Central Australian
Aboriginal Congress
ABORIGINAL CORPORATION | ICN 7823

Submission to inform the development of a National Obesity Strategy

December 2019

Summary of recommendations

Central Australian Aboriginal Congress accepts that the draft Strategy is comprehensive and that it acknowledges the broad factors that influence the high rates of obesity in Australia. By including principles on empowerment, self-determination, diversity, culture and equity, the Strategy recognizes prevention is not simply about individual choice and education.

However, Congress believes the Strategy should include a more specific focus on the needs of Aboriginal and Torres Strait Islander people, given the significantly higher rates of obesity amongst our communities.

The Strategy must also recommend much stronger government regulatory action to effectively address obesity in Australia, in line with a substantial evidence-base. A clear analogy can be made with the way the government has approached alcohol policy reform at a population level and in a manner with regulates the market to achieve the required health outcomes.

Our recommendations are as follows.

A. That the strategy include a specific reference ensuring that any approach to addressing the high prevalence of obesity in Aboriginal and Torres Strait Islander communities must be founded on the rights of Indigenous peoples as established under international agreements to which Australia is a signatory, including the United Nations Declaration on the Rights of Indigenous Peoples.

B. That the Strategy includes action to reduce poverty and inequality as a key way to prevent the prevalence of obesity. This commitment should include consideration of an increase in the Newstart and similar citizenship entitlements by $75 per week for all participants, and an additional loading on such payments for those in remote or very remote areas to address significantly higher costs of healthy food in those places.

C. That the Strategy includes recognition that for Aboriginal and Torres Strait Islander people, programs to reduce obesity should incorporate positive attitudes to Aboriginal culture and ways of being, and be resourced to be trauma-informed and healing-focused.

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Aboriginal health in Aboriginal hands.

D. That the Strategy includes action to encourage and support Aboriginal people to have access to and live on their Traditional Country as an evidence-based approach to reducing obesity and chronic disease risk.

E. that the Strategy includes a commitment that any programs to address the high levels of obesity amongst Aboriginal and Torres Strait Islander Australians be delivered by Aboriginal community-controlled organisations as preferred providers, in recognition of their greater service effectiveness, their higher levels of employment of Aboriginal people, and their formal structures for involving Aboriginal communities in decision-making in matters that concern them.

F. That the Strategy recommend the resourcing of Aboriginal Community Controlled Health Services to provide programs to reduce the levels of obesity in Aboriginal and Torres Strait Islander communities, including health promotion activities; health screening and brief interventions; employment of allied health staff including dieticians and exercise physiologists; and advocacy for food security and appropriate housing and facilities.

G. That the Strategy includes subsided access to tertiary prevention and treatment options as a health intervention for those with chronic disease or where other weight loss options are ineffective.

H. That the Strategy include support for access to routine and regular early child health and development screening for Aboriginal and Torres Strait Islander communities; and a commitment to evidenced-based childhood health and development programs, particularly for vulnerable families.

I. That the Strategy include support for locally-driven, Aboriginal-led initiatives to promote healthy living especially in providing healthy and affordable foods in remote communities.

J. That the Strategy include support for improved infrastructure in remote Aboriginal communities and the provision of fully resourced allied health services in those communities to enable and support effective physical activity.

K. That the Strategy recommend the introduction of a 20% tax on unhealthy food and drinks as an effective, evidence-based measure to reduce obesity at a population level, with the funds raised to be used to subsidize healthy foods such as fruit and vegetables, especially in remote and regional Australia.

L. That the Strategy recommend a mandatory ban on all advertising of unhealthy foods and drinks to children.

M. That the Strategy recommend clear and consistent government-mandated food labelling (such the health star rating) for all packaged and processed foods to enable people to make informed health choices when purchasing food.

