



National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan: a summary

2009~~2010~~

Developed by the
National Aboriginal and
Torres Strait Islander
Nutrition Working Party



“This work represents important elements of natural resources which are part of Indigenous Australians’ everyday life, more specifically ‘Yirral’ which is the name of the Kokoberrin lore. The ‘Kokoberrin’ people, my people, are the people of the Staaten river south to the Dorunda lodge area, east to the Staaten river national park and north to the Nassau river. Our homeland is located along the west coast of Cape York peninsula, Queensland Australia.” - Shaun Kalk Edwards, Artist, Kokoberrin Natural and Cultural Resource Management Office

Acknowledgements

The National Public Health Partnership would like to acknowledge the contribution of the NATSINSAP Working Party, all those involved in the consultation and development of this strategy and action plan and the artist, Shaun Kalk Edwards.

The Australian Health Ministers Conference of 1 August 2001 endorsed the national public health nutrition strategy, *‘Eat Well Australia’* and its Indigenous component the *‘National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP)’*, developed by the Strategic Inter-Governmental Nutrition Alliance of the National Public Health Partnership.

Copyright: National Public Health Partnership, 2001

This work may be produced in whole or in part for research and training purposes subject to inclusion of an acknowledgement of the source and provided no commercial usage or sale is made. Reproduction for purposes other than those indicated above requires the written permission of the National Public Health Partnership.

Further copies are available by contacting the Strategic Inter-Governmental Nutrition Alliance (SIGNAL) Secretariat, email: signal@health.gov.au, website: <http://www.nphp.gov.au/signal>

ISBN: 0 642 50343 5

Publication Approval Number: 2948

CONTENTS

Abbreviations and acronyms	2
Preface	3
Part A – Overview	4
Development of the Strategy and Action Plan	4
Purpose of the Strategy	4
Sources of information	6
Nutrition related health issues of Aboriginal and Torres Strait Islander peoples	7
Building on the evidence base	8
Guiding principles	10
Management of the Strategy	11
Evaluation of the Strategy and Action Plan	13
Gaining the commitment of potential sector partners	14
Part B – Summary of action areas	16
Food supply in remote and rural communities	16
Food security and socioeconomic status	18
Family focused nutrition promotion: resourcing programs, disseminating and communicating ‘good practice’	20
Nutrition issues in urban areas	22
The environment and household infrastructure	24
Aboriginal and Torres Strait Islander nutrition workforce	25
National food and nutrition information systems	26
Appendix	25
National Aboriginal and Torres Strait Islander Nutrition Working Party membership	28

Abbreviations and acronyms

AHMAC	Australian Health Ministers Advisory Council
AMA	Australian Medical Association
ATSIAC	Aboriginal and Torres Strait Islander Commission
CDHAC	Commonwealth Department of Health and Aged Care
GST	Goods and Services Tax
NACCHO	National Aboriginal Community Controlled Health Organisations
<i>NATSINSAP</i>	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NHMRC	National Health and Medical Research Council
NPHP	National Public Health Partnership
OATSIH	Office for Aboriginal and Torres Strait Islander Health
SIGNAL	Strategic Inter-Governmental Nutrition Alliance

Preface

This report represents a synthesis of the **National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan** (referred to as the Strategy from here onwards). The aim is to highlight key areas for national action to improve Aboriginal and Torres Strait Islander health and wellbeing through better nutrition.

This document summarises what public health nutrition action is required and provides the rationale for this action.

The evidence base surrounding the proposed nutrition actions are comprehensively described in several other Commonwealth documents and government inquiries into Aboriginal health. These are referenced in this report.

Progression of the nutrition initiatives within this Strategy are the responsibility of ‘whole of government’ and all stakeholders within the food and nutrition system. As a principal component of the public health nutrition strategy for all Australians, called ***Eat Well Australia***, it is hoped that there will be a renewed commitment to addressing these issues by all partners currently taking action to improve nutrition for all Australians.

