboriginal and Torres Strait Islander people. A policy reference group was formed which included representation from Apunipima Cape York Health Council, the Aboriginal Coordinating Council (ACC), the Aboriginal and Torres Strait Islander Commission (ATSIC) and Queensland Health.

A nutritionist/dietitian – who is herself an Aboriginal person – was employed to work with the store group to develop and implement the policy. Subsequently her role was expanded to also ensure stores meet Hazard Analysis and Critical Control Points (HACCP) and Food Safety requirements.

The challenges faced by the retail stores group included long supply routes with most supplies sourced in Brisbane and transported by road, barge and sometimes by air to the remote stores. In three locations, wet season conditions meant that roads were unusable for three to six months each year.

Prior to initiating the food and nutrition policy project, work had commenced on upgrading store infrastructure and practices to usual commercial standards in order to prepare the stores to operate as a commercial entity, outside of the government system. These changes in store infrastructure, protocols and procedures proved to be essential for the implementation of the food and nutrition policy.

These changes included:

- A standard practice manual was developed
- Business plans were developed for each store
- Retail training was commenced for managers and staff
- Buildings, plant and equipment were upgraded
- Modern technology was introduced including point of sale systems, EFTPOS and data loggers
- A professionally designed store layout including upgraded shelving and lighting was installed in each store.

Under the food and nutrition policy, priority was given to fruit and vegetable management. A specialist was employed to advise on vegetable and fruit purchasing, ordering, transport, storage and presentation, to ensure that quality produce was sourced, that stocking levels were adequate and that presentation to the customer was optimal.

Long term storage units (LSU) were developed which can hold durable fresh produce – such as pumpkins, carrots, potatoes, onions, apples and oranges - for some months over the wet season.

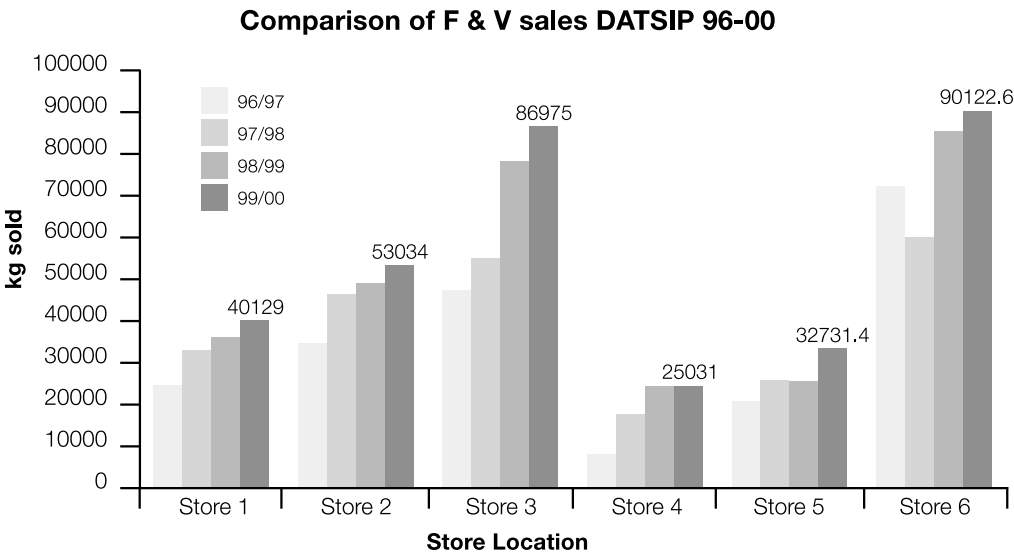
These LSUs were installed in the three stores where wet season conditions mean that the communities do not have road access at that time of year. Purchasing contracts were negotiated with suppliers to secure fresh produce which could withstand both the long transport route to the remote communities and months of storage over the wet season. The units were then stocked each October and November to ensure a supply over the coming wet weather. These units meant that stores were able to maintain a good quality supply and offer fresh produce at dry season prices.

From a management perspective, the project resulted in increased awareness of the store managers of the importance of healthy foods to their customers, and increased awareness among suppliers of the special requirements of transporting fresh produce and other perishables to remote areas.

There is still room for greater cost savings by utilising the combined purchasing power of the store group more efficiently but positive outcomes seen as a result of the project included:

- Sales of fresh vegetables and fruit increased by 55% (by weight) – see graph
- The range of stock offered to customers increased, including a better range of healthy choices
- Valuable partnerships were established with customers and other stakeholders.

**(see DATSIP Retail Stores Food and Nutrition policy, Appendix 2, page 170)**

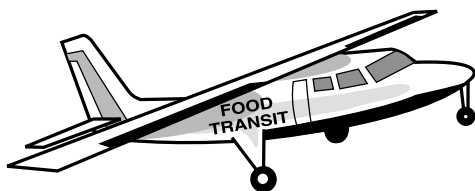


### Wet season preparations <sup>10</sup>

The store had a 25m<sup>2</sup> store room to hold goods for three months during the wet season. Stock for the wet season is purchased in stages so that by 25 December it was all in place. Each year the manager and a community member on the store staff, attended the FoodLand's Christmas Expo to purchase stock for Christmas and to stock up for the wet season.

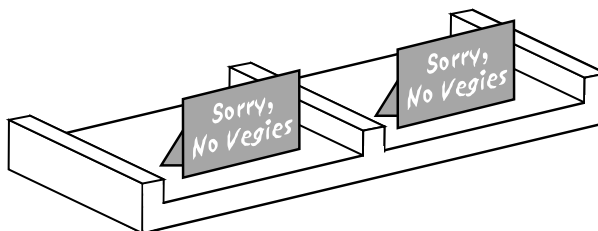
Orders for the wet season were based on sales for the previous three months as a guide to what to buy and how much. Because of the Expo discounts it was possible to make big savings on the dry goods purchased in bulk for the wet season. For example, the saving for a pallet of dried milk was \$120, if it was purchased at the Expo. The store would buy five or six pallets for the wet season, as well as some for immediate needs and have them delivered in stages over September, October and November. The same applied for other dry goods like washing powder and toilet paper.

In January there would be two to three weeks of rain and the road would be totally closed. The mailman would still be allowed in driving a 4WD vehicle but no vehicle over 11 tonnes.



The store could arrange for the mailman to bring in some necessities, bread, meat, fruit and vegetables. Sometimes if the weather dried up for a while, the store would get permission for a truck and a special delivery would be arranged. The freight company was good that way – they would put a truck on at short notice.

If that could not be done, vegetables and other perishables would have to be flown in. Sometimes government staff would be coming out by air. Then it could be arranged to include some cartons for the store in the loading. Sometimes it was necessary to charter a plane. An Islander cost about \$1,100 and could bring in 750 kg of freight. The cost to the store could be partly reduced by the selling seats on the back-leg. Fresh vegetables, meat and bread were always the priority during the wet season. If the store ran out of soft drink, that wasn't a problem. That could wait until the road was open.



### **Wet season planning and emergency re-supply <sup>11</sup>**

Road transport is the cheapest freight option for remote stores. Stores need to build up stock during the dry season for when the roads are cut off during the wet. If they can have at least five or six weeks of food in stock, this reduces the re-supply requirements considerably. In some locations stores have applied for funding for the additional storage space they need to do that.

If an area is declared to be flooded, then the state re-supply program comes into operation. Stores can order off the approved commodity list, which includes food and hygiene products. The freight cost will be met by the state. The freight is expensive and difficult. The cold chain needs to be maintained. The planes have limited capacity, so the amount of fresh fruit and vegetables which can be carried is small, but we ensure that we send in healthy food.

If stores are not prepared, then the costs of providing emergency supplies is very high so it is in our interest to help them to prepare in advance. For small communities, finding the money to build up stock is a problem. ATSI are assisting in some cases. A critical issue is continuity of staff. In one store which is cut off every wet season, there were seven managers over a year. It was impossible to forward plan with such a high staff turnover.

It is not only food that is an issue. Fuel for the generators is needed too – often the water supply and sewage systems depend on electricity. If there are older people in the community, they may need medications flown in as well.

### **Cape York Peninsula Food Supply Forum, May 2003 <sup>12</sup>**

Participants in the forum included representatives from community stores, fruit and vegetable wholesalers, a remote child care agency, primary industry, environmental health, transport, a remote area nutrition program, store group managers, home and aged care programs, ATSI, staff of a hostel for Aboriginal mothers, health staff working in the chronic disease, representatives of the Indigenous health council and the nutrition team.

The two day meeting began with presentations on the current situation in respect of food availability and food cost, health statistics, health from the Indigenous perspective, store policy, store issues from the managers perspective, a remote school tuckshop initiative, food supply from the perspective of primary industry staff. On the second day, participants brainstormed topics to come up with strategies for 'moving forward'.

Forum participants decided that sustainable solutions to the issues around food supply could only be achieved by collaboration. Participants were invited to join two working parties, one of which will focus on best practice for businesses involved in food supply and one on community nutrition planning.

### **Territory Tidy Towns <sup>13</sup>**

In 1999/2000 Northern Territory Department of Health and Community Services nutritionists worked in collaboration with the Keep Australia Beautiful (KAB) to include an assessment of the community store in the KAB Territory Tidy Towns competition for remote communities.

Territory Tidy Towns judges scored community stores on criteria such as healthy food availability and food prices, availability of more healthy take-away food choices, food handling practices as well as criteria such as disabled access and pleasant environs.

Another important issue that was covered was employment of Aboriginal people in the store.

The Territory Tidy Towns helped to achieve recognition of the community stores as a central social focus of the community.

**(See Appendix 3, page 172 for the Territory Tidy Towns judging criteria.)**

## **Leverage points for action**

- \*\*** Strategies where health has a lead role
- \*** Strategies where health can assist other agencies with specialist advice

## **Stocking healthy food (store level)**

- Provide store managers with stocking guides which identify healthy product lines\*
- Order good quality to reduce wastage
- Negotiate with suppliers to provide products tailored for the community market\*
- Forward plan and stock for the wet\*
- Develop management systems that identify stocking shortfalls\*

## **Stocking healthy food (funding bodies and other agencies)**

- Establish an accreditation system for stores, based on sales of healthy food, which is linked to funding\*
- Develop collaborations among stakeholders to improve access to healthy food\*
- Establish a method of communicating information about, and recognising good practice in stocking and selling healthy food\*
- Advise stores for the infrastructure needed\*:
  - to store and display healthy food
  - to prepare healthy take-away food
  - to hold sufficient stock over the wet season
- Support preventative forward planning to deal with the wet and have contingency plans in place for when this fails\*

- 
- 1 Territory Health Services Stronach M, Mills K, Ryan M. The Store Book: food and nutrition guidelines for Aboriginal Community Stores. 1998
  - 2 per comm Caroline Wurrben, Manager, Wuduluk Store
  - 3 per comm Stephan Rainow Nganampa Health Council, Alice Springs 08 8952 5300
  - 4 Mai Wiru Stores Handbook (under development) Patricia Carter 08 8226 6504
  - 5 per comm Heath Nelson Office of Aboriginal Economic Development , Department of Industry and Technology, Western Australia
  - 6 per comm Robyn Bowcock, Kimberley Public health Unit, Peter Stocker Classic meat, Brian Fitzpatrick Aboriginal Business Development May 2003 (phone 08 9193 1446)
  - 7 Richard Frampton, Marketing Manager, Arnhem Land Progress Association (phone 08 8944 6444)
  - 8 per comm Carrie Turner ,Northern Territory Department of Health and Community Services Nutrition and Physical Activity Unit (phone 08 8999 2695)
  - 9 per comm Noell Burgess (formerly) nutritionist/dietitian DATSIP Retail Stores Unit) phone 07 55 255 634 and Ron Young Manager DATSIP Retail Stores Group (phone 07 3224 2011)
  - 10 per comm Horst Kubsch, former manager, WA remote area stores, PO Box 535 Broome WA 6725 (phone 08 9192 7168)
  - 11 per comm Graeme Down State Emergency Division of the Fire and Emergency Services Authority WA (phone 08 9169 1372)
  - 12 per comm, Leah Galvin, Food Supply Project Officer, Queensland Health, Tropical Public Health Unit Cairns (phone 07 40 503 600)
  - 13 per comm Carrie Turner Northern Territory Department of Health and Community Services Nutrition and Physical Activity Unit phone 08 8999 2695

## Subsidies for healthy food

Even with good management practices, the high level of expenses in remote stores means that prices are high for food and other essentials.

Many remote stores use internal cross subsidies systems by increasing the mark-up on less healthy products such as soft drinks or tobacco and reducing the mark-up on healthy foods and other essentials. This process has some disadvantages:



- It means that remote communities still pay the high cost of healthy food, albeit via a different mechanism. This is especially true where many community members smoke tobacco, as is the case in most remote Indigenous communities
- It may dissuade smokers, who are at increased risk of heart disease and cancer, from purchasing healthy products such as fruit and vegetables which are protective against those conditions
- The high price structure of goods in remote locations means that it is not possible to increase the prices of less healthy purchases sufficiently to bring the prices of healthy food down to a 'normal' level.

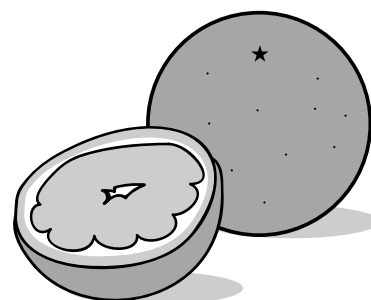
Providing free food or subsidised food to vulnerable groups has been used in many

situations to address poor nutrition. However any subsidies need to be applied in a way which is effective in reducing prices for the consumer – not in generating higher profits along the supply chain. This section provides information on two initiatives that could provide information and program models for use in remote north Australia:

- The Mia Wiru Healthy Stores Box Subsidy Study
- Free fresh fruit for infant school children in the UK

The Anagu Pitjantjatjara Lands Store Policy '**Mai Wiru**' emphasises that people are entitled to be able to afford sufficient food for their nutritional needs within their income.<sup>1</sup> '*Mai Wiru*' has developed the concept of a healthy stores box which includes food and hygiene items which are essential for health.

The Anagu Pitjantjatjara Lands Store Policy Committee has commissioned a study to assess the funds that would be required to subsidise the contents of the healthy food box items in stores on the Anagu Pitjantjatjara Lands in order to reduce the prices to levels of the same items in Adelaide.





### **The Mia Wiru Healthy Stores Box Subsidy Study<sup>2</sup>**

The National Centre for Social and Economic Modelling (NATSEM) has existed for about ten years. Most work has been done on modelling the impact of tax and social security changes. In health, modelling has been done on the Pharmaceutical Benefits Scheme to estimate costs and health gains.

The aim of the Anagu Pitjantjatjara Lands Store Policy '**Mai Wiru**' is to ensure Anagu are able to buy healthy food and hygiene items at affordable prices to improve nutrition and health status.

For the purpose of this study 'affordable' means Adelaide prices. However when incomes are so low, even Adelaide prices may not be affordable and this is an issue which will need further consideration.

NATSEM are conducting research into subsidies in order to identify what a subsidy system would cost and options for how subsidies could be applied. This study will provide information to present to government decision makers both to argue for subsidies, and to demonstrate how a system of subsidies might work in practice.

The 'healthy stores box' includes basic healthy food plus some cleaning materials, personal hygiene items and other necessities. The modelling will calculate how much subsidy would be required to sell these items at Adelaide prices. In other words, the study will measure the gap between the real cost of these items in stores on the Anagu Pitjantjatjara Lands and the Adelaide cost.

Prices in stores on the AP Lands are ~40% higher than in Adelaide. The subsidy will only be related to healthy store box items, not everything stocked by the store. There are two options as to how a subsidy could be applied:

- Reduce prices by 40% across the board
- Reduce prices differentially by applying different reductions to different categories of items.

Internal cross subsidies are not an acceptable option as these only shift costs within the store and the community still pays the excessive prices.

The steps involved will be:

- Make an estimate of the hygiene products requirements of the population, both hardware and consumables and consumption rate. The consumption rate gives a measure of how many times an item will need to be purchased over a certain period such as a year

- Make an estimate of the healthy food requirements of the population using the Australian Guide to Healthy Eating. One option here is to use a hypothetical family to calculate how much food and other items are needed, which has been done in other basket surveys. But we have good information about the population numbers of the Anagu Pitjantjatjara Lands and we could use this to calculate requirements for a specific time period
- The healthy food requirements which will be in terms of food as eaten so this information will need to be converted into quantities of food as purchased. For example, we have to calculate how much dry spaghetti you need to buy to give people so many serves of cooked spaghetti, or how much flour and baking powder you need to buy to make one damper
- The information about the amount of food to be purchased will have to be converted into actual products. We need to know which breakfast cereal, which flour etc.
- Once purchases are identified and consumption and replacement rates are determined, we can calculate current cost based on wholesale prices, freight rates, and on the expenses of running the store.

The database will be set up so we can answer a variety of 'what if ' questions so that estimates can be modelled using current prices or using reduced prices through bulk buying and freight rationalisation or various other scenarios. The model will be flexible so that it can be updated as change occurs.

Possible future changes which may occur include:

- Changes in level of income of Anagu people
- Lower costs as store practices improve
- Increased local food production

We also need to calculate what benefits this will bring in terms of better management of diabetes, less heart disease, less renal disease.

### **The National School Fruit Scheme<sup>3</sup>**

In the UK, a survey of dietary intake of children showed the very poor dietary intake of many British children – especially from poorer families. Children had high intakes of fatty, sugary and high salt foods but ate little fruit or vegetables. In fact the average weekly intake was less than the recommended daily intake.

One problem that was identified was the limited availability of fresh fruit in poorer areas. One researcher reported being told 'it is difficult to buy vegetables and fruit around here. In fact, the choice of drugs is better!'

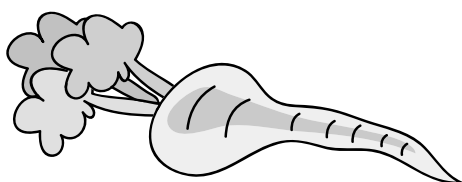
The National School Fruit Scheme commenced with a pilot in early 2000 with fresh fruit being delivered daily to 500 schools for 80,000 children. The fruits provided were apples, pears, bananas and mandarins. The results of the evaluation showed that 80% of the children ate the fruit on a regular basis and both school staff and students were positive about the benefits of the program. The scheme is now being extended and it is planned to supply all infant schools by 2004, when over one million children will receive a piece of fruit each day.

The cost of the national school fruit scheme is 42 million pounds sterling, which is subsidised by lottery funds.

An additional ten million pounds sterling is to be spend on promotion of healthy eating in those parts of Britain where rates of cancer and heart disease are highest.

## **Leverage points for action**

- \*\*** Strategies where health has a lead role
- \*** Strategies where health can assist other agencies with specialist advice



## **Subsidies**

- Investigate if subsidies are required to make healthy food affordable\*
- Investigate how subsidies could be applied – options include\*:
  - Subsidies for store overheads
  - Selective subsidies for healthy food
  - Provide some foods free of charge to vulnerable groups
- Monitor to ensure that subsidies result in lower prices

- 
- 1 Community Councils, Ngaanyatjarra Pitjantjatjara Yankunytjatjara Womens Council and Nganampa Health Council. Mia Wiru Regional Stores Regulations for the Anangu Pitjantjatjara Lands Policy Principle 2002.
  - 2 per comm Dr Laurie Brown, National Centre for Social and Economic Modelling (NATSEM) University of Canberra 02 6201 2770
  - 3 Information extracted from [www.doh.uk](http://www.doh.uk) and [www.bbc.uk](http://www.bbc.uk)

## Freight

Australia is one of the least densely populated countries in the world with only 2.3 persons per km<sup>2</sup>. But the distribution of the population is very uneven across Australia.<sup>1</sup> Eighty four out of every hundred Australians live in the east, south-east and south-west. Approximately 5 out of every hundred Australians are estimated to live in north Australia. About half of these people reside in Darwin, Townsville, Cairns and other rural centres, while half live in remote locations.<sup>2</sup>

The thinly populated north of Australia means an absence of 'economy of scale' for freight and other services. Australia's freight and transport systems are primarily oriented to delivering goods to and within the southern regions where the major markets, food processors and most export exit points are located.



"As a continental island community, distant from major world markets, the freight logistics industry is crucial to the efficient operations of the Australian economy. Freight logistics involves the movement, storage and handling of goods, and materials across the entire logistics chain, from producer to consumer, from point of origin to final disposal.

