CENTRAL AUSTRALIAN ABORIGINAL CONGRESS

National Strategy for Food Security in Remote First Nations Communities

Congress response to NIAA Discussion Paper

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About Central Australian Aboriginal Congress

Central Australian Aboriginal Congress (Congress) is a large Aboriginal Community Controlled Health Service (ACCHS) based in Mparntwe (Alice Springs). Established more than 50 years ago, Congress is one of the most experienced organisations in the country in Aboriginal health, a national leader in primary health care, and a strong advocate for the health of our people. Congress delivers services to more than 17,000 Aboriginal people living in Mparntwe and remote communities across Central Australia including Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu, Amoonguna, Imanpa, Kaltukatjara (Docker River), and Yulara.

Congress has responded to the questions raised in the *National Strategy for Food Security in Remote First Nations Communities Discussion Paper* based on our extensive experience of delivering comprehensive primary health care including multidisciplinary clinical care; health promotion and disease prevention programs; and action on the social, cultural, economic, and political determinants of health and wellbeing. This work has led us to develop a Position Statement – Food Security from which much of this submission has been drawn. Congress is also member of, and active participant in, the Coalition for Healthy Remote Stores and recommendations included below are guided by community members, Congress Board members, and field experts, and are evidence-based.

Food Security in Aboriginal Australia

Food Security is commonly defined using the United Nations Food and Agriculture Organization's (FAO) definition 'Food and nutrition security exists when all people at all times have physical, social and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life'.[1]

Aboriginal people report food insecurity at a significantly higher rate than non-Aboriginal people. The Australian Aboriginal and Torres Strait Islander Health Survey 2012-13[2] showed that 22 per cent were living in a household that had run out of food and could not afford to buy more, where seven per cent lived in a household that had gone without food when they ran out. In the NT Aboriginal population, 34 per cent of the population had run out of food in the last year compared to four per cent of the non-Aboriginal population. The national rate for Aboriginal people was 25 per cent. In 2013, 97 per cent of Aboriginal people in the NT reported inadequate vegetable intake and 49 per cent reported inadequate fruit intake.[3]

Response to Discussion Paper

Focus Area: Evaluation and Continuous Improvement

Congress supports the recommendation made by the Coalition for Healthy Remote Stores that the Strategy must be evaluated regularly, at a minimum every three years, with findings to inform the next phase of Strategy implementation. Evaluation must be informed by community and conducted by an experienced third party.

Focus Area: Country

Culture, colonisation and the right to self-determination

In traditional times, Aboriginal people's access to Country and deep cultural knowledge of bush foods ensured that they and their children were well-nourished and healthy. Bush foods were generally high in protein and fibre and low in fat and sugar. Traditional land management techniques ensured that food resources were not over-used, and a mobile lifestyle meant a high degree of flexibility in relocating should local food shortages occur.

However, since colonisation Aboriginal peoples' access to the land and its resources has been restricted. Nutritious bush foods have been replaced in many cases by a diet high in processed foods, sugars and fats and low in fibre and nutrients. Fatty and high sugar foods were hard to find in traditional times and there was a strong drive to eat these foods when they were available to be able to gain the weight necessary to survive the lean times that would sometimes come. This inherent drive in hunter gatherer people's to eat sugar and fat when available led to the development of the 'thrifty gene hypothesis' and this served the survival of Aboriginal people well for tens of thousands of years. However, once access to high fat and sugar foods suddenly and dramatically improved, Aboriginal people have had to learn to try to rapidly adjust.

In the Northern Territory this transition was very sudden as the basic rations that were provided, in lieu of wages, to Aboriginal people forced to live and work on cattle and sheep stations, prior to the Land Rights era in the NT, included sugar, flour and treacle or honey as well as tobacco. This ready availability of these foods, in the absence of other alternatives, then contributed greatly to the development of an unhealthy taste for sugar and sweet foods generally, including the love of damper.