PART A - OVERVIEW

Development of the Strategy and Action Plan

The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan has been developed as a key component of *Eat Well Australia*, a national framework for population based action in public health nutrition for all Australians. The aim is to facilitate work relating to Aboriginal and Torres Strait Islander nutrition within the broad framework proposed for the whole of population and to link with *Eat Well Australia* initiatives where appropriate. This recognises that improving Aboriginal and Torres Strait Islander nutrition is the responsibility of all those involved with diet, health and the food and nutrition system across all levels of government.

A National Aboriginal and Torres Strait Islander Nutrition Working Party was established in May 1999 to take responsibility for overseeing development of the Strategy and Action Plan. The Working Party directed that the actions and priorities in the Strategy not only address the physical wellbeing of the individual, but also took account of the social, emotional, and cultural wellbeing of the whole family and community.

The Working Party consisted of representation from ATSIC, NACCHO, AMA, NHMRC, SIGNAL, the Commonwealth Department of Health and Aged Care and several members appointed independently for their expertise in Aboriginal and Torres Strait Islander nutrition issues.

Purpose of the Strategy

To ensure national coordination and cooperation across the country, the Strategy and Action Plan has been designed to build on existing efforts to make healthy food choices easier choices for Aboriginal and Torres Strait Islander peoples, irrespective of where they live.

The Strategy and Action Plan has a directed mandate for action from the Aboriginal and Torres Strait Islander Nutrition Working Party to improve Indigenous nutrition. Consultations for the development of this Strategy strongly reinforce this.

The Strategy and Action Plan highlights priority areas for action. These cover a wide range of issues, but have been grouped into seven key areas:

- Food supply in remote and rural communities
- Food security and socioeconomic status
- Family focused nutrition promotion
- Nutrition issues in urban areas
- The environment and household infrastructure
- Aboriginal and Torres Strait Islander nutrition workforce
- National food and nutrition information systems

Each of these is summarised in Part B of this summary.

To effectively implement the activities within each of the action areas the active cooperation and support of a range of other sectors is required. Implementation of initiatives within this Strategy and Action Plan are expected to facilitate current state and local action in nutrition and to address identified gaps in health and nutrition promotion.

The full report of the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan describes key stakeholders and potential partners necessary to engage for effective implementation of the Strategy. It also describes in more detail each of the seven areas for action.

Sources of information

The content of this Strategy and Action Plan is based on consultations and information principally obtained from the following sources:

- the National Aboriginal and Torres Strait Islander Nutrition Working Party;
- participants of the 1999 Nutrition Networks conference;
- responses to a questionnaire developed to inform the initial stage of the Strategy and Action Plan;
- a workshop held in Brisbane conducted with nutrition practitioners working within Aboriginal and Torres Strait Islander health;
- a workshop held in Alice Springs conducted with Aboriginal and Torres Strait Islander nutrition and health practitioners;
- participants of state workshops conducted to inform development of the whole of population strategy, *Eat Well Australia*;
- written submissions received to the first draft of the Strategy and Action Plan;
- attendees of the presentation for development of this Strategy and Action Plan held at the National Aboriginal Health Worker Conference (Cairns, 1999);
- OATSIH state nutrition contact officers; and
- NACCHO member services and state affiliates.

Other key sources of information which describe much of the available evidence base for this Strategy and Action Plan include:

- State and Territory food and nutrition strategies/policies for Aboriginal and Torres Strait Islanders; and the
- NHMRC report titled *Nutrition in Aboriginal and Torres Strait Islander Peoples*.
- The House of Representatives Inquiry into Aboriginal Health (May 2000 report).

Nutrition related health issues of Aboriginal and Torres Strait Islander peoples

The poor health status of Aboriginal and Torres Strait Islander peoples indicates that they are the most disadvantaged population group in Australia. The underlying causes of this physical and emotional ill health are very complex but have their origins in the history of dispossession and alienation experienced by Aboriginal and Torres Strait Islander peoples, and in the social, political and economic disadvantage continued to be experienced.

Chronic diseases such as diabetes and cardiovascular disease are the principal causes of early death among Aboriginal and Torres Strait Islander peoples. Good nutrition early in life and throughout the entire lifespan is fundamental to the prevention of chronic diseases.

Determinants of adult disease begins with maternal and child health, involving problems such as low birth weights and malnutrition. Later in adult life, other risk factors for chronic diseases such as overweight, obesity and physical inactivity are also a major cause for concern.

