gather + grow

Roundtable Report

Remote Food Security in Queensland
First Nations Communities

February 2022

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Executive Summary

What we did

Health and Wellbeing Queensland is a statutory government body established to improve the health and wellbeing of the Queensland population. Health and Wellbeing Queensland have a remit to prevent obesity and reduce the burden of chronic disease and health inequity. Food security is a strategic priority of Health and Wellbeing Queensland, with a focus on remote First Nations communities who are disproportionately impacted by food insecurity. In October 2021, Health and Wellbeing Queensland, the Torres and Cape Indigenous Council Alliance and the Local Government Association of Queensland co-delivered a series of roundtable discussions focussed on addressing the factors that create food insecurity in Queensland remote First Nations communities. The roundtable topics focussed on three key community-identified priorities: economic development, freight and supply chain and healthy housing. Across the three roundtables, a broad cross-section of 125 key stakeholders participated in robust, solutions-oriented discussion related to addressing food security in Far North Queensland and the Lower Gulf.

What we found

Themes from the roundtable series were identified by Health and Wellbeing Queensland staff in consultation with partner organisations and a series of field experts. The themes are presented in this report as a system for resilient, stable food secure remote First Nations communities (Figure 4). Enablers of, and challenges to, this system are identified, as well as information, data and monitoring systems that should inform it. A localised, resilient food supply with adequate transport and housing infrastructure were identified as critical to availability, access and utilisation of healthy, quality food in remote First Nations communities.

Where to next

The themes emerged from the roundtable series will be used to inform a remote Food Security action plan for First Nations Torres Strait, Cape York and Lower Gulf communities. These themes will be used to continue discussions with a variety of stakeholders, including community members, content experts, roundtable participants and other key stakeholders to co-create a feasible and relevant action plan. The intended outcome is to support communities to become resilient, stable and food secure across Queensland. Health and Wellbeing Queensland is committed to this agenda and will continue to drive it with First Nations communities at its centre.

Introduction

For some time, Queensland's remote First Nations communities have experienced food insecurity. Many stakeholders are working to improve food security outcomes in remote First Nations communities, and community led groups and organisations have implemented local initiatives and programs. However, chronic food insecurity persists and is having a sustained impact on the health and wellbeing of remote First Nations communities and families. In 2019, Health and Wellbeing Queensland (HWQld) was invited to submit to the *Federal Inquiry into Food Pricing and Food Security in Remote Indigenous Communities* (hereafter, the Inquiry). In preparing the submission, HWQld consulted with Aboriginal and Torres Strait Islander community-controlled organisations and local councils, and developed a strong partnership with two key organisations: the Torres and Cape Indigenous Council Alliance (TCICA) and the Local Government Association of Queensland (LGAQ). Alongside these partners, HWQld continued to drive Queensland's remote food security agenda and co-delivered a series of roundtable discussions in October 2021. The roundtables were solutions-focussed and addressed the various barriers to food security in remote Far North Queensland and Lower Gulf. The purpose of this document is to report-back to participating stakeholders, and other interested parties, the process we undertook, the key themes identified from the roundtable discussions and the next steps we are planning to drive the remote food security agenda in Queensland.

Achieving food security in remote First Nations communities has been a long-time goal and ongoing challenge for the Queensland Government. It is well accepted that achieving food security would have far reaching and long-term health and economic benefits for impacted communities. Improving the affordability and quality of healthy foods is likely to increase its consumption and reduce the diet-related burden of disease for First Nations people in remote Queensland and assist in reducing inequity (Markham & Biddle, 2018).

Commitment and coordinated action between government, community and other key stakeholders is critical to address the complexity of food insecurity at the system, community and individual family level. HWQld has always aimed to stimulate intersectoral action by tackling the determinants that influence the dimensions of food security in Queensland remote First Nations communities. The roundtables discussions provided an opportunity to bring together a range of stakeholders with expertise and knowledge related to economic development, supply chain and freight and healthy housing to demonstrate commitment and explore opportunities to be coordinated in the future.

The roundtable discussions were delivered in partnership with the TCICA and LGAQ. The purpose of the roundtables was to identify solutions-focussed actions and/or ideas to help address food security. This report will HWQld's planned next steps to progress the remote food security agenda in Queensland.

Background

Health and Wellbeing Queensland is Queensland's first dedicated prevention agency, with a focus on nutrition, physical activity, and wellbeing, to which, food insecurity is a barrier. Hence, food security is one of HWQld's strategic priorities, particularly in remote First Nations communities who are disproportionally impacted by food insecurity.

