

Aboriginal Health and Medical Research Council of NSW

Inquiry into food production and supply in NSW

The AH&MRC Acknowledges the Traditional Owners of the lands on which the AH&MRC stands, the lands of the Bidjigal and Gadigal people of the Eora Nation. The AH&MRC pays respect to Elders past, present and emerging.

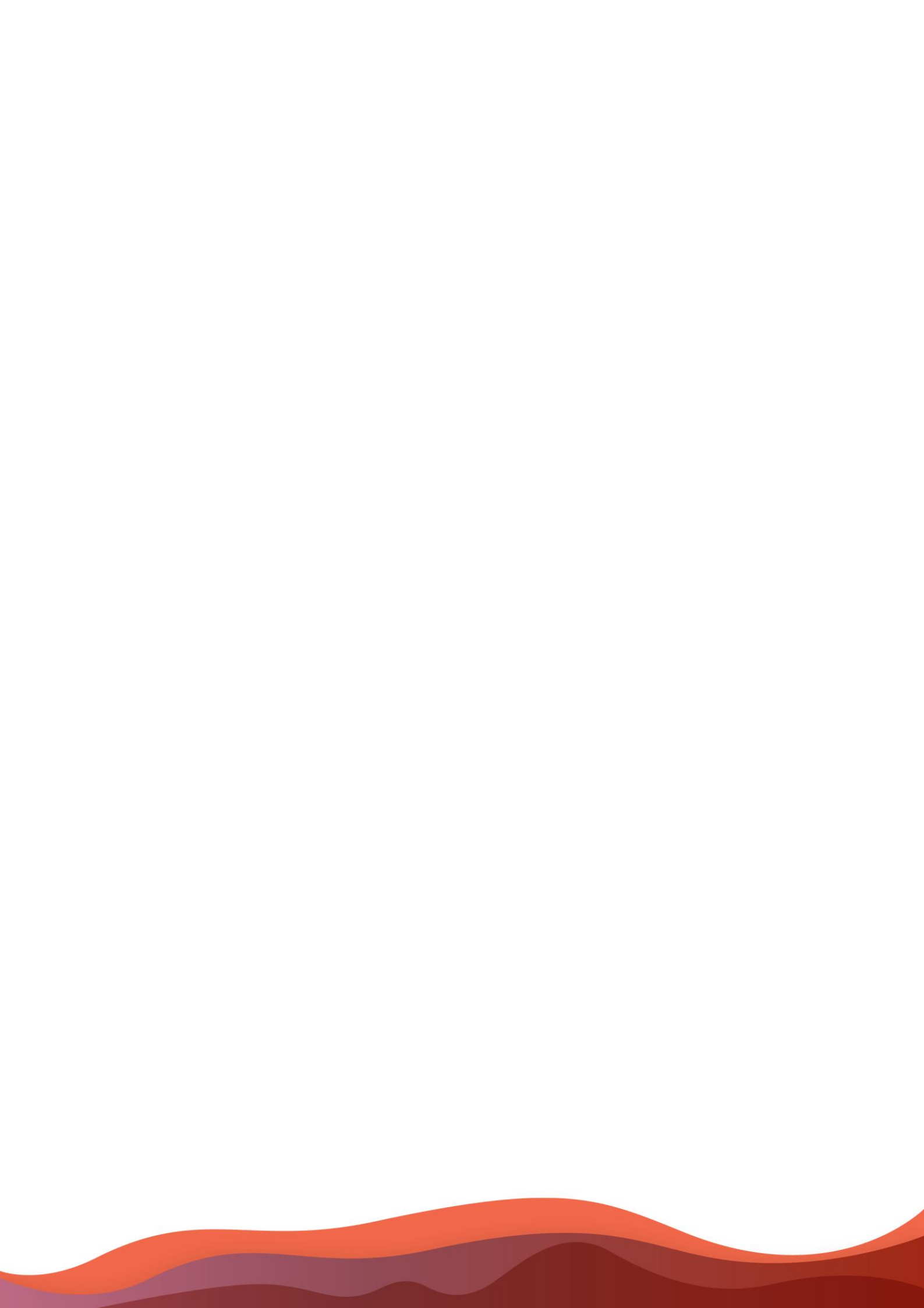


**Aboriginal
Health & Medical
Research Council
of NSW**

Office address
35 Harvey Street
Little Bay NSW 2036
www.ahmrc.org.au

Postal address
PO Box 193
Matraville NSW 2036

T +61 2 9212 4777
F +61 2 9212 7211
E ahmrc@ahmrc.org.au



About the AH&MRC

The AH&MRC is a membership-based organisation and the Peak Body for Aboriginal Health in New South Wales. We represent 47 Aboriginal Community Controlled Health Organisations (ACCHOs) across the state.

The AH&MRC assists ACCHOs to ensure they have access to an adequately resourced and skilled workforce to provide high-quality health care services for Aboriginal communities. The AH&MRC is committed to the delivery of four key priorities:

- Aboriginal Community Control and Innovation
- Education and Workforce
- Research and Data
- Governance and Finance

The AH&MRC welcomes the opportunity to make a submission to this review on behalf of its members.

AH&MRC Response

Food security is a critical issue that is disproportionately impacting Aboriginal communities in NSW. The degree in which food insecurity is experienced by communities is heavily influenced by socioeconomic, environmental, and historic factors that intersect with one another. Factors such as poor income, inadequate housing (including lack of kitchen amenities) and poor infrastructure can lead to food insecurity. Food security, itself, refers to the “physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences¹.” This is measured across four dimensions, initially outlined in the 1996 World Food Summit. These include food availability, access, utilisation, and stability. Aboriginal people experience issues with food across each of these dimensions, that is heavily underscored by a violent history of colonization and ongoing dispossession.