Australians rely on the freight logistics industry to facilitate our domestic and international trade and in doing so, the industry makes an important contribution to Australia's standard of living"<sup>3</sup>

[www.dotars.gov.au/transinfra/actionagenda/](http://www.dotars.gov.au/transinfra/actionagenda/)

In the most remote communities, the 'tyranny of distance' is compounded by complex logistics which require freight to be moved by a mix of transport systems such as road, rail and sea. Additional transshipping between these systems adds further to freight costs. Even those locations which are usually accessible by road, must rely on more complex and/or expensive freight systems during the wet season.<sup>4</sup>

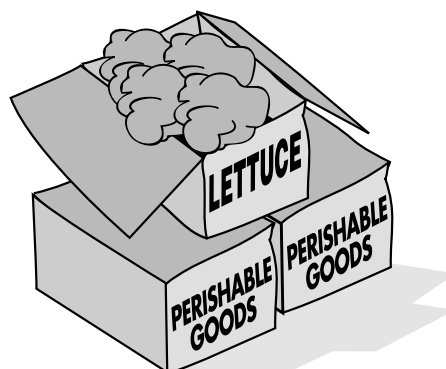
One buying group quoted road freight costs of about 28 cents per kilo for dry goods to about 74 cents per kilo for refrigerated goods to stores with year round road access. However costs are much higher for barge freight (about \$1.60 per kilo) and even higher for airfreight (\$2.00 + per kilo) which is essential in some locations in the wet season.

There are concerns that the requirements of the new Food Safety legislation for the transport of perishable food could result in a loss of freight services in some remote locations. Most operators already meet all requirements as part of current accreditation processes but some operators may be unable to meet best practice requirements without substantial additional capital investment and operating costs.

Quality "Cold Chain Logistics" for freight services for the export markets is a source of expertise, resources and training which can benefit communities living in remote north Australia. The Department of Transport of South Australia has taken a lead role in this respect.

This section includes information on:

- Industry perspectives on freight issues in remote Australia
- Cold Chain Logistics
- The South Australia Country Freight Service Improvement Strategy
- The Anagu Pitjantjatjara (AP) Lands Freight Logistics Survey
- The Country Freight Groupage and Scheduling Software System
- The Guidelines for the Transport and Handling of Perishable Goods to Remote Areas



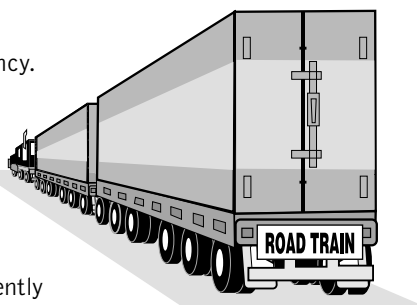
### **Freight Issues from a freight Industry perspective (1)<sup>5</sup>**

Nexus commenced business in September 1996 and provides freight services to remote locations including communities in the Kimberley and the Pilbara. There are three main issues when it comes to servicing remote communities – the weather, the road conditions and high maintenance costs.

Usually remote locations will experience some weeks each year of disrupted access, often due to severe rain depressions or cyclonic conditions. There is a risk at those times, of vehicles accessing a community and then not being able to get out. There have been cases of trucks getting bogged on rain affected secondary roads. Even on the main highway, floods will disrupt traffic. In recent years, flood-ways and bridges on the main highway have been washed out and trailer loads of food had to be dumped as a result.

Access has improved in recent years with upgrading of roads and river crossings but care is needed, even on sealed roads especially with detours during road works and soft edges. Refrigerated trailing equipment is expensive, costing about \$200,000 each, twice as much as a non-refrigerated pantechnicon and with high maintenance costs. Rough roads are very hard on refrigeration equipment in general and add to maintenance and repair costs.

Sufficient volume is important for efficiency. Sufficient volume means that Nexus can construct 'compatible loads' which make best use of space and are less labour intensive to load and unload. A 'mixed load' where the load consists of different shapes, sizes and commodities means that space may be inefficiently utilised and also adds to loading and unloading costs.



The Hazard Analysis Critical Control Point (HACCP) system means that temperatures must be monitored en route. There is significant paper work involved now but it has to be done. Nexus has included HACCP within the QA 2002 accreditation. Nexus already meets the requirements for new food safety and food handling rules.

Bulk freight to a remote location can cost considerably more per kilo than your normal local supermarket owing to much higher operating costs. The margins are very tight. The freight business is a challenging business: margins are narrow and several freight companies have collapsed in recent years. Being small means flexibility and personal attention which are important in a tough competitive environment.

### **Freight Issues from a freight Industry perspective (2)<sup>6</sup>**

In one community, the council, the health centre, the store, the aged care home and the church are each organising their own transport. So there are five separate services going in there, each one half full but they all have to charge for a full load to cover their costs. And they can only get one service a week. If they used the same carrier they could get two services a week.

### **Cold Chain Logistics <sup>7</sup>**

'Cold Chain Logistics' is best defined as the maintenance of produce temperature through the Demand-Supply chain, from harvest to consumer. Effective 'Cold Chain Logistics' is critical. Poor cold chain management will negatively impact product quality of perishable products, leading to softening, bruising, unwanted ripening, bacterial growth and/or texture degradation. In the export industry, poor cold chain management may lead to the importer rejecting the consignment. With the new Food Safety legislation now in force, domestic cold chain management is also critical.

There have been a range of practical cold chain material developed by the Combined Cold Chain Working Group of the (now) South Australian Freight Council. These include:

- Road Transport of Perishable Food Products Skills Audit and Final report
- Produce Handling Guidelines Wall Chart
- Meat and Dairy Handling Guidelines Wall Chart
- Seafood Handling Wall Chart
- 'Maintaining the Cold Chain' Pocket Guides (Refrigerated Shipping, Refrigerated Road Transport, Air Freight of Perishables)

The **"Guidelines for the Transport and Handling of Perishable Goods to Remote Areas"** which will be available in mid-2003, have been developed from Cold Chain Logistics and are designed to apply the principles of cold chain management to the freight of perishable goods to remote locations in Australia.

For more information, see [www.transport.sa.gov.au/publications/freight](http://www.transport.sa.gov.au/publications/freight)



### **South Australia Country Freight Service Improvement Strategy<sup>8</sup>**

Purpose: to develop a strategy and action plan to improve freight services for business and communities living in rural and remote areas, particularly where such services are infrequent or where no dedicated freight service exists.

Key issues identified include:

- The need for dissemination of information regarding freight services within rural communities
- The timely delivery of freight particularly where a linehaul operator on-forwards freight from several companies
- The lack of suitable passenger services

One of the significant issues which emerged was the failure of remote communities to harness their combined freight requirements to achieve the levels, types, efficiency and frequency of freight services that they receive.

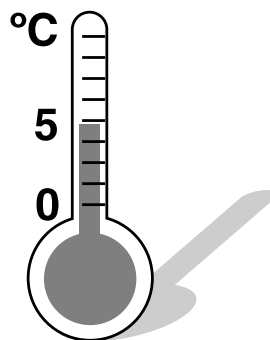
Consequently the SA Department of Transport and Urban Planning commissioned the development of the **Country Freight Groupage and Scheduling Software System**.

This system is designed to:

- Provide a freight booking systems that will enable users to book freight, with a description of the goods, size, handling and temperature requirements, pickup and delivery dates
- Analyse the freight bookings to group the orders received, calculate unit loads based on pallets to optimise truck utilisation, match this to vehicles available, determine pick up and delivery dates options and costs, relay this information to the user and confirm the booking
- Generate invoices, monitor shipment performance and facilitate payment on delivery

This system is expected to be available later in 2003 and will be trialed on the Anagu Pitjantjatjara Lands.

For more information, see  
[www.transport.sa.gov.au/publications/freight](http://www.transport.sa.gov.au/publications/freight)



### **Anagu Pitjantjatjara (AP) Lands Freight Logistics Survey<sup>9</sup>**

A study by Eat Well South Australia<sup>10</sup> in June 2000 identified that the cost of fresh and nutritious food in South Australia is higher for remote and rural communities than for urban communities and that freight requirements are a significant factor contributing to these higher costs. The study also concluded that the quality and variety of fresh produce is, in some instances, quite poor. In particular there were concerns about the links between the provision of "adequate supplies of food and the health of Aboriginal people in remote communities."<sup>11</sup> As a result the Transport Planning Agency of the South Australia Department of Transport and Urban Planning conducted a technical assessment of freight logistics services provided to the AP Lands.

The freight logistics survey was conducted to gain an understanding of freight flows to and from the community store in order to identify options for improved services, particularly for the delivery of fresh food.

The study collected information on:

- The freight requirements of stores, in terms of types and quantities of freight, handling and temperature control requirements
- Other freight users and their freight usage
- Rates paid for freight and total expenditure of stores and other users on freight services
- Frequency of services in different locations
- Seasonal variation in access
- Seasonal variation in demand, for example the start of school years is a high demand period for schools
- Local logistical issues, including handling of freight once delivered to a community
- Local cold storage and dry good storage capacity

The study found that each store and each school independently arrange their freight. Health services management coordinate freight and purchasing for all health centres while the Home and Community Care (HACC) program coordinate the freight and purchasing for all HACC services. However none of these services collaborates with other services in purchasing freight.

The volume of freight to all the schools, health services and stores combined, is 83 pallets per week, including 30 refrigerated pallets. 69 pallets out of the total of 83 pallets are for community stores (ranging from 3 pallets to 14 pallets per store depending on community size) and nearly 40% of the store freight is refrigerated. The combined value of freight to

the stores is just under \$700,000 per year. There was considerable variation in rates paid by the various freight users.

The study identified potential savings and improved freight services in developing a coordinated freight service for the Anangu Pitjantjatjara (AP) Lands, which could lead to further savings if linked to a product buying group.

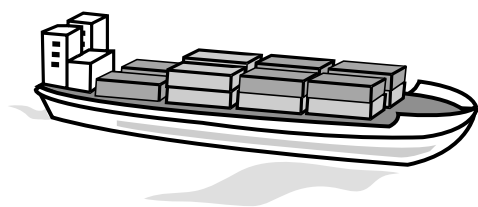
An Anangu Pitjantjatjara (AP) Lands coordinated freight service could utilise the "Country Freight Groupage and Scheduling Software System" and the "Guidelines for the Transport and Handling of Perishable Goods to Remote Areas" described above. These guidelines will be used to ensure the cold chain integrity and proper handling practices are utilised to ensure the delivery of good quality fresh vegetables and fruit and other food to customers on the Anangu Pitjantjatjara (AP) Lands.

## Leverage points for action

- \*\* Strategies where health has a lead role
- \* Strategies where health can assist other agencies with specialist advice

## Freight

- Conduct freight studies to measure requirements and identify potential for cost savings
- Utilise freight groupage systems software for greater efficiency
- Apply best practice for transport and handling of perishable food to remote locations\*



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- 1 Haberkorn G, Hugo G, Fisher M, Aylward R Country Matters. A Social Atlas of Rural and Regional Australia. Bureau of Rural Sciences, Department of Agriculture Fisheries and Forest, Commonwealth of Australia 1999 P2
  - 2 Mathers C. Mortality patterns of urban, rural and remote populations in Northern Australia. People and Place;3(2):15-24
  - 3 Freight Logistics – an Agenda for Action Department of Transport and Regional Services page x. [www.dotars.gov.au/transinfra/actionagenda/index.htm](http://www.dotars.gov.au/transinfra/actionagenda/index.htm)
  - 4 per comm Leah Galvin, Queensland Health Tropical Public Health Unit, Cairns phone 07 40 503 600
  - 5 per comm Colin Johnson Sales and Marketing Manager, Nexus Freight, Perth phone 089356 2700
  - 6 per comm Norm Tuxworth, Tuxworth and Woods Transport Services, Cairns phone 07 40354 022
  - 7 Logistics and Marine Policy Group, Transport Planning Agency, South Australia Department of Transport and Urban Planning. Cold Chain Logistics [www.transport.sa.gov.au/publications/freight.asp#lampdocuments](http://www.transport.sa.gov.au/publications/freight.asp#lampdocuments)
  - 8 Logistics and Marine Policy Group, Transport Planning Agency, South Australia Department of Transport and Urban Planning. Country Freight Service Improvement Strategy [www.transport.sa.gov.au/publications/freight.asp#lampdocuments](http://www.transport.sa.gov.au/publications/freight.asp#lampdocuments)
  - 9 Logistics and Marine Policy Group, Transport Planning Agency, South Australia Department of Transport and Urban Planning. Anagu Pitjantjatjara (AP) Lands Freight Logistics Study April 2003
  - 10 Meedeniya J, Smith A, Carter P. Food Supply in Rural South Australia Eat Well SA 2000
  - 11 Mai Wiru; process and Policy: Regional Stores Policy and associated regulations for the Anagu Pitjantjatjara (AP) Lands

## The Australian food supply and horticulture in north Australia

Discussions of freight raise the issue of the potential for producing food, especially perishable fresh vegetables and fruit, in north Australia including in the remote communities where many Indigenous people live.

In theory, local production has the potential to address supply and freight issues, as well as the potential to provide employment. However there are many anecdotal reports of failed community based market gardens. Small community based fruit and vegetable projects do not have the commercial potential usually required for expert support from government primary industry agencies.

On a national basis, Australia has an ample food supply with a large export market. However distribution of the food produced is an issue, with most of Australia's food marketed in the large southern cities and overseas.

There is a large and expanding horticulture industry in north Australia but the requirements of distant markets means that quality food produced in north Australia is transported through remote Australia in sealed containers which must not be opened until they reach their end destination.

More work is required to enable the Indigenous people of north Australia to access the vegetables and fruit produced in the north as well as produce from elsewhere in Australia. If successful such initiatives will reduce, but not resolve, the issues of freight described in the previous section.

This section includes information on:

- Food production in Australia
- The fresh fruit and vegetable industry in north Australia
- An initiative in central Australia to develop horticulture in partnership with Aboriginal communities.



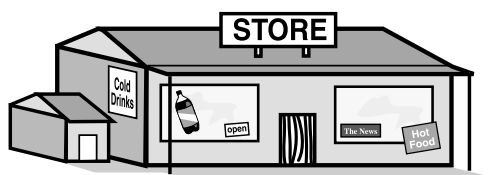
## Australia's Food<sup>1</sup>

The value of Australia's farm food production in 2000-2001 was \$28.8 billion. As Australia has a small population relative to its agricultural resources, the Australian food industry is export orientated. By dollar value, 57% of Australian food is exported, comprising 3.3% of total world food exports. Japan and the USA are the largest single markets with about 20% of Australian food exports going to Japan and about 10% to the USA. However neighbouring markets in Asia and the Pacific are becoming increasingly important. Overall sixty percent of Australia's food exports go to the Asia Pacific Economic (APEC) group of countries. Food trade between Australia and New Zealand is increasing following the Closer Economic Relations Agreement between the two countries.

Australia's farm and fisheries production has increased substantially in value in the last decade, growing at 3.3% per annum in constant dollar terms. Food exports grew at a faster rate, averaging 6.3% growth per annum in the same period. This rapid growth was partly due to the relative weakness of the Australian dollar, which made Australian exports more competitive in international markets. Most Australian food exports (93.5%) are shipped overseas though some high value fresh products (mainly fish) are exported by airfreight.

In the domestic market, most food is sold through supermarkets and grocery stores (62% on a dollar value basis) while take-away food outlets (10%) and cafes and restaurants (13%) have increasing shares. The increase in the relative value of food sold in take-away food outlets, cafes and restaurants is partly attributable to the introduction of the Goods and Services Tax (GST) in July 2002.

Many of the minimally processed foods sold through supermarkets are exempt from GST.



Retailing in Australia is highly concentrated with much of the market controlled by two major retail groups. Recent trends in food retailing in Australia include more product choice to meet consumer demands for fresh products, smaller pack sizes to meet needs of smaller households, pre-prepared foods for faster food preparation, and for healthier products. Retailers are increasingly using information technology for example to minimise stocking levels by 'just in time' ordering which effectively shifts the requirement to holding stock from the retailer to the supplier. While consumer and retail pressure have lead to changes in products supplied there is need for increased investment in research to address logistical issues such as packaging suited for different products and different distribution and transport systems.

## The horticulture industry in north Australia

### The Kimberley

The major agriculture activities in the Kimberley Region are irrigated horticulture and broad acre crops and the pastoral industry producing beef cattle. The Ord River Irrigation Area (ORIA) includes around 14,000 hectares of developed land which has access to abundant irrigation water from Lake Argyle on the Ord River. Most produce from the ORIA is road freighted to capital cities and marketed for consumption throughout Australia. Overseas markets in South East Asia and the Middle East are important, especially for the sale of melons.<sup>2</sup>

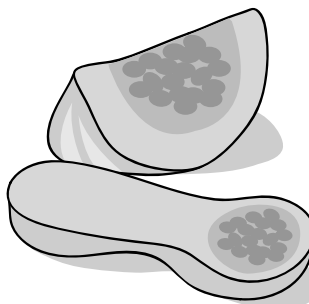
Crops from the ORIA were valued at just over \$57 million in 2001 and 2002, with cotton, hay, sugar and melons being the main crops produced.<sup>3</sup> Fruit and vegetables accounted for about \$33 million of the total of \$57 million and included chickpeas and other legumes, melons, pumpkins, mangos, bananas and pawpaws, sweetcorn, various other vegetables (green beans, tomatoes and lettuce) and citrus fruits.

There is some local marketing of fresh fruit and vegetables in Kununurra. A refrigerated van sells to people in the caravan parks and other customers, and various local producers supply stores.<sup>4</sup>

### The Northern Territory

The value of the Northern Territory fruit and vegetable industry has increased threefold to fourfold from 1992 to 2001.<sup>5</sup> The value of NT fruit marketed in 2001 was \$71 million while the vegetable crop was worth \$11 million. Fruit crops included mangos, table grapes, bananas, melons, rambutan, citrus fruit, pawpaw and dates. Vegetable crops included beans, basil, bitter melons, cabbage, cucumbers, eggplants, gourds, lettuce, okra, pumpkins, squash, tomatoes and zucchini.

Most produce (88%) was marketed interstate while 2% went to overseas markets, mainly in Asia. The remaining 10% was marketed locally.



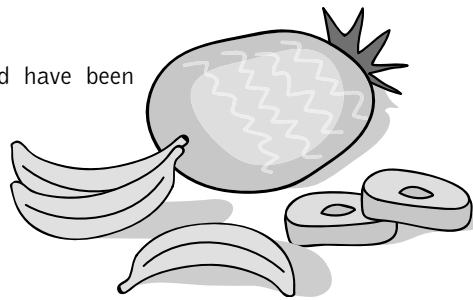
## North Queensland

Queensland has been described as the 'fruit bowl of the nation' producing 80% of Australia's bananas, 85% of its mangos, and all of its pineapples. Queensland, like other parts of north Australia, plans to increase its share of the export market, especially to markets in the northern hemisphere.<sup>6</sup>

Agriculture production in north Queensland, including crops, livestock, forestry and fisheries, was about valued at approximately \$1,313 million in 1997/1998 which was about 23% of the total value of Queensland agriculture for that time.<sup>7</sup> Fruit production was valued at \$245 million while vegetable production was valued at \$ 148 million. Production was highest in the Atherton and Burdekin areas but lowest in remote areas.

The main fruit crops were mangos, avocados, bananas, melons, pawpaw and pineapple. The main vegetable crops were beans, capsicum, pumpkins, cucumber, potatoes, sweet corn and tomatoes.

Primary Industry staff in north Queensland have been investigating local market potential including demand for local production within and between the communities of Cape York, and from Cape York to elsewhere.





### **Horticulture on remote Indigenous communities<sup>8</sup>**

In central Australia work has been ongoing for about four years to develop local horticulture with Indigenous people. Two studies were conducted, one in the Alice Springs region in May 1999 and one in the Tennant Creek region in May 2000, which identified areas of Aboriginal land with soils and water sufficient to sustain horticulture. The studies involved various government departments, Centrefarm, ATSIS and the Central Lands Council. This information was reported back in a series of planning workshops.

Centrefarm was established to identify and promote horticultural development on Aboriginal land. Centrefarm supports community horticultural projects but also is working to facilitate joint venture partnerships between traditional landowners and industry in establishing commercial horticulture projects. The shareholders in Centrefarm are the traditional owners of land identified as having potential. Centrefarm has recently been established as a separate entity. The NT government provides technical support such as input of primary industry specialists and hydrogeologists. The Pratt Foundation sponsored traditional owners to travel to Israel to see arid area horticultural systems in operation. Centralian College offers formal training courses in horticulture.