Fortunately, in those places where Aboriginal people have retained access to their Country, bush foods continue form an important part of their diet and is associated with lower mortality and reduced risk of chronic disease including cardiovascular disease and diabetes.[4]

It is in this context that the currently high levels of food insecurity in contemporary Aboriginal communities should be seen and any approach to addressing the issue must recognise this underlying process of colonisation and its effects. It should therefore 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 Aboriginal Peoples,[5] which states:

> *Article 23: Aboriginal 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.*

Impact of climate change on food security

For Aboriginal people health is not just the physical well-being of an individual but includes the social, emotional and cultural well-being of the whole community.[6] This definition:

> *... recognises the importance of connection to land, culture, spirituality, ancestry, family and community, how these connections have been shaped across generations, and the processes by which they affect individual wellbeing. It is a whole-of-life view, and it includes the interdependent relationships between families, communities, land, sea and spirit and the cyclical concept of life–death–life.*[7]

Accordingly, the disruption and damage to the living world that climate change creates is in itself a harm to the health of Aboriginal people as it undermines the relationships to land and sea that are at the heart of Aboriginal wellbeing. In Aboriginal culture the human spirit is one with the physical environment from which it was formed. An insult to the physical environment creates human illness in and of itself.

There are also a range of direct effects on population health that climate change is creating, including increased food insecurity and malnutrition with remote Aboriginal communities particularly vulnerable due to pre-existing poverty and poor access to healthy food, and expected increases in prices of food and damage to ecosystems that disrupts access to traditional foods. This disruption and loss of locally sourced foods, including bush foods, means that communities become more reliant on store foods.[8]

It is critical to recognise and invest in Aboriginal traditional ecological knowledge to manage Country to mitigate the impacts of climate change on Country and food security. Aboriginal ranger programs, such as the Central Land Council's ranger program, provide an important mechanism for protecting bush food and medicine sites from weeds, fire and the impact of cattle and other feral animals.[9]

Focus Area: Health

Food and health outcomes

Nutrition is a key determinant of health. Poor nutrition is the leading single preventable risk factor for death and disability in Australia. This is likely to be worse for Aboriginal people living in remote areas, where the disease burden for Aboriginal people is 2.4 times that for non-Aboriginal Australians.[10] [11]

Chronic diseases related to diet, such as cardiovascular diseases, kidney disease and diabetes are responsible for more than 70 per cent of the burden of disease for Aboriginal people.[12] Aboriginal adults are almost four times as likely to have diabetes as non-Aboriginal people.[13]

Poor nutrition includes a high intake of energy-dense, nutrient-poor foods such as sugar sweetened beverages, and unhealthy take-away coupled with a disproportionately lower intake of healthy foods such as fresh fruit and vegetables.[14] [15] A high intake of energy-dense, poor-nutrient foods leads to a double burden of malnutrition and obesity, which is occurring in economically developing countries and in Australian Aboriginal communities.[16] [17]

Prevalence of diabetes

In traditional times, the diverse Aboriginal peoples of the Northern Territory had active lifestyles and a healthy diet low in sugar and free of processed foods. While specific records on diabetes are not available, it is highly likely that diabetes was very rare, if not unknown.

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. Aboriginal families continue to live with these effects of colonisation which challenge their capacity to live healthy lives, and provide care for, and nurture, their families. It is in this context that the high and increasing rates of diabetes should be seen, with 40 per cent of Aboriginal adults in Central Australia now living with a diagnosis of type 2 diabetes,[18] and prevalence increasing by 2.5 per cent each year in remote communities.

Poverty, inequality and food security

Despite improvements in health outcomes, including increased life expectancy and reduction in diabetes-associated mortality for Aboriginal people in this region over the past 20 years[19], there has not been the same improvement in the gap associated with the social determinants of health. It is well documented that diabetes is strongly correlated with poverty and inequality.[20] [21] In the Central Australian region, food security and affordability has declined between 2006 and 2021,[22] exacerbated by inflation and inadequate increases to citizenship entitlement payments. Aboriginal people use income support at disproportionally higher rates than non-Indigenous people and 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.[23] In Alice Springs, the weekly median personal income for Aboriginal people is only 40 per cent of that of non-Indigenous residents, and in remote locations in Central Australia, it is only 25 per cent.[24]

