Food Policies for Aboriginal and Torres Strait Islander Health (FoodPATH)

Community Report

VACCHO

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Contents

Foreword from VACCHO CEO

Ngatta (which means hello in my traditional Gunditjmara language)

Healthy food and good nutrition play an important role in holistic health and wellbeing, cultural identity and the prevention of chronic disease for Aboriginal and Torres Strait Islander people.

Prior to colonisation, Aboriginal people lived off and cultivated this land in a sophisticated manner, free from the harm caused by today's ultra-processed foods, drugs, alcohol and European diseases. The current food system and the power imbalances that exist between community members, the food industry and government, has fostered food insecurity and inequitable nutrition outcomes for Aboriginal and Torres Strait Islander people in Victoria.

Unhealthy diets and food insecurity are leading contributors to the burden of disease for all Australians, but especially for Aboriginal and Torres Strait Islander people. I want to reiterate that what we eat is not merely an individual choice. We are constantly influenced by our food environment and the social, historical, cultural, political and commercial determinants of health.

In 2009, VACCHO launched the Victorian Aboriginal Nutrition and Physical Activity Strategy which outlined key actions to improve nutrition for Victorian Aboriginal communities. Almost 15 years later, we have not yet seen the results we were hoping for – food insecurity, diet-related chronic disease and the nutrition gap have continued to grow. These nutrition inequities have been accelerated by major changes to the food environment including the increasing cost of healthy food, the rise of unhealthy food marketing, supply chain pressures due to global events (e.g. the COVID-19 pandemic, war in Ukraine) and the increasing effects of climate change. In addition to this, Aboriginal people are unacceptably overrepresented in statistics relating to low income, socioeconomic disadvantage, insecure housing, unemployment and incarceration.

Aboriginal communities are knowledge holders when it comes to their health and wellbeing, and they need to be in the driver's seat so they can be empowered to identify the actions needed to support healthier diets.

The [Food Policies for Aboriginal and Torres Strait Islander Health (FoodPATH) Project](), delivered in partnership with Deakin University's Murnong Health Research Mob, enabled just that. I'd like to personally thank the five ACCOs, their staff and Community members, that took part in the FoodPATH Project. Without their generosity and kindness in sharing their knowledge, insights and experiences, this project wouldn't have been possible.

- Rumbalara Aboriginal Co-operative
- Njernda Aboriginal Co-operative
- Bendigo & District Aboriginal Co-operative
- Moogji Aboriginal Council
- Wathaurong Aboriginal Co-operative

This report outlines the bold action required to prevent increasing rates of chronic disease and support vibrant, healthy, self-determining Aboriginal communities. Improving access to, and consumption of, healthy, culturally appropriate and affordable food is a key ingredient for achieving health equity and closing the gap in life expectancy between Aboriginal and non-Indigenous people. Now is the time to be bold and brave if we are to restore the health and wellbeing of our people.

Let's close this nutrition gap once and for all.

Jill Gallagher AO,
Chief Executive Officer

Acknowledgements

Artwork story

Thanampool Marr (Woman & Man in Gunditjmara)

This artwork represents the significance of the whole tribe working together as one, in the important task to gather food and water. The two symbols sitting in the centre facing one another represent a man and the other, a woman. The circle in the middle of them represents them coming together, to work as a collective, to gather food to feed the entire tribe. The sitting symbols on the outer represents the whole tribe and the importance of everyone playing a role in either hunting, preparing or cooking food. The brown and orange colours represent the traditional Aboriginal land, which our people cared for and maintained, to ensure a healthy food supply, all year round for thousands of years. The curved paths have walking tracks which represent the tribe going out to look for bush tucker. The blue circles represent the rivers, oceans and waterholes and the importance of water for our people. Collecting, preparing and cooking food was such a crucial part of our tribes' daily tasks. This ensured survival for many thousands of years, eating a nutritious well-balanced diet.

Shakara Montalto | Gunditjmara
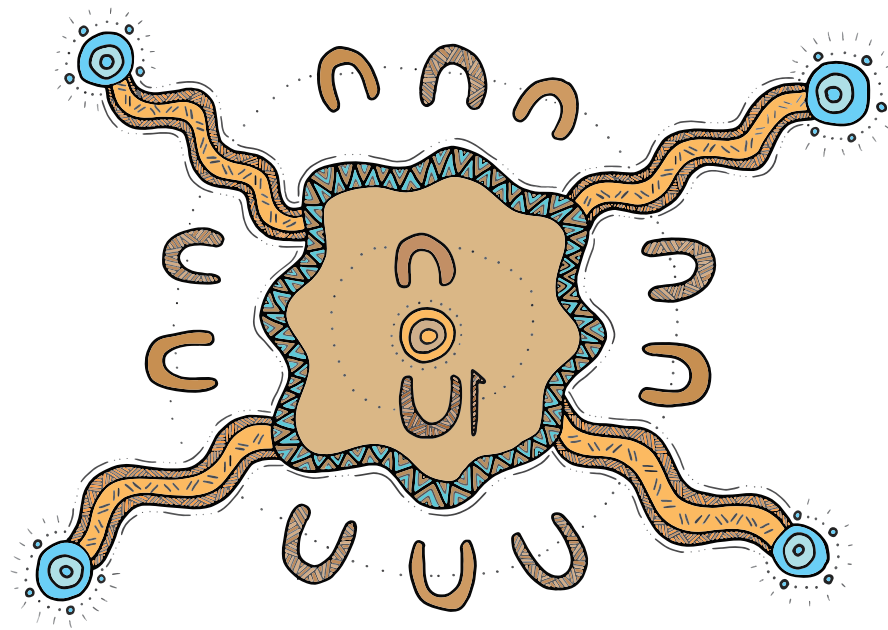
Executive summary

Aboriginal and Torres Strait Islander peoples have the right to participate in all policy decisions affecting them. This includes policy around food and nutrition. Group model building is a participatory systems science research method which enables community stakeholders to develop a shared understanding of the system-level drivers of complex problems and co-design actions to address them.

The Food Policies for Aboriginal and Torres Strait Islander Health (FoodPATH) Project aimed to map Aboriginal stakeholders' perspectives of the key drivers of food choice in order to develop and prioritise actions.

Community-based workshops were held with VACCHO and five of its Member Aboriginal Community Controlled Organisations (ACCOs) in urban and regional Victoria during 2022. A team of Aboriginal and Torres Strait Islander facilitators guided participants (n=53 in total) through a series of workshop activities using group model building methods. Workshop discussions coincided with the real-time creation of a visual system map of the interconnected determinants of food choice.

Workshop participants identified a diverse array of interconnected factors influencing food choice for Aboriginal Communities in Victoria. Although findings differed between Communities, nine key themes were identified:

- food access and affordability
- access to junk food
- junk food marketing
- diet and disease
- food knowledge and skills
- nutrition in schools
- growing local food
- traditional foods
- family, Community and Culture.