Food security is a fundamental human right that exists *"when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life"* [1]. Families impacted by food insecurity experience limited opportunity to consume the nutritious foods required for prevention of unhealthy weight and chronic disease[2]. Poor nutrition contributes to 62% of coronary heart disease burden, 41% of type 2 diabetes burden and 34% of stroke burden. Diet is the leading risk factor for cardiovascular disease, which is the number one cause of mortality in remote First Nations communities[3]. For children, food security can negatively impact academic performance, social, emotional, physical and developmental health[2]. Adults impacted by food insecurity may also experience worry and anxiety, comprising their social,

emotional and mental wellbeing[2]. Factors known to impact food security include (but are not limited to); geographical isolation, socioeconomic status, employment status, family structure, housing security, climate and seasonal factors[2]. Most recently, the COVID-19 pandemic has disrupted supply chains and, consequently, the food security of many Australian families.

Food security needs to be supported by a resilient and stable food system ensuring access, availability, and utilisation of healthy food for all people at all times. However, Queensland is a culturally and geographically diverse state which makes the equitable access, availability, and utilisation of healthy food challenging. For many reasons, remote communities in Far North Queensland and the Lower Gulf experience poorer food security than the rest of the state. On the McKell Institute's Food Insecurity Index, Central and North Queensland have a food insecurity score 60% higher than inner Brisbane[4]. This is the result of a complex inter-play of factors, many of which are intensified by challenging distances, transport infrastructure and climate conditions. For example, Far North Queensland and the Lower Gulf are largely dependent on food sourced from central markets, such as Brisbane[5], which is more than 2,500 kilometres from the Cape York Tip of Australia. Further travel via sea is required to reach the remote Islands of the Torres Strait and Lower Gulf. As a result, the quality, affordability, shelf-life and variety of food sold in remote First Nations communities is compromised.

Healthy Food Availability

Rural and remote communities are often reliant on one community or general store for their food intake[2, 10, 11]. Sparse food outlets are not well connected to homes via public transport. Consequently, families may be required to walk long distances or use personal transport (if available) which incurs additional cost[2, 10, 11]. Due to several barriers, 12% of basic healthy food items (fruit, vegetables, grains, meat and dairy) are missing from very remote stores. Where they are available, there is less variety of fresh produce and it is of lower quality compared to urban locations[6].

Healthy Food Accessibility

Food in very remote First Nations Queensland communities is up to 31% more expensive than urban centres[6]. In Cape York, a healthy food basket costs 50% more compared to in Brisbane[7]. Challenging distances, infrastructure and weather conditions mean freight to remote communities is expensive and can contribute to up to 20% of the cost of food in mainland remote communities. This is even higher for island communities where freight via sea or air is required[7]. Compounding this issue is reduced economic opportunity in remote First Nations communities. Currently, one quarter (25%) of people (aged 20-64 years) living in remote areas complete year 12 (or equivalent)[8]. This is compared to over one third (36%) in non-remote areas. Local vocational education and training services are lacking in remote communities. This means that if local people wish to access further education, travel off-country is required, posing additional time and financial commitment. As a result of these barriers, unemployment rates are higher in remote First Nations communities and the median household income is lower than the state average. This, in conjunction with the higher cost of food, makes achieving a healthy diet unaffordable for many remote First Nations families. For example, the average Queenslander family needs to spend 23% of their income on food to achieve a diet consistent with the Australian Guide to Healthy Eating. In very remote areas, this rises to 35% of the median household income[9]. Some remote First Nations households live great distances from the local community store and face transport barriers to accessing it[10, 11]. In addition, families may wish to shop at the nearest regional centre, rather than the local general store, to seek cheaper food and more variety. For example, in Cape York, it is the norm for food prices to be two to three times higher in local stores compared to the nearest regional centre[12]. However, accessing regional centres is time consuming, expensive and poor ocean or road conditions may prevent safe transit. The lack of public transport connecting remote and regional areas makes getting to and from local stores and regional centres difficult[13].