Focus Area: Housing

Homelessness and housing

Appropriate housing is critical in ensuring food security as it provides a place to prepare, store and consume food. The Northern Territory has the highest rate of homelessness in Australia, with more than one in five Aboriginal Territorians homeless in 2016, 25 times the rate for non- Aboriginal people.[25] The Australian Bureau of Statistics' definition of homelessness comprises six categories and includes those people living in severely overcrowded dwellings, defined as one that needs four or more extra bedrooms to accommodate the people who usually live there.[26] In 2016, almost 9 out of 10 (88 per cent or over 10,700) homeless Aboriginal and Torres Strait Islander people in the Northern Territory fell into this category, with a further 800 (seven per cent) living in improvised dwelling, tents, or sleeping out.[27]

The high need for repairs and maintenance in Aboriginal housing is overwhelmingly the result of poor design and construction, and overcrowding.[28] Adequate resources for and prompt response to the need for repairs and maintenance (especially for food storage and preparation, electricity, water and sewerage) is essential or houses will undermine rather than protect and support health and wellbeing. The failure to maintain housing leads to the rapid decline in housing stock as houses become unliveable adding to homelessness.

Focus Area: Families and Communities Infrastructure

Power supply and energy poverty

During community consultation, the direct impact of energy poverty on food security in remote communities has been clearly conveyed to Congress. A community member in the remote Central Australian community of Utju (Areyonga) reported that when power cards run out, and the store is closed, then fridges containing food are unable to be powered and food can spoil. This leads to a reluctance to stock large amounts of food in fear that it will not be safely stored.

Community infrastructure

Maintaining an open household, and connecting and sharing with visiting family members is a core element of many Aboriginal Australian households, however, persistent overcrowding places additional pressure on facilities and infrastructure. This can limit the ability of residents to employ healthy living practices, with 19 per cent of Aboriginal people reporting that they do not have access to functional facilities for preparing food.[29] This contributes to the high consumption of processed or take-away food.

Focus Area: Stores

Remote stores and access

Access to affordable healthy food is one of the biggest factors in achieving food security.[30] In remote Aboriginal communities the availability of fruit and vegetables is significantly lower than metropolitan, whilst prices are significantly higher.[31] With literature reporting that healthy food contributing to 34 to 80 per cent of a household budget.[32]

It has been highlighted through a number of reviews that community stores are essential to addressing food security in remote communities, requiring additional support and policy work to support these structures.[33] [34] One critical aspect of this is remote stores having adequate access to wholesalers and producers. Outback Stores was a key measure that the federal government implemented in 2006 to address food security, in remote Aboriginal communities in the NT. The stores group aimed to improve store management and develop greater buying power to lower prices.[35] This however did not result in any significant improvements in store prices.[36] Throughout the COVID -19 pandemic it was primarily the independent stores experiencing difficulty in securing stock and accessing suppliers to fulfil their orders, highlighting the need for an economy of scale store model to assist Independent stores in accessing supplies, cheaper prices and discounted freight.

Locally derived health initiatives work well when the communities they impact on are able to participate in their development and implementation, particularly if there is a defined goal the community wants to achieve.[37] Health promotion activities with Aboriginal and Torres Strait Islander people should ensure there is capacity for smaller regional campaigns relevant to specific areas. That is, Aboriginal people living remote to ensure the campaigns are culturally appropriate for those communities.

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 also supports good health and wellbeing. However, as with most remote communities, prices for healthy, fresh foods escalate for number of reasons, particularly the cost of freight over long distances, and the high cost of storing perishable food.[38] [39] ALPA therefore independently subsidising (no government funding) fruit and vegetables and promotes healthy eating and work towards preventing chronic diseases. ALPA also subsidises all freight on frozen, tinned and dried vegetables in member stores. These subsidies help make prices on healthy food more affordable.[40]

Store classification

Congress echoes the submission made by the Coalition for Healthy Remote Stores and agrees with the Potential Action for the development of a national Industry Code. The code must be co-designed with stores, and informed by community-supported, evidence-informed best practice. The code should also be incorporated into a benchmarking and continuous quality improvement process that provides support to stores to achieve these standards set out in the code. Developing a

monitoring and evaluation system that assesses implementation and effectiveness of the code is essential.