Each Community used their system maps and themes to develop and prioritise a set of actions ideas for improving food environments and nutrition in their Community. Results informed a Community-driven call to action for improving nutrition for Aboriginal Communities in Victoria.

Recommendations

The FoodPATH Report provides 10 policy recommendations to improve food security and nutrition outcomes for Aboriginal Communities in Victoria. Improving the system of factors affecting food choice requires action at both Community and Government levels. The FoodPATH recommendations are divided into five Community actions and five Government actions to reflect this. Community-led actions often require sustainable funding. Government-led actions should involve an appropriate level of consultation with the Aboriginal and Torres Strait Islander community.

Community actions

These should be Community-led:

1. ACCO-led self-determined Community nutrition programs (these could include anything from nutrition education, meal preparation, cooking, youth programs).

2. Community gardens to grow and share food among Community members; these could be linked to food packages or cooking programs.

3. Workshops/Yarning circles with Elders to educate Community about traditional foods.

4. Community based parenting programs, incorporating nutrition and cooking healthy meals.

5. ACCO early years programs around healthy eating in pregnancy and early childhood nutrition.

Government actions

These should be implemented by Governments:

1. Ban junk food marketing (in all its forms), including unhealthy sport sponsorship.

2. Mandate nutrition and cooking education in schools.

3. Make the Health Star Rating food labelling system mandatory across all packaged food.

4. Set limits on the amount of sugar, salt and saturated fat allowed in packaged food.

5. Keep the GST off fresh food.

About VACCHO

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is the peak representative for Aboriginal and Torres Strait Islander health and wellbeing in Victoria, providing leadership in Community-Control and health equity for Aboriginal and Torres Strait Islander communities and organisations. VACCHO is a centre of expertise, policy advice, training and innovation in Aboriginal and Torres Strait Islander health and wellbeing. VACCHO advocates for the health equity and optimum holistic health of all Aboriginal and Torres Strait Islander people in Victoria.

We provide education, support and advocate with and for our 33 Member Aboriginal Community Controlled Organisations (ACCOs) across Victoria. ACCOs deliver a suite of culturally safe holistic health and wellbeing services for Aboriginal and Torres Strait Islander communities. ACCOs have a proud, long history as sustainable, grassroots organisations that assist in building Community capacity for First Peoples' self-determination. Nationally, VACCHO represents the

Community-Controlled health sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO). State and Federal Governments formally recognise VACCHO as the peak body for Aboriginal health and wellbeing in Victoria. VACCHO's vision is for vibrant, healthy, self-determining Aboriginal communities.

About FoodPATH

Food policies for Aboriginal and Torres Strait Islander Health (FoodPATH) was a research project undertaken by Deakin University's Murnong Health Research Mob in partnership with VACCHO. It aimed to empower Aboriginal communities in Victoria to determine the actions needed to promote healthier food environments in their local communities.

Before colonisation, traditional food systems supported physical, social and cultural wellbeing and prevented diet-related chronic disease. Today, Aboriginal and Torres Strait Islander peoples experience unacceptable health inequities. Chronic disease is a leading contributor to the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.[1] Being above a healthy weight and dietary factors are responsible for 15% and 10% of the health gap respectively.

Health inequities are created by the systems and environments in which people are born, grow, live and age.[2] Improving nutrition for Aboriginal and Torres Strait Islander peoples will require a system-wide policy response grounded in self-determination. Both Community-based programs and Government policy

action can improve nutrition outcomes for First Nations peoples.[3] Aboriginal and Torres Strait Islander peoples have the right to participate in all decisions that affect them.[4] This includes policy decisions around food and nutrition.

1 Australian Institute of Health and Welfare (2022) Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018. Australian Burden of Disease Study series no. 26, catalogue number BOD 32, AIHW, Australian Government.

2 Marmot M. Social determinants and the health of Indigenous Australians. Med J Austr. 2011;194(10):512–513. doi: 10.5694/j.1326-5377.2011.tb03086.x

3 Browne J, Lock M, Walker T, Egan M, Backholer K. Effects of food policy actions on Indigenous Peoples' nutrition-related outcomes: a systematic review. BMJ Glob Health. 2020;5(8). 10.1136/bmjgh-2020-002442.

4 United Nations 2007. United Nations Declaration on the Rights of Indigenous Peoples https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html].

Why food environments?

The way we select, buy and eat food is shaped by more than just personal choice. A **food environment** is the physical, social, cultural, economic and policy conditions and opportunities that influence the way we make food decisions. The availability, accessibility, affordability, quality, convenience and promotion of food in our local area makes up our food environment. While nutrition education can increase food knowledge and skills, policy action from local, state or federal government is usually needed to improve food environments. The FoodPATH Project sought to answer the following question:

What are considered acceptable and effective policy actions to improve food environments and nutrition in Victorian Aboriginal communities?

About group model building

Group model building is a method that helps community groups form a shared understanding of the drivers of a complex problem and co-design action. It is underpinned by the concept of "systems thinking" and, in this case, the relationships between the various factors that have contributed to food choice in Aboriginal communities over time. Group modelling involves the creation of "system maps" which show the complex web of factors contributing to food choice in the Community and how they relate to one another.

At the FoodPATH workshops, Aboriginal and Torres Strait Islander facilitators guided participants through a series of workshop activities, based around the question: **What has contributed to food choices in the Aboriginal Community in recent years?** This could include things that have helped people eat healthy and things that make it harder to eat healthy.

The outcome of workshop one was a system map that illustrates the complex web of factors contributing to food choice in the Community, and how they relate to one another. The outcome of workshop 2 was a set of action ideas that the group had developed and prioritised, to improve food environments and nutrition in their Community.

Reading the maps

We used Deakin's custom software program "STICKE" to build a system map of all the interrelated factors that participants suggested had contributed to food choices in the Community. Connections between factors in the map are shown by arrows leading from one factor to another one. There are two different kinds of arrows in our diagrams:

1. If two factors change in the same direction, we use an arrow with a solid line. For example, an **increase** in "junk food marketing" leads to an **increase** in "buying and eating unhealthy food", and the opposite is also true: a **decrease** in "junk food marketing" would lead to a **decrease** in "buying and eating unhealthy food".

2. If the two factors change in the opposite direction, we use a dotted line. For example, an **increase** in the "healthy food affordability" is likely to lead to a **decrease** in "Buying and eating unhealthy food" (see Figure 1).

Figure 1 Solid vs. dotted arrows

Figure 2 Feedback loop

In some instances, the factors in the map join up to form a complete circle, creating a cycle or "feedback loop". For example, buying and eating unhealthy food can lead to weight gain which may reduce our mental health. Having lower mental health may cause us to buy and eat more unhealthy food, leading to even more weight gain, and so the cycle continues (see Figure 2). These cycles help to identify areas that may be reinforcing the problem (making that part of the problem worse), or relationships that are balancing each other out. Identifying feedback loops can help us prioritise areas for action.