Poor nutrition and diet related disease are frequently present in association with broader socioeconomic and environmental issues. Therefore, strategies to address the high prevalence of nutrition related disease among Aboriginal and Torres Strait Islander peoples needs to be multifaceted to incorporate these aspects.

For instance, renal disease, malnutrition and the poor growth of Aboriginal and Torres Strait Islander infants and children are associated with frequent infections which are in turn influenced by the household and community environment. Alcohol and tobacco also exert strong influences on health and nutritional wellbeing through their direct effect on nutritional status and influence on household budgets. Smoking is known to compromise intrauterine growth.

In remote and rural areas, availability of and access to healthy affordable foods particularly fresh vegetables and fruit is a major issue which continues to compromise the health and nutritional wellbeing of Aboriginal and Torres Strait Islander peoples living in these regions. Without healthy, affordable foods Aboriginal and Torres Strait Islander peoples are unable to choose foods which promote good health.

Building on the evidence base

Current local action and planning in nutrition reflects the priority given to food supply and access issues, maternal and child health, growth assessment and action, weight management and the promotion of healthy lifestyles. Underpinning this action is concerted effort to build community capacity. Settings for nutrition promotion are broad and varied but include childcare centres, community cultural and sporting events, schools and centres for aged care. Nutrition promotion efforts for men, both young and old have been limited to date. Significant development is required in this area. Implementation of initiatives within this Strategy and Action Plan are expected to further support this local action and to address identified gaps in current health and nutrition promotion.

Nutrition issues need to be considered across the lifespan, looking at the needs of people of all ages and considering the effects on future generations. Associated issues such as smoking and physical activity must also be considered. The focus for nutrition programs should be within a family and community context and include all adults and children, including elders and key community members.

Cross-cultural communication and awareness is also essential to the development of effective health programs. The role of Aboriginal women in the health system should be recognised in health programs, as should the potential health impact of the community store in remote areas as an essential service.

Strategies aimed at improving the general nutritional status of Aboriginal communities need to be systematically applied or evaluated. Without evaluation results, limited information is available to assist health service providers to decide on effective nutrition projects for their community.

In 1997, the Commonwealth Office of Aboriginal and Torres Strait Islander Health Services commissioned a critical review of the evidence for successful food supply and nutrition programs for Aboriginal and Torres Strait Islander peoples (Butlin et al 1997).

This review and others have noted that there is still a lack of well evaluated nutrition/health programs for Aboriginal and Torres Strait Islander peoples (Butlin et al 1997, Couzos et al 1998). Nevertheless, although few nutrition programs were adequately evaluated, projects which did or had the potential to provide good quality evidence shared several features which are likely to be indicative of good practice.

These included:

- community involvement and support in all stages of the project;
- empowering the community rather than imposing priorities on the community;
- multifaceted interventions;
- monitoring and providing feedback to participants; and
- modifying strategies according to need.

Important gaps in food and nutrition programs included:

- few public health programs specifically targeting Aboriginal and Torres Strait Islander peoples living in urban areas;
- little evidence that mainstream nutrition programs addressed the nutritional needs of Aboriginal and Torres Strait Islander peoples; and

- little available published information on nutrition programs and projects targeting Aboriginal and Torres Strait Islander communities.

It is essential that the National Strategy and Action Plan builds on this current evidence base and addresses major gaps in the promotion of good nutrition for Aboriginal and Torres Strait Islander peoples.

First phase implementation activities need to be conducted within a good practice context and to facilitate current priorities for nutrition action and health outcomes identified at a local level.

Guiding principles

The following core principles underpin the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan.

1. Aboriginal and Torres Strait Islander self-determination and community-control.
2. Open consultation and an ongoing commitment to working together.
3. Aboriginal and Torres Strait Islander community and family relationships.
4. Support of the overarching principles and goals of the National Aboriginal Health Strategy (1989), which promotes a holistic approach to health care and an Aboriginal and Torres Strait Islander definition of health.
5. Building and complementing existing state and territory food and nutrition policies and plans for Aboriginal and Torres Strait Islander peoples in addition to other key Indigenous health strategies.
6. Long-term commitment and resources to improve the health of Aboriginal and Torres Strait Islander peoples.