We note that the code must be applicable to all food outlets, including takeaways as indicated on page 33 of the discussion paper. If takeaways are not included it provides an uneven operating environment for standalone takeaways, will limit the effectiveness of the code and provides takeaways with an unfair commercial advantage. Such an unfair commercial advantage would likely dis-incentivise non-takeaway remote food store participation. The wording for the proposed intended outcome must include takeaways.

Related to regulatory environments, Congress supports the four key policy asks developed by the Coalition for Healthy Remote Stores:

- no placement of sugary soft drinks of more than 600ml in refrigerators
- less than 40 per cent of refrigerator facings made up of sugar sweetened beverages
- no promotional activity on unhealthy food and beverages, including no price promotions or discounts, no volume promotions (e.g., 2-for-1 deals), and no other display material (e.g., posters, shelf stripping)
- no availability of unhealthy food and beverages in high traffic areas, including store entrance, checkout area and counter, and front-, between- and end-of-aisle displays (except where infrastructure/situations prevent this).

The Coalition has advocated to the Northern Territory Government for these four asks to be mandated in the NT Remote Stores Program. These policy asks aim to modify the in-store environment to restrict the promotion and placement, and reduce the sales of unhealthy food and drinks. These key policy asks are derived from locally developed, internationally recognised evidence[41] and incorporated in the Healthy Stores 2020 Policy Action Series.[42] These four asks have also been supported by Congress directors and remote health board directors in a joint letter signed by representatives from the Congress Board of Directors, and remote directors from Amoonguna Health Service, Mpwelarre Health Aboriginal Corporation (Ltyentye Apurte/Santa Teresa), Utju Health Service (Areyonga), Mutitjulu Community Health Service, Western Aranda Health Aboriginal Corporation (Ntaria/Hermannsburg), along with representatives from Imanpa and Kaltukatjara (Docker River). (Appendix 1)

Focus Area: Supply Chains

The supply chain involves the movement of food from producer to consumer and through production, processing and distribution. It includes the cost of food, transportation, handling, storage and retailing, which in turn influences the price, quality and quantity of healthy goods available in remote communities.[43]

Food security in remote communities is threatened by the complex logistical challenges within the food supply chain. Remote supply chains differ to those in urban areas due to the unique challenges of long distances, smaller populations and geographical isolation. The result of these challenges is that residents living in remote communities pay significantly higher prices for everyday items because of the compounded costs of transport, lack of bulk purchasing power and high operating costs.[44]

These challenges are summarised in the Queensland Government's *Gather + Grow* strategy:[45]

Availability	*Distance and duration put pressure on shelf life, which may result in poor quality food. Many touch-points across the supply chain increase the risk of cold-chain disruption which may cause wastage despite good handling processes. Disruptions due to*

	weather may cut supply for weeks at a time, resulting in shortages or reliance on expensive air freight.
Access	*Transport costs (particularly fuel), inventory, handling of foods, infrastructure charges and costs to work-around disruption all contribute to operating expenses, putting pressure on prices. Organisations throughout the supply chain must achieve reliable cashflow and margins in order to keep servicing communities, which is difficult under challenging circumstances.*
Utilisation	*Supply of healthy home equipment and infrastructure (such as fridges and cooking equipment) is reliant on the same long supply chains as food. This means that not everyone has the same opportunity to store, prepare and consume healthy food at home.*

Focus Area: Healthy Economies

The high cost of healthy food and lower incomes in remote Aboriginal communities

People living in remote communities spend more on food than other Australians. Prices for healthy, fresh foods, particularly fresh fruit, vegetables and dairy foods, are higher for a number of reasons, including the cost of freight over long distances, and the high cost of storing perishable food.[46] [47] On average, a food basket (i.e. foods that meet the average energy and recommended nutrient needs of a family of six for a fortnight) is 41 per cent higher in remote NT communities than in Darwin.[48]

In this context, it is important to note that the doubling of Centrelink allowances through the COVID-19 Jobseeker payment was reported by Aboriginal people in Central Australia to have achieved a major improvement in food security. It has also been reported by Congress remote health boards that there was less family fighting over access to food and that young people have dramatically reduced breaking and entering into private properties to obtain food to address extreme hunger due to periods where no food was available.