Community workshops

In 2022, we completed FoodPATH workshops with VACCHO and five of its Member ACCOs:

1. Rumbalara Aboriginal Co-operative (Yorta Yorta Country)
2. Moogji Aboriginal Council (Gunnaikurnai Country)
3. Wathaurong Aboriginal Co-operative (Wadawurrung Country)
4. Njernda Aboriginal Co-operative (Yorta Yorta Country)
5. Bendigo & District Aboriginal Co-operative (Dja Dja Wurrung Country).

Across two half day workshops at each ACCO, we listened to ACCO staff and Community members' views, concerns, and priorities regarding what actions are needed to improve food environments and nutrition outcomes, so that Mob can grow up healthy and deadly. In total, 53 participants were involved in 12 workshops across the six Communities. Most participants were staff from the host ACCO, and some participants were Community members that were not employed at the ACCO.

We completed six FoodPATH workshops with VACCHO and five of it's Member ACCOs. The sites were:

Key elements of the food environment for Aboriginal Communities in Victoria

While all the Community workshops were unique (see each Community's report in Appendices), there were some recurring themes across the six Communities. Figure 3 shows a summary of the nine most common food environment themes and how they link together. The issues around food access and affordability, junk food marketing, diet and disease, food knowledge and skills and nutrition in schools, came up at every Community workshop. While issues related to access to junk food, growing local food, traditional foods, and family, Community and Culture, were discussed by most (at least 4 out of 6) Communities.

As you can see from Figure 3, these themes are all inter-connected as part of a system of factors influencing food choice for Aboriginal and Torres Strait Islander Communities across Victoria. Each of these coloured circles has a whole theme map behind it, based on the combined results from all six Communities. The nine theme maps will be presented on the following pages. The summary provided under each theme map reflects the stories and perspectives of participants.
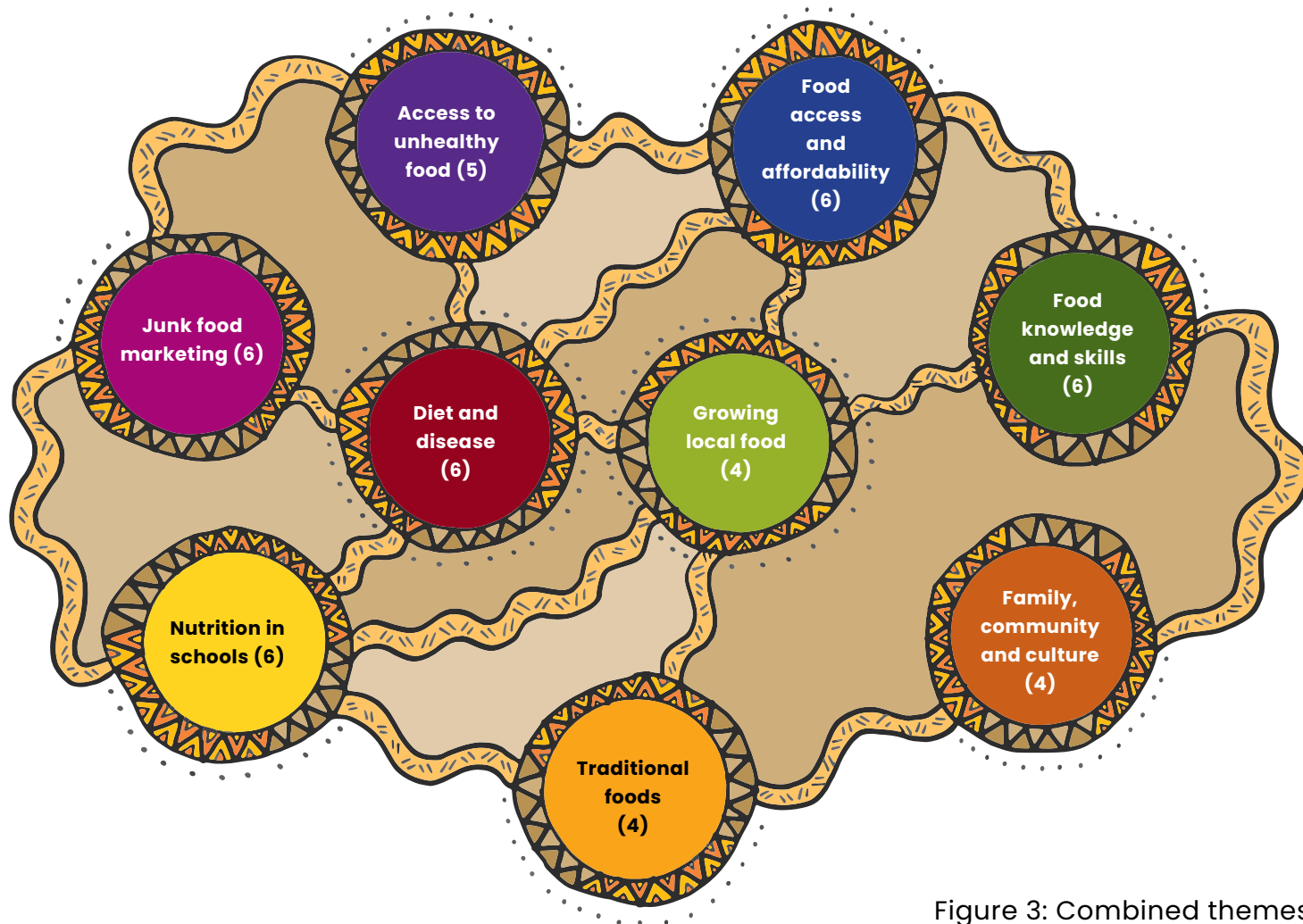
Figure 3: Combined themes

Themes shown: Access to unhealthy food (5), Food access and affordability (6), Junk food marketing (6), Diet and disease (6), Growing local food (4), Food knowledge and skills (6), Nutrition in schools (6), Traditional foods (4), Family, community and culture (4)

Food access and affordability

Food access and affordability was a key issue identified in all six Communities. The numbers in the boxes represent how many Communities raised these various factors related to food access. As you can see, almost all Communities discussed the **cost of living** and people's **ability to prioritise healthy food**. The stress associated with **cost of living** reduces (dotted line) people's **ability to prioritise healthy food** which increases (solid line) the likelihood of **buying and eating unhealthy food**.