The most recent Census data identified that more than one fifth of Aboriginal and Torres Strait Islander people were living in households that had run out of food in the previous 12 months². Further to this, only 8% of Aboriginal people reported to meet their recommended dietary intake³. Noting the limitations of survey reporting, these numbers are likely to underrepresent the extent to which Aboriginal people experience food insecurity. Despite this, the Department of Agriculture, Water and Environment asserts that “Australia does not have a food security problem,” which highlights the continued governmental neglect and historic dismissal of inequity faced by Aboriginal people.

Persistent food insecurity is a key contributor to overall health and wellbeing and is a key contributor to the current health disparities seen between Indigenous and non-Indigenous Australians. Chronic disease accounts for approximately 80% of attributable causes that have led to a significantly lower life expectancy for Aboriginal people⁴. There is a high prevalence of diet-related chronic disease including type 2 diabetes, cardiovascular diseases, and some cancers, in Aboriginal communities that require a multi-pronged intervention to effectively address. Under the Aboriginal Community Controlled Health Services’ (ACCHS) model of care, addressing the underlying causes and risk factors will holistically support whole-of-community health. Noting that

¹ https://www.fao.org/fileadmin/templates/faoitaly/documents/pdf/pdf_Food_Security_Coept_Note.pdf

² <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4727.0.55.005~2012-13~Main%20Features~Food%20Security~36>

³ https://healthbulletin.org.au/wp-content/uploads/2018/02/Nutrition-Review-Bulletin-2018_Final.pdf

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5394999/#r21>

diet is identified as key risk factor for many morbidities, it is important the causes of poor diet and nutrition are explored.

The AH&MRC has identified key areas of concern in Aboriginal communities accessing food, these include:

- Food supply that is unaffordable and unstable due to high food costs, inadequate infrastructure, and environmental challenges.
- Inadequate government responses that are delayed and unresponsive to community needs, leaving communities vulnerable in times of crisis.

The supply of food to Aboriginal communities is unaffordable and unstable due to high food costs associated with regional and remote areas, inadequate infrastructure, and environmental challenges.