In remote Central Australia both poverty and inequality are worsening for Aboriginal people, with real incomes falling and the income gap to non-Aboriginal people widening. Unless action is taken on this fundamental issue, many other programs and services will fail or have limited effect.

Aboriginal people are disproportionately dependent on citizenship entitlements such as Jobseeker. However, these are inadequate to meet the needs of families and their children, especially in remote areas where the cost of living is much higher. Living on jobseeker means living in poverty and this is the reality for too many Aboriginal people. Strong advocacy is therefore needed for the Australian Government to increase Jobseeker to 90 per cent of the Aged pension. Congress notes the ongoing advocacy by the Central Land Council for an increase to the Remote Area Allowance, in addition to increases to citizenship entitlements as outlined above.

The relative affordability of energy-dense and nutrient-poor foods

Energy-dense, nutrient-poor foods are relatively inexpensive, leading to higher consumption and poorer health for all Australians.[49] They are also ready-to-eat and convenient and able to be securely controlled by individuals. Foods that are rich in refined starches, sugars and fats are sold at relatively lower prices than healthier options such as lean meats, whole grains and fresh vegetables and fruits. Furthermore, there is a proliferation of foods high in sugar, fat and salt, such as sugar sweetened drinks, meat pies and potato chips for sale, especially in remote stores in Aboriginal communities.[50]

As a result, many Australians, especially people on lower incomes and people living in remote communities, purchase a higher proportion of energy-dense and nutrient-poor foods compared with healthy foods. An examination of three remote Northern Australian communities found that 16 per cent of food expenditure is on sugar sweetened drinks, while two per cent is on fresh fruit and five per cent on vegetables. Sugars contributed up to 34 per cent of dietary energy in these communities, 71 per cent being table sugar and sugar-sweetened beverages.[51] In addition, essential nutrients were found to be consumed through fibre-modified and fortified white bread with unacceptably high levels of sodium.

The Standing Committee on Health, Aged Care and Sport released *The State of Diabetes Mellitus in Australia in 2024*, with clear and consolidated recommendations to address health and wellbeing to prevent and manage this chronic conditions. The Strategy may look to these recommendations made by the Committee, as they can directly transfer to supporting food security as highlighted through the following:[52]

Recommendation 3

- *3.179 The Committee recommends that the Australian Government implements food labelling reforms targeting added sugar to allow consumers to clearly identify the content of added sugar from front-of-pack labelling. This food labelling initiative should be separate from the information regarding added sugar potentially being included in the Nutrition Information Panel.*

Recommendation 4

- *3.181 The Committee recommends that the Australian Government implements a levy on sugar-sweetened beverages, such that the price is modelled on international best practice and the anticipated improvement of health outcomes. The levy should be graduated according to the sugar content.*

Recommendation 5

- *3.184 The Committee recommends that the Australian Government considers regulating the marketing and advertising of unhealthy food to children, and that this regulation should:*
    - *Focus on children defined as those aged 16 and under*
    - *Be applied to television, radio, gaming and online*
    - *Use definition of unhealthy food that has been independently developed.*

Recommendation 6

3.186 The Committee recommends that the Australian Government provides its response to the Australian Food Story: Feeding the Nation and Beyond report and considers a dedicated resource within the Department of Health and Aged Care to support access to healthy food to all Australian communities.

Taxation to reduce the consumption of unhealthy foods

There is mounting evidence that a tax, particularly on sugar and sugar sweetened beverages, will change dietary patterns by increasing costs to consumers and reducing consumption.[53] [54] [55] [56] For instance, consumption of sugary drinks fell by 12 per cent and purchases of untaxed beverages such as bottled water increased after Mexico introduced a 10 per cent tax on sugar sweetened drinks.[57] As consumers shift towards healthier alternatives, population health improvements are expected. These include reduced rates of obesity, diabetes and dental caries. Such a tax will work against the current social gradient in the prevalence of obesity, diabetes and dental caries by having its biggest positive impact on low income Australians and people living in isolated remote communities. Aboriginal people are disproportionally represented in both these categories.