Background

1. Central Australian Aboriginal Congress (Congress) is the largest Aboriginal community-controlled health service (ACCHS) in the Northern Territory, providing a comprehensive, holistic and culturally-appropriate primary health care service to more than 16 000 Aboriginal people living in Alice Springs each year as well as the remote communities of Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg) and Wallace Rockhole, Utju (Areyonga), Mutitjulu and Amoonguna.

2. Since our establishment in the 1970s, we have developed a comprehensive model of primary health care that includes: multidisciplinary clinical care; health promotion and disease prevention programs; and action on the social, cultural, economic and political determinants of health and wellbeing. Alongside clinical treatment and prevention programs, we also provide services on issues such as alcohol, tobacco and other drugs; early childhood development and family support; aged and disability; and mental health and social and emotional well-being.

The context for obesity in Aboriginal Australia

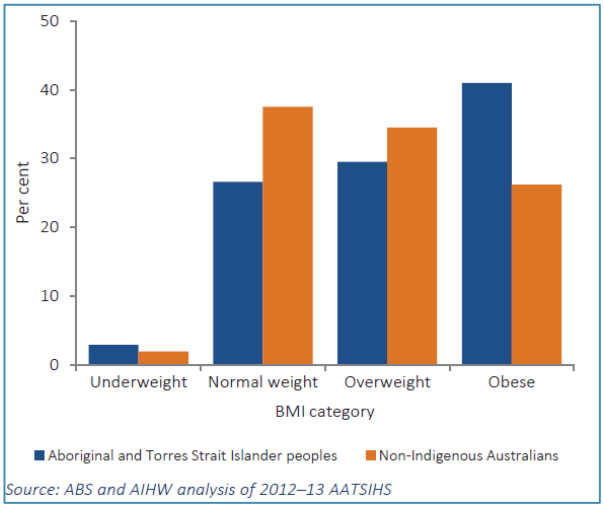
The effects of colonisation and the right to self-determination

3. Access to land and resources and a mobile, hunter-gathering way of life under traditional Aboriginal culture guaranteed a good diet and an active lifestyle. Many early accounts by non-Aboriginal colonists note the well-nourished and strong appearance of Aboriginal people in the early days of contact. These early descriptions are confirmed by photographs, such as those of Baldwin Spencer, which show a healthy and fit-looking people [1]. The evidence is that, although drought and famine would have made life hard at times, particularly in the deserts of Central Australia, obesity was largely unknown.

4. However, contemporary Aboriginal people have been deeply affected by the processes of colonisation including dispossession and impoverishment; the forcible removal of children and its intergenerational effects; the suppression of culture and language; and the experience of racism and discrimination. As part of this, Aboriginal people were forced to live on settlements where they were provided with high sugar "rations" that included white flour and sugar to go with the tea - processed foods that they were not genetically well prepared for. Aboriginal families continue to live with these effects of colonisation which challenge their capacity to live healthy lives and provide care and nurture for their families.

5. It is in this context that the high levels of obesity in contemporary Aboriginal communities should be seen, with Aboriginal adults 1.6 times as likely to be obese as non-Indigenous Australians [2] (see Figure 1)[1]. Aboriginal people experience food insecurity at very high levels, particularly in remote areas where almost a third (29%) of Aboriginal families report running out of money for basic living expenses at least once in the previous year [3].

Figure 1: Proportion of persons aged 15 years and over (age-standardised) by BMI



6. Any approach to addressing the high prevalence of obesity in Aboriginal communities must recognise this underlying process of colonisation and its effects and be founded on the rights of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Indigenous Peoples* [4], which states:

> *Article 23: Indigenous peoples ... have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.*

7. The inclusion of general commitment to 'empowerment and self-determination' in the proposed principles of the Obesity Strategy is welcomed, but should be strengthened as follows.