Management of the Strategy

A wide range of agencies have a role to play in addressing food and nutrition issues in Aboriginal and Torres Strait Islander communities and therefore successful implementation of this Strategy and Action Plan will require sustained integration, coordination and communication of activities across a range of sectors. This will involve, in addition to the health sector, the food industry, transport, catering, education and training sectors.

The Strategy and Action Plan has a directed mandate for action from the Aboriginal and Torres Strait Islander Nutrition Working Party to improve Indigenous nutrition. Consultations for development of this Strategy strongly reinforce this. Central to achieving this is a sustainable management structure to direct and coordinate implementation, monitoring and evaluation over the next 10 years.

Dedicated resources over and above current commitments will be required as well as strategies to enhance communication between existing steering/advisory groups for implementing State, Territory and local Aboriginal and Torres Strait Islander food and nutrition policy.

Existing structures and formal communication mechanisms, which should play a crucial role in guiding implementation and management of the Strategy and Action Plan, include:

- Framework agreements between the Commonwealth, States and Territories, ATSIC, NACCHO, State NACCHO affiliates and the Torres Strait Regional Authority. The intention of the Framework agreements is to assist cooperative planning between these agencies.
- The Strategic Inter-Governmental Nutrition Alliance (SIGNAL) which has been established as the nutrition arm of the National Public

Health Partnership to further the implementation of national food and nutrition policy in Australia.

- State and Territory food and nutrition policy/strategies either exclusively for or with a major focus on Aboriginal and Torres Strait Islander peoples. Mechanisms for management, commitment to implementation and coordination of these initiatives vary.
- There are numerous locally produced and/or area specific plans within the area of nutrition and diabetes which have variable implementation protocols in place.

As a key component of *Eat Well Australia*, it is imperative that implementation of this Strategy and Action Plan is also an integral part of implementing *Eat Well Australia*.

The approach preferred by the Working Party is that there be dedicated resources to operationalise this Strategy within an *Eat Well Australia* management team. This would allow the intersecting areas of activity of the Aboriginal and Torres Strait Islander Nutrition Strategy and *Eat Well Australia* to be jointly driven through allocated resources. This could be referred to as the *Eat Well Australia /NATSINSAP* management team.

Additionally, consultations have recommended that SIGNAL establish an identified Aboriginal and Torres Strait Islander Nutrition Steering Committee to oversee and guide all aspects of the implementation process. This Aboriginal and Torres Strait Islander Nutrition Steering Committee and the resources/positions established within the *Eat Well Australia* management team for the Indigenous Strategy could be referred to as the *NATSINSAP* Implementation Group.

Terms of reference for the Implementation Group would need to be agreed and developed with mechanisms established to manage

communication with industry, non-government organisations, professional associations, community and government agencies.

Key active partners of an Implementation Group could include: SIGNAL, NPHP, NACCHO and state affiliates, ATSIC, Department of Aboriginal Affairs, Commonwealth, State and Territory health departments, other government departments, non-government organisations and industry.

An Implementation Group would also provide a mechanism for the integration and coordination of funding of related initiatives across all levels of government, highlighting the need for Indigenous nutrition to be identified as core business for a broad range of sectors. At a national level, linkages should be made within the National Health Priority Areas, environmental health, self-management of chronic disease and initiatives in rural and remote health.

The Implementation Group would also provide a mechanism for other sectors or partners developing Aboriginal and Torres Strait Islander specific public health policy or models of best practice to communicate with the Aboriginal and Torres Strait Islander public health nutrition sector.

Evaluation of the Strategy and Action Plan

Eat Well Australia provides a national perspective for the decade 2000 to 2010. It also recognises that a useful framework must support innovation and review, and that change is part of the implementation process. A ten year framework involves monitoring the food and nutrition environment and adjusting the initiatives and action areas over three triennia, with a full review in 2010.

Eat Well Australia recommends the following phases over the ten year period:

- 2000 - 2002 Address priority areas and evaluate main initiatives at the end of 2002
- 2003 - 2005 Continue on the basis of evaluation; introduce new priorities; evaluate the whole strategy at the end of 2005/6
- 2006 – 2008/9 Continue on basis of evaluation; introduce new priorities; major review at 2009 for restructuring as needed for 2010 to 2020 framework.