Access to healthy food and **food affordability** are underpinned by food prices and the **money available for food**. Having a lower **income** increases **housing insecurity and poverty** which can reduce **access to cooking facilities**, making it harder for some Community members **to cook healthy meals**. When there isn't **money available for food** some people need to **use food relief programs**, which often aren't overly healthy. If people don't have **access to transport**, there will be limited **access to shops**, and the **travel time** required for food shopping increases, leaving less **time available** to prepare healthy meals. This, combined with the **cost of healthy food**, is a key issue impacting **access to healthy food** and people's **ability to make healthy choices**. Having **access to**

shops and **healthy choices at supermarkets** were key factors influencing **food availability.** When there isn't good access and availability to fresh food, particularly for people living in **isolation**, this reduces **food quality** and contributes to people **buying and eating unhealthy food**, which further adds to **cost of living.** The red arrows around the outside of the map indicates how this can become a **cycle**. Having more **money available for food** will increase **food affordability**, reducing the **need for cheap filling food,** especially as **family size** goes up and there are more mouths to feed.

Food access and affordability theme map

Cost of living (5)

Housing insecurity & poverty (3)

Cooking healthy meals (4)

Access to cooking facilities (4)

Family size (2)

Money available for food (5)

Income (4)

Prioritising healthy food (5)

Access to transport (4)

Need for cheap filling food (2)

Buying/eating unhealthy food (6)

Ability to make healthy choices (5)

Food affordability (6)

Use of food relief programs (2)

Cost of healthy food (4)

Travel time (3)

Isolation (3)

Access to healthy food (6)

Time available (6)

Food quality (4)

Healthy choices at supermarkets (2)

Access to shops (2)

Food availability (4)

Access to unhealthy food

Another key theme concerning food access, as highlighted during most Community workshops, was access to unhealthy food. The increasing number of **fast food outlets** in many communities, combined with **the convenience of takeaway** when time is limited, increases (solid line) **access to junk food**, which further contributes to people **buying and eating unhealthy food**. This forms a **cycle** which demonstrates that the more fast food we buy, the more the **companies are profiting**, which enables companies to open more stores and so the **number of fast food outlets** continue to rise. This cycle drives increased **access to junk food** and **buying and eating unhealthy food** in many Communities.

Participants also discussed how **busy lives**, including work demands, family and Community commitments, leaves less (dotted line) **time available** for being at home and **cooking healthy meals**. Having a busy life makes it tempting to **buy and eat unhealthy food**, such as takeaway foods. When healthy food is less affordable, the **availability of cheap unhealthy food and drinks**

makes buying unhealthy food even more tempting and accessible. Participants also highlighted that many fast food restaurants offer **price promotions and meal deals** or other discounts that make unhealthy food options cheaper, while many kids are offered **deals and rewards on unhealthy food**, such as vouchers at community sport. The **use of technology**, including food delivery apps, enables delivery of fast food, sugary drinks and even alcohol, further encouraging **buying and eating unhealthy food**. Some of these apps may include healthy take away options but the majority increase **access to junk food**.

Access to unhealthy food theme map

Time available (6)

Busy lives (4)

Work demands (1)

Cooking healthy meals (4)

Price promotions and meal deals (4)

Deals/rewards on unhealthy food (3)

Convenience of   takeaway (6)

Buying/eating unhealthy food (6)

Companies profiting (3)

Availability of cheap unhealthy food and drinks (5)

Number of fast food outlets (4)

Healthy takeaway   options (3)

Use of technology (4)

Access to junk food (5)

Food delivery apps (4)

Junk food marketing

Junk food marketing was a significant issue raised by all six Communities. Participants discussed how junk food companies market their products so that people buy them, which increases (solid line) **buying and eating unhealthy food**. This means companies are profiting so that they can market them more. This forms a **cycle** of **companies profiting**, resulting in more **junk food marketing**, leading to more **buying and eating unhealthy food** and increased profits. Increased company profits, build up the **power of big business**, which enables the **industry to be lobbying government** to reduce **food industry regulation** so that they can do even more **junk food marketing**. This way, people **buy and eat more unhealthy food** and the industry makes more profits and become more powerful and so the **cycle** continues to grow and reinforce industry power.

As companies build profit and power they start to embed themselves in communities. That can look like **unhealthy sports sponsorship** that increases **exposure to food advertising**. As we spend more time on screens and using technology, including social media, we are exposed to even more advertising, including special **deals and rewards on unhealthy foods** that increase

the **appeal of junk food** so that people are **buying and eating more unhealthy food**, which leads to even more **company profits**. With these profits, companies can afford to buy shelf space for **junk food placement in supermarkets** which enhances **brand recognition** and **appeal of junk food**, particularly with kids when products are placed at their eye level. This sets up a cycle of **brand recognition** and **appeal of junk food** from a young age, which, participants described, can be like an addition that contributes to more unhealthy food and drink consumption.

Participants discussed various actions that could be taken if nutrition was a **government priority**. This includes **plain language information on food labels** to improve **food knowledge and skills; food industry regulation** to stop companies **marketing junk food as healthy**; and **healthy food advertising** to increase the **appeal of healthy food**. However, a lot of investment will be needed to undermine the power of the junk food industry, which, as you can see from the red feedback loops, is a powerful system.

Junk food marketing theme map

Power of big business (2)

Exposure to food advertising (1)

Companies profiting (3)

Use of technology (4)

Unhealthy sports sponsorship (2)

Industry lobbying government (1)

Brand recognition (3)

Deals/rewards on unhealthy food (3)

Government priority for nutrition (2)

Junk food placement in supermarket (3)

Addiction/Appeal of junk food (5)

Food industry regulation (3)

Plain language info on food labels (3)

Junk food marketing (6)

Marketing junk food as healthy (2)

Buying/eating unhealthy food (6)

Food/nutrition knowledge and skills (5)

Appeal of healthy foods (1)

Healthy food advertising (3)

Diet and disease

Both chronic disease and social and emotional wellbeing issues were discussed in relation to food choice. **Mental health** issues, including **stress**, which may increase (solid line) **alcohol consumption**, can reduce (dotted line) our ability to **prioritise healthy food**. When we're feeling down, we are more likely to reach for comfort food so poor **mental health** is another factor that contributes to **buying and eating unhealthy food**. The consumption of **processed foods** increases the fat, **sugar and salt content** of the diet, adding to the **addiction and appeal of junk food** so people are even more likely to **buy and eat unhealthy food**. We know that unhealthy foods and sugary drinks increase the risk of **diet-related illnesses**, such as diabetes, heart disease and some cancers. The red lines in the map demonstrate a **cycle** where the stressors associated with having a **chronic illness** further reduces our **mental health** so we are less likely to **prioritise healthy food** and even more likely to reach for the unhealthy foods and drinks, further increasing the risk of **diet-related illness**.