Healthy Food Utilisation

For families and individuals to be food secure, healthy homes that support utilisation of food are critical. However, one in five families in very remote areas do not have the facilities required to safely prepare food in their home[10]. In remote Australian communities, access to white goods essential for safe storage and preparation of healthy foods (fridge, freezer, cooktop) is limited. Almost one third (28%) experience problems with household facilities[14] and may lack the tools, skills and parts required for their repair[10]. As a result, families become more reliant on processed, ready-made or take-away foods which have a longer shelf life and require little to no preparation. Unreliable, pre-paid electricity, sanitation and safe water supply further impact safe food storage and preparation[10, 15, 16]. These issues are worsened by household overcrowding, which 28% of remote First Nations households experience[14]. Overcrowding has been linked to higher rates of household facility malfunction, prevents healthy practices in the home, and increases the risk of potentially preventable health conditions[17]. Health and Wellbeing Queensland recognises that, in addition to healthy housing, utilisation of healthy food needs to be supported with health promotion and nutrition education activities that empower families and individuals to choose and consume healthy food.

Resilient and Stable Communities

By addressing each of the three food security domains (access, availability and utilisation), at each level of the system (family and individual, community and system), we can work towards a resilient and stable food system that supports food security. This system and the factors impacting it are described below in a *Framework to Address Food Security* (Figure 1).
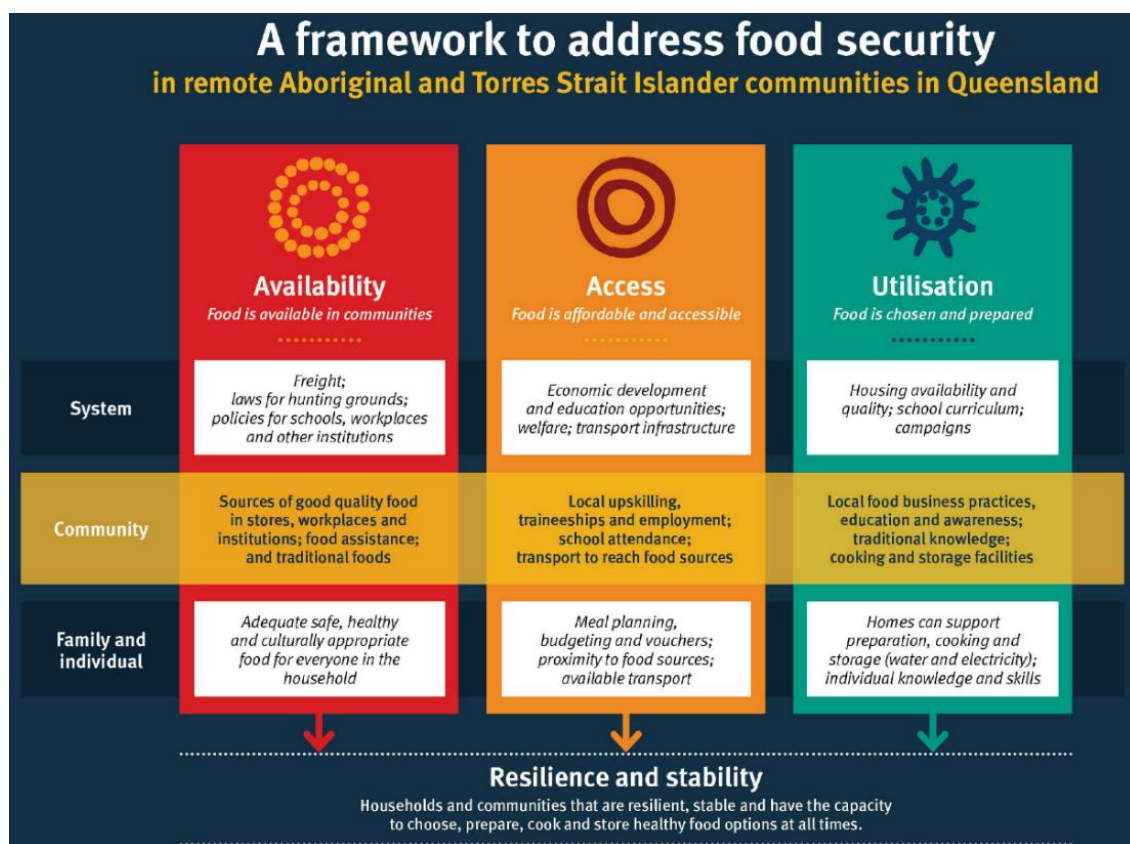