The Aboriginal and Torres Strait Islander Nutrition Strategy will also require evaluation over three triennia. Part of the task of the evaluation in 2002 will be to assess the progress of each initiative and action area and suggest timeframes for the next triennium. Funding and other resources and upcoming priorities will also have an impact on timeframes for each triennium.

Gaining the commitment of potential sector partners
Consultations for this Strategy and Action Plan have highlighted sectors, including many non-government associations, open to partnerships in the implementation phase. The full report of the Strategy and Action Plan identifies potential partners and stakeholders who have a role to play in implementation.

There is considerable scope for variation in how the next steps may be taken, over what period, and with what level and type of support from partners.

No initiatives are able to begin without some investment, although there are some actions which SIGNAL or the Implementation Group for

the Aboriginal and Torres Strait Islander Nutrition Strategy could initiate in advance.

Partnerships need to be 'marketed' around the initiatives and action areas with equitable arrangements that bring clear public benefit. Action planning and budgeting for each initiative will require highly organised project management resources. Funding will require developing cases, making proposals, and negotiating contracts with funders and partners. Monitoring and evaluation will require effective data collection and management, and accountability and reporting will require a consistent financial and performance management regime.

PART B – SUMMARY OF ACTION AREAS

The Strategy and Action Plan highlights seven areas for action. These cover a wide range of issues. To effectively implement the activities within each of the action areas the active cooperation and support of a range of other sectors is required. Potential partners and objectives of activities within each action area are identified in the full report of the Strategy and Action Plan.

- Food supply in remote and rural communities
- Food security and socioeconomic status
- Family focused nutrition promotion: resourcing programs, disseminating and communicating ‘good practice’
- Nutrition issues in urban areas
- The environment and household infrastructure
- Aboriginal and Torres Strait Islander nutrition workforce
- National food and nutrition information systems

Food supply in remote and rural communities

Rationale

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. Community store and take-away food in remote and rural areas is often nutritionally poor. With the exception of traditional foods, the community store in remote and rural Aboriginal and Torres Strait Islander communities determines the food supply for all of the community and therefore provides an essential service.

Strategies to address improved access to good quality, affordable, healthy foods - particularly fresh vegetables and fruit - in remote communities is fundamental to the prevention of chronic diseases such as diabetes, heart disease, overweight and obesity. These diseases and related complications are the principal cause of early death among Aboriginal and Torres Strait Islander peoples. Due to the many factors that contribute to food supply issues of poor access, availability, high cost, poor variety and quality of food multifaceted approaches are required.

Actions

- Secure financial support for remote stores and takeaway outlets to address store infrastructure issues.
- Relevant industry groups, independent community stores and others to explore the feasibility of initiatives such as cooperative buying groups, store management support groups and freight subsidies.
- Develop a national incentive system for healthy food community store/takeaway practices and management.
- Develop store management employment contracts and food and nutrition guidelines for community stores/takeaways, which will guide employment and funding for community stores and takeaways.
- Financial institutions and community organisations to assess and make recommendations for use of community Eftpos and banking facilities.
- Adequately resource and skill remote and rural Aboriginal and Torres Strait Islander community councils, store and food outlets to implement national food hygiene and food safety regulations.
- Consider recommendations of the Public Health Association's Food and Nutrition Special Interest Group relating to food supply in remote and rural areas in further strategy development.

- Ensure that the relevant *Eat Well Australia* initiatives incorporate activities on increasing supply of vegetables, fruit and traditional foods by Indigenous peoples in remote and rural locations.
- Facilitate partnerships in the development and ongoing management of local food production systems including the cultivation of traditional foods.

Food security and socioeconomic status

Rationale

Aboriginal and Torres Strait Islander Australians are at greater risk than other population groups of poor health due to inadequate nutrition. Many factors underpin this 'vulnerability' including the low incomes, environmental and social situations experienced by many Indigenous families, which in turn influence health and nutritional status.

