



Position Statement

Food Security in East Arnhem

Purpose

Objective 1.1.1 of the Food Security and Nutrition Strategy is to develop a board-approved food security position statement encompassing the social determinants of health with support from other Miwatj programs. This document will be used to advocate to government and external organisations to address the social determinants of food security in our region. The following actions were identified during the consultations for the Food Security and Nutrition Strategy and were used in the recent submission to the Parliamentary Inquiry into remote store pricing.

Actions

Miwatj calls for the following actions as part of a comprehensive approach to address the social determinants of food security and poor nutrition in East Arnhem Land.

Food production feasibility: Engage with appropriate groups such as primary industry, small business development and all levels of government to explore the feasibility of large-scale local food production initiatives (as opposed to small scale community market gardens) that have a solid economic foundation and strong business model. This needs to have an Aboriginal and Torres Strait Islander community-led approach.

Improve housing: Increase investment in remote housing construction and maintenance and social infrastructure. This should use an economic development approach and be undertaken by a regional Aboriginal community-controlled housing organisation.

Implement fiscal policies alongside direct to consumer healthy food subsidies to improve food affordability in community. This may be in the form of increasing remote area allowance for recipients of social security payments living in very remote areas to adequately compensate for the high costs of living.

Support access to traditional bush foods: Increase funding and flexible arrangements for programs such as those offered by ranger groups that can support access to bush foods.

Improved food price monitoring: Establish a national and transparent approach to monitoring of food price, availability and affordability; ensuring that results are publically available.

Increase nutrition workforce: Increase government investment in a nutrition prevention workforce to implement healthy remote store practices, business and policy along with healthy lifestyle programs and initiatives. Genuine and sustained funding of a co-ordinated nutrition workforce that

includes community based healthy lifestyle workers is required to support nutrition initiatives and generate effective change.

Increase support to remote stores: Consider remote community stores to be an ‘essential service’, that requires cross-jurisdictional support from government, health and social agencies at all levels. Increase government funding that is available to remote community-owned stores to enable them to promote a healthy food supply. Strengthen the Community Stores Licensing Scheme through the adoption of a non-legislative collaborative model that is delivered through Land Councils, Traditional Owners and Township Leasing.

Invest in job creating strategies that take a strengths-based approach to remote employment programs that focus on being community-driven, creating jobs, strengthening culture, being flexible, promoting incentives versus punishments, provide ongoing support and prioritising long-term economic, social & skills development e.g.: the APO NT proposed Remote Development and Employment Scheme as an alternative to the current Community Development Program.

Background

Food security is a fundamental human right. It exists “when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.” (FAO, 1996). Addressing the social, cultural and economic determinants of food insecurity is essential to enable Aboriginal people living in East Arnhem Land to lead healthy, active lifestyles.

Miwatj Health Aboriginal Corporation (“Miwatj”) is an independent, Aboriginal Community-Controlled Health Service (ACCHS) operating seven primary health clinics and one wellbeing centre in communities across East Arnhem Land. Established in 1992, our mission is to ensure and expand Aboriginal community control of quality healthcare services and public health programs across the East Arnhem region.

Miwatj recognises that Aboriginal peoples have a profound and continuing connection to food and food practices as part of a sovereign and intimate relationship with Country. The definition of food security described by remote Aboriginal communities in the NT is; “The land and the sea is our food security. It is our right. Food security for us has two parts: Food security for us is when the food of our ancestors is protected and always there for us and our children. It is when we can easily access and afford the right non-traditional food for a collective health and active life. When we are food secure we can provide, share and fulfil our responsibilities, we can choose good food knowing how to make choices and how to prepare and use it.” (Menzies School of Health Research, 2010).

Aboriginal and Torres Strait Islander people over the tens of thousands of years prior to invasion had a diet that supported community connectedness, good health, cultural and spiritual wellbeing and sustainable land use (Brimblecombe et al., 2014). Traditional food practices have since been extensively impacted by European invasion and settlement as recently as the mid-20th Century in East Arnhem Land (Brimblecombe et al., 2014). Displacement from traditional lands, forced reliance on poor quality ‘ration’ foods, limited financial independence and a breakdown of cultural knowledge has led to the high rates of food insecurity seen today (Wilson, 2020).

Across Australia, more than 1 in 5 (22%) Aboriginal and Torres Strait Islander people are reported to live in a food insecure household, compared with less than 1 in 20 (3.7%) amongst non-Indigenous Australians. This is higher in remote areas with 31% of Aboriginal and Torres Strait Islander people

reportedly living in food insecure households (Australian Bureau of Statistics, 2015). This is likely an underestimate with 76% of participants in a recent explorative study in remote NT communities reporting to experience food insecurity (Ferguson, 2017).

The remoteness of East Arnhem Land presents significant barriers for people to access nutritious food. The majority of food supplies are delivered by barge. Food supplies from Darwin can transit for a week on the barge before arriving in community. As a result, the shelf life of fresh vegetables and fruit is much shorter than in regional or urban centres. The other method of delivery, by the Central Arnhem Road, is not currently passable in the wet season (typically between December-March). The cost of freight increases the cost of food sold at remote stores. According to the NT Market Basket Survey 2019, the East Arnhem region had both the most expensive Healthy Food Basket (\$888) and Current Diet Basket (\$954) (NT Department of Health, 2020). On average, the Healthy Food Basket in remote stores was 56% more expensive than in the district centre supermarkets (NT Department of Health, 2020). The median weekly family income in the region is amongst the lowest for the Aboriginal and Torres Strait Islander population at \$671 (Australian Bureau of Statistics, 2016; Markham, 2018). Based off these estimates, to purchase the healthy food basket, most families would have to spend at least 66% of their disposable income on food. This is compared to 30% for the lowest income Australian households and 14% for the average Australian household. (Lee et al., 2009). This is concerning given the lack of sustainable jobs in the region, the barriers to accessing Centrelink payments and the disproportionate levels of poor health.

Overcrowded households are an additional strain on limited resources when it comes to food security. A recent report found that levels of overcrowding in bush communities was much higher than officially recorded. The study found an average of 7.3 and up to 22 people in bush community households (Hall et al., 2020). Crowded households increase the likelihood of health hardware malfunction and result in community members living with non-functional hot water systems, windows, kitchen facilities, washing machines and toilets among other health hardware; this poses a significant barrier to health and to safe food preparation (Hall et al., 2020).

Lack of food security causes hunger and anxiety related to food shortage in the short term, and serious health consequences related to malnutrition and chronic disease in the medium to long-term (Dietitians Association Australia, 2016; Brimblecombe, 2009). Young children and pregnant and breastfeeding women tend to be particularly vulnerable to the short and longer term effects of food insecurity, which can impact on children's growth, physical and social and emotional development, and learning potential (Dietitians Association Australia, 2016). The East Arnhem region has a very high prevalence of anaemia in children, well above the NT-wide average of 15% (NT Aboriginal Community Controlled Health Services, 2017).

Food insecurity directly impacts people's ability to maintain a nutritious diet. Adults living in remote communities in the NT reported high reliance on nutritionally poor carbohydrate staples due to the high cost of food and competing demands for money, lack of safe food storage and as a strategy to manage family obligations to share food (Brimblecombe, 2014). Poor diet is a leading risk factor for the burden of disease in Australia (Institute for Health Metrics and Evaluation, 2017) and is considered an essential yet under-recognised part of closing the gap in health inequalities experienced by Aboriginal and Torres Strait Islander people (Brown, 2014).

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