Figure 1. A Framework to Address Food Security

The Journey

This section of the report will describe the context in which the roundtables were delivered. It outlines the process which led to the eventual design and delivery of a roundtable series. Health and Wellbeing Queensland's journey to this point, and into the future, is summarised in *Figure 2. Remote Food Security Leadership in Queensland*. The process was informed by, and in-compliment to, HWQld's Community Partnering Strategy (Appendix 1) and several of its principles are embodies by this work. For example:

- Respecting, valuing and promoting the role of diverse perspectives by bringing together a wide cross-section of stakeholders including community members.
- Inviting early, meaningful and flexible participation by engaging key stakeholders through the Inquiry and inviting communities along the journey throughout.
- Building partnerships founded on trusting relationships with TCICA and LGAQ which have catalysed this work.
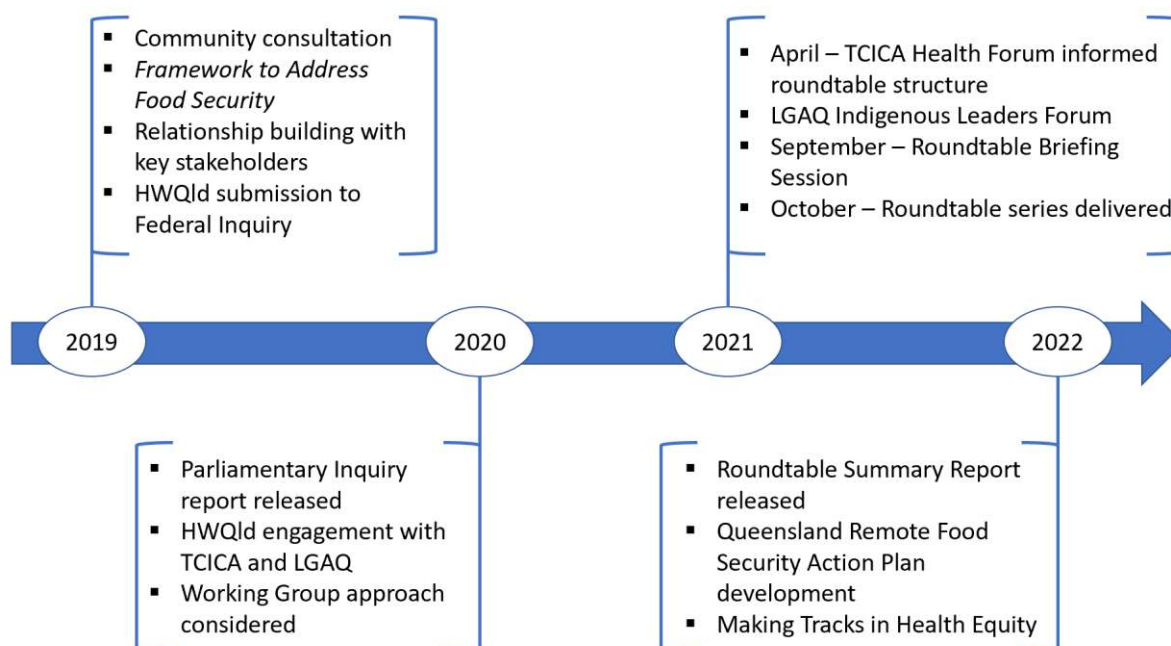

Figure 2. Remote Food Security Leadership in Queensland

Understanding and ensuring the community voice is always represented has been an important focus of the food security agenda led by HWQld. As part of this community engagement and consultation, the development of a *Framework for Addressing Food Security* (Figure 1) was undertaken to demonstrate the complex and multi-strategic approach that is required to address food insecurity in remote First Nations communities in Queensland. The framework was developed with a range of community, government, non-government and academic stakeholders and has provided an important engagement tool to liaise with organisations that may not understand the role they play in helping to address food insecurity.

In July 2019, HWQld led the development of a submission on behalf of the Queensland Government for the Federal Inquiry on food pricing and food security in remote Indigenous Communities. The development of the submission provided another opportunity for HWQld to connect with key community stakeholders including First Nations Local Councils, the Aboriginal and Torres Strait Islander Community Controlled Health Sector, government and non-government organisations, key First Nations agencies, store groups and the university sector.

HWQld's submission identified the following priority responses that continue to guide the food security program of work[11].