The terms 'food security', 'food access' and 'food availability' are sometimes used interchangeably. However, each of these terms refers to particular aspects of the food and nutrition system. Food security can be defined as the quantity and quality of food sufficient to meet requirements for unrestricted growth and development of all individuals at all times. This is particularly so for those who are physiologically and socioeconomically vulnerable. Thus, food security also encompasses issues of access and availability.

Aboriginal and Torres Strait Islander peoples need to be able to access a variety of good quality, affordable food at all times. Socioeconomic status, alcohol, tobacco and substance misuse impact on individual and family expenditure on food. Government policies relating to taxation can influence food prices and availability and therefore significantly affect patterns of food consumption in low-income households.

Overcrowded living conditions can also put pressure on household budgets.

Food insecurity also occurs at the community level. Many remote community stores lack the storage capacity to store large amounts of foods, especially perishables for times when communities are inaccessible. Seasonal weather variations often mean that some communities are inaccessible for extended periods. Similarly, inappropriate or lack of food storage facilities at the household level also influences food security.

A lack of easy access to healthy food choices including poor or inadequate personal transport facilities to shopping centres are also associated with issues of food security.

Actions

- Identify and report current information sources relating to food security among Aboriginal and Torres Strait Islander peoples for dissemination to relevant partners.
- In collaboration with relevant partners make recommendations for the ongoing provision of food security information as it relates to the whole of population and Indigenous Australians.
- Consider recommendations of the Public Health Association's Food and Nutrition Special Interest Group relating to the GST and food security issues in remote and rural areas.
- Collaborate with relevant organisations to include food security issues within alcohol, tobacco and drug initiatives.
- Work with State/Territory and regional organisations to identify and resource current initiatives, which target food security and budgeting issues.
- Develop education materials for Aboriginal and Torres Strait Islander peoples regarding consumer rights, including use of banking facilities and budgeting information/education.

- In collaboration with relevant partners identify agencies supplying food relief in the form of food banks, parcels, food vouchers, free or subsidised meals and facilitate nutrition promotion through these agencies.
- Consult with national representatives of local government authorities to influence town planning ie: provision of shops and transport.

Family focused nutrition promotion: resourcing programs, communicating and disseminating 'good practice'

Rationale

Evidence for 'good practice' in nutrition promotion relates to knowing what the success stories are and what steps were taken to achieve the desired health outcome. Local community actions need to be supported to achieve positive outcomes in areas such as breastfeeding, healthy birth weight and childhood growth; optimal antenatal and postnatal care, the prevention and management of an unhealthy weight; and improved health and nutrition for Aboriginal and Torres Strait Islander men. 'Good practice' as defined by the community and health professionals, includes understanding community priorities, family, culture, preferred methods of communication and learning, in addition to an up-to-date knowledge of the prevention, diagnosis and management of diet related disease affecting the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Routine and sustained transfer of 'good practice' information from one setting to another is important as it assists the value of investment avoiding duplication of effort.

Across all levels of government, greater commitment is necessary to identify and increase awareness of what constitutes 'good practice' and to identify health outcome priorities as determined by the community

so as to allocate funds accordingly. Diet related illness of the Aboriginal and Torres Strait Islander population rarely exists in isolation from other socioeconomic and lifestyle issues (eg: smoking) and therefore multifaceted approaches are required.

Routine and rigorous evaluation of programs is an essential component of 'good practice'. 'Good practice' encompasses effective training and content aspects of nutrition programs in addition to agreed models of service delivery. Identification and dissemination of 'good practice' information currently occurs in an adhoc manner. Nutrition information is continually evolving and updated information needs to be disseminated quickly to ensure that 'good practice' is maintained.

Limited knowledge of access to reliable nutrition information also inhibits 'good practice'.

There is a need for locally relevant program and resource development/adaptation within a 'good practice' context.

Actions

- Identify and facilitate local and State/Territory activities designed to achieve outcomes of: healthy birthweight, promotion of breastfeeding, healthy childhood growth, healthy lifestyles, and the treatment and management of diet related disease affecting Indigenous peoples.
- Resource communities to incorporate appropriate and agreed reporting and evaluation criteria into programs and disseminate findings to relevant bodies.
- Assess the capacity of current networks in Aboriginal and Torres Strait Islander nutrition to effectively disseminate programs and activities consistent with 'good practice' and ensure sustainability of current networks.