> ***Recommendation A:*** *That the strategy include a specific reference ensuring that any approach to addressing the high prevalence of obesity in Aboriginal and Torres Strait Islander communities must be founded on the rights of Indigenous*

[1] We note that the draft Consultation Paper quotes the rate of obesity amongst Aboriginal and Torres Strait Islander people as 1.2 times that of non-Indigenous Australians. However this figure appears to be quoted incorrectly from the 2014 edition *Aboriginal and Torres Strait Islander Health Performance Framework* (ATSIHPF), and should be replaced with the correct figure of 1.6 times, and referenced to the most recent version of the ATSIHPF (2017).

peoples as established under international agreements to which Australia is a signatory, including the United Nations Declaration on the Rights of Indigenous Peoples.

Poverty and inequality

8. Absolute deprivation (poverty) and relative deprivation (inequality) are both strongly correlated with poorer health outcomes and with increased rates of addiction including to sugar, alcohol and other drugs [5, 6]. Obesity is therefore strongly correlated with poverty and inequality and should be treated as such [7]. Unfortunately, in remote areas across Australia both poverty and inequality are worsening for Aboriginal people, with Aboriginal incomes falling and the income gap to non-Indigenous people widening [8]. Between a half- and a third- of the gap in life expectancy between Aboriginal and non-Indigenous people in the Northern Territory is due to socioeconomic disadvantage [9].

9. Aboriginal people are disproportionately dependent on citizenship entitlements such as the Newstart Allowance, the Parenting Payment and the Youth Allowance [3]. These are inadequate to meet the needs of families and their children, especially in remote areas where the cost of living is much higher, especially for healthy food [10].

Recommendation B: *That the Strategy includes action to reduce poverty and inequality as a key way to prevent the prevalence of obesity. This commitment should include consideration of an increase in the Newstart and similar citizenship entitlements by $75 per week for all participants, and an additional loading on such payments for those in remote or very remote areas to address significantly higher costs of healthy food in those places.*

Trauma, culture and access to Country

10. The historical and ongoing experience of colonisation for Aboriginal people is now recognised as resulting in 'intergenerational trauma' whereby traumatic experiences

> *… can be transferred from the first generation of survivors that have experienced (or witnessed) it directly in the past to the second and further generations of descendants of the survivors … this intergenerational trauma … is passed from adults to children in cyclic processes as 'cumulative emotional and psychological wounding' [11]*

11. Intergenerational trauma and loss of connection to land and culture amongst Indigenous Peoples are known to be determinants of overweight and obesity [12]. Culture and spirituality are important in addressing intergenerational

trauma through supporting resilience, positive social and emotional wellbeing, and living a life free of addictions.

12. There is also substantial evidence that has accumulated over decades of the health benefits of Aboriginal access to and living on their traditional Country, through increased access to bush foods low in fat and sugar, a more active lifestyle, decreased access to alcohol, and improved cultural, social and emotional wellbeing [13].

13. We acknowledge the general commitment to valuing 'people's culture, perspectives and insights' in the proposed principles of the Obesity Strategy, but believe this should be strengthened in relation to Aboriginal and Torres Strait Islander people as follows.

Recommendation C: *That the Strategy includes recognition that for Aboriginal and Torres Strait Islander people, programs to reduce obesity should incorporate positive attitudes to Aboriginal culture and ways of being, and be resourced to be trauma-informed and healing-focused.*

Recommendation D: *That the Strategy includes action to encourage and support Aboriginal people to have access to and live on their Traditional Country as an evidence-based approach to reducing obesity and chronic disease risk.*

The role of Aboriginal community controlled health services

14. Aboriginal community controlled health services (ACCHSs, sometimes referred to as Aboriginal Medical Services) are the most important service delivery system for evidence-based, culturally appropriate services to address obesity in Aboriginal communities. There are 140 ACCHSs around Australia, delivering almost 3 million episodes of care annually through over 300 clinics, and employing over 6,000 staff whom, most of whom are Aboriginal and Torres Strait Islander Australians [14].