Health and Wellbeing's Priority Responses to Remote Food Security

1. Committed leadership with comprehensive strategy to support sustained actions infiltrating all sectors and governments to address the structural and systemic problems that have impacted food security in remote First Nations communities.
2. Develop a National Action Plan based on the widely recognised dimensions of food security (availability, access and utilisation) to achieve resilient and stable food supply in remote First Nations communities.
3. Expand and build on existing innovative and practical food security solutions, programs and resources.
4. Empower First Nations people to participate equitably in food security actions.
5. Build an adequately resourced, trained and connected workforce in remote communities that support identified food security actions.
6. Establish an effective monitoring and evaluation system to measure progress and outcomes.

In April 2021, Health and Wellbeing Queensland co-funded the inaugural TCICA health forum which brought together over 60 community leaders from 13 Torres Strait, Cape York and Gulf councils including Mayors, Councillors and health service providers. Participants from this forum identified prevention and food insecurity as critical factors that need to be addressed within communities. The roundtable discussions were delivered to inform a systems-based Queensland remote food security action plan and aligns with priority responses 1-3.

Development of the Roundtables

Health and Wellbeing Queensland recognises the importance of First Nations leadership to progress the remote food security agenda and will ensure actions represent community priorities. In accordance with this, HWQld partnered with the TCICA and LGAQ to progress this agenda which includes plans to develop a remote food security action plan. The purpose of the action plan is to find solutions that respond to communities' concerns related to food insecurity.

A series of roundtable discussions were proposed which aimed to bring together a variety of stakeholders to identify actions and solutions related to supply chain (including freight), economic development (including local food production), and healthy housing – all of which are locally-identified contributors to food insecurity (see Figure 1). HWQld worked closely with TCICA and LGAQ and liaised with stakeholders to create an invitation list of diverse stakeholders from:

- Government departments
- Business and other service providers
- Aboriginal and Torres Strait Islander Councils
- Aboriginal and Torres Strait Islander community-controlled organisations
- Non-government organisations
- Expert researchers and academics

Stakeholders invited were those with genuine ability to shift the system in relation to one of the three domains of food security (access, availability, utilisation), as these are known to create resilient and stable food systems in remote communities. See *Figure 3* below.
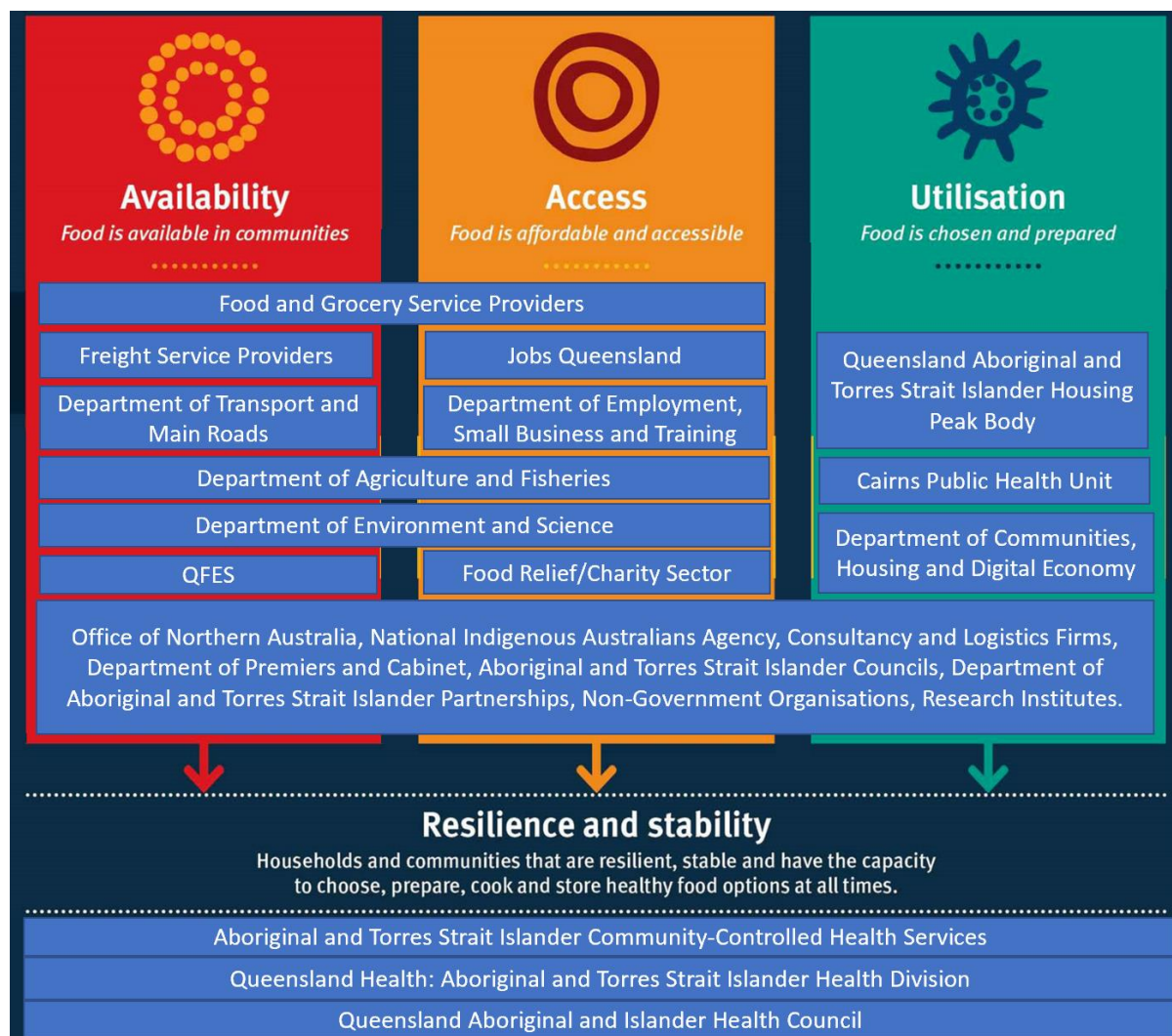
Figure 3. A Map of Stakeholders for Building Resilient, Stable food secure Communities

