

Research reveals concerning nutrition outcomes in remote communities

15 April 2013

Some remote Indigenous communities are spending as little as 2.2 per cent of total food expenditure on fruit and just 5.4 per cent on vegetables according to a study by the Menzies School of Health Research, published in the latest issue of the *Medical Journal of Australia*.

Menzies senior research fellow, Dr Julie Brimblecombe and her co-authors have found that a poor quality diet of mostly processed foods high in sugar and salt and low in fruit and vegetables continues to plague Indigenous communities.

The study collected data on food and drinks purchased in stores and other food outlets in three remote Northern Territory (NT) communities over a 12-month period from July 2010 to June 2011.

The dataset provided information on food spending, estimated per capita intake of key foods and the adequacy of the diet compared to required levels of nutrients for the study population.

The authors found that a quarter (24.8 per cent) of total food expenditure was spent on non-alcoholic beverages, with sugar-sweetened soft drinks contributing 15.6 per cent. Just 2.2 per cent went on fruit and 5.4 per cent on vegetables. Sugars contributed between 25.7 per cent and 34.3 per cent of energy, 71 per cent of which was refined sugar and sugar-sweetened drinks.

Dr Brimblecombe said the findings reiterate the level of support urgently needed for healthy food choices in remote Indigenous communities.

“In all three communities the diet was insufficient in calcium, magnesium, potassium and fibre. Sodium was the nutrient provided in the greatest excess, at nearly six times the midpoint of the average intake range,” Dr Brimblecombe said.

“A further disturbing aspect of study is that white bread is providing a large proportion of dietary protein when it is a poor protein source.”

The extremely high rates of preventable chronic disease experienced among Indigenous Australians in remote Australia and the high intake of sugar-sweetened beverages, unacceptably low levels of fruit and vegetables, and limiting essential nutrients, provide a compelling rationale that more needs to be done to improve diet and nutrition.

“Good nutrition throughout life is fundamental to the maintenance of wellbeing and the prevention of disease. It plays a vital role in pregnancy and early childhood, prevents obesity and type 2 diabetes and cardiovascular disease,” Dr Brimblecombe said.

“However, remote communities face many barriers to healthy eating, including inadequate food delivery systems for many communities, short-term interventions, limited access to resources and information to improve decision making and the high cost of food. While there are important programs in place, more is needed to support the demand for healthy food.”

Dr Brimblecombe said poverty is a key driver of food choice and although most Indigenous people living in remote communities are in the low income bracket, a standard basket of food costs, on average, 45 per cent more in remote NT communities than in the NT capital.

“People in the study communities spend more on food (\$379 to \$418 per person per month) compared with the expenditure estimated for other Australians (\$314 per person per month),” she said.

Dr Brimblecombe said ongoing monitoring and evaluation of programs to support healthy eating and improve community-level diet in remote Australia is needed to make sure that we have the most cost-effective programs in place and to support community-driven decision-making as well as higher level policy-making.

“Further evidence regarding the impact of the cost on food purchasing in this context is urgently needed and the long-term cost benefit of dietary improvement needs to be considered,” she said.

“Growing evidence indicates that incentives are needed to support healthy eating such as price subsidies. Nutrition promotion programs that build people’s skills and confidence are also needed to encourage people to make healthy food choices.

“Menzies has partnered with store owners in the NT and two major store associations to provide evidence on the role of price subsidies in remote Australia.”

This study is funded by the National Health and Medical Research Council and will commence in June 2013.

For a full copy of the report please go to https://www.mja.com.au/journal/2013/198/7/characteristics-community-level-diet-aboriginal-people-remote-northern-australia?utm_source=MJA+news+alerts&utm_campaign=78c470ede3-Volume_198_07_15_April_2013&utm_medium=email

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Background: Menzies School of Health Research is a national leader in Indigenous and tropical health research. It is the only medical research institute in the Northern Territory, with more than 300 staff working in over 60 communities across central and northern Australia, as well as developing countries in the Asia-Pacific region. Menzies is also a significant contributor to health education and research training.