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To NT Chief Ministers Department

NT Remote Store Licensing Program

AMSANT is the peak body of Aboriginal Community Controlled Health Services (ACCHSs) in the NT. Our members provide services from Darwin to the most remote parts of the NT. The ACCHS sector is the larger of the two providers of Aboriginal primary health care in the NT (with the other provider being the NT government). The ACCHS sector provides over two thirds of the total patient contacts in the Aboriginal primary health care system. The ACCHS sector is also growing, with active transition to community control occurring in West Arnhem and planning underway in Central Australia.

Food security is a critical issue in the NT, contributing to Aboriginal people in Central Australia having the highest rate of diabetes in the world, and Top End Aboriginal people not far behind(Hare M et al, 2020). Food insecurity also contributes to very high rates of renal failure and cardiovascular disease whilst poor nutrition is a key cause of babies being born to small and poor childhood outcomes such as failure to thrive, childhood anaemia, and one of the world highest rate of type two diabetes in children and young people (ANZDTA 2022, Hare et I, 2022, NT Health Department 2018, Titmuss A et al 2022, . All these issues are outlined more comprehensively in the draft remote food security discussion paper now out for consultation.

AMSANT is a member of the Healthy Remote Store Coalition along with two of our larger members. We support their submission which covers the issues in depth. AMSANT provides this submission in addition to our endorsement of the submission provided by the Healthy Remote Store Coalition. We also endorse the submission made by Central Australian Aboriginal Congress.

Question 4.3.1 Range and Schedule A

We agree that the range of foods is reasonable and agree with the Coalition's comments. It is very important that stores stock iron-rich baby food as there are high rates of childhood anaemia in remote communities. Childhood anaemia can have long lasting impacts on cognition as well as adversely impacting physical health. We therefore strongly support the Coalition recommendation that the baby food 'red meat and vegetables' for 4m+, 6m+ and 8m+ are included in Schedule A. The current Schedule A requirements do not include a 6m+ option.

The takeaway food section needs to be strengthened as outlined by the Coalition, including more details on what constitutes healthy takeaways, specifying the number of healthy takeaway hot and cold options, and specifying a maximum number of unhealthy options. As noted below, many people eat takeaways on a daily basis due to convenience, lack of infrastructure for storing and cooking food, and the difficulty of planning and buying food for

family meals when there are strong cultural obligations to share in a highly food insecure population. A lack of requirements for healthy takeaway options and limits on unhealthy options could undermine the whole intent of the licensing scheme.

We also agree with the Coalition that it is ideal if the number of fruit and vegetables that are required to be stocked by all stores is the same, noting that it may be difficult for very small stores to maintain viability and reduce wastage with a large range so there may need to be some discretion.

Appropriate footwear

AMSANT is also recommending that the standards include a requirement about stocking appropriate footwear as set out below.

Recommendation: Appropriate Footwear*, should be included in the schedule as below:

- All stores have the capacity to measure people's feet and order in the correct size of appropriate footwear for men, women and children.
- As a minimum standard, medium and larger stores have the capacity to stock a range of sizes of appropriate footwear for men, women and children AND have the capacity to measure people's feet size. Smaller stores should be strongly encouraged to stock shoes.

Why Appropriate Footwear* should not be overlooked

Access to appropriate footwear (see Appendix A) is taken for granted in major cities and inner regional areas, but a large number of remote stores either stock no footwear or may stock inappropriate footwear. It is important that we advocate for appropriate, correctly fitting and protective footwear for men, women and children, as this is essential for overall health and wellbeing. Wearing safe, supportive and appropriate footwear is a good way to protect the feet, prevent falls, keep feet healthy and prevent foot complications, infections, and amputations. Young people and children can be excluded from participating in physical education activities or sent home when they do not wear appropriate footwear to school. People can also be denied entry into shopping centres and other community spaces if they do not wear shoes. As people are required to wear footwear to meet health and safety requirements of many workplaces, access to appropriate footwear is also important to enable employment. Finally, having appropriate footwear encourages participation in sports, cultural activities, and education.