The Aboriginal and Torres Strait Islander health sector (listed at the bottom at Figure 3) are critical to healthy, resilient communities (the desired outcome). However, do not necessarily have a key role or responsibility within the food system. The health sector is foundational to thriving communities but does not always directly influence a particular dimension of food security. Hence, were not invited to the dedicated roundtable series unless they had a direct connection to one of the three identified priorities – economic development, supply chain and freight and healthy housing. Rather, these stakeholders were invited (with Aboriginal and Torres Strait Islander councils) to a roundtable briefing session in September of 2021.

Roundtable Briefing Session

For the roundtable briefing session, participants were provided with a draft version of the roundtable invite list, cover page and briefing documents for review and feedback. On the day, the group received a presentation overview of the process and were invited to provide feedback and/or endorse the approach. All feedback provided was incorporated and, largely, the group was in favour of the proposed approach. Health and Wellbeing Queensland will continue to engage this group as the agenda progresses.

Delivery of the Roundtables

Whilst there are many large and complex barriers to food security in remote Queensland, it was important that the roundtable discussions maintained a solution-focus. As described, the intent of these discussions was to brainstorm solutions amongst stakeholders who have the ability to influence change. While the context of the current challenges was to be considered, it was not to be the focus.

To prepare roundtable participants, briefing papers for each session were developed to acknowledge the issues related to each topic, but also set the context for the discussion. The briefing papers were prepared by HWQld with advice from TCICA, LGAQ and a series of expert "critical friends". Each briefing paper outlined four key questions for participants to consider prior to their participation. As an example, the Key Questions for the economic development roundtable are below.

Key Questions for the Economic Development Roundtable
1. Should the above strategies be implemented and/or adapted to support the economic development of Far North Queensland remote communities? If so, how? Are there others?
2. How can these solutions be considered in the context of the five enablers (referenced on cover page)?
   a. People
   b. Cross-agency collaboration
   c. Technology
   d. Funding
   e. Systems-view
3. How can we break down the known barriers - what can be changed easily and what will take more time? Who can facilitate these changes?
4. Where are the opportunities now? How can they be actioned and who can do this?

The roundtables were facilitated by experts in the field, who were asked to use their skills and knowledge to draw out solutions from the group discussion. This also ensured the roundtable discussions were unbiased and neutral, as each facilitator was from an external organisation.

The briefing documents and key questions were transferred to an online survey format, which was distributed to all invitees post-event. The survey was an opportunity for two key groups to contribute to the roundtables where they otherwise may not have been able to do so.

A) Invitees who were unable to attend the event due to scheduling conflicts
B) Attendees who either did not feel comfortable to share their thoughts in the group setting or did not get the chance to due to time constraints.