Aboriginal communities are particularly vulnerable to food insecurity due to lower incomes, limited employment opportunities and the associated reliance on welfare systems. According to the ABS, the weekly median gross income for Aboriginal households was \$553 in 2018-19 which is almost half the comparable amount for non-Indigenous Australians⁵. As remoteness increases, income levels were found to decrease, which was further compounded for Aboriginal people⁶. Although this is not the only socioeconomic measure that is linked to the experience of food security, income is a central factor in one's ability to access food. In remote areas, fresh produce is often more expensive and of poor quality. Food basket surveys in remote areas have identified that the cost of food is higher when compared to urban areas, limiting food choice, and forcing families to purchase cheaper, less nutritious options⁷. In addition to this, many Aboriginal households do not have facilities to properly prepare, cook and store food. This is a significant barrier to purchasing fresh produce when it is available and affordable. It also makes already cooked or take away meals the most practical option.

In remote areas, many must travel long distances to the nearest grocery stores which can take upwards of 90 minutes. Transport networks are often limited and as such transport barriers place additional strain on community food security⁸. In locations where a community store is available, the costs associated with maintaining these services increase food pricing, especially for fresh produce. This is the result of higher store overheads, freight charges and limited storage facilities, driving a higher cost for a limited variety of fresh produce that are often of lower quality⁹.

Access to food is especially sensitive to environmental variability such as unprecedented weather events, natural disasters, and natural hazards such as pest infestations and disease outbreaks. These events lead to disruptions in harvest growth and distribution¹⁰. NSW has seen the devastating impacts of this through (although not limited to) the 2019-20 Bushfires and the ongoing Covid-19 pandemic. Both events led to significant disruptions to food production and supply with remote communities facing heightened food insecurity. Such events have varying

⁵ <https://www.aihw.gov.au/reports/australias-welfare/indigenous-income-and-finance>

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5394999/#r28>

⁷ <https://www.ruralhealth.org.au/sites/default/files/documents/nrha-policy-document/submissions/nrha-submission-food-pricing-food-security-remote-indigenous-communities.pdf>

⁸ <https://slocat.net/1901-2/>

⁹ <https://healthbulletin.org.au/articles/review-of-nutrition-among-aboriginal-and-torres-strait-islander-people/>

¹⁰ <https://www.nature.com/articles/s43016-020-00196-3>

impacts on food supply but tend to lead to an overall reduction in productivity along supply chains, driving high food costs.

The Government must provide solutions that address immediate food needs and invest in the future of the food system. The current instability of the food system is driving chronic food insecurity in Aboriginal communities, with limited planning to address this issue. Food security policy should consider essential needs and aim to create opportunities to improve production that is socially, economically, and environmentally sustainable. Locally controlled sources of fresh produce through community gardens or allotments have been found to positively increase nutritional intake in communities. The success of community gardens is underpinned by promoting access to resources and self-determination through community ownership and leadership of production. These are key components that further the success of local projects, with the principles of food sovereignty echoed across other local initiatives such as native grain projects that enable greater access and availability of fresh food.

Despite strong success, locally based solutions to food production tend to be limited by short funding cycles¹¹. The absence of a coordinated effort to improve food security and overall food system resilience in these communities is limiting the long-term benefits of local interventions and capacity building. Promoting local food production creates opportunity to incentivize environmentally conscious practices and equitably provide nutritious and affordable food directly to communities, without the constraints of transporting foods long distances that favor cost over quality. The instability of the current food system ultimately undermines access to food, particularly as environmental challenges increase in frequency. Investment and direct coordination of community-led initiatives can provide long-term solutions to food insecurity as it pertains to access and availability.

Government responses have been delayed and unresponsive to community needs when addressing food insecurity, leaving communities vulnerable during times of crisis.

Government responses to the food crisis in communities have been inadequate and not responsive to community needs. This has included poorly coordinated efforts in providing long term solutions to food system resilience and the existing issues that exacerbate food insecurity. The emergence of Covid-19 has exposed existing socioeconomic vulnerabilities and exacerbated food security challenges. The pandemic triggered sudden employment uncertainty in addition to introducing outbreak control measures that restricted movement across communities. While these public health measures were necessary, it highlighted the vulnerability of communities that has been left unaddressed by government bodies.