15. ACCHSs have a range of inter-linked structural advantages in delivering services and hence improved outcomes compared to non-Indigenous services (government or private). These structural advantages include:

    a) *a holistic approach to service delivery*, including through addressing the social determinants of child and family wellbeing, based on a lived understanding of the Aboriginal conception of health;

    b) *culturally responsive services*: Aboriginal community-controlled organisations are able to provide their care within a culturally responsive setting, based on local knowledge, an Aboriginal governance structure and workforce, and strong relationships with the communities that they serve;

c) *better access, based on community engagement and trust*: a strong practice of community engagement founded on strong relationships with the community, in turn based on a sense of ownership and history. Aboriginal people consistently prefer to use Aboriginal organisations such as ACCHSs over mainstream services giving them a strong advantage in addressing access issues, particularly when dealing with culturally sensitive issues relating to sexuality, pregnancy, childbirth and addiction;

d) *Aboriginal governance*: individuals and communities are encouraged and enabled to participate in decisions on service delivery, including though formal governing Boards;

e) *an Aboriginal workforce*: community-controlled services are significantly better at attracting, training and retaining Aboriginal staff leading to greater cultural appropriateness of services as well as benefits through providing employment and capacity building in the Aboriginal community;

f) *high levels of accountability*: Aboriginal community-controlled services are highly accountable to their funders for the services they provide through robust data collection and a reporting regime which is above the requirements of mainstream health and wellbeing services.

16. Such advantages were recognised by a Senate Inquiry which recommended that [15]:

> *… future selection criteria and funding guidelines should give weighting to the contribution and effectiveness of Aboriginal and Torres Strait Islander organisations to provide to their community beyond the service they are directly contracted to provide.*

17. As comprehensive primary health care providers, properly resourced ACCHSs are able to provide a wide range of services in the domains of public health, health promotion and prevention to reduce the rates of obesity, including:

a) health promotion activities include education on healthy eating, including the promotion of breast feeding and activities including sports mentoring programs that include health education;

b) undertaking health screening including BMI and activity levels, and providing brief interventions;

c) employing allied health staff including dieticians and exercise physiologists; and

d) advocacy for food security and housing including maintenance and infrastructure for cooking.

Recommendation E: *that the Strategy includes a commitment that any programs to address the high levels of obesity amongst Aboriginal and Torres Strait Islander Australians be delivered by Aboriginal community-controlled organisations as preferred providers, in recognition of their greater service effectiveness, their higher levels of employment of Aboriginal people, and their formal structures for involving Aboriginal communities in decision-making in matters that concern them.*

Recommendation F: *That the Strategy recommend the resourcing of Aboriginal Community Controlled Health Services to provide programs to reduce the levels of obesity in Aboriginal and Torres Strait Islander communities, including health promotion activities; health screening and brief interventions; employment of allied health staff including dieticians and exercise physiologists; and advocacy for food security and appropriate housing and facilities.*

Tertiary Prevention

18. We note that treatments and rehabilitation have been deliberately excluded from the Strategy, on the basis that they fall within other government policy areas. Nevertheless, we believe treatments for obesity should be included within the Strategy on obesity as evidenced-based treatment such as very low calorie diets using dietary replacements and bariatric surgery are of benefit to significant numbers of people, especially those with chronic disease such as diabetes. . This is particularly likely to be the case amongst vulnerable populations who experience the highest rates of obesity and related chronic disease, compounded by relative poverty and disadvantage.

19. For people unable to lose weight with dietetic and other support, bariatric surgery is a very effective treatment option and is one that has the potential to reverse diabetes. However, access to the most appropriate operation for many people (gastric sleeve) is dependent on a client's capacity to pay for the operation in the private sector. Congress is aware of Aboriginal people in Alice Springs who have been forced to draw on their superannuation to pay for this potentially life-saving operation.

Recommendation G: *That the Strategy includes subsided access to tertiary prevention and treatment options as a health intervention for those with chronic disease or where other weight loss options are ineffective.*

Comments on proposed priority areas

Proposed Priority Area 1: Supporting children and family

20. Congress agrees that supporting children and families should be a priority area for the Framework. The strategies are reasonable, including the focus on maternal health, breastfeeding, parents, the early years and adolescence, including student retention for Aboriginal children.

