

HEALTHY STORE CHOICES ON-COUNTRY: THE KEY TO COMBATING CHRONIC DISEASES

THE NEED

Less than one in ten Australians eat enough vegetables each day, and that's while most of us could walk to a nearby supermarket and find it well stocked with quality fresh produce at reasonable prices. Eating well is hard work in any context.

Most remote Aboriginal communities, however, are what the experts call 'obesogenic' environments. Food is prohibitively expensive and fresh food is sometimes of poor quality; substandard housing has only rudimentary cooking and food storage facilities; there are few opportunities to learn cooking skills and there aren't enough recreational facilities. This combination of factors conspire to produce disproportionately high rates of obesity in remote communities, which in turn, leads to disproportionate chronic disease and eventually, premature death.

Yet if we can get healthy food at affordable prices to remote communities, at the same time as educating people about healthy eating choices, we can sow the seeds of transformational change. If we can do so in partnership with community members to define healthy eating goals for their community, and do this in a way that rallies the communities around healthy eating goals, we will accelerate this change – in the here and now of healthy, vital communities and down the track, via major reductions in rates of chronic disease.

THE PARTNERSHIP OPPORTUNITY

Since 2010, Menzies' Nutrition team has been working with NT remote community stores as part of a concerted push to improve remote community diets. Menzies is now developing customised online software that allows remote store staff to analyse sales data and track food spending, in real time, while simultaneously feeding data back to the store boards and other key stakeholders.

This data informs a growing evidence base and allows Menzies, the remote stores and other partners to mount strategic responses, again in 'real time'. From in-store Indigenous-friendly 'shelf talkers' and fridge door posters to negotiating discounts with supply chain providers, Menzies is leading an innovative, culturally responsive nutritional improvement charge.

Menzies seeks support for three inter-related components within this overall effort:

1. Assessing nutrition in real-time, designing novel dietary improvement strategies

A longitudinal study to monitor the dietary intake of remote community members via electronic data collection from up to 50 remote stores. This will provide real time feedback on diet quality in remote communities, to Menzies and the community itself; allowing us to gauge how well existing in-store strategies and wider nutrition-related policies are working; design new ones, and feed new evidence through to policy makers, including store owners

2. Consultation to inform feedback reports for communities

Menzies will consult with community stakeholders, health providers and government dietitians to design tools that feed back results to the stores and communities in culturally-relevant and accessible ways, with appropriate language and visuals, and as an ongoing inducement to further improvements

3. Testing the effectiveness of feedback reports in improving nutrition

Evaluating the effectiveness of this low cost, low burden approach to building community nutritional capacity and supporting healthier eating choices

THE IMPACT

Good nutrition holds the key to better health and wellbeing. Advances in this regard sit at the heart of efforts to improve the health of Indigenous Australians. This project hits at the epicentre of chronic ill health and premature death – Northern Australia's remote Indigenous communities. It goes to where the problem is worst and tackles it with an arsenal of novel strategies and the latest research evidence. It is showing signs of success in what has been an intractable, systemic health issue, and in this regard holds great promise.

Menzies Nutrition team is on the cusp of success. Its approach is working – slowly but surely. Investments at this point will propel its efforts further forward, reaping substantial and long-term rewards.



PARTNERSHIP SOUGHT \$428,629

To assess the current nutritional status in real time and design the novel dietary improvement strategies, Menzies is seeking \$59,074; this will pay for the salaries of the researchers and the statistician.

For the consultation process with community stakeholders, health providers and government dietitians, Menzies is seeking \$46,791. This comprises of researcher's salaries and travel costs and includes the flow on benefits of capacity building with employment of Aboriginal research assistants in the communities.

Testing the effectiveness of the real-time feedback comprises the largest component of this effort, ensuring that on the ground change is created and monitored. \$322,765 is required to employ researchers and statisticians over a two year period, including travel to the participating communities.

FACTS AND STATS

- In some remote communities, as little as 2.2% of total food expenditure is on fruit and just 5.4% on vegetables
- Sodium intake, mostly via processed foods, is nearly six times the Australian average
- A standard basket of food costs 41% more in remote NT communities than in Darwin and more again than other parts of Australia
- Aboriginal communities consume soft drinks, especially Coca Cola, at enormously disproportionate rates. Of the top ten most commonly purchased items at one Central Desert store for example, four are Coca Cola products

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“In remote communities, there’s often just one general store, and food is trucked, barged or flown in from the nearest large town or city. By the time it gets to the store, freshness has declined and it costs a fortune because of transport costs and lack of store purchase power. Prominently presenting fruit and vegetables and healthier foods and offering price promotions will incentivize its purchase. At the same time, prominently displaying the fistfuls of sugar in coke and other soft drinks at their points of purchase may well de-incentivise that buying decision. Providing information to the store decision-makers is driving these changes.

Better nutrition, and with it, better health in remote Aboriginal communities, starts with concerted work to educate people about healthy diets, along with strategies to address issues of food supply and to make the healthy choice the easy choice. In Menzies’ Nutrition team, that’s where we focus our efforts – and where, happily, we’re seeing promising results.”

*– Assoc Prof Julie Brimblecombe
Principal Research Fellow,
Menzies School of Health Research*