Currently there are several small-scale horticultural projects in central Australian communities, which produce mainly for local consumption. One of these is currently planning to expand so as to be able to also supply neighbouring communities on a commercial basis.

Local horticulture has the potential to improve nutrition as well as providing employment and business opportunities for Indigenous people.

### **Leverage points for action**

- \*\*** Strategies where health has a lead role
- \*** Strategies where health can assist other agencies with specialist advice

### **Local production of fresh fruit and vegetables**

- Identify strategies for remote area people to access the fresh produce grown in north Australia\*
- Develop strategies for local food production both on commercial and non-commercial basis\*

- 
- 1 ABARE for Department of Agriculture Fisheries and Forestry. Australian Food Statistics 2002. Commonwealth of Australia 2002 ISSN 1444-0468
  - 2 Kimberley Development Commission and the Western Australia Department of Local Government and Regional Development Kimberley Economic Perspective, July 2001
  - 3 Department of Agriculture, Government of Western Australia, Ord River Irrigation Area – Final Crop return 2001/2002 Wet & 2002 Dry Season. Information supplied by Joanne Embry, Kimberley Development Commission, Kununurra
  - 4 per comm David McKerril Kimberley Primary Industry Association
  - 5 Economics Research Branch, Policy Development and Coordination DBIRD, NT PrimeStats, Horticulture Industry of the NT 2001 [www.dbird.nt.gov.au](http://www.dbird.nt.gov.au)
  - 6 Henry Palaszcuk Minister for Primary Industry and Rural Communities. Media release, Queensland Primary Industry Week. 2003
  - 7 per comm Gareth Jones, Department of Primary Industry, Townsville ph 07 4722 2688
  - 8 per comm Geoff Kenna, DBIRD, Alice Springs phone 08 8951 8122

## Banking and credit

Remote area stores often act as 'de facto' banks which adds to the work load of store management and to the costs and expenses of running a remote area store.

In addition, Aboriginal and Torres Strait Islander people are disadvantaged in other ways as the absence of banking services compromises the ability of individuals and families to control their finances.

This section includes information on:

- Banking and financial services to Indigenous Australians in remote locations
- Rural Transaction Centres
- The Traditional Credit Union which provides banking and financial services in remote locations in the Northern Territory

- The Australian Competition and Consumer Commission (ACCC) StoreCharter



### **Giving credit where it's due: the delivery of banking and financial services to Indigenous Australians in rural and remote areas<sup>1</sup>**

Changes in the banking industry since deregulation have had greatest impact on rural and remote regions of Australia. In the decade between 1990 and 2000, the number of bank branches declined by 28% and the number of bank agencies by 35%. The decline was greatest in rural and remote areas. Bank branch and agency closures have been greatest in areas of small populations, with towns and settlements with a high proportion of Indigenous people being particularly hard hit.

Technical innovations have enabled the banking industry to move from providing face-to-face customer service to self-service methods of banking. These innovations require access to telecommunications infrastructure. Making use of these technological innovations requires a high degree of technical literacy, with usage determined by level of education and income.

The cost of over the counter transactions has increased markedly from \$0.50 in 1991 to \$2.15 in 2000. These change impact disproportionately on those people who are less technically literate and who value face-to-face service provision, such as the elderly, people with English as a second language and Indigenous people.

The move of consumers to electronic banking technology has created large savings for financial institutions because electronic services are considerably cheaper than conventional cash and cheque handling services. An inquiry into banking costs in Australia showed that the cost to the banks of processing a cheque was 80% to 121% of the cost of a cash transaction. An ATM transaction cost was 25% to 59% of the cost of a cash transaction and an EFTPOS transaction cost was 18% to 29% of the cost of a cash transaction. These cost estimates demonstrate the considerable savings to financial service providers if customers use electronic technology.

Problems in remote locations without banking facilities include:

- An increased demand for cheque cashing services
- The loss of cash sales, due to customers shopping in towns which have better facilities
- An accumulation of excess cash due to loss of deposit facilities
- An increase in unpaid debts, made necessary by the need to extend credit to customers
- Increased security concerns
- Difficulties in obtaining small change
- Overall lack of access to the full range of banking services including business loans.

Little research has been done specifically on the availability of financial services to Indigenous people, particularly those located in rural and remote communities. Where Indigenous people receive welfare payments as cheques, they must use traditional banking services with high charges to cash cheques, or alternatives such as hotels, taxi-drivers and stores which can be exploitative.

Much of the wealth generated within Indigenous communities is spent outside of the communities, resulting in the loss of the multiplier effect, which in turn creates an inability to generate savings.

Having Indigenous staff in banks would make it easier for Indigenous people to access banking services. This has been done in Canada and the USA. The Traditional Credit Union in the Northern Territory provides a model in respect of Indigenous employment and in delivery of banking services to remote Indigenous communities.

Centrelink has established the CentrePay service, which operates to deduct a proportion of a recipient's income towards payments for services provided. The receiving company pays the \$1 transaction fee. There is no charge to the welfare recipient. This system can be used to

pay for utilities (rent, electricity, gas and water) but recently has been expanded so that payments can include ambulance, homecare, court fines, education expenses and funeral expenses. Centrelink's advance facility offers an interest free advance of \$500 per annum for individual Centrelink recipients and is reportedly utilised by up to 90% of Indigenous Centrelink recipients. These payments are then used to meet irregular costs such as car registrations. Similar schemes are offered by some Indigenous organisations to their employees with feedback being that this service makes budgeting easier.

The Rural Transaction Centres (RTC) program has funding of \$70 million, to help small rural communities establish centres to provide a range of banking, postal and other services. Funding is provided to establish an RTC and for running costs in the initial years of operation in the expectation that the RTC will become self-sustaining once established. It is not clear if this will be the case, given that banks deemed these operations to be unprofitable.

Another initiative is the joint Australia Post and Commonwealth Bank business banking pilot program which is designed to provide a wide range of banking services. Launched in May 2000, it is envisaged this service will operate in thirty locations.

### **Traditional Credit Union (TCU) Limited<sup>2</sup>: A case study highlighting innovative approaches to the delivery of banking and financial services in Australia**

Traditional Credit Union Limited (TCU) was established in 1994 to provide culturally appropriate financial services to Aboriginal people living in remote communities in the Northern Territory, particularly those disadvantaged by a lack of existing services.

The TCU has a head office in suburban Darwin and branches in ten remote Northern Territory communities with an agency at two other communities. The TCU currently has 7,800 active members, mainly from these communities. As a credit union, the TCU is a mutual organisation owned by its members and it is subject to the Corporations Act and Australian Prudential Regulation Authority (APRA) prudential standards.

The communities where the TCU operates, whilst all different, suffer a number of disadvantages to varying degrees. These include difficulties of access, poor health of many community members, substance abuse by some community members, cramped housing conditions (20 people may share a single house), limited access to education, high levels of crime, limited access to capital and low family income, with many persons dependent on welfare benefits. On a more positive note, traditional and ceremonial issues are still very strong. The TCU branches are on Aboriginal land granted under the Northern Territory

Aboriginal Land Rights Act. Most people speak the local languages, with English a second or third language for many.

Operationally, the TCU operates using up-to-date banking software and is on the national EFTPOS system. TCU is on the national EFTPOS system.

Services provided by the TCU include:

- savings accounts (including debit card accounts)
- budget accounts
- Christmas Club accounts
- clan or family accounts
- organisation accounts
- personal loans of up to \$10,000
- periodic payments
- transfers
- small business loans up to \$15,000
- cheque accounts
- payments to third parties
- term deposits
- direct credits.
- Internet Banking
- Business Banking
- Phone Banking
- BPAY



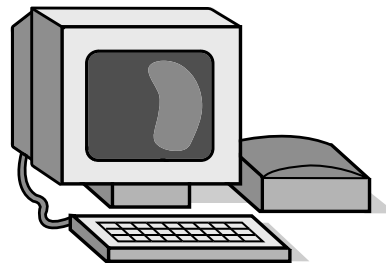
TCU does not offer credit cards. Fees are higher than we would wish and they are currently under review but they represent the costs of providing services in remote communities, including over-the counter services.

The Board of the TCU, all voluntary, consists of elders from remote communities where the TCU operates, with some Darwin-based directors with skills in law, accounting and training useful to the TCU. Seven directors are Aboriginal. The remote community directors are often members of the local council.

The TCU currently has 46 staff, 38 of whom are Aboriginal, including all staff members in remote communities. The community branches are operated by three staff members, with the senior staff member in each branch being designated as 'branch supervisor' and responsible for the overall operation of the branch with the assistance of head office. In most communities the branch supervisors are the only community members actually in charge of a local business.

Our branch operations are key to the organisation. Most transactions are conducted in the local language (it has been estimated our members speak up to 100 languages and dialects). Community members also appreciate being served by another community member. Members at communities still like the convenience of coming to branches and getting what money they need, keeping their cards for use when in town or after hours. Members can also use the branches to get balances, arrange for new memberships, deposit cheques and cash, organise periodic payments, and deal with loan issues and other matters. Branches can be the basis for cash circulation in a community. Organisation clients such as shops and councils use branches to deposit money and cheques.

Staff have no problems operating the computers and dealing with cash. The main challenge is dealing with pressure from community members wanting details of, or money from, other members' accounts. Staff are trained in dealing with these 'humbug' type issues, whilst support is provided from head office if required. Directors often get involved. If the problem gets too bad, a community meeting may be held or, in the worst case scenario, the branch is temporarily closed.



Staff training and oversight procedures ensure things run in a professional manner at all branches, in spite of the problems caused by the pressure placed on staff members. There is some turnover of staff on the newer level usually for family reasons or simply because they are not strong enough to resist family pressure.

The role of branch supervisors cannot be underestimated, and this is reflected in the regard with which they are held in each community, and in their commitment to the TCU. Three head office staff have been designated branch coordinators and their main role is the remote supervision and support of community branches.

TCU has a permanent training officer who spends most of her time in communities training new staff and upgrading the skills of all staff. A procedure manual has been developed. Most staff have now qualified in a fully accredited Certificate 2 in Financial Services, undertaken with support from government, and many are undertaking Certificate 3. This has increased not only their skills level, but also their sense of self-esteem. The TCU is looking to set up a training scheme for school leavers. This will mean a ready supply of suitable staff, and also increase the skills level of the community, whilst offering hope for employment for young people.

As the TCU expands we have concerns about book-up and withholding of cards and PINs, where cheques or cards go to a shop to pay for, or be security for credit. Members come into town and leave their Cuecards with certain shops as security for credit. The storekeeper

keeps swiping the card, incurring a fee each time, until the benefits go into the account. In the meantime, the member loses control of their card.

The TCU has operated a small loans scheme for several years. Until recently the maximum loan amount available was \$5,000 but now, in appropriate circumstances, loans of up to \$10,000 are made. These loans are usually for goods such as white goods, furniture or second hand motor vehicles. The interest rate on loans is 14.95 per cent variable and they are normally repayable over five years which generally requires a repayment of \$55 per fortnight in the case of a standard \$5,000 loan. Many members repay a higher amount and if a loan is paid off early, no additional penalty accrues.

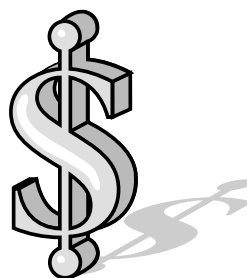
TCU is also looking at allowing members a small line of credit (for example, \$500 to buy a washing machine), repayable over a shorter period. This would require APRA approval.

TCU has developed a proposal for community-based training in financial literacy having obtained funding from the Department of Family and Community Services and the NT Government for one year of a three year program. Community training in financial literacy is a means of empowerment and opens the way for better use of existing financial resources. Financial literacy training would be of particular benefit in ensuring members obtain control of their money and use it in the most beneficial way.

The program would concentrate on the following issues:

- the money story, including details about the wider Australian economy, trade, taxation, the local community economy and the source and basis of money at the local level
- the TCU story, including issues such as ownership of the TCU, board structure and laws that regulate the staff and board
- accounts and rules that apply, including those relating to EFTPOS cards
- budgeting skills, including benefits of saving, money control issues and so on.
- loans and being able to buy appliances and furniture to improve quality of life
- school banking and education program

The Rural Transaction Centre Program has so far provided funding for two new branches and to upgrade two others. There is considerable scope for further partnerships to expand the availability of financial services.





### **Rural Transaction Centres<sup>3</sup>**

The Federal Government has committed up to \$70 million from the sale of 16% of Telstra to put services back and introduce new services into smaller rural towns. The Rural Transaction Centres (RTC) Programme provides funds to help small communities establish their own RTC to provide access to services.

Types of services can include:

- Financial services
- Post, Phone, Fax, Internet
- Medicare easyclaim
- Centrelink
- Facilities for visiting professionals
- Printing, Secretarial services
- Tourism, involvement in employment schemes
- Insurance, taxation
- Federal, State and Local Government services

Rural communities with populations up to 3000 are eligible for assistance. However, the program is open to other towns with a strong case for assistance. Any non-profit organisations representing a community can apply for funding under the RTC program. Potential applicants include local government, community groups, and Chambers of Commerce. Whilst State/Territory and Federal Government agencies are not eligible to apply, their involvement in projects is encouraged.

RTC Project Assistance funding is available to help establish an RTC. All applicants for this type of funding must submit a business plan with their application. A Field Officer Network is available particularly to assist communities in developing business plans.

Project Assistance funds may be used for the capital costs of setting up an RTC and, in some circumstances, to subsidise the running costs of the centres during the early years of operation.

The RTC Advisory Panel currently meets quarterly and makes recommendations to the Minister for Regional Services, Territories and Local Government. There is no closing date for applications.

RTC field officers are available in all States and the Northern Territory to assist communities with all stages of the planning, establishment and ongoing development of RTCs.

The first step in engaging the assistance of a field officer is to call the RTC Secretariat on the freecall 1800 038 160

#### **More Information**

E-mail: [rtc@dotars.gov.au](mailto:rtc@dotars.gov.au)

Website: [www.dotars.gov.au/rtc/](http://www.dotars.gov.au/rtc/)

### **Storecharter – a service charter for stores serving remote and indigenous communities<sup>4</sup>**

The Storecharter is a voluntary charter that applies to stores which have agreed to operate within its principles and have indicated this to the Australian Competition and Consumer Commission (ACCC). These stores display the Storecharter logo and promise to customers (see below).

The Storecharter is intended for owners and operators of retail stores serving Indigenous communities in rural and remote areas of Australia. This includes stores owned or operated by Indigenous communities, governments or private businesses (whether operated as a separate business or run as part of another business such as a pastoral lease).

The *Storecharter* purpose is to:

- Help stores comply with relevant laws
- Encourage higher trading standards and
- Help to further develop understanding and respect between store owners, operators and staff and Indigenous people.

The Storecharter includes a section on the issue of credit or 'book-up' or 'book-down'

Book-up or book-down is a term that describes some forms of store credit commonly used in regional and remote Australia. Book-up involves a store offering small amounts of short-term credit to customers.

When a store allows customers to 'book-up' it will maintain details of those customers' account histories and amounts they owe, and give them access to those details. Where a store offers a book-up service to a customer, it will:

- provide itemised receipts for purchases and payments made against the book-up account
- keep a record for each customer using book-up. The records must contain clear, accurate and easily understood details (including dates) of credit provided, any service charges, payments made and the current level of debt. The account details must be made available for inspection by a customer, a person acting on behalf of the customer, or officers from a law enforcement agency or regulatory authority.
- not allow third parties to book-up against a customers account
- provide a clear statement of the term and conditions relating to book-up and ensure that the customer understands and accepts the conditions before opening a 'book-up' account

Where a store wishes to hold a customers banking item as a security it will:

- not ask for, nor hold, bank withdrawal forms signed by the customer
- not require the customer to provide a PIN
- remind the customer of their obligation to the bank to keep their PIN secure and not reveal it to anyone
- hold the banking item in some form of secure storage to prevent its loss, theft or use by an unauthorised person
- ensure that EFTPOS transactions are authorised and completed by the customer, unless the customer can't because of a disability
- return the banking item to the customer upon request
- have suitable arrangements in place to allow customers to obtain their banking items during times when the store will be closed for extended periods.

The Storecharter aims to meet these objectives mainly through education and awareness raising. Stores which have committed to compliance to the Storecharter display the following promise to customers:

- We will treat our customers fairly and honestly
- We will obey all laws and respect your rights and culture
- We will make sure that prices are clearly displayed
- We aim to set reasonable prices and will explain our pricing policies when requested
- We will give receipts and keep records of 'book-up'
- We will sell you goods that are fit for sale and do what they are supposed to do
- We welcome any suggestions or complaints about our store and the things we sell
- We will deal with any justified complaints
- We will display our opening hours and give as much warning as we can if we need to change them.

The StoreCharter is a voluntary guide of good practice for remote stores which was developed primarily because of concerns about credit practices in remote store. Uptake of the StoreCharter has not been good with about thirty eight stores adopting this voluntary code of practice. The Australian Competition and Consumer Commission (ACCC) developed the Store Charter but subsequent changes in legislation mean that the ACCC no longer has a role in issues of financial practices, which now fall within the mandate of the Australian Securities and Investment Commission.

## Leverage points for action

- \*\*** Strategies where health has a lead role
- \*** Strategies where health can assist other agencies with specialist advice

## Banking and credit

- Establish banking/credit agencies in remote areas and remove this function from stores
- Apply standard regulations to credit practices in remote areas and adjacent major centres



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- 1 McDonnell S, Westbury N. Giving credit where it's due: The delivery of banking and financial services to Indigenous Australians in rural and remote areas. Centre for Aboriginal Economic Policy Research (CAEPR) no. 218/2001 ISBN 0 7315 2653 8
  - 2 extracts from: Barbara Bradshaw, General Manager of the TCU, and Camille Damaso, Director, TCU Traditional Credit Union (TCU) Limited: A case study highlighting innovative approaches to the delivery of banking and financial services in Australia  
[www.reconciliationaustralia.org/docs/speeches/money\\_business/traditional\\_credit\\_union\\_.pd](http://www.reconciliationaustralia.org/docs/speeches/money_business/traditional_credit_union_.pd)
  - 3 Extract from General Information, Rural Transaction Centres. [www.dotars.gov.au/rtc/](http://www.dotars.gov.au/rtc/) June 2003
  - 4 The Store Charter. The Australian Competition and Consumer Commission 2002 ISBN 0 642 40316 3
  - 5 per comm Fiona MacRae, Australian Competition and Consumer Commission phone 1300 303 143

## Take-away food

Like other Australians, Aboriginal and Torres Strait Islander people eat food from take-away food outlets. Most stores sell pies, pasties and soft drink and many have a take-away section where a wider range of food is prepared. In many communities, take-away food outlets operate independent of the store, and bakeries and coffee shops sell take-away food.

As well as these kinds of take-away outlets, school canteens or tuckshops prepare food for children and teachers, while Home and Aged Care (HACC) programs, women's centres and homeland programs often provide cooked food. In some settings, the community store fills this role also.

Schools and HACC programs prepare food for children and the elderly who have high nutritional needs. However because of the high prevalence of chronic disease, virtually everyone living in a remote Indigenous community has a family history of chronic disease and could be considered 'nutritionally vulnerable' in this respect.

It is hard to know how much take-away food Indigenous people who live on remote communities consume. Anecdotal information is that in situations where there is a great deal of social disruption and trauma, people find it difficult to cook and eat at home and so rely more heavily on take-away food. Even without those social problems, poor food storage and food preparation facilities in the home mean that people in remote communities rely more on food prepared outside the home than is the case for other Australians.

Australia inherited a traditional of take-away food being high in fat, such as the British fish and chips and added to this with meat pies and pasties. The fast food industry has built on this, as 'French fries' are even higher in fat than chips, and accompanying drinks are high fat shakes or high sugar soft drinks.

The type of fats used for deep-frying and for preparing pastry is heavily saturated. Like the animal fats used for this purpose, the cheaper vegetable oils and fats are naturally high in saturated fats. In addition the process of hydrogenation, used to stabilise these fats for commercial catering use, creates 'trans fats' which have the same negative effect on cardiovascular health as saturated fatty acids. The combination of high fat, high



saturated fat, high trans fats and high sugar from soft drinks is particularly worrying for a population where heart disease and diabetes are common and where insulin resistance is known to be highly prevalent.