21. Early childhood is a particularly important area for intervention given the evidence (including from other First Nation populations) that obesity in childhood is strongly associated with premature mortality later in life [16].

22. To further strengthen the Strategy and ensure children get a good start in life, the priority area for children and families should also include programs in the following areas.

Support parents/care givers from vulnerable populations to access routine and regular early child health and development screening (1.3)

23. Congress routinely and systematically provides child health checks (MBS item 715) and developmental screening through all of our clinics for Aboriginal children 0-5 years old, with support provided to parents and carers by Aboriginal Liaison Officers to attend appointments. This includes following up recalls when appointments are due to ensure children are able to attend. Routine child health checks include monitoring growth, BMI and food intake, and include advice and support for accessing healthy foods as needed.

Support vulnerable families to access early childhood health and development programs (1.1 and 1.3)

24. There is very strong evidence that such well-designed early childhood development programs can have health and wellbeing effects across the lifespan including by lowering the risk of chronic disease; increasing school retention rates; reducing the use of alcohol and other substances by young adults and dramatically reducing youth incarceration rates[2].

25. The Nurse Family Partnership Program is a cost effective program that promotes healthy development in early childhood for vulnerable families, often very young mothers on income support. NFPP aims to improve pregnancy outcomes; child health and development; and parents' economic self-sufficiency.

26. These aims are achieved through a home visitation program, with the mother visited by the same Nurse Home Visitor and Aboriginal Community Worker

[2] This evidence has been collated, developed and championed by the Nobel Laureate, Prof James Heckman (https://heckmanequation.org/)

throughout the program in order to be able to build a strong relationship. The frequency of visits is between weekly and bi-weekly from no later than 28 weeks gestation until the child is 2 years of age. This program supports healthy food intake from breastfeeding to solids, along with maternal health during pregnancy. Nurses also support parents to access healthy foods as needed.

***Recommendation H**: That the Strategy include support for access to routine and regular early child health and development screening for Aboriginal and Torres Strait Islander communities; and a commitment to evidenced-based childhood health and development programs, particularly for vulnerable families.*

Proposed Priority Area 2: Mobilising people and communities.

27. Food insecurity is a major problem for Aboriginal people in remote areas where the cost of living is much higher especially for food – the same basket of healthy food costs on average 60% more in a remote community store than a major supermarket in the Northern Territory [10].

28. Lack of control over one's life and continual exposure to stress and insecurity has a powerful negative effect on health and well-being [6]. The Strategy acknowledges this, noting that Aboriginal communities should be empowered to lead initiatives that best benefit individuals and their communities, which is key factor in improving overall health and wellbeing.

Locally-driven Aboriginal-led initiatives for healthy living (2.2 though also relates to Proposed Enabler 4)

29. Local health initiatives work best when the communities they impact on are able to participate in their development and implementation, particularly if built upon a goal that the community wants to achieve [17]. Health promotion activities with Aboriginal and Torres Strait Islander people should therefore ensure there is capacity for smaller regional campaigns relevant to specific areas and that such campaigns are culturally appropriate for those specific communities.

30. For example, the Arnhem Land Progress Aboriginal Corporation (ALPA) is an Aboriginal Corporation which works to supply affordable healthy food to reduce chronic disease in remote communities. It also employs Aboriginal people, which supports good health and wellbeing. However, as with most remote communities, prices for healthy, fresh foods are very high in these communities, largely due to the cost of freight and the high cost of storing perishable food. ALPA therefore subsidizes the costs of fruit and vegetables and the freight costs for frozen, tinned and dried vegetables in member stores to make prices on healthy food more affordable [18].