Roundtable Discussion Participation

Roundtable discussions were originally planned to be delivered face-to-face in Cairns. However, due to growing COVID-19 concerns at the time, the decision was made to deliver an online roundtable series instead. This decision was swiftly communicated to all invitees via email, many of whom appreciated the conservative approach to protect First Nations communities. Health and Wellbeing Queensland invested in technical support to ensure the online event ran smoothly. In many ways, the online delivery was beneficial, as the discussions were shorter, more focused, and a wider variety of stakeholders could attend without the burden of travel. The team ensured that those with poor internet connectivity were able to connect from a central location and equitably participate.

The online roundtable series was successfully delivered in early October 2021. Across the three sessions, there were over 100 participants (see Table 1) and representatives from each key stakeholder group were in attendance.

Roundtable	Number of Attendees
Economic Development	40
Freight	51
Healthy Housing	34
Total	125

Table 1. Roundtable Attendance

Roundtable Themes

The roundtable discussions were robust and wide-ranging, captured in the notes of the facilitator, HWQld and TCICA staff. These notes were then analysed in-depth by the HWQld team. For each roundtable topic, two HWQld staff members worked independently to determine the key overarching themes. Themes identified were then cross-referenced within and between roundtable topics to create a preliminary list which was shared with field experts for feedback and input. By having the themes reviewed by various organisations with differing skills sets and expertise, we can be confident in having fairly represented the roundtable discussion, in a shared language that is accurate, actionable and relevant. Themes are presented below in diagram format in Figure 4.
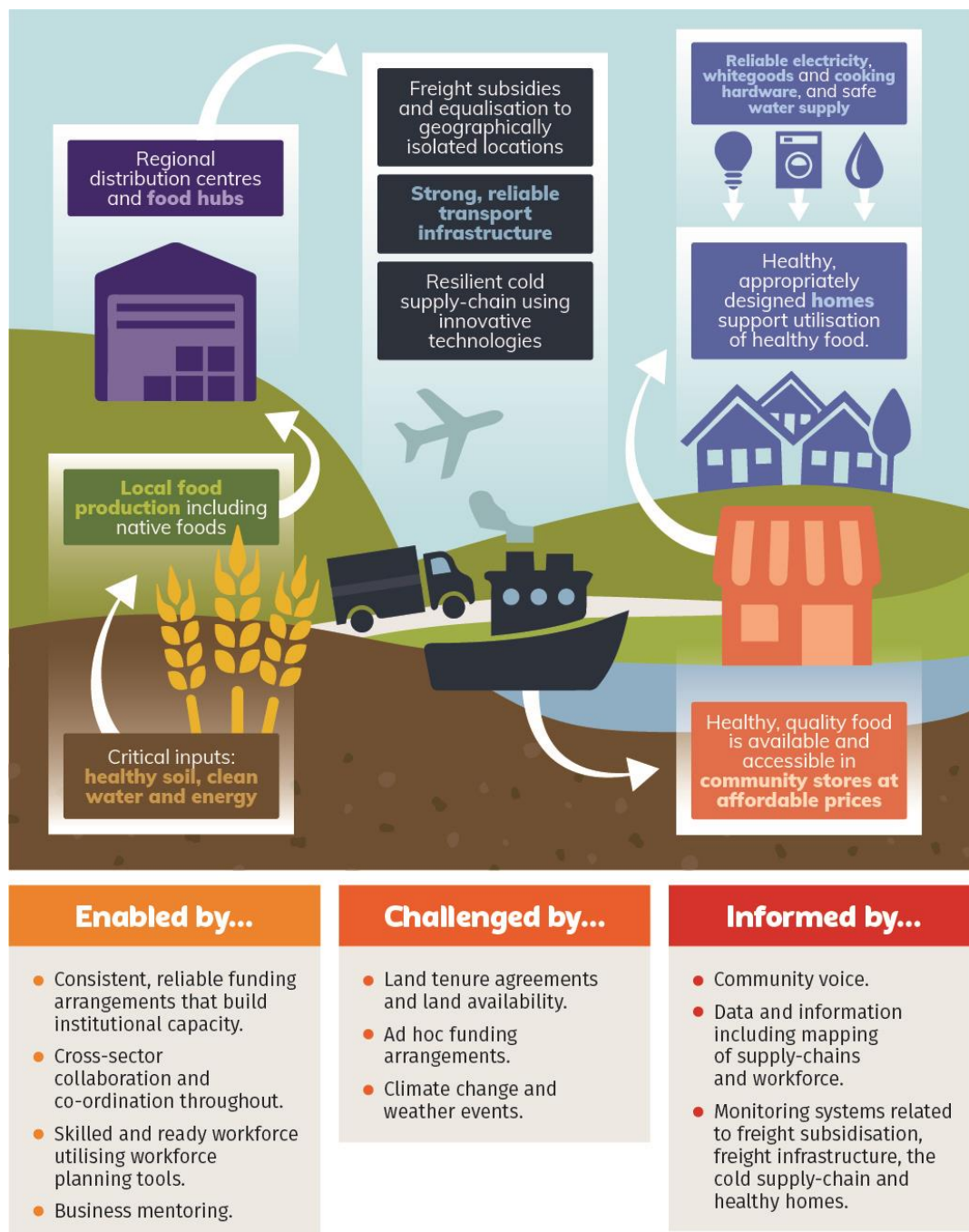