Workforce issues also impact on healthy take-away food. When absenteeism is high, it

is easy to use nutritionally poor 'heat and serve' products. One store group has developed strategies to make healthy take-away food available, even when staff are away for cultural or family reasons.

For parents struggling to manage on a limited budget, buying healthy food is made more difficult because of advertising, much of which promotes nutritionally poor take-away foods and drinks.

Australia has not been good at delivering good healthy food to remote communities but we are very efficient at delivering commercial television, which heavily promotes nutritionally poor foods, especially to children.

Healthy take-away food is possible and some of the examples shown here illustrate this. However interventions to improve the

nutritional quality of take-away food are not as extensive or as well developed as the interventions around store foods.

This section includes information on:

- Television advertising of nutritionally poor food to children
- Healthy take-away food practices in one group of remote community stores
- A recipe book developed using the expertise of people who are providing healthy take-away food in remote settings
- The StarCAP accreditation system for school canteens which may provide a model for accreditation of take-away food outlets
- A success story for a very remote school tuckshop

### ADGP Junk Food Advertising Audit<sup>1</sup>

The Australian Divisions of General Practice conducted an audit of advertising on child-targeted television on commercial television stations during the January holiday period 2003. Results showed:

- Over 99% of food advertisements were for junk food (foods high in fat, sugar and/or salt with little nutritional value).
- There was an average of one junk food advert per commercial break
- The main categories of food advertised were fast food (hamburgers, pizza and fried chicken); soft drink; ice cream; and chocolate confectionery
- There were no healthy eating messages broadcast ... children are receiving an overwhelmingly distorted message about diet from commercial television.



### Television food advertising: counterproductive to children's health?<sup>2</sup>

The Australian Guide to Healthy Eating recommends specified proportions of foods from each of the five core food groups each day (vegetables and pulses, fruit, cereals and bread, milk and milk products, meat and alternatives) and includes a general recommendation about eating a variety of foods from within each group. It also recommends less healthy foods, if eaten, are eaten less frequently or in small amounts.

63 hours of children's television programs on three commercial channels, classified 'C' for children's viewing (programs specifically produced for children six to 13 years of age) and 'G' for general viewing (programs suitable for children to view without adult supervision) were recorded and the advertising analysed. School holiday viewing was excluded. The 63 hours included weekday morning and afternoons and Saturday mornings.

Overall, the 63 hours of television contained 1721 advertisements. Thirty two percent of the advertisement were for food. Of the 544 food advertisements, 112 (21%) were for foods from the core food groups, 270 (49%) for non-core foods and 162 (30%) for fast food restaurants.

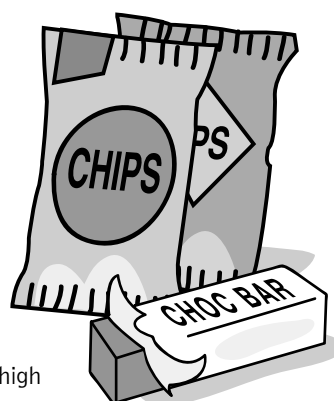
During the 12.5 hours of children's programs, there were 97 food advertisements. 23 (23%) of these were for core foods, 52 (54%) for non-core foods and 22 (23%) for fast food restaurants.

Advertisements for fast food restaurants (30%) were the single most common type of food advertisement. There has been a significant increase in fast food advertising on commercial television in the past 17 years. The second most advertised food category was for chocolate and confectionery.

Television advertising directed to children continues to disproportionately promote the consumption of foods high in fat, salt or sugar, completely the opposite message to healthy eating recommendations.

The dietary patterns of children reported in the 1995 National Nutrition Survey, are of public health concern due to the low consumption of fruit and vegetables and the high consumption of foods high in fat, sugar and salt.

It is no coincidence that the dietary patterns of children mirrors the type of foods advertised on television. The majority of foods promoted to children through television advertisements are non-core foods. Eaten regularly, these foods contribute to a diet low in nutrients, high in energy and high in saturated fat. Such a diet is associated with an increased risk of obesity and dental caries in childhood, and heart disease, diabetes and cancer in adulthood.





### **Arnhem Land Progress Association (ALPA) <sup>3</sup>**

Take-away food is a large component of our business though it is hard to quantify exactly because our take-away outlets also sell tobacco and some basic store goods so that these are available to people after hours.

ALPA has recently invested in refrigerated display units for the take-ways, which hold yoghurts and sandwiches.

The take-aways do not sell deep fried food. Hot meals include rice, pasta and stews. The Indigenous staff in the take-aways are more than capable of preparing these dishes. However there are times when pre-prepared components are used, if there is not time to prepare dishes from scratch. For example, ALPA has a supplier who provides pre-cooked and sliced roasted meats. These are heated with a commercial sauce, and frozen vegetables and served with rice or pasta.

These type of shortcuts are used when funerals or ceremonial business mean that staff have to take time off, and the store is short staffed.

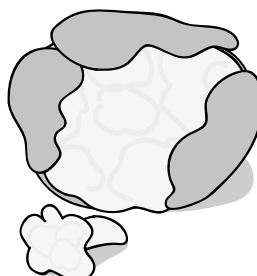
Another fall back is that we have a supplier who provides individual pre-prepared meals which are held frozen and can be heated in an oven or a microwave. There are protocols in place for reheating food to ensure that it is served at the right temperature and is safe for consumption. Frozen sandwiches are another useful product for when there are staff away.

### **Tastes Good, Is Good: Tasty Tucker for 10 or more<sup>4</sup>**

The Northern Territory Department of Health and Community Services Nutrition and Physical Activity Unit conducted a recipe competition. Contestants from Aboriginal communities were asked to send in recipes that would promote healthy eating in their community.

Recipes had to be:

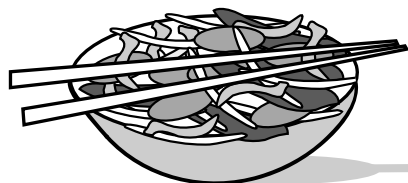
- Low in fat
- Low in salt
- High in vegetables and/or fruit
- Tasty
- Made from readily available ingredients
- Relatively easy to make
- Use readily available equipment



The recipes came from schools, women's centres, homemakers centres, health centres, stores and take-away outlets, homeland centres and a community council.

The nutrition team worked with commercial cookery students to develop a pictorial recipe book showing thirty of these recipes, each for ten serves. The pictures show the ingredients needed, the equipment needed and each step in preparation. The book emphasises food safety through good hygiene practices as well as nutrition.

Savoury dishes	Sweet dishes
<ul style="list-style-type: none"> <li>Chicken with satay sauce</li> <li>Coleslaw</li> <li>Easy quiche</li> <li>Fried rice with vegetables</li> <li>Noodle stew</li> <li>One pot chicken curry</li> <li>Pizza</li> <li>Pumpkin soup</li> <li>Spaghetti bolognaise</li> <li>Vegetable and tri-colour pasta bake</li> <li>Chilli con carne</li> <li>Creamy vegetable soup</li> <li>Tuna cake</li> <li>Sausage casserole curried chicken</li> <li>Lamb's fry and bacon</li> <li>Irish stew and dumplings</li> <li>Dark curry beef</li> <li>Pizza crumpets</li> <li>Egg and cheese bread</li> <li>Lunchtime rice</li> <li>Spicy bamboo chicken bake</li> <li>Tomato salsa</li> <li>Yellow coconut rice</li> </ul>	<ul style="list-style-type: none"> <li>Wunthung (baked bananas)</li> <li>Bread and butter pudding</li> <li>Banana and date muffins</li> <li>Fruit salad muffins</li> <li>Peach cake</li> </ul>



### **The Star Canteen Accreditation Program (STARCAP)<sup>5</sup>**

The Star Canteen Accreditation Program awards schools operating healthy canteens by using a star-rating basis of three, four and five stars, similar to the rating standards used in other areas of hospitality and tourism.

STARCAP is an initiative of the Western Australia School Canteen Association, in partnership with the Heart Foundation of Australia (WA Division) and the Nutrition program of the Health Department of Western Australia and is funded by Healthway.

The Aim of STARCAP is to increase the availability, promotion and sales of healthier food choices, consistent with the Australian Dietary Guidelines for Children and Adolescents, in schools in Western Australia. There are three levels of accreditation: three-star, four-star and five-star. Each builds on the previous one and requires achievement of higher standards in each of the four key areas.

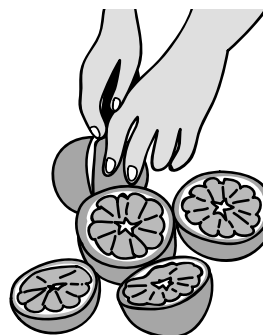
Accredited school canteens must demonstrate that sales are from nutritionally preferred food choices, that business is profitable and that they maintain safe food handling practices.

Participants are also required to implement a comprehensive canteen policy and to demonstrate marketing and promotional strategies that link the canteen and the school curriculum as part of a health promoting school.

STARCAP is different from other canteen accreditation programs in the following ways:

- Training is a key component. The School Canteen Food Service Short Course has been developed to provide accredited training to help schools to meet the standards. It is a six-hour training program and addresses the four core areas of STARCAP. Successful completion of the training course is a prerequisite to participation in STARCAP irrespective of any other training that may have been undertaken by the canteen manager.
- It is designed for self-assessment and therefore can be used in any location. It does not require a dietitian/nutritionist to work with the school on a one-to-one basis.
- It is based on best management practice and addresses the new Food Safety legislation
- The menu component is based on sales evidence of recommended and registered products rather than simply choices available

For further information contact the Western Australian School Canteen Association (Inc)  
PO Box 25, Hilarys WA 6923 phone 08 9244 1992, fax 08 9244 1989  
email wasca@inet.net.au



## Saibai Success<sup>6</sup>

Saibai Island is one of the islands of the Torres Strait and is one of the most northerly parts of Australia. The population is between 350 & 400 people. Saibai Island is just 3km off the Papua New Guinea coastline. The island is quite large, but only a small proportion is inhabited. Saibai is flat, with the highest point being 1.7m above sea level. It has a high propensity for flooding, during the wet season and with king tides.

The cost of items is still at a premium, compared with mainstream prices, due to added freight costs. Until recently there were two barge companies delivering goods to the island twice weekly, but now there is only one, which means once per week deliveries.

The school has an enrolment of 82 children. Approximately 95% of the school children eat all their daytime food from the school tuckshop and so the tuckshop has a significant impact on nutrition. As money is at times limited, the major focuses were making nutritious foods available to the children, in a way they enjoyed, and at a reasonable cost.

Supplies for the tuckshop are ordered from Cairns and delivered weekly. This involved considerable menu planning and ordering, as there is a 2-week turn around for ordering and receiving food.

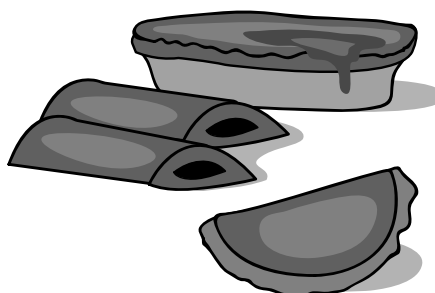
Our tuckshop was not all that different to mainstream schools. The food served was energy dense, generally high fat and of average cost. The biggest concern were the misconceptions that “healthy food doesn’t make money” and “the children won’t eat those foods”. We faced those issues here at Saibai, particularly the concern over losing money on healthy foods, but the following brief case study will show that these “concerns” really are misconceptions.

In most tuckshops, including Saibai, it is not simply a matter of being resistant to change but more that tuckshop convenors and staff did not have the information required to make all the changes.

‘Heat and serve’ products are easier to prepare but much more expensive, and are generally highly processed and not nutritionally adequate. The menu changed to having less processed foods, with fewer options, with the aim to increase the nutrient density of the choices served. In fact before the changes, most of the ‘heat and serve’ products were sold at a loss.

### Before:

- The daily menu used to consist of one or two “heat & serve” products: meat pies, sausage rolls, hotdogs, processed hamburgers & chicken burgers, pizza slices, ready made lasagne & spaghetti bolognese.



- There were also a limited number of sandwiches being sold usually peanut butter, vegemite, devon & sauce, or ham.
- Snack foods were also readily available and were the usual choices – potato crisps salami sticks, ice creams, icy poles, & hello pandas (small biscuits with chocolate inside).
- There were some nutritious choices available, which included apples, fruit juice tetra packs, sultanas and cheese sticks.
- The hot food items ranged between \$1.50 to \$2.50, with sandwiches either \$1.50 or \$2.00. Snack foods ranged from 50c to \$2.00.

**After:**

The less nutritious snacks were changed so potato crisps, ice-creams, icy poles and biscuits were replaced with fresh fruit, hard boiled eggs, frozen yoghurt, muffins, vegetable pikelets, muesli bars, fruit chews, Le Snack, & fruit/nut nibble bags. All our snack prices now are between 50c and \$1.00 with fresh fruit and less processed choices being the best value and lowest price.

The more difficult area to change was that of the hot food. The menu had to have tasty hot dishes that are easy to prepare. Teething problems were overcome with patience and we reviewed and modified the menu to allow easy running and came up with what works effectively today.

So at present we are running a 3-week rotational menu, which has a different choice of hot food for everyday of the week. As well, there are three choices of sandwiches everyday.

One of the big issue people worried about was profit. It was thought that by implementing the healthy changes, the tuckshop could not make a profit. But the opposite happened. The tuckshop is doing better than it has ever, with more sales and with a better profit margin on every item sold.

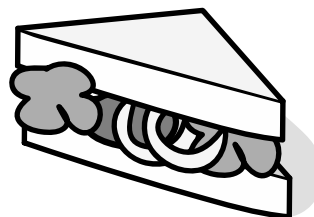
The prices charged are based on cost plus 25% to 30% mark-up over all. Some items are cheaper to prepare and others cost a bit more but it is easier to have the same price for everything.

Hot food costs \$1.80.

Sandwiches including toasted sandwiches cost \$1.20

Most snacks cost 50 cents, others 70cents and \$1.20c

Drinks cost between 80 cents and \$1.20c



**Current Menu:**

<b>Hot Food and Sandwiches</b>	<b>Snacks</b>
Hot Chicken Rolls Veggie Burgers Baked Bean Nachos Spaghetti Bolognaise Toasted Sandwich Ham & Cheese, Chicken & Corn Spaghetti & Cheese  Chicken Burgers Chicken & Veggie Pasta Stuffed Potato Sloppy Joes Chicken Submarines Corn Rolls (2) Frankfurters Homemade Hamburgers Plain Salad Sandwich Spaghetti Sandwich Egg & Lettuce Sandwich Baked Bean Sandwich Ham & Salad Sandwich Meat & Salad Sandwich Chicken & Salad Sandwich	Fresh Fruit (apple, mandarin, banana) Sultanas Fruit & Nut Nibble Bags Veggie Pikelets (for two)  Boiled Egg  Cheese Stick Muffins Tetra Fruit Snack Packs Muesli Bars (lunch only) Le Snack (lunch only) Icy Sticks (lunch only) Frozen Yoghurt (lunch only)  <b>Drinks</b> Plain Milk Bottled Water Homemade Sustagen Milkshakes Homemade Smoothies 100% Popper Juice Flavoured Breaker Diet Soft drink (Adults only)

For more information and recipes visit the Saibai Island State School website and follow the links to the Nutrition project

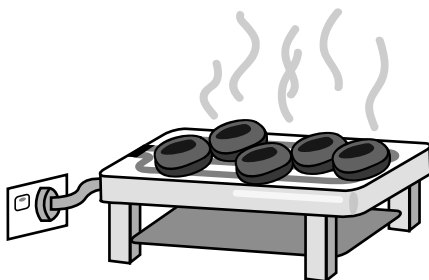
**Website:** [www.saibislass.qld.edu.au](http://www.saibislass.qld.edu.au)

## Leverage points for action

- \*\* Strategies where health has a lead role
- \* Strategies where health can assist other agencies with specialist advice

## Take-away food

- Establish current practice in respect of take-away food\*\*
  - What is sold
  - How much take-away food people eat
  - How is it prepared
- Identify and implement strategies to make healthy take-away food available\*
- Develop an accreditation system for take-food outlets, based on sales and linked to funding\*



- 
- 1 Australian Divisions of General Practice. A Junk Food Advertising Audit. February 2003
  - 2 Zuppa JA, Morton H, Mehta KP Television Food Advertising: Counterproductive to children's health? A content analysis using the Australian Guide to Healthy Eating. Journal of Nutrition and Dietetics vol 60 # 2 June 2003 p78-84
  - 3 per comm: Richard Frampton, Marketing Manager, Arnhem Land Progress Association phone 08 8944 6444
  - 4 McCarthy L, McLay A. Tastes good, Is Good. Tasty tucker for ten or more. Northern Territory Government, Department of Health and Community Services. Nutrition and Physical Activity Unit 2001
  - 5 Information extracted from the STARCAP brochure: Star Canteen Accreditation Program – A Guide to Reaching the Stars, 2000
  - 6 per comm Melanie Doyle, Saibai Island State School, Torres Strait, Queensland phone 07 40 694523



## Increasing the demand for healthy food

Simply improving the food supply will make a big difference to how much healthy food people buy. But the impact of improving the food supply is even greater when at the same time, nutrition programs are working to promote healthy shopping and healthy eating.

These promotions also help to secure the support of people working on the 'supply' side of the food chain who will see that their efforts are being enhanced by complementary promotion initiatives.

In some situations where there are high levels of social trauma including violence, alcohol abuse or similar problems, communities may want to tackle those issues before they anything else. If there is success in addressing

those issues, secondary benefits can include more food and better food for families.

This section includes information on:

- One community based nutrition program in north Australia
- In-store promotion of healthy food in the Kimberley and in north Queensland
- A community based chronic disease program which lead to primary prevention initiatives
- A community strategy to address issues of alcohol abuse which has had 'spin-off' benefits for families, including increased purchasing of food.

### **Minjilang, Northern Territory: Good Food and Good Health Project<sup>1</sup>**

#### **Start of the project**

Seven years ago, two of our young men died suddenly. We found out from the coroner that they both had heart attacks. These men had not broken any traditional law. We were really worried that other people in the community might have heart disease too. We asked Mandy Lee and Annie Bonson from the Menzies School of Health Research in Darwin to help check our people for any heart trouble.

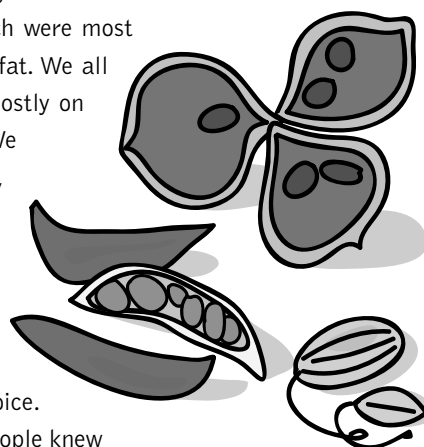
#### **Community Screening**

In June 1989, we had our first community health screening. Nearly all of the 75 adults at Minjilang came to be checked right through for anything which could cause heart disease (such as diabetes, overweight, high cholesterol levels). We found that 30 people were overweight; 7 had diabetes another 6 found out they were at risk of getting diabetes. Nearly

everyone had low levels of folate, a vitamin which helps make blood strong. Our levels of Vitamin C and beta-carotene were very low too. We looked at the foods the store was selling. The diet was high in fat from fatty meat and take-away foods, and high in sugar. People did not eat much fresh fruit or vegetables. The screening showed us that our health and diet were much worse than they were in the past when our people did not have heart disease.

### **What we decided to do**

People were really worried that there would be more deaths. At a big council meeting people talked about ways of seeing if we could eat better foods and exercise more. Annie and Mandy came from Darwin to live at Minjilang help with the project. Every three months we had another community screening so we could see how we were going. Annie and Mandy trained Aboriginal health workers and other community members to help with the screenings. It was good to have our own people taking all the measurements and the people didn't mind coming to the clinic to have their blood taken for testing. The old people talked about bush foods and the way people used to live and how healthy they were then. We encouraged people to eat the store foods which were most like bush foods – fresh and low in sugars and fat. We all ate bush foods whenever we could get them, mostly on weekends when we had time to go hunting. We asked the store manager to order good food, especially fruit and vegetables. He got meat from Darwin, without too much hard fat. The store workers made sandwiches from wholemeal bread, so people could eat them instead of pies. They always put diet drinks in the fridge with soft drinks, so people had a choice. Then they put stickers up in the store so that people knew the best things to eat.

