"In remote communities, there’s often just one general store. By the time the food gets from the city to the store, the freshness has declined and the price is high because of transport costs and lack of store purchase power. Better nutrition, and with it, better health in remote Aboriginal communities, starts with concerted work to educate people about healthy diets, along with strategies to address issues of food supply and to make the healthy choice the easy choice. In the Menzies’ nutrition team, that’s where we focus our efforts – and where, happily, we’re seeing promising results."

For Indigenous people living in remote communities, there is little opportunity to choose to eat healthily. Food is expensive and fresh food is of extremely poor quality. Substandard housing has only basic cooking and food-storage facilities. There is a lack of recreational facilities to encourage people to undertake regular exercise. This combination of factors produces high rates of obesity in people living in remote communities, which in turn, leads to high rates of chronic disease and eventually, premature death.

Indigenous Australians living in remote Australia have THE POOREST HEALTH OUTCOMES IN THE NATION

1 in 3 Indigenous Australians living in remote communities RUNS OUT of FOOD and has NO MONEY to BUY MORE

The Australian Government undertakes national dietary surveys which play an important role in policy making. However, these surveys are expensive and there are long gaps in between surveys. Inevitably, people over-report the good food and under-report the junk food which is why it is imperative to have better information than that gained from self-reporting.
At Menzies School of Health Research (Menzies), researchers track people’s food spending and have real-time electronic data regarding what people are eating across remote communities in northern and central Australia. Marketing agencies collect and analyse data from Flybuys and other schemes for advertising purposes. Menzies does the same, in partnership with communities and remote stores, to improve health.

Researchers have access to data with information on more than three years of food consumption. It is hoped to be able to expand this data system to cover all stores in the Northern Territory. This system can be used to follow consumption trends over time, assess these against different policy initiatives and relate food consumption to community health outcomes. It provides important feedback for stores.

We also use this data to simulate interventions, determine cost benefits and model improved diets. As a result of this work, we know that 25% of food spending is on soft drinks and less than 10% on fruit and vegetables. In addition, we have seen that price discounts are effective.

We know that a healthy diet is achievable within the existing budget currently spent on food and drinks. Unfortunately, Australia’s poorest people, living in remote communities, are paying 60% more for food than other Australians.

In the Northern Territory, food costs about 60% more in remote communities than in Darwin.

In Australia, people living in remote communities pay the highest average prices for food.

Less than 10% of the food budget in these remote communities is spent on fruit and vegetables.

To close the Indigenous health gap, part of the solution must be to close the food price gap.
BRIDGING THE GAP

Good nutrition holds the key to better health and wellbeing. Advances in this regard sit at the heart of efforts to improve the health of Indigenous Australians. This project is aimed at the epicentre of chronic ill health and premature death in remote Indigenous communities. Strategies which are backed by the latest research evidence are being used to tackle this issue.

Since 2010, Menzies’ Nutrition team has been working with Northern Territory remote community stores as part of a concerted push to improve remote community diets. Menzies work to date is demonstrating real success in what has been an intractable, systemic health issue. We know that a multi-faceted approach to food and nutrition in these communities is necessary as it is not simply an issue of subsidising food prices. We need bold innovation and cross-sectoral collaboration to improve the affordability and desirability of healthy foods.

Menzies has real-time, valid, comprehensive data on what people are eating, the cost of this food, and its fat, sugar and salt content. Through engaging with the boards and owners of community stores, and building their capacity to make healthy choices the easy choices, we will make a real impact in bridging the gap.

POOR NUTRITION & DIET are the LEADING CONTRIBUTORS to the HEALTH GAP
THE STRATEGY

This strategy is a call to action for leading the way in tackling diet-related poor health in Indigenous communities. Building on preliminary research findings, Menzies seeks to undertake a comprehensive program of work to improve the health of the population through the implementation of evidence-informed food policy in remote Indigenous community retail stores.

We will design innovative, culturally-relevant and accessible dietary improvement strategies that are sustainably integrated into services that are already being provided to communities. Strategies as simple as the front counter display of healthy foods can make a significant difference. For example, prominently presenting fruit, vegetables, and healthier foods and offering price promotions will incentivise their purchase. At the same time, prominently displaying the fistfuls of sugar in Coke and other soft drinks at their points of purchase may well act as a deterrent to purchasing. Providing information to the store decision-makers is key to driving these changes.

WE ARE SEEKING $5 MILLION OVER 5 YEARS TO ENSURE THAT:

- We are able to work collaboratively to ensure that Indigenous communities have equal access to affordable, healthy foods
- We are able to provide Indigenous Australians with appropriate nutritional education so that they are empowered to take control of their own health