Recommendation I: *That the Strategy include support for locally-driven, Aboriginal-led initiatives to promote healthy living especially in providing healthy and affordable foods in remote communities.*

Proposed priority Area 3: enabling active living

31. Enabling active living is an important factor in reducing rates of obesity. The positive effect of living on outstations and homelands has been described above. In addition, sports activities are popular in many Aboriginal communities and provide a basis for promoting healthy activity. For example, the Redtails Pinktails Right Tracks program (run by Congress' Health Promotion Team) enrols young Aboriginal people into football, softball and netball, alongside facilitating health checks and health education sessions.

32. However there are a number of barriers to undertaking physical activities in remote Aboriginal communities. These include:

    a) many remote communities do not have the infrastructure for indoor physical activities and extreme temperatures exacerbated by climate change limit outdoor activity;

    b) many small remote communities have unsealed roads, or nearby vacant land, which causes problems with dust. Dust may also be blown from surrounding arid, rural or drought affected lands. Dust may irritate skin, eyes and cause breathing problems, and preclude outdoor physical activity (see http://www.healthabitat.com/the-healthy-living-practices); and

    c) current limited funding allocations means that communities have to make difficult choices around whether physical activity for at risk patients should be supported by health professionals. Due to the high prevalence and need, chronic disease management (e.g. diabetes management) is prioritised over prevention (e.g. exercise physiology, dietetics).

Recommendation J: *That the Strategy include support for improved infrastructure in remote Aboriginal communities and the provision of fully resourced allied health services in those communities to enable and support effective physical activity.*

Proposed Priority Area 4: Building a healthier and more resilient food system

33. For many Aboriginal communities, the high cost of healthy foods, intergenerational poverty and educational disadvantage severely impact on the capacity of some families to make healthy choices. These problems are compounded by advertising of unhealthy foods and drinks, especially where it

is aimed at children. This has resulted in situations marked by very poor dietary quality with the consumption of a high proportion of of key nutrients are provided from poor quality processed foods [19].

34. Sugar sweetened drinks are a particularly severe threat to health and wellbeing, and are associated with a wide range of health problems across the life-course including obesity, type 2 diabetes, renal disease, cardiovascular disease, bone density problems, and tooth decay [20].

35. In these circumstances, government regulation and mandatory standards are required to protect the health of the public, irrespective of whether their introduction threatens the profits of the producers of unhealthy foods and drinks. The success of such government action can be seen from the results of the package of alcohol reforms introduced by the Northern Territory Government in October 2018, and which included a mandatory floor price on alcohol. These reforms have already demonstrated very significant reductions in alcohol-related harm across the Northern Territory including[3]:

    a) a reduction by almost a third (31%) in alcohol-related Emergency Department presentations;

    b) a reduction by a quarter (25%) in alcohol-related assaults;

    c) a reduction by one-fifth (21%) in alcohol-related domestic violence assaults; and

    d) major reductions in substantiated child neglect and hospital admissions for maltreatment.

36. In the area of obesity prevention at a population level, there is strong evidence to support the introduction of a 20% tax on unhealthy food and drinks as an effective way to cut consumption, with the tax-revenue to be reinvested to subsidise healthy foods such as fruit and vegetables to ensure their prices are affordable in all areas of Australia [21].

37. Such measures should be supported by mandatory food labelling (healthy star rating) for all food products to assist people make healthy choices about packaged and processed foods.

Recommendation K: *that the Strategy recommend the introduction of a 20% tax on unhealthy food and drinks as an effective, evidence-based measure to reduce obesity at a population level, with the funds raised to be used to subsidize healthy foods such as fruit and vegetables, especially in remote and regional Australia.*

[3] See https://alcoholreform.nt.gov.au/data-and-evaluation for details

Recommendation L: *that the Strategy recommend a mandatory ban on all advertising of unhealthy foods and drinks to children.*

Recommendation M: *that the Strategy recommend clear and consistent government-mandated food labelling (such the health star rating) for all packaged and processed foods to enable people to make informed health choices when purchasing food.*

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