Diet and disease theme map

Stress (3)

Addiction/Appeal of junk food (5)

Sugar and salt content (5)

Processed foods (3)

Buying/eating unhealthy food (6)

Alcohol consumption (2)

Diet-related illnesses (6)

Mental health (5)

Prioritising healthy food (5)
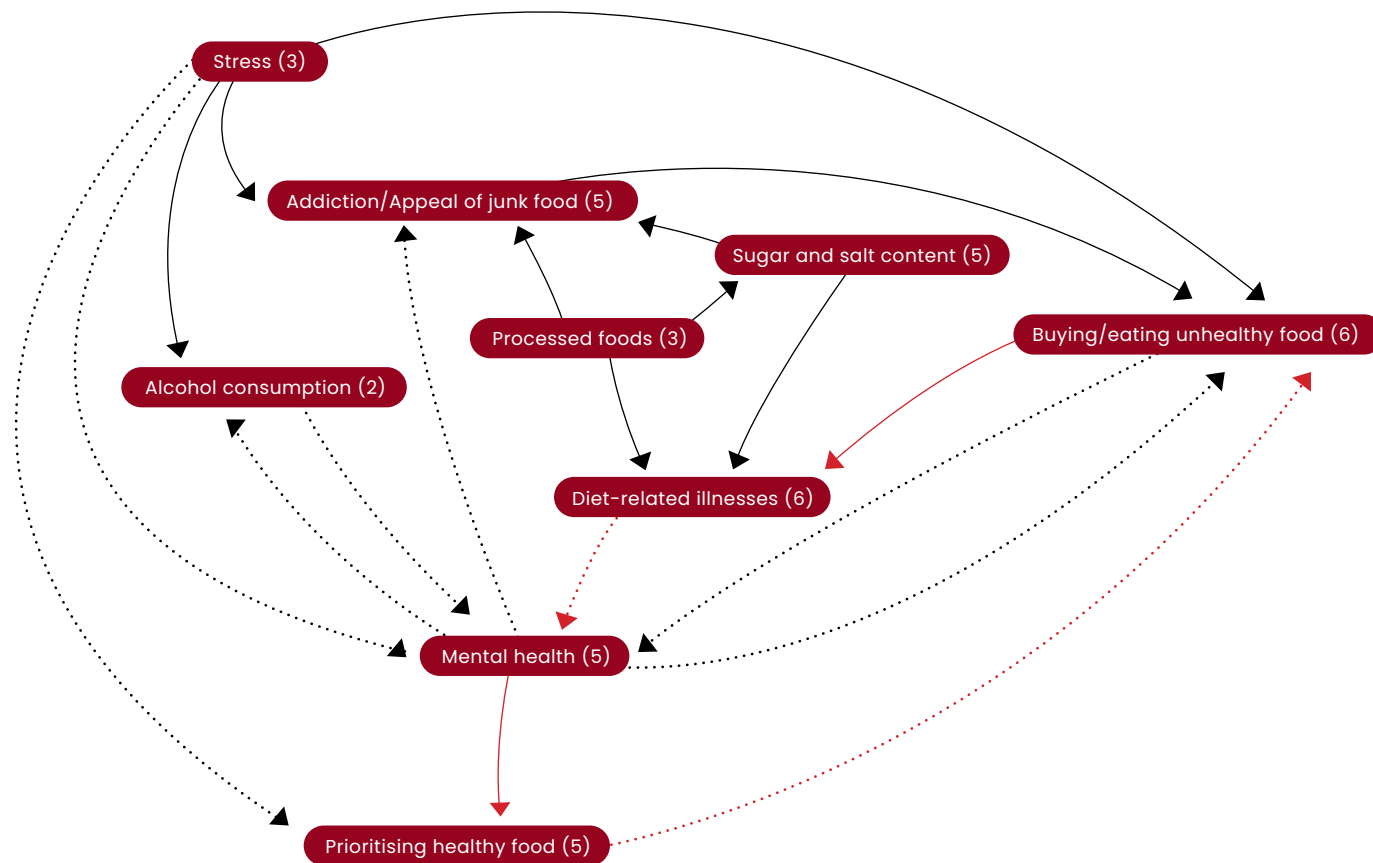
Food knowledge and skills

Food and nutrition knowledge and skills was another important factor influencing whether people choose healthy foods. Participants discussed how **family role models**, having **healthy food in schools** and **nutrition education and cooking in schools** could help increase (solid line) children's food knowledge and skills, we have **more kids loving vegies**.

For adults, **access to nutrition services and support** was considered important, as was having Community members providing **Aboriginal-led nutrition information. Access to nutrition information and support**, including **plain language information on food labels**, can help with **understanding food labels**, and improve **food knowledge and skills**, which increases the **ability to make healthy food choices**.

If there's more **nutrition awareness in the Community**, this creates a positive **cycle** whereby there will be more opportunities for **Aboriginal-led nutrition information**, which increases **access to nutrition services and support** and increases **food and nutrition knowledge and skills**, resulting in more **nutrition awareness in the Community**. An example of **Aboriginal-led nutrition information** could be **Community cooking programs** to increase peoples' **cooking skills**, which can lead to another positive cycle in that: Community members with **cooking skills** will be more likely to **cook healthy meals**, participate in **Community food sharing**, and **pass down knowledge** to younger generations to maintain those food and **cooking skills** within the Community.

Food knowledge and skills theme map

Community food sharing (6)

Cooking healthy meals (4)

Community cooking programs (4)

Family role models (3)

Passing down knowledge (5)

Cooking skills (3)

Nutrition awareness in community (4)

Food education for kids (2)

Aboriginal-led nutrition information (3)

Plain language info on food labels (3)

Healthy food in schools (5)

Using & understanding food labels (3)

Kids loving vegies (4)

Food/nutrition knowledge and skills (5)

Nutrition & cooking education in school (6)

Ability to make healthy choices (5)

Access to nutrition services and support (1)

Nutrition in schools

Closely linked to the theme of food knowledge and skills was the need to start nutrition education early with kids, by embedding nutrition in schools. **Access to healthy food** increases (solid line) **kids having breakfast** before school as well as **food available for their school lunch**, or some kids might experience **shame and bullying** about having cheaper products in their lunch boxes. Although there may be **peer pressure** for kids to eat junk food, those who gain weight often experience **shame and bullying** which, in some cases, affects s**chool attendance** if children are wagging school due to bullying.

Participants also shared that many kids go to school without having breakfast. **Kids having breakfast** is important for their **ability to learn at school**, and some schools have breakfast programs and provide **healthy food in school** to help boost **school attendance** and support kids to learn. This learning includes **food and nutrition knowledge** as well as general **literacy and language skills** that enable kids to communicate their needs, including their needs about food. Communication problems can lead to shame and **isolation**, which can reduce **access to healthy foods**.

If there was **government priority for nutrition**, we would see more **healthy food in schools**, and school-based **food education for kids** so we have more kids loving vegies. **Food education for kids** could create a **cycle** by providing kids with **food knowledge and skills** which will improve their **ability to make healthy choices**, further enhancing their **ability to learn at school. Food education for kids** should also incorporate **passing down knowledge from Elders**, which may help reduce **peer pressure** to eat unhealthy foods.