- Build on current, and develop new mechanisms where identified for ongoing 'good practice' information provision with recognition given to the community, family, methods of story telling and narration.
- Coordinate, collate and develop national dissemination strategies for existing information on 'good practice' and identify gaps in the information base.
- Increase the representation of Indigenous peoples in media promotion of healthy lifestyle and 'good news' stories.
- Indigenous health education sector to translate, disseminate and link 'good practice' in nutrition into training and educational resources for the Aboriginal and Torres Strait Islander health workforce.
- Review and disseminate information of current and potential State and Territory based health service infrastructure models that support nutrition 'good practice' (remote, rural and urban).

Nutrition issues in urban areas

Rationale

There is limited information on the nutrition issues of Aboriginal and Torres Strait Islanders living in urban areas. Available statistics indicate that the health outcomes for urban Aboriginal and Torres Strait Islander peoples are as poor as their rural/remote counterparts.

In urban areas there is a lack of information and educational resources regarding nutrition information and service provision, access to healthy, affordable foods and nutrition related health outcomes. There is an insufficient urban Indigenous nutrition workforce and support networks to develop, deliver, support and maintain service delivery related to the food and nutrition system. The socioeconomic status of Aboriginal and Torres Strait Islanders living in urban areas impacts on nutritional status and wellbeing.

Dispersed living arrangements in urban areas may make it difficult to get family and community support and to identify particular areas of need.

The transient nature of the urban Aboriginal and Torres Strait Islander population may also influence continuity and delivery of programs and identification of target groups.

Other issues of potential concern in urban areas include: personal transportation issues, knowledge of culturally appropriate support services, advertising and easy access to unhealthy takeaway food, limited knowledge of household and market gardens and limited access to traditional food and food sources.

Institutions such as hospitals, prisons and hostels in urban and country areas do not provide culturally relevant food choices.

Actions

- Negotiate and support an urban component at all future Nutrition Networks Conferences.
- Work with stakeholders in urban and metropolitan areas to identify food and nutrition information priorities and identify, collate and disseminate relevant information, which is currently available.
- Liaise with Aboriginal Community Controlled Medical Services, State and Territory health and independent medical services to give priority to nutrition issues in local health plans.
- Collaborate with relevant stakeholders to research and develop mechanisms and programs to increase access to traditional foods and food sources in urban areas.
- In urban areas facilitate development of:
 - improved access to appropriate nutrition programs;
 - media strategies to deliver culturally appropriate nutrition messages;

- cultural awareness for mainstream health care services; and
- culturally appropriate menu/catering choices in hospitals and other institutional settings.

The environment and household infrastructure

Rationale

Consultation for the development of the Strategy and Action Plan has reinforced the high priority that must be given to environmental health issues in order for effective nutrition promotion to take place in the community. At the community level, issues identified to address include housing, sewerage, waste, lighting, dust, animals and safe water. At the household level relevant issues include food preparation areas, cooking utensils, food storage facilities, cooking equipment and other health hardware.

Actions

- Identify nutrition networks in Aboriginal and Torres Strait Islander health and advise the Commonwealth Department of Family and Community Services regarding dissemination of the National Framework for the Design, Construction and Maintenance of Indigenous Housing publications to nutrition networks.
- Commonwealth, State and Territories to ensure participation from the Aboriginal and Torres Strait Islander nutrition workforce at scheduled biennial workshops to review the National Framework.
- The Aboriginal and Torres Strait Islander nutrition workforce to participate in the national review of the application of public health and environmental health laws to Aboriginal and Torres Strait Islander communities.

Aboriginal and Torres Strait Islander nutrition workforce

Rationale

There are currently insufficient numbers of skilled and supported Aboriginal and Torres Strait Islanders in the nutrition workforce, given the scale and extent to which poor nutrition contributes to the poor health of Indigenous peoples. There is a lack of defined career paths and opportunities for the Aboriginal and Torres Strait Islander nutrition workforce. Current accredited generalist health worker and related training delivered to Indigenous peoples through TAFE and university does not include a strong nutrition component.