Walking barefoot puts people at risk of a wide range of injuries; from stepping on sharp objects such as rusty nails, crush injuries, fractures and bruises, to objects falling on feet or being struck by objects; to kicking objects or being stood on by someone, to heat burns from fires or hot surfaces (such as hot asphalt). There is also increased susceptibility to infections such as hookworm, tinea and melioidosis.

Diabetes is an important risk factor for foot injury and disease: high blood sugar damages the blood vessels and nerve supply to the feet, leading to loss of sensation, which in turn places the person at higher risk of injury or not noticing wounds or infections. Poor blood supply leads to non-healing infections and ulcers and need for amputation. Aboriginal and Torres Strait Islander Australians have a 3–6-fold increased likelihood of experiencing a diabetes related foot complication and up to 38 times more likely to undergo a major amputation and

27 times more likely to undergo a minor amputation compared to non-Indigenous Australians (West M et al, 2017, Norman P et al, 2010). The high rate of diabetes in Aboriginal people contributes to the Northern Territory having the highest rate of diabetes-related lower limb amputation (65 per 100,000 people) in Australia (four times higher than the national average) with people in the NT also being significantly younger than in other jurisdictions (Dillion et al, 2017). People living in very remote areas also experience the highest burden of diabetes-related lower limb amputations (four times as high as in major cities and inner regional areas) (AIHW 2017).

Timely access to appropriate footwear for people living with diabetes in remote NT communities is therefore critical to prevent serious diabetes-related foot complications. People who are at risk of foot ulceration need to protect their feet from external stress, including direct trauma, peak plantar pressure, repetitive stress from weight-bearing activity, and heat/cold stress from ground surfaces. Research shows that it is possible to reduce preventable amputations and hospitalisations by between 24% to 90% with appropriate footwear being a critical part of preventative activities(Diabetes Feet Australia 2018). Routinely wearing appropriate footwear, that accommodates the feet and fits properly, is also part of evidence-based guidelines for foot ulcer prevention among people with diabetes (including the 2021 Australian evidence-based guidelines for diabetes-related foot disease and the 2023 update of the International Working Group on the Diabetic Foot (Diabetes Feet Australia; IWGDF 2023).

The inclusion of appropriate footwear in Schedule A is also a cost-effective primary health prevention strategy. Recent research suggests that investing in evidence-based care for Australians with diabetic foot ulcers could save around \$2.7 billion over five years, which equates to about \$9,000 per person under 75 and \$12,000 per person over 75 (Cheng, Qinglu et al., 2017).

See Appendix for more information on suitable footwear.

Question 4.3.2 Classification of Stores.

The classification of the stores is inappropriate because of significant changes to the basic store classification that will exclude standalone takeaway operations as well as specialised outlets such as bakeries and petrol stations. This is because the NTG draft classification requires stores to be "a significant source of food, drink AND grocery items", whereas the NIAA classification required stores to be "a significant source of food, drink OR grocery items". If this is not changed back to the NIAA wording, the standards will be undermined.

Takeaways must be included in these standards - otherwise it will give standalone takeaway shops an unfair advantage. There are a few remote communities with standalone takeaway shops and these communities must not be disadvantaged because takeaways do not have to abide by any standards and thus will be at a competitive advantage. Unregulated takeaways will also undermine the good work undertaken by stores to make healthy takeaways available. Furthermore, exclusion of takeaways from these standards might encourage more takeaways to operate in or near remote communities due to the competitive advantage caused by lack of regulation.

Takeaways form a large part of all Australians' diets, with a review finding that one third of Australians had consumed takeaways in the last 24 hours with lower SES groups tending to consume less healthy takeaways (Miura et al, 2009). A recent in-depth review of nutrition across family groups in the APY Lands demonstrated that 46% of the total daily caloric input of Aboriginal people was from discretionary items. Furthermore, takeaways were popular largely due to the lack of infrastructure in houses for cooking and storing/preparing food (with houses frequently not having a working fridge or cooking utensils). People often shopped daily as otherwise, family obligations and the high prevalence of food insecurity meant that planned food purchases meant to last several days only lasted one day. A key conclusion of this review was that increasing healthy takeaways and pre-prepared meals should be a critical part of improving food security. Although this study was conducted in the APY Lands, overcrowding, poorly maintained housing (including infrastructure for storing, preparing and cooking food) and poverty are all generally more severe in NT remote communities than other jurisdictions, and so the findings are very likely to be generalizable to the NT (Bryce S et al, 2024). The findings of this study strongly support the inclusion of takeaways in the store licensing scheme, as well as stronger standards (as set out in section 4.31 and in the Coalition submission) for stores on what type of takeaway food should be available if the store provides takeaways.