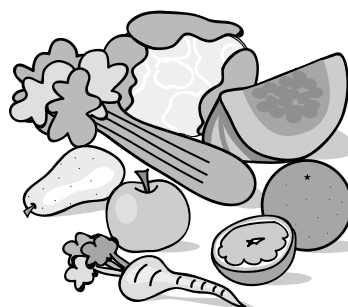


### **Results**

After one year there was a big improvement in our diet. When we looked at the store foods, we found that there was a big increase in the sales of fruit and vegetables and wholemeal bread. There was also a big improvement in the community screening results. The overweight people lost weight and the skinny young girls put on weight. Cholesterol levels decreased by 12%, blood pressure went down, and people had stronger blood. One diabetic woman lost a lot of weight and had normal blood sugar results after her diabetes test. There were big increases in most people's vitamin levels, especially for folate and other vitamins found in fruit and vegetables. People were eating less fat but more vitamins.

### How we know the project is still working

Since 1990 we have kept our food and health project going ourselves. We know our project is working because most people still feel fit and healthy. This is why we keep eating healthy foods because we feel so much better. Every year we look at the turnover of foods in the store to see if our project is still working. Our store has a good turnover of fruit, vegetables and wholemeal bread, so our diet is still high in nutrients like folate. But people have started to eat a bit more sugar and fatty take-way foods. The results from our stores have been compared with those of another community which did not have a nutrition program. The people from that community have started their own nutrition project too.



## Minjilang: the scientific story (1)

### Survival Tucker: improved diet and health indicators in an Aboriginal community<sup>2</sup>

The poor nutrition status of Aboriginal Australians is a serious and complex public health concern. We describe an unusually successful health and nutrition project initiated by the people of Minjilang, which was developed, implemented and evaluated with the community. Apparent community dietary intake, assessed by the 'store-turnover' method and biochemical, anthropometric and haematological indicators of health and nutritional status were measured before the intervention and at three monthly intervals during the intervention year. Following the intervention, there was a significant decrease in the dietary intake of sugar and saturated fat, an increase in micronutrient density, corresponding improvements in biochemical indices (for example, a 12% decrease in mean serum cholesterol, increases in serum and red cell folate, serum vitamin B6 and plasma ascorbic acid), decrease in mean systolic and diastolic blood pressures and a normalisation of body mass index, and a normalisation of haematological indices.

The success of this project demonstrates that Aboriginal communities can bring about improvements in their generally poor nutritional status and that store turn-over method provides a valid, inexpensive and non-invasive method for evaluation the resultant changes in community diet. Although the project was undoubtedly effective in the short term, further work is in progress to assess individual strategies with respect to sustainability, cost-effectiveness and generalisability.

## Minjilang: the scientific story (2)

### **Sustainability of a successful health and nutrition program in a remote Aboriginal community<sup>3</sup>**

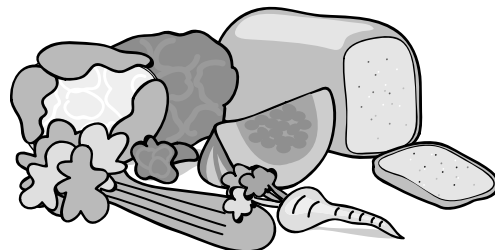
Objective: to assess the long term effect of a nutrition program in a remote Aboriginal community (Minjilang)

Design: Evaluation of nutritional outcomes over the three years before and the three years after a health and nutrition program that ran from June 1989 to July 1990. Turnover of food items at the community store was used as a measure of dietary intake at Minjilang and a comparison community.

Setting: a community of about 150 Aboriginal people live at Minjilang on Crocker Island, 240 km north east of Darwin. A similar community of 300 people on another island was used as the comparison.

Results: the program produced lasting improvements in dietary intake of most target food (including fruit, vegetables and wholegrain bread) and nutrients (including folate, ascorbic acid and thiamine) Sugar intake fell in both communities before the program but the additional decrease in sugar consumption during the program at Minjilang “rebounded” in the next year. Dietary improvements in the comparison community were delayed and smaller than at Minjilang.

Conclusions: The success of the program at Minjilang was linked to ongoing process of social changes, which in turn provided a stimulus for dietary improvements in the comparison community. When Aboriginal people themselves control and maintain ownership of the community-based intervention programs, nutritional improvements can be initiated and sustained.



### In Store Promotions: Saibai Island Green Label\*

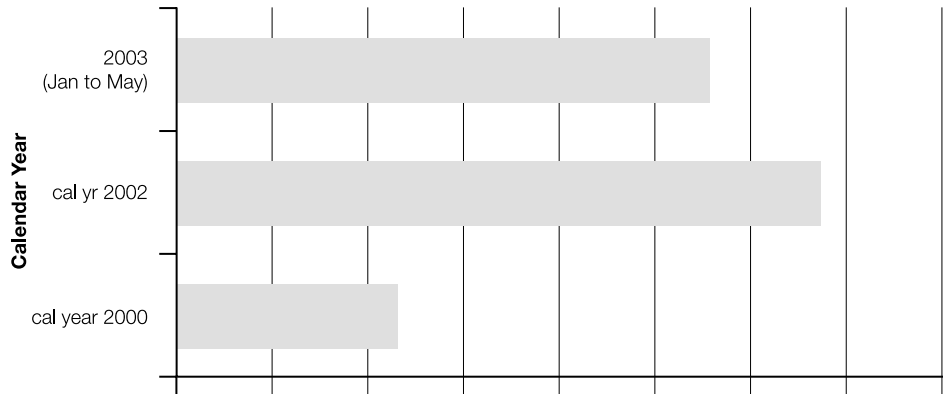
The 'Green Label System' is the name used for an in-store promotion of healthy food, which has been developed on Saibai Island in the Torres Strait. The Saibai Island IBIS (Island Board of Industry and Service) store was the setting where the 'Green Label' system was developed. Initially the system used 'shelf talkers' to identify foods that are low in fat and sugar (less than 10g fat and/or 15g sugar per 100g).

Melanie Doyle, the nutritionist who worked on the project, found that there was a major problem with shelf talkers because the store goods are not always on the same place on the shelves. So one day the 'Green Label' would be in front of a healthy choice and the next day in front of high fat, high sugar chocolate biscuits!

So the next development was to develop a large green poster wall, which is displayed in the store. The wall posters show the labels of the foods, which meet the healthy criteria. Food manufacturers provided electronic pictures of the labels and Melanie used these to construct the poster. According to the store manager on Saibai, the 'Green Label' promotion has worked well with sales of 'Green Label' products doubling over the 12 months of the project.

As well, sales of fresh fruit and vegetables have tripled in the past two years and early figures for 2003 year indicate that fresh fruit and vegetable sales will double again. The new store fridges meant that customers could see the beautiful fresh produce, which previously had been hidden away in drinks fridges and the coolroom. The infrastructure in the Torres Strait communities is now good, with new stores completed in most of the islands (only two island stores to be finished), which allows for greater display and representation of the products.

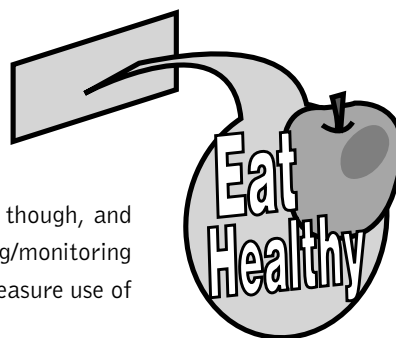
Sales of Fresh Fruit and Vegetables \$\$\$



Now further work is being done on the 'Green Label' system, which will see the program rolled out in all the IBIS stores throughout the Torres and Northern Peninsula Area (NPA). A trial is also being planned for a group of stores on Cape York in north Queensland. Five community stores in Cape York will be involved in the trial and a further five have indicated their interest in taking part later if the project works well. The wall poster has been modified to include fresh fruit and vegetables. This will include green shelf wobblers also but it is planned to incorporate the product images into the shelf wobblers to deal with the problem of stock migrating elsewhere in the store!

The 'Green Label' promotion has been expanded to include another 'green issue'. This version of 'Green Label' promotion will also include messages to reduce the use of plastic bags. A shopper who buys two green label purchases will get a free canvas bag with the green label logo. Store staff will wear t-shirts and caps with the green label logo on the big shopping day when the weekly arrival of the truck or barge means that there is lots of lovely fresh food in the store. The trial will also include promotions at the schools and elsewhere in the communities.

Monitoring is planned using baseline sales information prior to the 'Green Label' promotion commencing and then by reviewing sales each quarter afterwards. The monitoring of the Green Label' promotion will utilise the 'point of sale' system within the stores. This type of monitoring is labour intensive as the time required to set up, sift through and process the raw figures to get summary information, is very high. It is beneficial though, and perseverance with the development of a tracking/monitoring system is extremely powerful. Monitoring will also measure use of plastic bags to see if this declines.



### **In Store Promotions: Kimberley Supermarkets Shelf talkers<sup>5</sup>**

In 1996 in Derby, the family who owned a local supermarket asked community health staff for assistance to find a way for their customers with diet-related health problems to select healthy food choices. Many of their customers were local Aboriginal people who had poor literacy skills. 'Good Tucker' stickers were used to identify foods with less than 7.5% fat and less than 10% sugar. A public awareness campaign was conducted with an in-store launch, use of local media and posters in the store and elsewhere. Evaluation was designed to measure changes in sales using 'point of sale' data and to assess the awareness and understanding customers had of the 'Good Tucker' stickers.

The measurement of sales proved problematic, as the storeowners were not able to provide all the necessary information. 178 customers were interviewed for the evaluation. Most customers (75%) recognised the sticker and of those, 88% knew what it meant. Most agreed that seeing the sticker would make them think about what they were buying.

However one problem that was noticed during the project was that shelf stacking was inconsistent, so that on some days the 'shelf talkers' were aligned with healthy choices but on other days, the place on the shelf marked by the 'shelf talker' held an unhealthy choice. This meant that community health staff did not feel confident about directing their clients to be guided by the 'shelf talkers' when doing their shopping.

In 1998 a similar project was undertaken in Kununurra. 442 people were interviewed in three surveys for the evaluation. 80% of Kununurra residents shopping store recognised the stickers, compared to 60% of visitors. There was no difference seen between Aboriginal and non-Aboriginal customers in this respect. 65% of people surveyed in the first survey said the 'shelf talker' made them think about the item they were buying but this dropped to 50% in later surveys. Again, it proved to be impossible to access the data required to measure if sales of healthy choices had increased.

Staff training proved to be a heavy commitment. The project manager trained 36 new supermarket staff over the three months of the project which the supermarket management indicated was usual due to the high staff turnover. A number of customers also commented that the 'shelf talker' obstructed their view of the item price label.

However in this store, the number of misplaced 'shelf talkers' was small. Aboriginal health workers and the diabetes educator gave positive feedback that seeing the 'shelf talkers' did make it easier for Aboriginal people to select healthy food choices.

### **The Looma story<sup>6</sup>**

Since late 1993, the Looma Aboriginal community in the remote Kimberley region of Western Australia has conducted a healthy lifestyle program based on improving the diets and physical activity of community members. The community identified its poor knowledge of nutrition and the lack of affordable, healthy food choices as factors contributing to high rates of chronic disease. A diabetes nurse educator was appointed to work with the community members during the initial stages of the intervention. At first the program focused on a group of individuals at high risk of diabetes and CHD. It consisted of formal and informal education sessions, regular exercise groups, simple dietary advice (eg cutting fat from meat before cooking) and recommendations for reducing their intake of refined carbohydrate. Hunting and fishing activities were encouraged.

Over the following years, messages about diet and exercise were disseminated to family members by those participating in the more direct intervention program. Sports festivals, nutrition and health lessons in the community school, and detailed feedback from community surveys all helped raise awareness about healthy lifestyles. In 1995 the Looma Council appointed a community member as manager of the only store in Looma, which supplies the community with most of the food consumed. After this appointment, in addition to the ongoing exercise and dietary modification strategies, more emphasis was placed on improving the quality of the available food supply and promoting increased fruit and vegetable consumption. The community council also instituted a non-smoking policy in public buildings.

Three voluntary cross sectional surveys were conducted at baseline, after two years and after a further eighteen months and the 'store-turnover' method was used to assess the nutritional quality of the food being sold through the store. The results showed:

- 50% lower prevalence of high blood cholesterol,
- a drop in homocysteine (homocysteine is raised when folate levels are low - high homocysteine is associated with a high risk of heart disease),
- increased levels of Vitamin E (found in vegetable oils and fish)
- increased levels of a range of carotenoids. Carotenoids give the green, orange, red and yellow colours to fruit and vegetables and help protect heart health.

Looma people had achieved these results by changing the type of food they ate and reducing saturated fat, increasing vegetable oils, fish and other bush foods, and increasing their intake of fruit and vegetables.

Carotenoids which increased included lutein, found in pumpkins, green leafy vegetables, peas, beans and corn, which went up by ~20%. Cryptoxanthin found in citrus fruit increased in women but not men and B-carotene levels increased more in women than men. The results



suggest that vegetables added to stews were consumed by men and women whereas women increased their intake of fruit more than men did.

Despite these good results the levels of carotenes seen were still low compared to more healthy populations elsewhere. Limited access to good quality fruit and vegetables at a reasonable price was identified as an ongoing problem.

However, the increased fruit and vegetable intake did bring large health benefits even though total intake and blood vitamin levels were still low. Evidence from studies elsewhere suggests that the drop in homocysteine levels seen in Looma could result in a drop in vascular disease of up to 50%.

When people have very poor diets, even a small improvement can make a big difference!

### **Alcohol Control Laws in a north Queensland community<sup>7</sup>**

In one north Queensland community, a community justice group has worked to bring in alcohol control laws, which were introduced on December 31 2002. Since then there have been improvements in many aspects of life in that community. The Family Income Management System was also introduced to support families to manage their money.

#### **Alcohol Control Laws**

- People are not allowed to bring grog into the community, it may only be bought in the tavern
- There is no takeaway of alcohol from the tavern
- Only lite beer is sold, however mixed drinks (UDL cans) may be purchased and drunk in the tavern but only when a meal is purchased
- The hours of the tavern have been reduced so that it closes weekdays at 7pm and on Saturday at 2pm
- On ceremony days, such as when there is a funeral, the tavern does not open at all
- Pregnant women and their partners are not allowed to drink in the tavern

The store manager's observations are:

- Greater disposable income is available
- Families are spending about 15-20% more money on food.
- The types of foods being purchased have not changed but larger amounts are being purchased

- With the increase in disposable income, families are now buying whitegoods particularly refrigerators and washing machines
- The atmosphere in the store has improved as there are no inebriated people hanging around the store asking for money. People can take more time in the store with their shopping
- Increased sales have also increased pressure on infrastructure in the store for storage of fruit and vegetables which is inadequate. Negotiations are underway for funding to build a new store.

## Leverage points for action

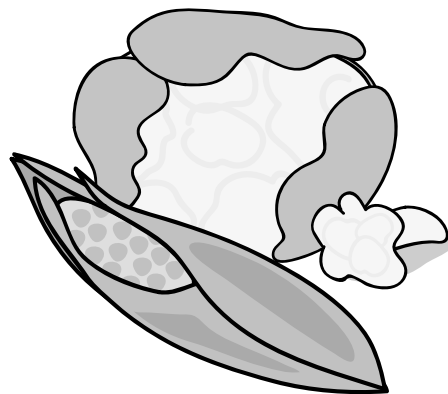
- \*\*** Strategies where health has a lead role
- \*** Strategies where health can assist other agencies with specialist advice

- Utilise in-store promotions (shelf talkers and cooking demonstrations)\*\*
- Establish community based weight management and chronic disease\*\*
- programs which promote healthy eating and increase demand for healthy food\*\*
- Support programs which address critical social issues\*\*

## Promoting healthy food choices\*\*

Value add to work to improve food supply by promotion of healthy eating\*\*

- Establish community based programs to promote healthy eating (linked with physical activity). Include various settings such as schools and child care as well as stores\*\*
- Market healthy eating by media promotions - preferably TV - tailored to Indigenous people\*\*



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- 1 Daisy Yarmirr, Ann Bonson in Good Tucker Stories. 1996 Commonwealth Department of Health. ISBN 0 642 24803 7
  - 2 Lee AJ, Bailey A, Yarmirr D, O'Dea K, Matthews J Survival Tucker: improved diet and health indicators in an Aboriginal community Australian Journal of Public Health 1994 18:(3) 277-82
  - 3 Lee AJ, Bonson APV, Yarmirr D, O'Dea K, Matthew JD Sustainability of a successful health and nutrition program in a remote Aboriginal Community Med J Aust 1995;162:632-63
  - 4 per comm Melanie Doyle Nutritionist Saibai Island State School Child Nutrition program phone 07 40 694 523 and Leah Galvin, Food Supply Project Officer Queensland Health Tropical Public Health Unit phone 07 40 503 600 May 2003
  - 5 Western Australia Department of Health Kimberley Public Health Unit, Bowcock R, Doyle J, Hogan L, Derby Shelf Talker Evaluation report, Kununurra Shelf Talker Evaluation report 1998
  - 6 Rowley KG, Qing Su, Cincotta M, Skinner M, Skinner K, Pindan R, White GA. Improvements in circulating cholesterol, antioxidants and homocysteine after dietary intervention in an Australian Aboriginal community Am J Clin Nutr 2001;74:442-8
  - 7 per comm Leah Galvin, Queensland Health Tropical Public Health Unit, Cairns phone 07 40503600 May 2003

## Workforce and Training

The low levels of participation of Aboriginal and Torres Strait Islander people in the economy and in the workforce, is being challenged by Indigenous leaders such as those of Cape York who identify low levels of expectations and lack of social order as perpetuating destructive welfare dependency.

### **Doing Indigenous Social Business and Enterprise: the view from Cape York<sup>1</sup>**

Perhaps the biggest difference between our situation prior to passive welfare and our situation today is that we have had a couple of generations of our people disengaged from work in the real economy. This has meant that many of our people have failed to gain work experience and skills. Whilst the Community Development Employment Program (CDEP) counteracted some of the effects of our passive welfare dependency – this has not been the same as real jobs in the real economy. So many of our young people have little experience of work in the mainstream and they lack skills, confidence and the habits necessary to take and keep jobs.

Other Indigenous leaders are working to establish Indigenous owned enterprise to operate in the Indigenous economy and provide 'real jobs' for Indigenous people.

### **The Central Australia Aboriginal Buying Group (CAAB)<sup>2</sup>**

We are not talking about a welfare scheme here. There are plenty of Aboriginal people out there, who are sick of the welfare handouts and want to work for a living. They want proper jobs and reliable and sustainable income. For too long all the business on the communities has been run for the benefit of outsiders. This is the best approach to get a positive outcome for Indigenous people to benefit from their own economy.

In some settings, traditional and family obligations may require people to be absent from work. Flexibility in the workplace is essential to enable people to meet their cultural obligations, without jeopardising their employment.

In other settings, lack of social order means employees may be unable to maintain employment commitments, due to disruption of their home life and security by others. In such settings there is

a high level of dependence on non-indigenous staff. This causes additional problems due to the difficulty in recruiting and retaining competent and appropriate non-Indigenous staff. An accreditation system for remote stores and store managers could assist communities when recruiting managers and relief staff.

There are multiple opportunities for employment in the retail industry and in associated businesses, such as transport, refrigeration mechanics, food preparation and banking. Formal accredited training is available in these areas. Flexible delivery allows this training to be delivered in the workplace or community setting.

Some of these training programs offer nutrition and food units as electives. It is possible for employers to require that their staff will take a certain elective, in order to ensure they have the skills and knowledge appropriate for the setting in which they work. If this is done for food and nutrition electives, collaboration with health service nutritionists will help ensure that the nutrition content is relevant to remote community issues.

The new Food Safety regulations require staff working in a food business to have the skills and knowledge for safe food handling work practice. It is up to the manager or owner to decide how staff will acquire the skills and knowledge required. Where formal Food Safety training is delivered, this will also provide the opportunity to include basic nutrition training.