Nutrition in schools theme map

Access to healthy food (6)

Food available for school lunch (1)

Shame & bullying (2)

Isolation (3)

Kids having breakfast (1)

Peer pressure (2)

Literacy and language skills (1)

School attendance (2)

Healthy food in schools (5)

Kids loving vegies (4)

Government priority for nutrition (2)

Ability to make healthy choices (5)

Ability to learn at school (2)

Passing down knowledge (5)

Food education for kids (2)

Food/nutrition knowledge and skills (5)

Growing local food

The importance of growing your own food was another key theme arising from almost all Communities. Before colonisation, Aboriginal people had **access to land** and, in the more recent past, **backyard sizes** were bigger so **growing our own food** was easier. Similarly, **growing our own food** increases (solid line) our ability to **eat seasonally** and reduces (dotted line) our exposure to pesticides and **food additives**. Nowadays, with less garden space, Community members don't have as much a**ccess to land** to grow their own food, so people are more likely to **use supermarkets**. If there was more local **food available**, people would be more likely to **buy and eat local food**, which would help reduce our **supermarket use**, which can undermine **growing our own food** and buying local produce (see **cycle**). At the same time, **buying and eating local food** reduces the **environmental impact** of our food choices. This feeds into another **cycle** because a healthier environment supports f**armers' ability to grow food** which further increases **food availability** so we can **buy local food**.

Participants identified that growing food in **Community gardens** can **increase food availability** so that people are more likely to be **eating local food** and sharing produce with the Community. This also sets up a **cycle** where **Community food sharing** will increase **nutrition awareness in the Community**, which could help more people to **grow their own food** and support even more **Community food sharing**. If there was less **council red tape** it would be easier to set up **Community gardens** which could help get **kids loving vegies** and being outdoors.

Growing local food theme map

Eating seasonally (2)

Growing our own food (6)

Food additives (3)

Kids loving vegies (4)

Supermarket use (2)

Nutrition awareness in community (4)

Buying/eating local food (2)

Backyard size (3)

Community food sharing (6)

Food availability (4)

Environmental impacts (2)

Farmers' ability to grow food (2)

Council red tape (1)

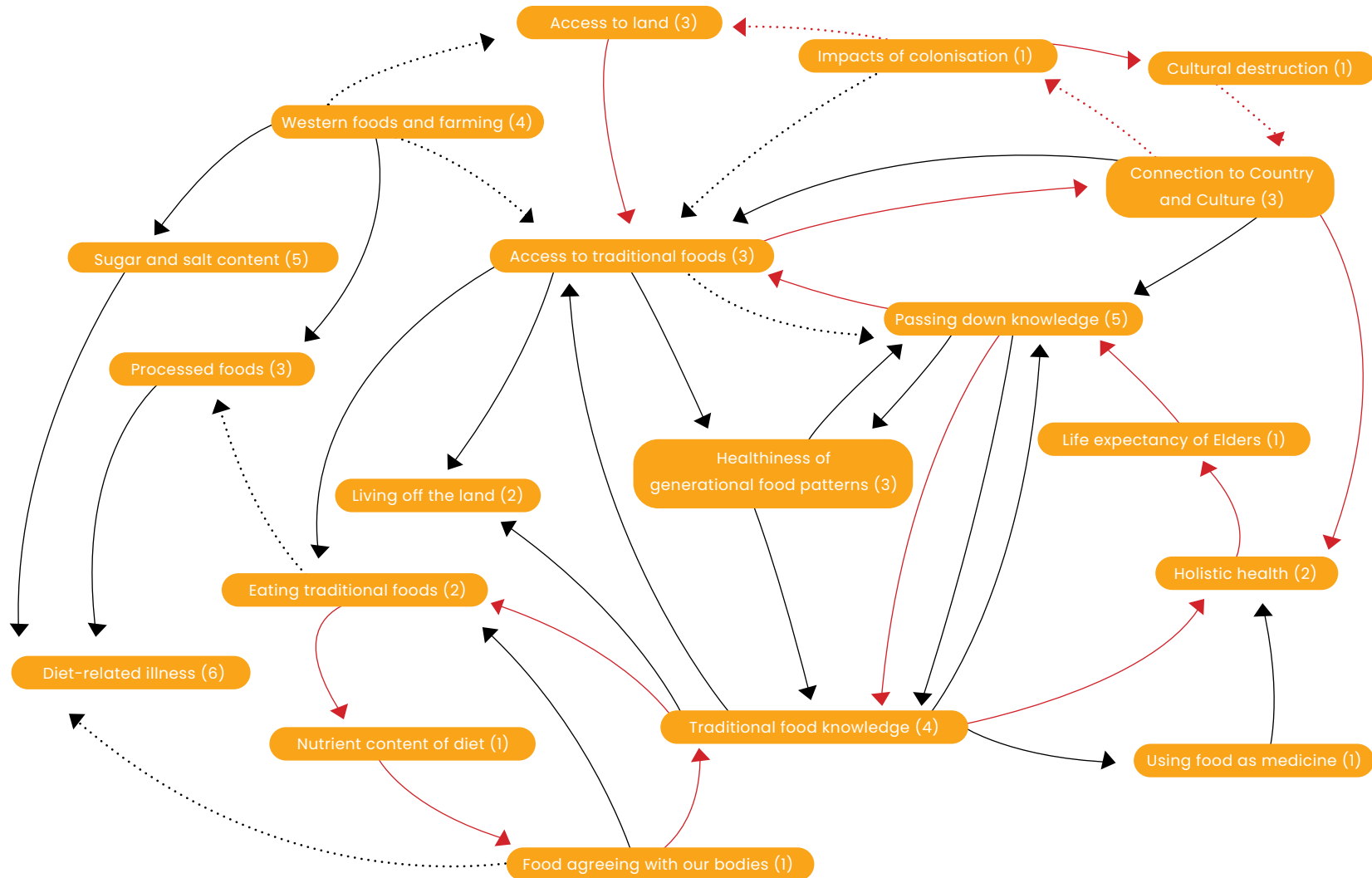Access to land (3)