We endorse the suggestions made by Central Australian Aboriginal Congress about how to include takeaway outlets fairly without disadvantaging them for not stocking the full range of grocery items. These include

1. Modify the text of what constitutes a community store to be 'a significant source of food, drink OR groceries' (rather than AND).
2. Have an additional classification of store called Convenience store and Takeaway where primarily ready to eat meals and drinks are stocked.
3. Allow takeaways to be included as a Basic Store and then apply for an exemption of grocery items as per Schedule A.
4. Require Basic Stores, Convenience Stores and Takeaways to only meet the product type requirements for product types stocked (e.g., if the store or takeaway stocks shelf stable vegetables, the minimum of 3 lines would apply, but if this product type was not stocked, there would be no requirement to stock these products).

Section 4.3.3

What strategies could the NT Government feasibly implement to support more affordable food, drink and grocery items in remote communities

Strategies should include

- 1) Advocate to the Commonwealth for an increase in welfare payments and in particular – the remote area allowance which is clearly inadequate to compensate for the high cost of living in remote communities including cost of food but also transport and other costs. There needs to be a review of additional costs borne by people living in remote areas and then a rapid increase in the payments to account for these additional costs.
- 2) Advocate to the Commonwealth for a healthy food subsidy and a national sugar tax as outlined in the CAAC submission.

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- 3) In partnership with the community controlled store sector and other relevant agencies, develop and implement a robust plan to evaluate the impact of store policies on food consumption and in particular- increases in healthy food consumption and decrease in unhealthy food consumption. As outlined in the CAAC submission, the market basket survey should be extended to all stores. The policies should be adapted and strengthened in line with the evidence.
 - 4) Develop a plan to improve food security for remote Aboriginal people that aligns and supports the draft national remote food security plan which is currently out for consultation (NIAA 2024) . The plan should be developed in line with Close the Gap principles in partnership with the community controlled sector (including the health sector but also store organisations, Land Councils and other relevant community controlled organisations).
 - 5) Work with the Commonwealth and key community controlled partners to improve supply chains and infrastructure in close partnership with key organisations such as Arnhem Land Progress Aboriginal Corporation (ALPA).
 - 6) Support training of store managers as this role requires a broad range of skills. A review of three stores in the NT found that the store manager was very influential in the quality of the communities' diet so ensuring that the manager has basic nutritional understanding and capacity to work with the board and key agencies such as the health service is essential (Lee et al, 1996).
 - 7) Support training of store boards although ideally this would be undertaken by a community controlled organisation.
 - 8) Strengthen Aboriginal employment in stores by supporting training and capacity building so that Aboriginal people can work at all levels in store companies.
 - 9) Support partnerships and collaborations between independent stores to improve buying power and also capacity to purchase store infrastructure.
 - 10) Work to support stores that are cut off for extended periods during and after weather events. In the last wet season, some communities were cut off for many months with little support due to flood damaged roads, because an emergency declaration had not been made and so there were no avenues to support these communities.

Section 5

Do you think the draft Standards and the promotion of good nutrition and healthy products will be effective in supporting the Closing the Gap outcomes? Please provide reasons why or why not.

Closing the gap outcomes and principles include strengthening of community control. There needs to be a standard outlining that all stores must have a formal mechanism to receive community input even if they are privately owned and operated at the very least. Furthermore , it is very important that the largest store management company in the NT (Outback stores) supports and enhances community control rather than diminishes it. There must be support for stores to transition to community control if that is what the community wants.

AMSANT strongly supports the requirements for stores to;

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- Not place sugar sweetened drinks of >600 mls in the fridge
 - Limit soft drinks to less than half the available fridge space.