Lockdown and travel restrictions resulted in many Aboriginal communities being unable to access food stores or shop for others, compounding existing geographic and economic issues. This required immediate action from government with the provision of food support programs. ACCHOs were required to distribute emergency food boxes and essential items to communities with enormous pressure placed on community services to meet demand. Our Member Services reported instances of racism and discrimination when purchasing items for the food boxes. Further to this, there were significant logistical barriers in coordinating food boxes during the recent Omicron outbreak. Demand on the supply chain meant that there were wait times for produce and essential items when families were in immediate need of food.

Prior to the pandemic and throughout, there has been an overreliance on short term programs and initiatives when addressing food insecurity and nutritional intake. While these are important to address immediate food needs, it is not enough to safeguard communities during times of crisis. Given the extent of the underlying socioeconomic factors contributing to food insecurity, structural inequities must be adequately addressed by government. Adequate and affordable

¹¹ <http://www.remoteindigenousgardens.net/2009/11/from-little-things-big-things-grow/>

housing must be central in developing effective strategies. Aboriginal people are overrepresented in NSW homelessness statistics and those who require housing assistance¹². Further to this, housing quality is inconsistent and limited, with poor air quality, lack of power, inadequate sanitation and kitchen facilities being reported. One in five Indigenous households did not meet acceptable standards for basic household facilities¹³. This is strongly linked to accessing food, given that housing determines the proportion of incomes that are left for purchasing food and the provision of appropriate kitchen facilities to prepare, cook and store food.

ACCHOs are overburdened with the impact of inadequate housing and low incomes on food insecurity. Our Member Services provide strong case management, transport, and advocacy to provide wraparound support that addresses the socioeconomic barriers to health¹⁴. Many services are required to provide food support without long term funding secured for ongoing support outside of times of crisis, despite chronic food insecurity. Housing and social policy can be an enabler of food system resilience and potential bottom-up approach to address food insecurity¹⁵. There is a need for appropriate planning mechanisms to ensure that houses are equip with necessary facilities. Supporting affordable and adequate housing is a necessary action which must involve all levels of government under the lens of addressing food insecurity.

The AH&MRC holds the view that these issues reflect a wider failure on the part of government to develop a coordinated and robust policy approach to food security. At present, the New South Wales government does not have a standalone food security strategy, particularly as it relates to Aboriginal and Torres Strait Islander communities. New South Wales is in need of a coordinated and multi-pronged approach to food system resilience. This should include action on diet-related health, environmental sustainability and equity building under a social policy lens. The AH&MRC also notes that there is little to no acknowledgement of food security or its effect on Indigenous health outcomes in the NSW Implementation Plan on Closing the Gap. Addressing food access and availability and nutrition is critical to closing the gap in chronic disease and life expectancy for Aboriginal and Torres Strait Islander people.

¹² <https://www.aihw.gov.au/reports/australias-welfare/indigenous-housing>

¹³ <https://www.aihw.gov.au/reports/australias-welfare/indigenous-housing>

¹⁴ <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-020-09943-4>

¹⁵ https://www.sydney.edu.au/content/dam/corporate/documents/sydney-law-school/research/sls-research-projects/Policy_Mapping_Report_2021.pdf

Recommendations

The AH&MRC recommends:

- 1 That the New South Wales government develop a standalone food systems strategy which looks to future proof food production and supply chains. As it pertains to Aboriginal and Torres Strait Islander communities, this strategy should be developed in partnership with the Aboriginal Community Controlled Health Sector to ensure long lasting solutions which will build sustainable, equitable and culturally appropriate food systems.
- 2 That the NSW Implementation Plan on Closing the Gap recognise and put forward initiatives to address food insecurity as part of its focus on improving health outcomes in Aboriginal and Torres Strait Islander communities. These measures should not only be health related, but holistic, focussing on wide ranging structural issues such as housing.
- 3 That the government works to ensure that local food production and community-led initiatives are adequately resourced.



Mr Robert Skeen
Chief Executive Officer
Aboriginal Health & Medical Research
Council

For further information please contact:

Ms Nyasha Mpofo, Policy Manager at nmpofu@ahmrc.org.au