Community gardens (6)
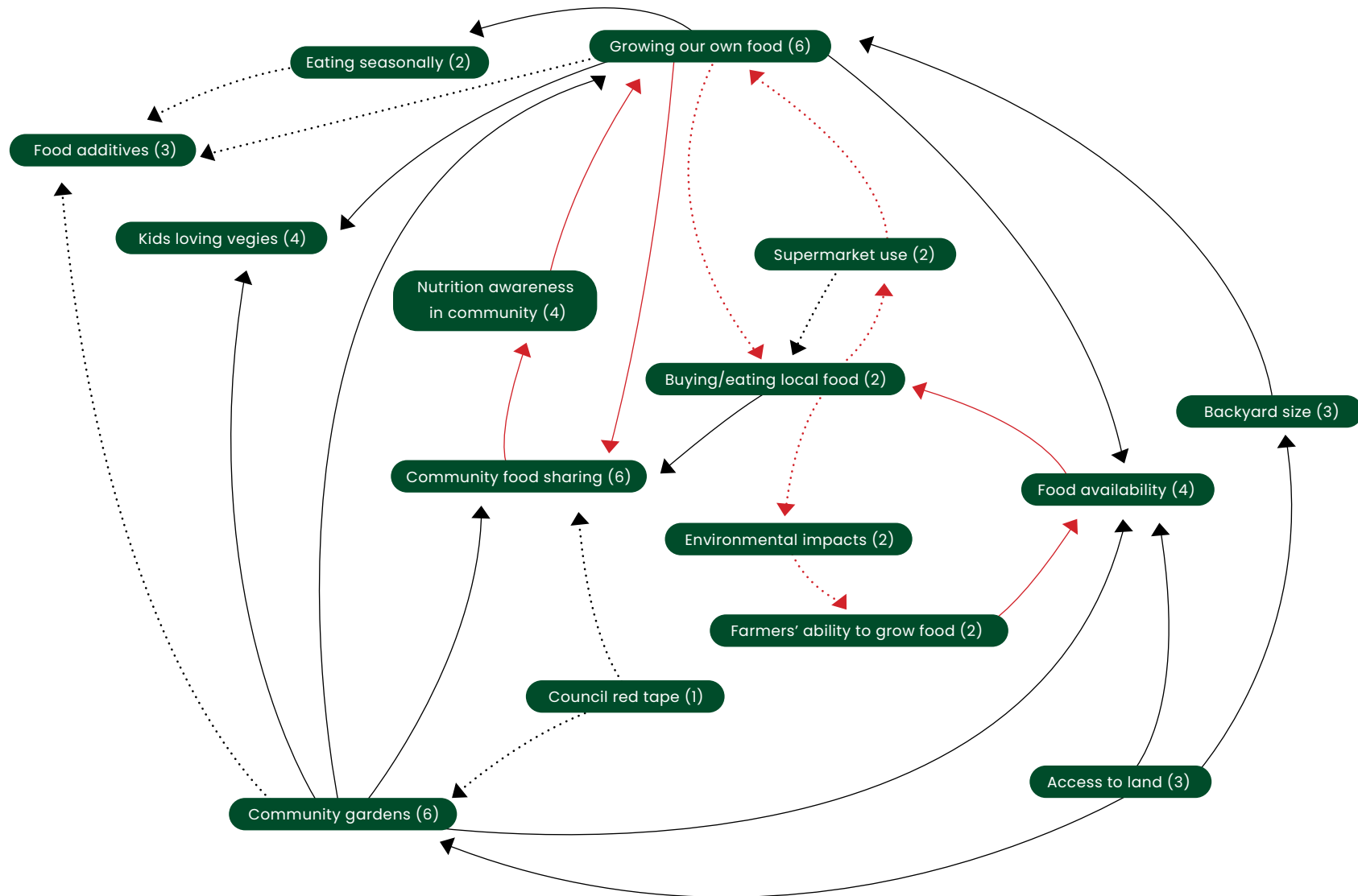
Traditional foods

Traditional foods were a major topic of discussion in several Communities. Participants described how traditional food sources were packed full of nutrients and that **eating traditional foods** increased (solid line) the **nutrient content of the diet**. Because the traditional food environment developed over thousands of years to match people's biological makeup, **eating traditional foods** means **food is agreeing with our bodies**. This system was maintained in perfect balance, when people were **living off the land** and had **good access to traditional foods**, passing on **traditional food knowledge** through generations, to maintain the **healthiness of generational food patterns** by **using food as medicine** as part of **holistic health**.

Introduction of **Western foods and farming** has resulted in a food supply that is highly processed. **Processed foods** often have high **sugar and salt content**, which contributes to **diet-related illnesses**. With rising levels of **diet-related illnesses** in the Community, the **life expectancy of Elders** is reducing which prevents **passing down of food knowledge** to the next generations, **so traditional food knowledge** is being lost.

Western foods and farming and the ongoing **impacts of colonisation** have caused **cultural destruction** and reduced **access to land**. Without **access to land**, it is harder to **access traditional foods** and maintain **connection to Country and Culture** which is an important part of **holistic health**. The red arrows represent **cycles** so we can see that if we were able to increase **connection to Culture and Country**, this would counter some of the **impacts of colonisation** by preserving Cultural knowledge. One way to reconnect with Culture is by increasing **access to traditional foods**.

Traditional foods theme map

Access to land (3)

Impacts of colonisation (1)

Cultural destruction (1)

Western foods and farming (4)

Connection to Country and Culture (3)

Sugar and salt content (5)

Access to traditional foods (3)

Passing down knowledge (5)

Processed foods (3)

Healthiness of generational food patterns (3)

Life expectancy of Elders (1)

Living off the land (2)

Eating traditional foods (2)

Holistic health (2)

Diet-related illness (6)

Nutrient content of diet (1)

Traditional food knowledge (4)