In addition, there are also opportunities for informal workplace training. For example, store management and staff can benefit from training in handling and presentation of fresh produce and other healthy food choices. Similarly best practice guidelines are in cold

chain management now available for workers in the transport industry.

Informal training opportunities for community members include basic cooking skills, shopping and budgeting skills.

Within the health sector, there are now opportunities to shape training and training opportunities for Indigenous people in nutrition. The current process of revising the competency standards and developing a new national training package provides an opportunity to increase the nutrition expertise of Aboriginal Health Workers. Nutrition has been an elective area of study for health workers. Aboriginal Health Workers require competence in nutrition to work effectively with client groups such as mothers and young children and people with chronic disease, as well as for health promotion. Nutrition needs to be a core unit of study in the redeveloped course.

In addition a second process of developing a national training package in population health provides the opportunity to develop training for Indigenous people who wish to specialise in nutrition. Indigenous people with formal training in nutrition will have the capacity to work effectively in non-clinical nutrition roles such as with stores and others to improve food supply.

This section presents:

- Examples where businesses and services provide formal training and mentoring to Indigenous staff

And information on

- Training in retail operations
- Information on the Food Safety Standard
- The StarCAP accredited training
- Food Cent\$ training in budgeting and shopping skills

### Community store manager, Caroline Wurrben<sup>5</sup>

Caroline has worked for twenty years in this store, initially as a store staff member, then as supervisor and now as manager. Working in the store, Caroline learnt many of the routine processes and procedure of stocking shelves and stock-taking, using tills etc but was not involved with the money management aspects of the store. That side of the work was done by the non-Indigenous store managers.

Early in 2002, there was a change in management. The store committee asked Caroline, who had been laid off, came back to the store as manager. The Fred Hollows Foundation assisted with operating capital and within a few months the newly re-organised store was able to start repaying that money.

“There is a lot to learn in all the financial management and bookkeeping. There is a lot to do there. Kathy has been helping (support manager). Its is important to get the cheques out in time, so the store gets a discount. The store staff don’t sign cheques – only the store committee members do that. Two people have to sign each a cheque. There are four people who can sign which means we can usually get a cheque signed, even some are away.

Being able to provide a service to the community is a positive thing, especially seeing the money in the bank and knowing the money side is being handled straight. It is good to be able to provide employment opportunities and training for the young people too. There are seven full time staff in the store plus one person on the take-away.

The nutritionist comes and does a cooking demonstration and hands out recipes. The take-away staff use the recipes too.

The store is profitable now. We get people coming in from other communities to have a look. They want to have a store like ours”.



### **The Traditional Credit Union<sup>6</sup>**

TCU has a permanent training officer who spends most of her time in communities training new staff and upgrading the skills of all staff. A procedure manual has been developed. Most staff have now qualified in a fully accredited Certificate 2 in Financial Services, undertaken with support from government, and many are undertaking Certificate 3. This has increased not only their skills level, but also their sense of self-esteem. The TCU is looking to set up a training scheme for school leavers. This will mean a ready supply of suitable staff, and also increase the skills level of the community, whilst offering hope for employment for young people.

For more information about the Traditional Credit Union, see page 102.

### **Arnhem Land Progress Association (ALPA)<sup>7</sup>**

ALPA is a fully accredited training body and offers training in Retail to Certificate 1, 2 and 3 levels. The training includes some training in nutrition and this is reinforced by the work we do with the Northern Territory Department of Health and Community Services nutritionists on the communities. In the past two years ALPA has developed an MOU with Coles and Deakin University to deliver Certificate 4 and 5. Yulungu people can experience problems in moving into management roles because of cultural constraints. ALPA is negotiated with the traditional law makers and ceremony people about this issue.



## Certificate in Retail Operations on the Anagu Pitjantjatjara Lands<sup>8</sup>

Funding has been secured for fifty Retail Traineeships, with funding assistance available for up to two years for each trainee. Funding includes safety equipment, clothing, and stationery. Adelaide based trainers will visit each term and ongoing mentoring and support will be provided by the Community Education and Training for Employment Program (CETEP) of the Anagu Education Services (AES).

Units will be delivered in the Anagu Pitjantjatjara Lands organisations through a combination of distance learning workshops, on the job training and mentoring during a 12 month to 24 month period.

Training delivery and content and the duration of training have been modified to accommodate

- Cultural and family business
- English as a second language
- Remote locations and harsh working environment
- A variety of Anagu education levels
- Comprehensive monitoring and workplace support
- Special requirements of the Mai Wiru Stores Police for the AP Lands

### Certificate 2 in Retail Operations

#### Introductory

- Communicate in the workplace
- Interact with customers
- Work effectively in a retail environment
- Perform housekeeping duties
- Apply safe working practice

#### Core

- Apply point of sale handling procedures
- Operate retail equipment
- Minimise theft
- Perform stock control procedures
- Balance register/terminal

#### Electives

- Sell products and services
- Apply retail food safety products and services
- Advise on food products and services
- Monitor food safety program





### **Retail Training, north Queensland<sup>9</sup>**

Training is available in retail services at Certificate 2 and 3 level, with Certificate 4 and Diploma available to provide higher level training for people who want to move into management. Training is delivered face to face, which means the trainer travels to the community four or five times a year. If there are several trainees, the training is done as a group, otherwise it is done on a one-to-one basis.

There is an incentive scheme to encourage people already in the workforce to undertake the training. The language in the standard workbooks was inappropriate for people who speak English as a second language – these have been rewritten. The units cover topics such as communication, workplace health and safety, consumer service skills, security systems, stock takes and stock control, point of sale systems and reconciliations. There are elective units as well which mean students can take topics that particularly interest them.

### **Food Safety Standards<sup>10</sup>**

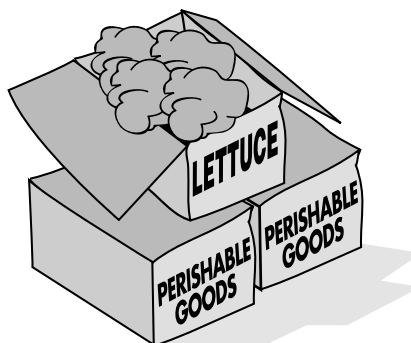
A food business must ensure that persons undertaking or supervising food handling operations have:

- skills in food safety and hygiene matters
- knowledge of food safety and food hygiene matters

The areas covered by the standards include food handling, health and hygiene requirements, cleaning, sanitising and maintenance.

The Food Safety legislation does not prescribe how such knowledge and skills are to be acquired.

Food Safety Standards cover 'potentially hazardous food'. Fresh fruit and vegetables are not classified as potentially hazardous foods, but processed fruit and vegetables including pre-prepared salads are identified as potentially hazardous. However under all state and territory legislation, it is an offence to present food for sale that has deteriorated, whether or not that food is a potentially hazardous food.



### **The Star Canteen Accreditation Program (STARCAP)<sup>11</sup>**

StarCAP awards schools operating healthy canteens by using a star rating system, similar to the rating standards used in other areas of hospitality and tourism.

StarCAP is based on best management practice and addresses the new Food Safety legislation.

Training is a key component. The School Canteen Food Service Short Course has been developed to provide accredited training to help schools to meet the standards. It is a six-hour training program and addresses the four core areas of STARCAP – canteen policy, school community involvement, canteen menu, hygiene and food safety.

Successful completion of the training course is a prerequisite to participation in STARCAP irrespective of any other training that may have been undertaken by the canteen manager.

(see 'Healthy Take-away Food' for more information on STARCAP)

For more information about STARCAP, see page 116.

### **East Kimberley Food Cent\$ Kit<sup>12</sup>**

The Food Cent\$ program was developed by the Western Australian Department of Health Nutritionists to convey information about budgeting and purchasing healthy food. Food Cent\$ uses the Pyramid healthy eating guide as a guide to identifying the cost per kilo of different food products. The Food Pyramid divides foods into three groups – Eat most, Eat some and Eat least with the Eat most foods taking up the wider bottom of the pyramid and the Eat least foods in the smaller space at the top of the pyramid.

Food cent\$ is a clever way of demonstrating the large price difference between buying less processed food such as potatoes compared to the price of purchasing highly processed food (and less healthy food) such as potato crisps. The Food Cent\$ training is designed to enable participants to identify better value food purchases, which are usually the more nutritious and less highly processed foods.

An East Kimberley Food Cent\$ kit was developed in 1997 by project officers working on the East Kimberley Nutrition project for use with Aboriginal people with lower levels of literacy and numeracy skills. It is a very visual and participatory way to teach Food Cent\$, and uses local community store food prices. It is extremely portable and can be used anywhere.

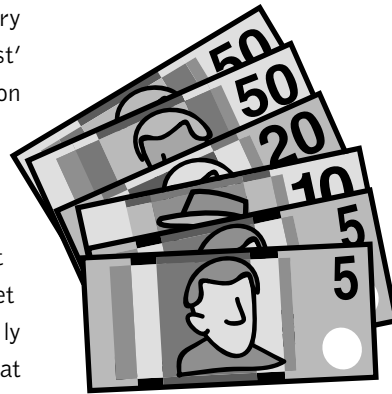
The kit comprises of 100 one-dollar (fake) coins and a series of laminated flash cards of commonly purchased food pictures and tobacco products. The trainer prices the food items and tobacco in the local store and marks the prices on the flash cards before the session.

Using the flash cards the participants select the food they commonly buy. These are then placed on a pyramid (either one drawn in the pindan or a poster) according to where they belong – in the 'Eat most', 'Eat some' or 'Eat least' tier of the Pyramid. Fifty of the coins are set to one side of the pyramid according to the prices on the flash cards selected by the participants. This then shows how much people currently spend on different foods.

The trainer uses the remaining 50 coins to demonstrate what the distribution of coins would look like, if people shopped according to the Pyramid recommendations.

Shopping for healthy food would mean that for every ten dollars spent, six would be spent on 'Eat most' food, three on 'Eat some' foods and one dollar on 'Eat least' foods.

Once this is done, it is very clear that the "shopping" represented by the flash cards does not fit the 10-Plan. The participants then find it easy to work out what foods they could buy to get the best value for their money. The session is usually accompanied by a store tour to reinforce what people learnt.



## Leverage points for action

**\*\*** Strategies where health has a lead role

**\*** Strategies where health can assist other agencies with specialist advice

## Workforce and Training

- Provide informal training to community members in:
  - Healthy shopping (Food Cent\$)\*\*
  - Cooking skills\*\*
- Provide training to store staff in\*:
  - Looking after fresh fruit and vegetables
  - Organising store layout to promote healthy food choices
  - Shelf talkers and other systems to promote healthy choices
  - Cold chain management for transport workers\*
- Support young Indigenous people to take formal training in the retail industry and ancillary industries :
  - Horticulture
  - Retail
  - Wholesale
  - Food preparation
  - Banking
  - Mechanics
- Assist develop appropriate content for nutrition units in formal training courses in retail practice, food preparation and horticulture\*
- Include a basic nutrition component in Food Safety training\*\*
- Develop the accreditation system for stores so as to make relevant information available for communities wishing to recruit store managers with appropriate skills, knowledge and practice
- Ensure Aboriginal and Torres Strait Islander health workers have core competencies in nutrition through the current process of developing a national training package for Aboriginal Health Workers\*\*
- Utilise the current development of a national training package in population health to develop a training opportunity for Indigenous people to who wish to specialise as nutrition health workers\*\*

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- 1 Richard Ahmat, Executive Director Cape York Land Council , Address to the Indigenous Enterprise Summit Social Entrepreneurs Network, Canberra May 2003
  - 2 per comm Des Rogers, ATSIC Chairperson Alice Springs phone 08 8959 4211
  - 3 Transport SA Guidelines for the Transport and Handling of Perishable Goods to Remote Areas [www.transport.sa.gov.au/publications/freight](http://www.transport.sa.gov.au/publications/freight)
  - 4 Community Services and Health Training Australia [www.cshta.com.au](http://www.cshta.com.au)
  - 5 Caroline Wurrben, Manager, Wueulul Store, Jawoyn Stores Project, nr. Katherine, NT (phone 08 8975 4523)
  - 6 Extracts from: Barbara Bradshaw, General Manager of the TCU, and Camille Damaso, Director, TCU Traditional Credit Union (TCU) Limited [www.reconciliationaustralia.org/docs/speeches/money\\_business/traditional\\_credit\\_union\\_.pd](http://www.reconciliationaustralia.org/docs/speeches/money_business/traditional_credit_union_.pd)
  - 7 per comm: Richard Frampton, Marketing Manager, Arnhem Land Progress Association phone 08 8944 6444
  - 8 Neville Duhring, Employment Consultant, Anagu Pitjantjatjara Lands (phone 08 8226 1178) extracts from information presented to the Mai Wiru Stores Policy Implementation Meeting, Umuwa, Anagu Pitjantjatjara Lands May 2003
  - 9 per comm Pauline Johnstone, Cairns Regional Training Group (phone 07 40312033)
  - 10 Food Safety Standards. Food Standards Australia and New Zealand Commonwealth of Australia 2001
  - 11 Information extracted from the STARCAP brochure: Star Canteen Accreditation Program – A Guide to Reaching the Stars, 2000
  - 12 per comm Robyn Bowcock, Community Nutritionist, Kimberley Public Health Unit (phone 08 9193 1446)

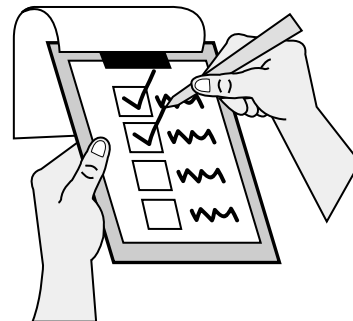
## Monitoring, Reporting and Evaluation

'There are some very important issues associated with the poor quality of evidence.... In the absence of soundly based evidence, resource allocation decisions may be biased towards continuation of existing programs and projects when what might be needed is new and innovative approaches to ongoing problems'<sup>1</sup>

Interventions to improve access to healthy food will require the investment of resources and staff. It is important to establish monitoring and evaluation systems in order to measure the effect of such investments and inform future planning

Monitoring and evaluation must be inclusive and include appropriate reporting systems, so that the communities and agencies concerned have control over information and can use the information for their planning purposes

The FoodNorth project focuses on food supply or availability and cost of food. Food supply is one aspect of 'food access' and 'food security'.



Food **security** means that resources are used efficiently, equitably and sustainably to ensure the accessibility and availability of nutritionally adequate and culturally acceptable food for all people by socially acceptable means.<sup>2</sup>

Food **access** refers to the ability of people to acquire food by using physical or financial resources.

Food **availability** refers to the physical presence of sufficient quantities to meet consumer needs at the household, community or local level, with the choice of a range of foods that will meet nutritional requirements

Measures of food access and food security are required as well as measures of food supply but necessitate more difficult and potentially more intrusive procedures than collection of publicly available information such as food costs.

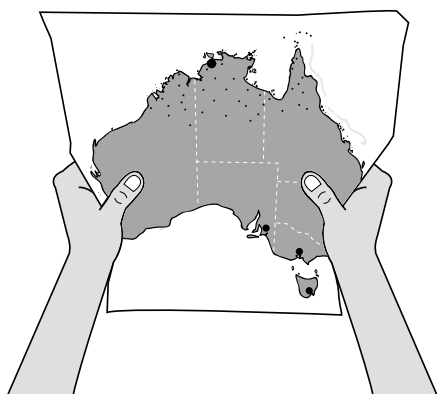
However food access and food security are not resolved only by improvements in food supply and alternative information collection systems are needed to complement information collected about the food supply.<sup>3</sup>

Points of sales (POS) systems have the potential to provide information to monitor sales and assess impact of interventions. Nutritionists in remote areas who are using POS systems for monitoring and elevation report problems with the incompleteness of data sets and with the labour requirements to prepare the data for analysis. Use of point of sales systems will require an investment to develop the methodology and tools to the point where this method is routinely feasible.

Currently monitoring and evaluation is limited by the absence of a suitable sampling framework. A current mapping exercise to identify how many remote community stores exist and where they are located could provide information for future monitoring.<sup>4</sup>

A methodology to monitor food supply in north Australia can build on the work already ongoing in Queensland and Northern Territory and the proposed state-wide market basket survey in Western Australia. There are also discussions about establishing a national monitoring system.<sup>2</sup> The methodology of these existing and proposed surveys will be a major consideration in the development of a methodology for north Australia.

A issue raised in the course of the FoodNorth study was the lack information on health and nutrition indicators. Some nutrition and health indicators are collected on a routine basis by health services, however require adequate information management systems and expertise to provide useful health information. Another issue in this respect, common to many routine information collection systems in respect of Aboriginal and Torres Strait Islander people, is the difficulty in defining denominator populations for the purpose of calculating rates.



### Assessment of the use of scanned retail sales data for nutrition monitoring<sup>5</sup>

The National Health Advancement program of the Commonwealth Department of Human Services and Health provided funding in 1992 for research into the development of methodologies for a national system of food and nutrition monitoring, as part of an initiative to investigate producing dietary change through changes in the food supply.

The study analysed supermarket sales data in Melbourne suburbs and provided information on purchasing overall and comparisons between areas of different socio-economic status.

The report describes the methodological challenges in respect of:

- procuring complete data sets
- identification of products
- changes in product lines due to the continual introduction of new products
- inclusion of product sold on unit basis with no volume information

Despite these difficulties, this monitoring system was able to describe seasonal differences in purchasing, and the socio-economic gradient in purchasing between food groups and within food groups. People in less affluent areas purchased:

- less processed meats such as ham and less fruit - 50% less fruit in the poorest compared with the most affluent areas
- more fresh meat, snacks, confectionery and baked goods
- less mono-unsaturated oils and less butter, more margarine and blended poly-unsaturated oils.
- Two major concerns with data quality were identified - the completeness of the data set and correct identification of products for classification within a food group category. The report suggests that these problems require considerable initial investment of time and resources but would diminish with continued use of this methodology. However ongoing work would be required to maintain currency given the continued introduction of new food products into supermarkets.





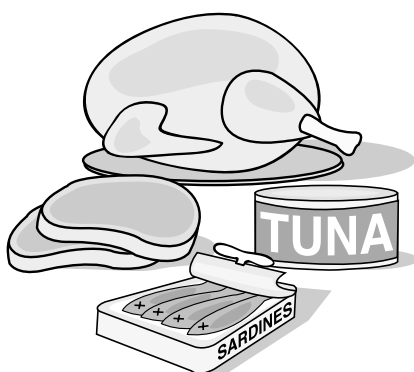
## Leverage points for action

**\*\*** Strategies where health has a lead role

**\*** Strategies where health can assist other agencies with specialist advice

## Monitoring and Evaluation (food supply)

- Establish a sampling framework to collect representative information\*
- Collect quantitative information on food supply in the store\*\*
  - Are the basic healthy foods there
  - What do they cost
  - How does that compare with cities/income/unhealthy products
- Collect qualitative information on food supply in the community\*\*
  - Is there healthy food available in the store and is it affordable



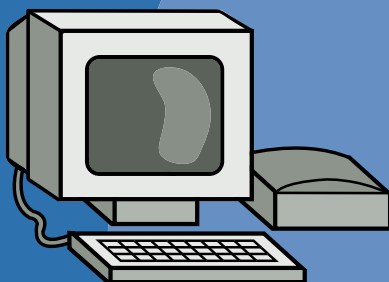
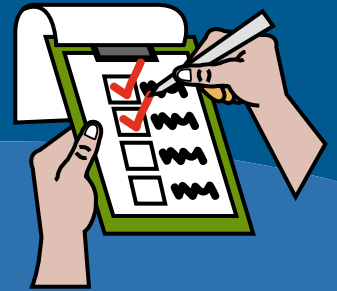
- Are people going without food some days
- Do people worry about not having enough money to feed the kids
- Develop adaptations to 'point of sale' systems which will facilitate monitoring of sales of healthy food choices\*\*
- Develop appropriate reporting systems so that this information is accessible to the community and appropriate agencies\*\*

## Monitoring and Evaluation (health and nutrition)\*\*

- Use existing health service systems to compile information on health and nutrition - possible indicators include:
  - Birth weight
  - Children's growth (6 mths to <3 yrs)
  - Prevalence of anaemia in pregnant mothers
  - Prevalence of overweight and obesity
  - Prevalence of chronic disease
- For interpretation of this information, denominator and coverage information is required
- Develop appropriate reporting systems so that this information is accessible to the community, the community health services and other agencies.