There is a lack of relevant training and awareness in Indigenous issues for non-Indigenous peoples recruited to work in Aboriginal and Torres Strait Islander nutrition.

Aboriginal and Torres Strait Islander peoples have little opportunity to develop and deliver their own health and nutrition care at service delivery, policy and planning levels. Current accredited nutrition training for Indigenous peoples are offered in a limited number of locations and articulation to higher level courses does not always occur.

Actions

- Increase the number of Aboriginal and Torres Strait Islander nutrition and diabetes specialist positions and programs at a local level.
- Provide scholarships for Aboriginal and Torres Strait Islander peoples to study nutrition at tertiary levels.
- Collaborate with relevant education and training organisations to:
 - establish accredited, accessible, and culturally relevant training in each State and Territory;

- ensure that food, nutrition and diabetes training is informed with ‘good practice’ criteria and models of service delivery; and
 - ensure that staff with relevant qualifications and experience in nutrition or related areas deliver accredited tertiary training in nutrition.
- Advocate for Aboriginal and Torres Strait Islander nutrition to be incorporated into existing health and nutrition training programs for non-Indigenous health staff.
 - Establish ongoing professional development opportunities in Indigenous nutrition, including attendance at conferences, international exchanges and professional mentoring systems.

National food and nutrition information systems

Rationale

National monitoring of the food and nutrition system and related health outcomes is currently not consistent or coordinated. Without effective indicators, evaluation criteria and feedback mechanisms it will not be possible to assess the effectiveness of initiatives to make informed policy decisions. Provision of nutrition information to Aboriginal and Torres Strait Islander communities, policy makers, the nutrition workforce and other stakeholders needs to be timely and relevant. This is essential if commitment is to be maintained and to inform best practice so that quality projects and programs can be ensured. Agreed evaluation and dissemination mechanisms need to be built into new and existing nutrition programs for Aboriginal and Torres Strait Islander peoples.

A number of outcome indicators for Aboriginal and Torres Strait Islander health have been defined by the AHMAC endorsed Indigenous performance indicators and targets. The nutrition related components of these targets and existing data collection and dissemination

strategies need to be further developed and improved. A central data management and retrieval system (similar to that which exists for immunisation information) would facilitate access and up to date reporting. Such a system would need to include Indigenous identifiers and any national surveys should seek to include an adequate sample of Aboriginal and Torres Strait Islander peoples. Agreed measures are required to facilitate consolidation and comparison of data at the national level.

Actions

- Identify operational mechanisms to manage and coordinate the collection and dissemination of nutrition information which meets the needs of Aboriginal and Torres Strait Islander peoples and other relevant planning bodies.
- Develop agreed national criteria for the evaluation of programs addressing the food and nutrition system and nutritional health of Aboriginal and Torres Strait Islander communities.
- Establish systems for consultation and reporting between national food and nutrition monitoring systems and *NATSINSAP* Implementation Group.
- Work with stakeholders to identify a nationally agreed set of food and nutrition indicators which covers food supply and access, food intake, nutritional status and related health outcomes.
- Establish a system to routinely monitor and report on food costs and access to healthy food in remote, rural and urban locations.
- Collaborate with stakeholders to establish distribution and training systems for guidelines on program evaluation for the nutrition workforce and Aboriginal and Torres Strait Islander community.

APPENDIX

National Aboriginal and Torres Strait Islander Nutrition Working Party membership

Ms Dulcie Flower, ATSIC (Chairperson)

Ms Lola McNaughton, ATSIC

Commissioner John Delaney, NHMRC

Dr Ngiare Brown, AMA

Ms Mary Buckskin, NACCHO

Ms Lee-anne Daley, NACCHO

Ms Joan Vickery, NACCHO

Ms Aletia Twist, Independent Nutritionist (Independent Adviser)

Ms Camille Damaso, Aboriginal Nutrition Project Officer NT
(Independent Adviser)

Ms Dympna Leonard, SIGNAL

Professor John Catford, SIGNAL

Ms Kathleen Graham, CDHAC

Ms Michelle Fraser, OATSIH

Ms Louise Broomhead, CDHAC Project Officer

Observers: Ms Fidelma Rogers, DHAC and Ms Gabriela Samcewicz,
OATSIH