Figure 4. A System for Resilient, Stable food secure Remote Communities

Next Steps

The roundtable themes outlined in this document are the starting point for the next phase of the Queensland remote food security agenda. The HWQld, TCICA and LGAQ team, and other "critical friends" will continue to work closely with local Aboriginal and Torres Strait Islander Councils, the community-controlled sector and stakeholders across government, industry, non-government organisations and academia to develop an action plan that clearly outlines the roles and responsibilities of key players in this space. Understanding the dependencies between these themes and actions and their prioritisation will be key, and needs to be guided by community. The intended outcome is resilient, stable food secure communities across Queensland, including in remote Far North and Lower Gulf regions where heightened barriers to food security exist. Health and Wellbeing Queensland is committed to this agenda and will continue to drive it with First Nations communities at its centre.

Contact Us

For more information, please contact us at:

HWQld_GatherGrow@hw.qld.gov.au

www.hw.qld.gov.au/gather-grow

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Appendix

Appendix 1. Community Partnering Strategy

Community Partnering Strategy 2021 - 2024

Outcome:
Queensland prevention efforts reflect community priorities and are co-designed and monitored by those who will benefit or be impacted most.

Goal:
Health and Wellbeing Queensland activities are empowering, inclusive, accessible, culturally respectful and relevant.

Principles:

Respect, value and promote the role of diverse perspectives, beliefs and lived experience in ensuring that prevention initiatives meet the needs and priorities of those who will benefit or be impacted the most

Invite **early, meaningful and flexible participation** with clear language and purpose and in ways and environments that work for participants including those who will benefit or be impacted most.

Galvanise the **power of the community** as a catalyst for change

Build a **culture of support** and development for community partnering

Build **partnerships founded on trusted relationships** to hear, amplify and extend community voices for prevention

Enablers:

Community is interested, engaged, willing and able to co-design

Stakeholders are receptive to extending reach to, and from community voices for prevention

HWQld has the policy, process and resources to recruit, co-deliver, co-monitor and refine

All have clear, shared language and understanding of prevention and the value of community voices

Opportunities:

- Shift health system towards prevention
- Collaboration extends reach to, and of community voices and helps apply equity lens
- Direction, priorities and approach are informed by community voices
- Co-design is strengthened, and individuals are linked with local community action
- Community voice is embedded and shapes policy and practice
- Reflective practice strengthens community voice in evidence base
- Culture of support creates respectful and meaningful community-led prevention by HWQld and partners

Risks:

- Access to community members is largely via other stakeholders
- Limited awareness of prevention and value of community voices
- Expectations may not match resources and timeframes
- Emerging processes
- Conflicting stakeholder priorities and expectations
- Limited provider capacity
- Health service systems and expectations
- Broad scope

Framework for Action

People *"Galvanise the power of the community"*	Places *"Build a culture of support"*	Process *"Have a structure - then let the structure go"*
Who: • Health consumers and providers • Prevention consumers and providers • Community members, providers, peak bodies **What:** Information, awareness, options to participate **How:** Communication and collaboration	**Where:** • Health and Wellbeing Queensland - for staff and community partners **What:** Knowledge, skills, support **How:** Leadership, development, resources	**Which:** • Strategic and operational • Internal and external **What:** Policy, procedures, projects **How:** Community voice, business planning, monitoring, review

Media and Comm's Community voices shared	Consultation and networks Partnership agreements	Leadership and oversight	Training and peer support Research and resources	Community Advisory Network Cross Team Working Group	Tools, templates, guides Data, reflection, review

Changing: **Mindsets** – **Practice** – **Networks** – **Policy**

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