A tax is also expected to increase government revenue. A 20 per cent tax on SSBs has been estimated to reduce type 2 diabetes by 800 cases per year while generating $400 million in annual revenue.[58] While taxation of other foods such as saturated fats and salt are also considered, a sugar tax has been shown to be the most effective and projected to lead to the biggest health gains.[59]

A key argument against a tax is that people should be responsible for their own food choices and health.[60] The former Coalition government opposed such a tax, with former Health Minister Greg Hunt stating that government supports people to make healthy food choices through information and education and that a sugar tax unfairly raises the costs of family food bills.[61] The World Health Organization argues however that while people on lower incomes will be the most effected by a sugar tax, they will also achieve the highest health gains, which will reduce health inequities.[62]

The impact on additional food cost for unhealthy foods must therefore be offset through hypothecating the tax to implement a subsidy to reduce the cost of fresh fruit and vegetables in rural and remote areas so there is a shift to these healthy foods at no additional cost for people on low incomes. This will help to ensure that the overall impact of the tax on a remote household food budget is positive and not negative which is key to addressing the social gradient that exists in food security.

Combining taxes and subsidies to support healthy eating

The literature indicates that taxes work best in combination with subsidies that increase the affordability of healthy foods such as fruit and vegetables.[63] [64] [65] [66] According to recent Australian modelling, subsidies alone are not likely to work. They increase spending power which can still be used to buy cheap, unhealthy foods.[67] There needs to be a combination of price signals to achieve the desired shift from unhealthy to healthy foods.

It is acknowledged that there are existing policies in place that aim to increase the affordability of healthy foods. These include government financial support for remote community stores to provide healthy food where the market fails.[68] Additionally, fresh fruit and vegetables are Goods and Services Tax (GST) exempt across Australia, unlike processed food. Nonetheless there is still a need for interventions that will help to overturn the dietary-related health outcomes that are ubiquitous in remote areas, including malnourishment, obesity, diabetes and renal disease.

Supporting a taxation and subsidy model

A well-designed taxation and subsidy model that seeks to increase the consumption of healthy foods such as fresh fruit and vegetables and decrease consumption of high energy, nutrient-poor foods including sugar sweetened beverages is supportable.

The evidence suggests taxation for sugar and sugar sweetened drinks should be 20 to 40 per cent to reduce consumption.[69] [70] [71] The modelling for a taxation/subsidy package changed food and drink prices by 10 per cent.[72] Further modelling that takes into account the additional costs of fresh food and vegetables in rural and remote Aboriginal communities will be needed to accurately develop a taxation/subsidy package that ensures that families on low incomes are not financially disadvantaged.

Close monitoring to establish effects, and evaluation to understand outcomes, would be essential to implementing such a model, and adjustments made as needed.

Focus Area: Policies, Practice and Governance

Community driven, evidence informed solutions under Aboriginal community control

Health initiatives work best when the communities they impact on are able to participate in their development, particularly if there is a defined goal the community wants to achieve. Aboriginal community controlled health services (ACCHSs) provide formal structures by which Aboriginal communities can engage with the health issues that are of most concern to them and determine the potential solutions to those problems.

ACCHS provide a comprehensive model of care that goes beyond the treatment of individual clients for discrete medical conditions to include:[73] [74] [75] [76]

- a focus on cultural security;
- assistance with access to health care (e.g. patient transport to the ACCHS and
- support and advocacy to access care elsewhere in the health system);
- population health programs including health promotion and prevention;
- public health advocacy and intersectoral collaboration;
- participation in local, regional and system-wide health planning processes; and
- structures for community engagement and control;
- significant employment of Aboriginal and Torres Strait Islander people.

ACCHSs are also highly cost effective, with a major study concluding that 'up to fifty percent more health gain or benefit can be achieved if health programs are delivered to the Aboriginal population via ACCHSs, compared to if the same programs are delivered via mainstream primary care services.'[77]

The Aboriginal workforce, as well as Aboriginal Community Controlled Organisations, are essential to ensuring best outcomes are achieved and that health initiatives are relevant and culturally appropriate for their communities. Aboriginal employment also supports good health and wellbeing, and broader capacity strengthening of the community.

These factors make them the best-practice service platforms for addressing complex health and wellbeing issues such as issues of food security.

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