The store licensing scheme should require the store to approach the health service about input into the written plan for promotion of healthy food. This could facilitate ongoing collaboration between the health service and store and could support the store in implementing the above requirements and the recommendations below which we understand will be guidelines.

- 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).

AMSANT would like these policies aimed at reducing unhealthy food consumption to be incorporated into the standards. As outlined in the Remote Healthy Store Coalition submission, these policies have been shown to result in meaningful reductions in sugar intake which modelling suggests would result in a 10% reduction in cardiovascular disease 00000(Brimblecombe et al, 2020, Ying Q et al, 2014). ALPA have implemented these policies in all stores where there is not another store in direct competition with them. This demonstrates that a level playing field where all stores were required to implement these guidelines is achievable.

Section 6 Ensuring Continued Viability

Will the proposed draft Standards be effective in monitoring store viability, and, if not, what do you think should be included in the Standards?

Consultation with stores and store boards is required as the standards are implemented. Banning book-up is supported by store organisations. However, poverty causes food insecurity in a high proportion of remote Aboriginal people and so there needs to be other solutions for people running out of money for food, on a very regular basis. Although it is not fair that emergency relief is not available in very remote communities, reliance on a charity model to address widespread poverty will make limited difference and could entrench peoples sense of powerlessness. It is critical to reduce poverty at a population level in remote communities. This will also assist store viability as people have enough money to buy groceries.

There also needs to be mechanisms to support independent stores achieve economies of scale with group buying strategies. Support and training for store staff, managers and boards including in financial management would also support viability. .

Some stores are marginally viable and may require external assistance. For community controlled stores, this should be done in a way that strengthens community controlled governance rather than undermining it. The NT should work with community controlled partners in the NT and with NIAA to support marginal stores that are struggling to meet the standards as the first option rather than using punitive measures such as fines.

Appendix

***What is Appropriate Footwear?**

Appropriate Footwear is off the shelf footwear that comes in a range of sizes and widths and meets a minimum quality standard to adequately protect and cushion the feet. The types of appropriate footwear stocked by larger Community Stores should also be determined by: 1. the environment (and season) that each remote community store is located on; 2. consumer preferences; and 3. activities commonly undertaken in that area.

Appropriate Footwear minimum standards:

Range of closed toe footwear (such as sneakers).

Featuring adjustable fastening (such as Velcro/ laces). Upper material and sole should be water resistant and protect the feet from heat and cold, dropped objects, side impact. Heel counter should be firm to provide ankle stability. Toe box should have sufficient room for toes and not be too narrow. Midsole and sole should also be able to protect the feet from sharp objects under foot and cushion and absorb impact from body loading.

Closed toe footwear is suitable for wider range of activities and the most suitable for people with peripheral neuropathy and or peripheral arterial disease.

Range of open toe footwear (i.e. reef style sandals). Features may include adjustable ankle straps (i.e. Velcro strap/ magnet or buckle) and slip resistant soles. To reduce the risks of sharp objects entering the foot, the sole of the footwear should be thick enough to resist penetration through the midsole. Midsole/insole of footwear should also cushion and absorb impact from body loading. Open toe footwear is more suitable for the tropics and summer season, and less suitable for people with peripheral neuropathy and or peripheral arterial disease.

Inappropriate footwear includes footwear with slippery soles, poorly secured shoes (e.g. thongs or ill-fitting sandals/scuffs). This also includes footwear that cannot be secured properly to the foot such as ballet style slippers or worn footwear with loose soles or laces, unstable heels or unsecured tongues which increase the risk of having slip, trip and fall injuries. Wearing inappropriate footwear increases the risk of injuries sustained from slips, trips and falls.

Recognising the importance of holistic primary care prevention and the critical role that footwear can provide for people living with diabetes, AMSANT and ACCHSs are collaborating with remote community stores for the necessary health promotion to support stores providing consumer footwear education. For example, Congress and AMSANT are collaborating to develop two footwear health promotion posters (see attached) that have been provided to ALPA, Outback Stores and TAH Northern Trading, who have also given in-principle support to improve the supply and access of appropriate footwear.

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