- 
- 1 Butlin A, Cashel K, Lee A, Phyland P, Taylor V, Food and Nutrition programs for Aboriginal and Torres Strait Islander Peoples Office of Aboriginal and Torres Strait Islander Health Services, Commonwealth Department of Health and Family Services October 1997 p15
  - 2 Marks G, Monitoring the national food supply – availability prices and quality. University of Queensland Nutrition program 2003
  - 3 Rychetnik L, Webb K, Story L, Katz T Food security options paper: a planning and menu of options for policy and practice interventions January 2003 Centre for Public Health Nutrition, University of Sydney
  - 4 per comm Suzanne Cockman National Housing and Environment Branch ATSI (03 ) 8619 8022
  - 5 Watson MJ, McDougall MK, Coles-Rutishauser IHE. Scanned retail sales data: an assessment of their potential for nutrition monitoring Australian Institute of Health and Welfare 1996

# Recommendations



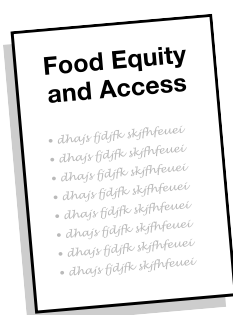


The fundamental issue to address in order to improve availability of affordable healthy food, relates to the purpose and profit levels of community stores and whether these stores are an essential community service or a profit generating enterprise. In the normal Australian situation, competition provides a control on prices and profit levels. In the absence of competition there is an argument for stronger government surveillance and control.

## Recommendation 1:

### Establish a high level 'whole of government' approach to resolve issues of food supply

A 'whole of government' approach to address equity in food availability and access can achieve a coordinated and collaborative initiative among the many agencies involved, which is essential if improvements are to be achieved and sustained.



The issues identified here are common to remote areas across the three jurisdictions of Western Australia, the Northern Territory and Queensland. Each jurisdiction could take a separate approach but action could be strengthened by all levels of government and relevant Commonwealth agencies including the Aboriginal and Torres Strait Islander

Services (ATSIS), the Departments of Transport and Regional Services (DOTARS) and Family and Community Services, working together on this issue.

## Recommendation 2:

### Secure funding to implement a north Australia Food Supply Project



The north Australia Food Supply project has been developed by the north Australia Nutrition Group (NANG) to address food supply issues in remote communities in north Australia on an ongoing basis. This project will progress work immediately on those areas where health has a direct role. The estimated budget for this project is \$250,000 approximately, over eighteen months

An Aboriginal and Torres Strait Islander Advisory group will direct and support this work. Identified project outcomes will include:

- Promotion and dissemination of good practice including an accreditation system and award program to support and recognise good practice in stores and take-aways
- Healthy food stocking guidelines for stores and take-away
- Food preparation guidelines for take-away food outlets
- A system of identification and promotion of healthy choices in stores and take-aways



- Collaboration with industry to develop products for stores and take-aways, tailored for remote community requirements
- Collaboration with primary industry to improve access to healthy food produced in north Australia
- Recommendations for method(s) of subsidising healthy food
- Partnerships & networks with key Indigenous organisations and with industry for sustainability

This work will complement the wider mandate of the Strategic Inter Government Nutrition Alliance (SIGNAL) and address key areas of Eat Well Australia and the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP).

### **Recommendation 3:**

#### **Establish a monitoring and evaluation system**

A monitoring and evaluation system is required to measure indicators of food supply, nutrition and health status. This system will provide information for the evaluation of work to improve food supply and health and will inform the work of the 'whole of government group'. Tentative estimates of the funds required for the development of methodologies and initial implementation are \$100,000.

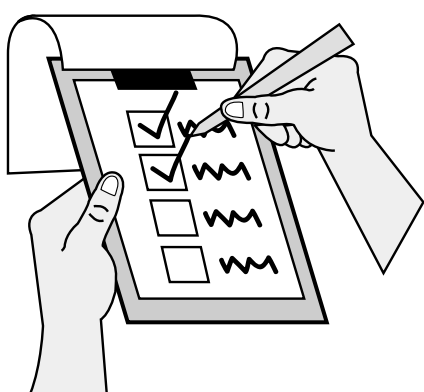
#### **A. Food supply monitoring and evaluation system**

A system is required to measure the availability and cost of healthy food in remote communities across north Australia. This will involve the development a methodology to build on scheduled surveys in Northern Territory and Queensland and a proposed survey in Western Australia. This work will include investigations into the use of 'point of sale' systems to monitor sales of food.

#### **B. Health, growth and nutrition indicators monitoring and evaluation system**

A system to monitor health and nutrition indicators in remote settings in north Australia is required to provide information on nutrition-related health indicators such as child growth and prevalence of chronic

disease. This system will utilise routine data which is currently collected but not compiled and reported. Initially this will require collaboration with epidemiologists and health service management to identify strategies for access of routinely collected information and to address denominator issues.



Concurrently the development of a national **Population Health Package** has the potential to provide the opportunity for Aboriginal people to attain specialist qualifications in community and/or public health nutrition. Aboriginal nutrition specialists will be well placed to address food supply issues in stores, schools and other settings.

At present, the work to improve nutrition and health in Aboriginal and Torres Strait Islander settings relies heavily on non-Indigenous nutritionists. It is important to avail of the opportunity to build Indigenous capacity in nutrition as a critical step to achieving sustained improvements in the nutrition and health of Aboriginal and Torres Strait Islander people.

#### Recommendation 4:

**Include nutrition as a core component in the new national Aboriginal Health Worker Training Package and as an option within the new national Population Health Package**

The current revision of health worker competencies and development of a national training package for health workers provides the opportunity to include nutrition as a core component of the national **Aboriginal Health Worker Training Package**. This will build the capacity of the Aboriginal health workforce to deliver effective nutrition interventions as part of their work with mothers, babies and young children, and with people with chronic diseases in their communities, and enhance their work in health promotion.







# Appendices

## Appendix 1: Northern Territory stores project model contract for store managers

Between:

AAA BBB (hereafter "the Employer")  
of (address)

And

XXX YYY (hereafter "the Manager")  
of (address)

Recitals:

- A. The Employer owns and conducts the business of a community store. The details of the Store are set out in Schedule 1.
- B. The Employer wishes to employ the Manager to ensure efficient operation of the Store and good management of the finances of the Store for the benefit of the community.

IT IS AGREED as follows:

### **1 Position:**

- 1.1 The Manager shall be employed in the position of Store Manager.

### **2 Commencement:**

- 2.1 This contract of employment commences on the date shown in Schedule 2.

### **3 Probation:**

- 3.1 The appointment of the Manager is subject to a two to four month period of probation. (probationary period to be negotiated between the Employer and Manager).
- 3.2 The parties acknowledge that such a period of probation is, having regard to the nature of the position and the nature and circumstances of the community within which the Manager will be employed, a reasonable period of probation.

- 3.3 At any time during the period of probationary employment of the Manager may be terminated by the Employer without the Employer being required to give reasons or explanation of any kind.
- 3.4 The parties agree and understand that the provisions of the Workplace Relations Act 1996 relating to remedies for unfair dismissal will not apply to any termination effected during the period of probation.

#### **4 Duties:**

- 4.1 The Manager's duties are to efficiently manage the day to day operation of all aspects of the business of the Store, including but not limited to;
- (a) ordering, and organising the transportation of, all necessary stock;
  - (b) organising and overseeing preparation, display and sale of all stock;
  - (c) maintaining the Store layout and display;
  - (d) supervising, managing and paying employees;
  - (e) ensuring that proper insurance policies are maintained for the Store building, stock in trade, Store vehicles and for workers compensation insurance as required by the Work Health Act.
  - (f) keeping accurate books and financial records of all aspects of the business of the Store including wages, group tax, and superannuation for employees;
  - (g) accounting for all monies received and paying over the same to the Employer as directed;
  - (h) providing regular financial reports to the Managing Committee of the Employer;
  - (i) supervision and training of other Store employees;
  - (j) liaising and consulting with the Managing Committee of the Employer in regard to all aspects of the business of the Store;
  - (k) taking directions from the Managing Committee of the Employer with respect to all aspects of the operation of the Store;
  - (l) care and supervision of the Store vehicles;
  - (m) to comply with the policies of the Employer in respect to the operation of the Store, particularly in relation to nutrition and health and safety;
  - (n) all other duties which are necessary and incidental to the efficient operation of the Store;
  - (o) such other duties as the Employer may reasonably allocate from time to time.
  - (p) ensuring that servicing and maintenance of equipment eg refrigerators, is carried out regularly.
- 4.2 The Manager is not authorised to commit the Employer to any capital expenditure or any borrowing of any description.

#### **5 Lawful directions:**

- 5.1 The Manager shall be immediately responsible to and shall carry out such lawful directions as are given from time to time by the person or committee referred to in the Schedule 3.

## **6 Hours of duty:**

- 6.1 The Manager shall devote substantially the whole of his time and attention during the ordinary business hours of the Store to the discharge of his duties and shall conform to such hours of work as may from time to time reasonably be required of him, and in this regard shall not be entitled to receive any remuneration or time in lieu for work performed outside ordinary business hours, unless negotiated with Employer.

## **7 Remuneration:**

- 7.1 The Manager shall be paid salary in the amount shown in Schedule 4.
- 7.2 The Employer shall review the Manager's salary annually and may, in its absolute discretion, adjust the Manager's salary in accordance with the Manager's performance and productivity and such other matters as the Employer shall in its absolute discretion consider relevant PROVIDED THAT the Manager's salary after any such review shall not be less than prior to the review.

## **8 Duration:**

- 8.1 The Manager's engagement shall continue until determined in accordance with the provisions of this Agreement.

## **9 Expenses:**

- 9.1 The Manager shall not be entitled to reimbursement of any expenses in connection with or incidental to the management or operation of the Store eg relocation costs, EXCEPT such expenses as are reasonably and necessarily incurred by the Manager with the prior consent of the Employer in performing his duties under this Agreement.

## **10 Accommodation (if applicable):**

- 10.1 While employed as Store Manager the Manager is hereby licensed to occupy the dwelling house described in schedule 5 or alternative accommodation as determined by agreement between the Employer and the Manager. (Hereafter referred to as the "Manager's accommodation").
- 10.2 A licence fee is payable by the Manager in relation to the occupation of the Manager's accommodation in the amount set out in schedule 5.
- 10.3 In the event of termination of this Agreement for any reason the Manager will vacate the Manager's accommodation within ten working days of the termination.
- 10.4 The Manager will pay the costs of all services to the Manager's accommodation including but not limited to gas, water, electricity and telephone as applicable.

## **11 Insurance:**

- 11.1 The Manager will ensure that the following insurance is maintained:
- (a) in the event that the building occupied by the Store is owned by the Employer a building insurance policy over the building occupied by the Store;
  - (b) in any event public liability cover to at least twenty million dollars in respect to the operation of the Store (at the expense of the Employer);
  - (c) a policy of insurance to cover loss or damage to the contents and stock in trade of the Store (at the expense of the Employer);
  - (d) in the event that the Manager's accommodation is owned by the Employer a building insurance policy (at the expense of the Employer) over the Manager's accommodation;
  - (e) in any event public liability cover to at least ten million dollars in respect to occupation of the Manager's accommodation (at the expense of the Employer);
  - (f) a policy of insurance to cover loss or damage to the Manager's personal property and house contents (at the Managers expense).
- 11.2 The Manager hereby indemnifies the Employer against any claim for loss or damages from any cause whatsoever to the Manager's personal property or effects in connection with the Managers occupation of the Manager's accommodation.

## **12 The Employer's Nutrition policy as set out in schedule 6:**

- 12.1 The Employer in collaboration with the Territory Health Services Nutritionist should develop a Nutrition Policy for the Store. An example of what could be included in a policy is set out as an attachment.
- 12.2 The purpose of the policy is to ensure a supply of healthy and nutritious food to the community in accordance with the Northern Territory Food and Nutrition Policy & Strategic Plan 1995-2000. The Manager acknowledges that he has been given a copy of the Northern Territory Food and Nutrition Policy & Strategic Plan 1995-2000 (or any document produced by Territory Health Services superseding or in substitution thereof) and that he has read and understood the document.
- 12.3 It is a fundamental condition of this Agreement that the Manager uses his best endeavours to implement the Nutrition policy to the fullest extent that is logistically and financially practical.
- 12.4 It is agreed that failure on the part of the Manager to implement the Nutrition policy to the best of his ability is a fundamental breach of this Agreement and may lead to termination of the employment of the Manager.
- 12.5 The Manager hereby agrees to undertake such training as is required by the Employer to ensure a full and complete understanding of the Nutrition policy. Any training required to be undertaken shall be at the expense of the Employer.
- 12.6 The Manager agrees to assist with the nutrition training of other employees of the Store by way of both 'on the job' training and any nutrition training provided by external agencies.

**13 Employment and training:**

- 13.1 The Employer wishes to give employment and contract opportunities to Aboriginal people resident or based in the community to ensure that local Aboriginal people are employed or contracted where they are capable of carrying out in a satisfactory manner the particular work required.
- 13.2 To assist with the employment policy in the above clause, the Manager shall:
  - (a) actively seek on behalf of the Employer to engage local Aboriginal people for work at the Store;
  - (b) to such extent as is practicable, give on-the-job training to local Aboriginal people employed at the Store who demonstrate a desire and capacity to increase their working skills;
  - (c) the Employer and the Manager in consultation with the appropriate trade unions (if any) will take all reasonable or practicable steps to ensure that working hours and conditions are adjusted to suit the cultural and social needs of Aboriginal employees.
- 13.3 All decisions in relation to the employment or dismissal of staff for the Store will be made by the Employer after consultation with the Manager.
- 13.4 The Manager is not authorised to employ or dismiss staff unless directed by the Employer to do so as agent of the Employer.
- 13.5 For specific skills upgrading, the Manager is expected to undertake relevant training at the expense of the Employer.

**14 Occupational Health and Safety:**

- 14.1 The Manager will, in consultation with the Employer, regularly (at least once every six months) conduct an examination of the health and safety standards of the Store to ensure a healthy and safe work place for the Manager and other employees and a healthy and safe environment for customers of the Store.

**15 Cross cultural awareness:**

- 15.1 If the Manager is not a local Aboriginal person then the Employer at its own expense agrees to provide cross cultural training for the Manager in order to :
  - (a) familiarise the Manager with Aboriginal traditions and culture specific to the area;
  - (b) promote a knowledge, understanding and respect for Aboriginal tradition and culture;
  - (c) foster good relationships between Aboriginal and non-Aboriginal persons.
- 15.2 As part of orientation, the Manager will mentor with a nominated community representative for a designated period.

## **16 Motor vehicles:**

- 16.1 The Employer owns and maintains the motor vehicles as set out in schedule 7 for the purposes of the business and operation of the Store. These vehicles are referred to in this Agreement as "the Store vehicles".
- 16.2 The Manager is authorised to use the Store vehicles for any purpose relating to the business and operation of the Store.
- 16.3 The Manager is not authorised to use the Store vehicles for his private use or allow the Store vehicles to be used by any other person for their private use. "Private use" in this paragraph means use of the vehicles for any purpose other than the business and operation of the Store.
- 16.4 The Manager and the Employer shall from time to time determine and draw up a list of suitably qualified and licensed employees who are authorised to drive Store vehicles. The Manager shall ensure that only authorised persons drive Store vehicles.
- 16.5 It is agreed that unauthorised use of the Store vehicles by the Manager or by another person with the knowledge, permission or consent of the Manager is a fundamental breach of this Agreement and is grounds for instant dismissal of the Manager.
- 16.6 The Manager acknowledges that the Store vehicles at all times remain the property of the Employer.
- 16.7 Manager undertakes to do all things necessary to keep the Store vehicles in good working condition and to ensure that the Store vehicles are registered, comprehensively insured and regularly serviced and maintained.
- 16.8 The Manager will consult with and take directions from the Employer as to the level of insurance and suitable terms of insurance and in respect to the provision of vehicle maintenance services.
- 16.9 All the costs of and incidental to the registration, insurance and maintenance of the Store vehicles will be met by the Employer.

## **17 Superannuation:**

- 17.1 Employer shall make Superannuation Guarantee contributions in relation to the employment of the Manager as required by law.
- 17.2 The Manager may nominate a superannuation fund to which the Employer can pay compulsory superannuation contributions. In the event that the Manager does not nominate a fund then the Employer will make the contributions to a fund of its choice.

**18 Annual Leave:**

- 18.1 The Manager shall be entitled to paid leave each year in accordance with the provisions of the *Northern Territory Annual Leave Act*. The Employer is responsible for organising relief management.
- 18.2 In addition to the leave provided under the *Annual Leave Act* the Manager shall be entitled to the extra leave set out in Schedule 8 at the same rate of pay as leave in accordance with the provisions *Annual Leave Act*.

**19 Sick leave:**

- 19.1 If the Manager is absent from work on account of personal illness or incapacity due to any cause other than his or her own misconduct, the Manager shall be entitled to leave of absence without deduction of pay subject to the following conditions and limitations:
- 19.2 The Manager shall not be entitled to paid leave of absence for any period in respect of which he is entitled to Worker's Compensation.
- 19.3 The Manager shall as soon as is practicable inform the Employer of the Manager's inability to attend for duty and as far as practicable state the nature of the injury or illness and the estimated duration of the absence.
- 19.4 The Manager shall prove to the satisfaction of the Employer that he was unable on account of such illness or injury to attend for duty on the day or days for which sick leave is claimed.
- 19.5 The Manager shall, during the first six months service with any Employer, be entitled to 1 day paid sick leave for each completed month of service. After six months service he shall forthwith become entitled to a further 4 days paid sick leave for the current year of service and to 10 days per annum for the second and subsequent years of service with the Employer.
- 19.6 Where the Manager claims to be allowed paid sick leave in accordance with this clause for an absence of one day only, he shall be entitled to sick pay if they produce within 48 hours of the absence a signed Statutory Declaration stating that they were unable to attend for duty on account of personal illness or injury by accident. This procedure shall be deemed to be sufficient for up to 4 days in any one year. If in the year the Manager has been allowed paid sick leave on four such occasions he shall not be entitled to payment for additional one-day absences unless he produces to the Employer a certificate of a duly qualified medical practitioner stating that in the medical practitioner's opinion, the Manager was unable to attend for duty on account of personal illness or on account of injury by accident.
- 19.7 Sick leave entitlements not claimed in any one year shall accumulate from year to year so long as the employment continues with the Employer PROVIDED that accumulated sick leave entitlements shall not exceed a total at any time of 30 days.

**20 Bereavement leave:**

- 20.1 The Manager shall be entitled to a maximum of 3 days' leave without loss of pay on each occasion and on production of satisfactory evidence of the death in Australia of the Manager's husband, wife, father, mother, brother, sister, child or step-child, father-in-law, mother-in-law and grandparents.
- 20.2 For the purpose of this clause the words "wife" and "husband" shall not include a wife or husband from whom the Manager is separated but shall include a person who lives with the employee as a de facto wife or husband.

**21 Family leave:**

- 21.1 In the event that the Manager has responsibilities in relation to either members of his immediate family or members of his household who need his care and support, the Manager shall be entitled to use up to four days in any 12 month period of his sick leave entitlement for absences to provide care and support for such persons when they are ill.
- 21.2 The Manager shall, if required, establish by production of a medical certificate or statutory declaration, the illness of the person concerned and that the illness is such as to require care by another.

**22 Jury service:**

- 22.1 In the event that the Manager is required to attend for jury service during ordinary working hours he shall be reimbursed by the Employer an amount equal to the difference between the amount paid in respect of the attendance for such jury service and the amount of wage which would have been received in respect of the ordinary time which would have been worked had the Manager not been on jury service. The Manager shall notify the Employer as soon as possible of the date upon which the Manager is required to attend for jury service.
- 22.2 The Manager shall give the Employer proof of such attendance, the duration of such attendance and the amount received in respect of jury service.

**23 Disclosure of information:**

- 23.1 The Manager will not at any time either during the continuance of his employment hereunder or after the termination of his employment for any reason divulge any of the affairs or secrets of Employer to any other company, person or persons without the previous consent in writing of the Employer, nor use or attempt to use any information which he may acquire in the course of his employment in any manner which may injure or cause loss or be calculated to injure or cause loss to the Employer.



**24 Dispute settling procedure:**

- 24.1 It is agreed that in the event of a dispute arising, every endeavour will be made to amicably settle the dispute by direct negotiation and consultation between the parties to this Agreement.
- 24.2 It is agreed that work shall continue during the period of negotiation, discussion and consultation, except in the case of work that is considered by the Employer to be unsafe.

**25 Anti-discrimination**

- 25.1 It is the intention of the parties to this Agreement to help prevent and eliminate discrimination on the basis of race, colour, sex, sexual preference, age, physical or mental disability, marital status, family responsibilities, pregnancy, religion, political opinion, national extraction or social origin.
- 25.2 Accordingly, the parties to this Agreement must make every endeavour to ensure that neither this Agreement nor its operation is directly or indirectly discriminatory in their effects.

**26 Work related injuries:**

- 26.1 Where the Employer has reason to believe the Manager has suffered a work related injury or illness, the Employer may require the Manager to attend a doctor nominated by the Employer in working time and be paid for by the Employer, where the Employer deems it is desirable or necessary. Nothing in this clause shall take away from the Manager the right to consult a doctor of his choice in respect to a work related injury.

**27 Termination:**

- 27.1 The Employer may terminate the employment of the Manager only in a manner consistent with the provisions of the *Workplace Relations Act* 1996 (as amended from time to time) relating to termination of employment and the requirements of notice of termination.
- 27.2 The Employer may terminate this Agreement at any time without the period of notice required under the *Workplace Relations Act* if the Manager is guilty of serious misconduct of such a nature that it would be unreasonable to require the Employer to continue the employment of the Manager during the required notice period.
- 27.3 The Manager may terminate this Agreement at any time by giving to the Employer a notice in writing for a period of not less than the period referred to in Schedule 9.

**28 Restraint**

- 28.1 After the termination of the employment of the Manager by the Employer (for any reason whatsoever) the Manager agrees that he will not establish, work or participate in, either by himself or with anyone else, the business of a shop or store within fifty kilometres of the Store for a period of twelve months.

**29 Relationship of parties:**

- 29.1 The parties hereby specifically agree that it is intended that this Agreement shall create the relationship of Employer and employee between them and they hereby state that it is not their intention to create any other relationship and, in particular, the relationship of principal and contractor or the relationship of partners.

**30 Notices:**

- 30.1 All notices hereunder by one party may be sent either by personal delivery or by pre-paid mail to the last known address of the other. Notices sent by mail are deemed to be received when delivered in the ordinary course of the post.

**31 Entire Agreement:**

- 31.1 This Agreement contains the entire Agreement between the parties and supersedes any statements, offers or representations made in prior negotiations and discussions.

**32 Variation:**

- 32.1 No modification, variation or amendment to this Agreement shall be of any force unless in writing and executed by each Party.

**33 Governing law:**

- 33.1 This Agreement shall be governed by and interpreted in accordance with the laws of the Commonwealth of Australia and the Northern Territory and both parties submit to the non-exclusive jurisdiction of the Courts of the Northern Territory.

**34 Interpretation:**

- 34.1 For the purpose of this Agreement and unless the context otherwise admits, words importing the singular include the plural and vice versa; words of the masculine gender include the feminine and vice versa.
- 34.2 For the purpose of this Agreement, Employer includes all successors, assignees and transmittes of the business of the Employer.

Dated:

Signed by the  
Employer

.....

in the presence of

.....

Witness

.....

Witness

Signed by the Manager

.....

in the presence of

.....

Witness

## **SCHEDULES to the STORE MANAGER'S CONTRACT**

between

AAA BBB

and

XXX YYY

1. Details of the Store: (S 1)  
XXX Store is situated at the XXX community at XXX The Store is owned by the AAA BBB which is incorporated under the Aboriginal Councils and Associations Act (Cth) or
2. The commencement date: (S 2)
3. The Manager is immediately responsible to XXX (S 5.1)
4. The Manager shall be paid an annual salary of \$xxx by way of equal fortnightly payments of \$yyy less tax and other authorised deductions. (S 7.1)
5. Accommodation:  
The House # (S 10.1)  
Licence fee: (S 10.2)
6. Annexed hereto is a document AAA BBB Store Nutrition Policy. (S 12)
7. The Store runs the following motor vehicles: (S 16)
  - a) Truck;
  - b) ute etc etc
8. Additional Annual Leave: (S 18)  
The *Annual Leave Act* provides for 28 days annual leave which is inclusive of weekends. The Manager shall be entitled after the completion of twelve months service to additional leave as follows:
  - a) zzz concurrent days inclusive of weekends.
9. The Manager may terminate this Agreement at any time by giving the Employer six weeks notice. (S27.3)

## Good Practice Suggestions for Remote Community Stores Nutrition Policy

### EXTRACTED FROM 'THE STORE BOOK'

- Our store will offer more consumer choices eg vegetables packaged for one meal, fruit sold singularly, types of foods sold in store. (S 8).
- Our meat contract will specify lean cuts of fresh or frozen meats (S 8-5).
- Our store will sell fresh, canned, frozen or dried vegetables. (S 8-3).
- Our store will sell fresh, canned, dried or frozen fruit and fruit juices. (S 8-4).  
(fruit in natural juice with no added sugar and 100% no added sugar fruit juice)
- Our store will sell oils and margarines based on Canola and olive oils. (S 8-5).
- Our takeaway will limit or restrict the sale of foods deep fried and ready prepared deep fried foods, in the takeaway (S 9).
- Our takeaway will sell fresh salad, meat and salad sandwiches or rolls, meat and vegetable stews with rice, pasta or noodles. (S 9).
- Our store will sell low and reduced fat milks (powdered, UHT or fresh), cheese and yoghurts. (S 8-5).
- Our takeaway will sell single fruit, diet drinks and bottled water. (S 9).
- Our store will have a water cooler and bottled or canned spring water, plain mineral and/ or soda water. (S 8-7).
- Our store will sell foods with no added sugar or moderate amounts of added sugars. (S 8-8).
- Our store will sell diet drinks and artificial sweeteners, like equal or sugarine. (S 8-8).
- Our store will sell flour, breads, dried biscuits, cereals, breakfast cereals, pasta, noodles and rice. Some of these products should be wholegrain or wholemeal. (S 8-2).
- Our store will sell foods low in salt or no added salt such as low salt or no added salt tinned meats, fish, biscuits, margarines, sauces, dressings, and tinned vegetables. (S 8-9).
- Our store will sell fresh vegetables pre packed to be used for stews or soups. (S 8-3).
- Our store will sell large cans and snack cans of baked beans. (S 8-3).
- Our store will sell fruit individually especially off pension week. (S 8-4).
- Our store will not sell feeding bottles or infant formula. (S 8-10).
- Our store will sell foods for young babies when they start solid foods such as rice cereal and jars or tinned puree vegetables, fruits and meats. (S 8-10).

- Our store will sell infant feeding cups, small bowls and spoons. (S 8-10).
  - Our store committee will get up to date education on changes in packaging and labels. (S 8).
  - Our store will support sporting and cultural events through funding activities or providing healthy foods at these events. (S 8-6).
  - Our store will encourage bush tucker hunting on a regular basis. (S 8-6).
  - Our store will sell sweets, lollies, chocolate, soft drinks and sports drinks after 3.00 pm. (S 8-8).
- N.B. All of the above suggestions have been extracted from 'The Store Book' (THS).  
There may be other nutrition requirements specific to an individual community.

## **OTHER GOOD PRACTICE SUGGESTIONS**

- The store will endeavour to provide a variety of 'healthy' foods.
- The store will order 'healthier' choice foods upon request when there is a demand for the product in the community.
- The store will undertake regular nutrition promotion activities, such as providing healthy snack packs for children, low fat foods and undertake promotional activities in collaboration with the Health Centre and/ or local Community Nutrition Worker.
- The store will stock healthier choices of food lines, ie low fat hamper and other reduced fat tinned meat products.
- Limit the display of junk food at children's eye level throughout the store and have healthier alternatives displayed, such as fruit and 'healthy snack packs'.

## Appendix 2: Store food and nutritional policies in use in north Australia

Below are examples of nutrition policies used in stores in remote north Australia.

### **The Arnhem Land Progress Association Nutrition Policy<sup>1</sup>**

ALPA seeks to present a balanced range of products to its customers, giving increased emphasis to the nutritional worth of our product selection.

We will have, at all times, appealing and plentiful supplies of fresh fruit and vegetables, fruit juices, diet soft drinks, polyunsaturated oils and margarine, and some wholemeal bread.

ALPA continues to subsidise the freight on fruit and vegetables to 100% in order to lower the price and increase the consumption of healthy food.

The needs of diabetics will be acknowledged and we will carry artificial sweeteners and suitable dry biscuits in the range. For special requirements we will assist where possible.

The Take Away sections in our stores will emphasise this nutritional bias to the best of our ability without restricting choice. All stores will prepare and cook nutritious meals. Sandwiches will be available daily.

There will be on-going cooperation with government health workers on a nutrition program.

In store training for store staff will be provided in the areas of nutrition, food preparation and take away service.

### **The Queensland Department of Aboriginal and Torres Strait Retail Stores Unit – Nutrition Policy for Remote Retail Stores<sup>2</sup>**

The aim of the store nutrition policy adopted by DATSIP retail stores is to ensure that people have access at all times to the foods they need to stay healthy. The key objectives of the policy are:

1. To improve the capacity of the stores to provide a good range of affordable, healthy food of good quality including fresh fruit and vegetables.
2. To ensure that Indigenous customers are able to make informed choices on foods necessary to maintain good health and meet specific dietary requirements.

#### **Strategies:**

1. The store will stock adequate supplies of good quality fresh fruit and vegetables at the best possible price, at all times.
2. The store will ensure that people who wish to purchase healthy food choices are able to do so. The store will do this by promoting and stocking, in addition to fresh fruit and vegetables:
  - Some canned and frozen fruit and vegetables.
  - Some multigrain or whole grain bread.
  - Some low fat dry biscuits.
  - Wholegrain cereals such as Weet Bix or Vita Brits.
  - Some monounsaturated or polyunsaturated oils such as canola oil, sunola oil or olive oil.
  - Some monounsaturated and polyunsaturated margarines.
  - Some low fat dairy choices such as reduced fat or low fat milk, yoghurt and cheese.
  - Some lean meat choices.
  - Some legumes such as baked beans, red kidney beans and bean mix.
  - 100% fruit juices with no added sugar.
  - Low sugar or sugar free soft drink/cordials, including mineral water.
3. The store will endeavour to assist people with medical conditions such as diabetes with requests for special foods.
4. If the store sells take-away food, some "healthy" take-away food options will be available.
5. Prices of goods will be clearly displayed at all times.

The implementation of this nutrition policy will be monitored and reported on a regular basis using measurable indicators as well as feedback from customers. The policy will be reviewed annually.



- 
- 1 Per comm Richard Frampton, Marketing Manager, Arnhem Land Progress Association (phone 08 8944 6444)
  - 2 The Queensland Department of Aboriginal and Torres Strait Islander Policy Retail Stores Unit Nutrition Policy for Remote Retail Stores 2001

## Appendix 3: Territory Tidy Town Store Judging Checklist

### Judging Sheet 2003

#### MEAT

##### Fresh/ Frozen

Lean beef and steak choices	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Low fat mince	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Chicken: whole	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
pieces	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
skinless cuts	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Kangaroo: tails, mince, fillets	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Offal: Liver, kidney	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

##### Tinned Meat

Low fat ham	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Lite corned beef	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Braised steak	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Meat and cereal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

##### Mixed meals (meat and vegetables)

Brands with good portions of vegetables	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Low in fat and salt	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

#### FISH

##### Frozen

Small whole	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Filletted local where available	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

##### Tinned

Tuna/ Sardines/ Salmon in canned water, tomato sauce or canola oil	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**DAIRY****Milk**

Fresh	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tinned evaporated milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Powdered milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Longlife (UHT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skim/ Trim	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Yoghurt**

Low fat and Diet choices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------------	------------------------------	-----------------------------

**Cheese**

Low fat/ reduced fat choices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Processed (does not require refrigeration)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cheese sticks and snack packs	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**FRUIT****Fresh**

Apples	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oranges	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bananas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Tinned**

No added sugar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In 100% fruit juice no added sugar	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Dried**

Raisins	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apricots	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prunes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sultanas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## FRUIT JUICES

100% fruit juices with no added sugar

☐ Yes

☐ No

Long life (UHT) fruit juices

☐ Yes

☐ No

## VEGETABLES

### Fresh (2 varieties from each of the following colour groups)

White x 2

☐ Yes

☐ No

Green x 2

☐ Yes

☐ No

Orange x 2

☐ Yes

☐ No

Yellow x 2

☐ Yes

☐ No

### Are the following available individually

Potatoes

☐ Yes

☐ No

Onions

☐ Yes

☐ No

Carrots

☐ Yes

☐ No

### Are the following available in small pieces

Pumpkin

☐ Yes

☐ No

Cabbage

☐ Yes

☐ No

### Tinned Vegetables

White

☐ Yes

☐ No

Green

☐ Yes

☐ No

Orange

☐ Yes

☐ No

Yellow

☐ Yes

☐ No

Baked Beans (ring pull can)

☐ Yes

☐ No

3 or 4 Bean Mix (ring pull can)

☐ Yes

☐ No

### Frozen Vegetables

Mixed packets (eg corn and peas)

☐ Yes

☐ No

Stir fry mixes

☐ Yes

☐ No

Variety mixes (eg corn, capsicum, peas)

☐ Yes

☐ No

Single mixes (corn, peas, beans)

☐ Yes

☐ No

## BREAD AND DRIED BISCUITS

### Bread

White	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wholemeal/ Wholegrain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bread rolls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High fibre white bread	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Dried Biscuits

Low fat cracker biscuits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wholemeal varieties	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PASTA, RICE, NOODLES AND FLOUR

### Flour

White flour plain/self raising	<input type="checkbox"/> Yes	<input type="checkbox"/> No
White flour with added nutrients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wholemeal flour	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Packets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drums	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Pasta, noodles and rice

Spaghetti	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Macaroni	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Two minute noodles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rice	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## BREAKFAST CEREALS

Breakfast biscuits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rolled Oats (tin)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cornflakes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## DRINKS

Tea (leaf & bag)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coffee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Milo	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diet/ lite cordials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Low fat flavoured milks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
100% fruit juices with no added sugar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bottle water (chilled)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## SPREADS

Vegemite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Peanut Butter/ Paste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
100% Jams	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## MARGARINES & OILS

### Margarine

Canola margarine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Polyunsaturated margarine	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Oils

Canola or Olive Oil	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Polyunsaturated Oil	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## FOOD FOR BABIES AND TODDLERS

### Babies

Baby rice cereal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tinned food strained (vegetables & fruit varieties)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Toddlers

Varieties of tinned dinners (chicken/ meat & vegetables)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Other food varieties**

Breakfast biscuits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rolled oats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UHT 100% fruit juices with no added sugar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cheese sticks and triangles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eggs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tinned baked beans (ring pull)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vegemite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Peanut paste	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**NUTRITION PROMOTION ACTIVITIES**

Healthy foods easily accessible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Healthy foods being promoted	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**TAKE-AWAYS****Healthy Choices available**

Minimal use of spreads in sandwiches & burgers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fish/ Chicken/ Vegie/ Hamburgers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lean meat patties with salad	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lean steak sandwiches with salad	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meat/Chicken kebabs with vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual pieces of fresh fruit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sandwiches/rolls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Soups	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stews	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Baked potatoes with fillings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corn on the cob	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rotisserie chicken	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hard boiled eggs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Jaffles/toasted sandwiches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frozen yoghurts/fruche	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Appendix 4:

**Summary of the strength of evidence for the inter-relationship of diet and nutrition and prevent/causation of chronic disease<sup>1</sup>**

	<b>OBESITY</b>	<b>T2DIABETES</b>	<b>CVD</b>	<b>CANCER</b>	<b>DENTAL DISEASE</b>
High intake of energy dense food	Convincing: increases risk				
Saturated fats		Probable: increases risk	Convincing: increases risk		
Trans fats			Convincing: increases risk		
Dietary cholesterol			Probable: increases risk		
High salt intake			Convincing: increases risk		
Free sugars					Convincing: increases risk
Sugar sweetened soft drink	Probable: increases risk				Probable: increases risk
High fibre diet	Convincing: reduces risk	Probable: reduces risk	Probable: reduces risk		
Wholegrain cereals			Probable: reduces risk		
Folate			Probable: reduces risk		
Fruits and vegetables	Convincing: reduces risk	Probable: reduces risk	Convincing: reduces risk	Probable: reduces risk	
Exclusive breastfeeding	Probable: reduces risk				
Other factors					
Maternal diabetes		Convincing: increases risk			
Intrauterine growth retardation		Probable: increases risk			
Home and school environments that support healthy choices for children	Probable: reduces risk				
Heavy marketing of energy dense foods and fast food outlets	Probable: increases risk				
Adverse social and economic conditions	Probable: increases risk				

<sup>1</sup> adapted from: World Health Organisation Diet, Nutrition and the Prevention of Chronic Disease p106-108 WHO March 2003



## Appendix 5: FoodNorth Briefing Paper

“Access to good affordable food makes more difference to what people eat than health education” World Health Organisation 1998

### Why FoodNorth?

The food that Aboriginal and Torres Strait Islander people ate in traditional times was healthy nutritious food. People were active and fit, knowledgeable and skilled in getting food for themselves and their families. Nowadays Aboriginal and Torres Strait Islander peoples have high levels of chronic diseases such as diabetes, high blood pressure and kidney failure. Poor food is a big part of the reason why these diseases develop. In many remote communities, the food that is available for people to buy is expensive and hard to get, especially the most nutritious foods like fresh fruit and vegetables.

Not having enough good food can affect how children grow even before they are born. If pregnant mothers are not getting enough good food, their babies miss out. The babies miss the opportunity for growing muscles and body organs to their full potential. Healthy babies grow fast during the first two or three years so good food and breastfeeding, is important for babies and young children too.

If children have a lot of high fat foods and sugary drinks, this puts a strain on their body systems. This is worse for children who missed out by not growing well when they were babies.

People who have had poor growth in early life are much more likely to become too heavy as adults. In some communities this change from being underweight to being overweight is happening in childhood so that primary school children and adolescents are beginning to develop diseases like Type 2 diabetes which are usually adult diseases. The longer people have problems like diabetes and high blood pressure the more likely they are to develop problems like kidney disease and need dialysis for End Stage Renal Disease (ESRD).

### The north Australia Health Ministers (NAHM)

The north Australia Health Ministers (NAHM) have set up working groups to address issues which are problems right across north Australia. NAHM includes the health ministers from Western Australia, Northern Territory and Queensland. Food supply has been identified as an important issue for north Australia, especially for remote Indigenous communities. The north Australia Nutrition Group (NANG) work under the auspices of the north Australia Health Ministers. NANG have developed the FoodNorth project proposal but funding has not been found

yet. However, the Western Australia Department of Health Office of Aboriginal Health has funded a short term project for three months to do preliminary work while more work is done to find funding for the long term project. The north Australia food supply work also supports the work of SIGNAL (the Strategic Inter Government Nutrition Alliance) in the implementation of the national plan for food and nutrition 'Eat Well Australia'. Eat Well Australia includes the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP).

**Dympna Leonard** is a nutritionist usually based in Queensland Health Tropical Public Health Unit in Cairns. Dympna has relocated to Broome in WA, to work on the three month project from April to end of June 2003.

During those three months, Dympna will:

- collect information on the current health situation and food supply situation for Indigenous people in remote communities
- look at some of the projects which have been done in north Australia and elsewhere to improve food supply and purchasing of healthy food.
- Identify factors for success and identify intervention points for ongoing work on food supply

## If it is funded, what is FoodNorth project aiming to do?

FoodNorth aims to work with communities and stores and other government and non-government organisations to improve the food supply to remote Indigenous communities in north Australia. The aim is to have more healthy food in stores and take-aways, at prices that people can afford. FoodNorth will concentrate on the food in stores and take-aways. Local market gardens and more bush tucker can also help people's health but FoodNorth will work with stores and take-aways because people get most of their food from stores and take-aways.

**For stores** healthy food choices include lean meat, good kinds of oils and margarines and good quality fresh fruit and vegetables.

**For take-away outlets** healthy food means sandwiches and tasty hot food that is not high fat and cold drinks which are not high sugar.

If you would like to discuss food supply issues and opportunities, please contact:

### **Manager Nutrition and Physical Activity Branch**

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189 Royal Street, East Perth  
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