Using food as medicine (1)
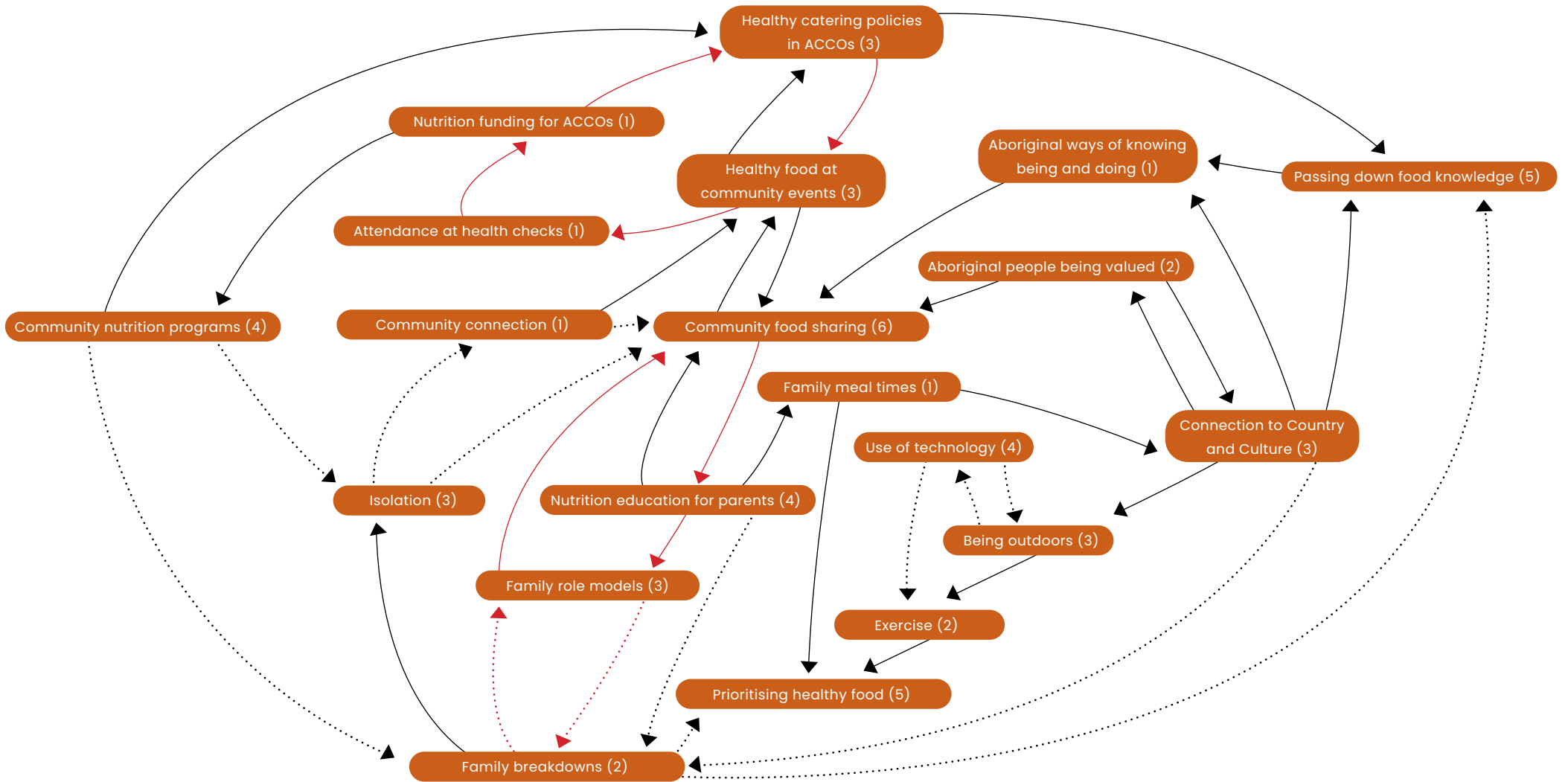
Food agreeing with our bodies (1)

Family, Community and Culture

Closely linked to family passing down traditional food knowledge is the importance of family, Community and Culture. **Passing down food knowledge** and **connection to Country and Culture** are central to **Aboriginal ways of knowing, being and doing**, which strengthens (solid line) Community coming together and **sharing food. Connection to Culture** is also about being outdoors on Country, which can help increase **exercise** levels and reduce the amount of time kids spend on screens. Participants also discussed how **family breakdowns** can significantly reduce **family role models**, which means that kids are less able to learn healthy routines from their parents and/or Kin which disrupts **passing down of food knowledge**. The stress associated with **family breakdowns** also makes it hard to **prioritise healthy food**.

Having more **Community nutrition programs** and events with healthy food can help people, who are feeling **isolated**, re-establish **Community connections** and increase **access to healthy food**. By incorporating **nutrition education for parents** and support around **family mealtimes** into **Community food sharing programs**, this could feed a positive **cycle** that increases **family role models** around food, providing more opportunities for **Community food sharing**. Participants also highlighted that **healthy catering policies in ACCOs** support the provision of **healthy food at community events**. Providing food at ACCO events can increase **attendance at health checks**. Health checks are one way to generate revenue that can provide **funding for ACCOs** that can then be used to run more self-determined **Community nutrition programs**, creating another **cycle**.

Family, Community and Culture theme map

Healthy catering policies in ACCOs (3)

Nutrition funding for ACCOs (1)

Aboriginal ways of knowing being and doing (1)

Passing down food knowledge (5)

Healthy food at community events (3)

Attendance at health checks (1)

Aboriginal people being valued (2)

Community nutrition programs (4)

Community connection (1)

Community food sharing (6)

Family meal times (1)

Connection to Country and Culture (3)

Use of technology (4)

Isolation (3)

Nutrition education for parents (4)

Being outdoors (3)

Family role models (3)

Exercise (2)

Prioritising healthy food (5)
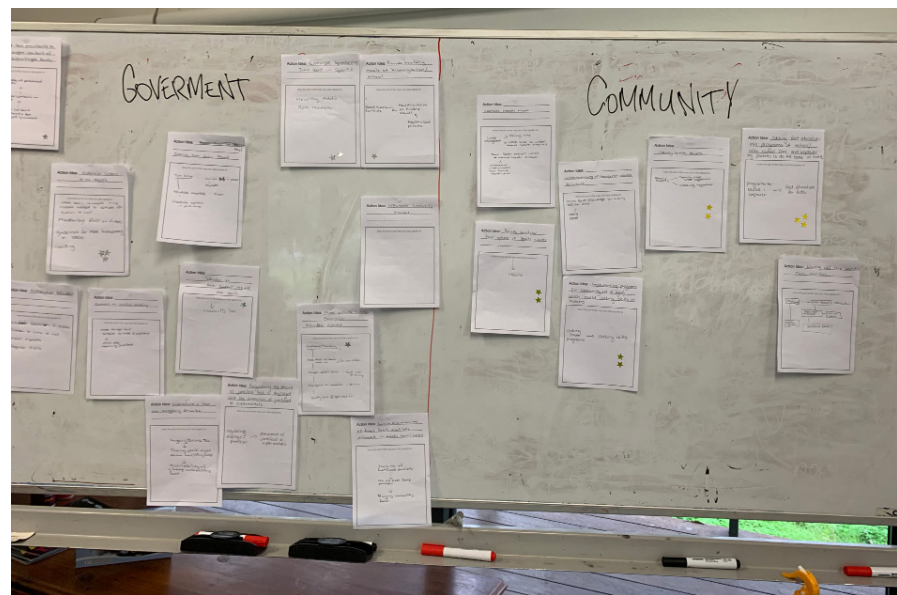
Family breakdowns (2)

Developing priority actions

At each FoodPATH workshop, participants used their Community's detailed map to develop action ideas. Actions included both things that Community organisations could implement (with the necessary funding) as well as areas where Community want Government to act. After participants shared their action ideas with one another, they stuck them up on the white board, dividing their ideas into those that should be Community-led and those that should be Government-led. To prioritise the action ideas, each participant voted on the ideas they'd most like to see implemented, considering which actions would have the biggest impact on the system map. Each participant voted for three Community-led and three Government-led action ideas.

Based on the results from across all six of the FoodPATH Communities, Figure 4 shows the top 10 actions ideas (in white boxes), and how they would impact the key themes in the system. A solid line represents an action idea that would lead to an increase in something, and a dotted line represents an action that would lead to a decrease. For example, keeping GST off fresh food would **increase** food access and affordability, while banning junk food marketing would **decrease** junk food marketing. As you

can see there is at least one action for each of the theme areas of the map. This is important as there is an entire system of factors influencing food choice, so system-wide action is needed.
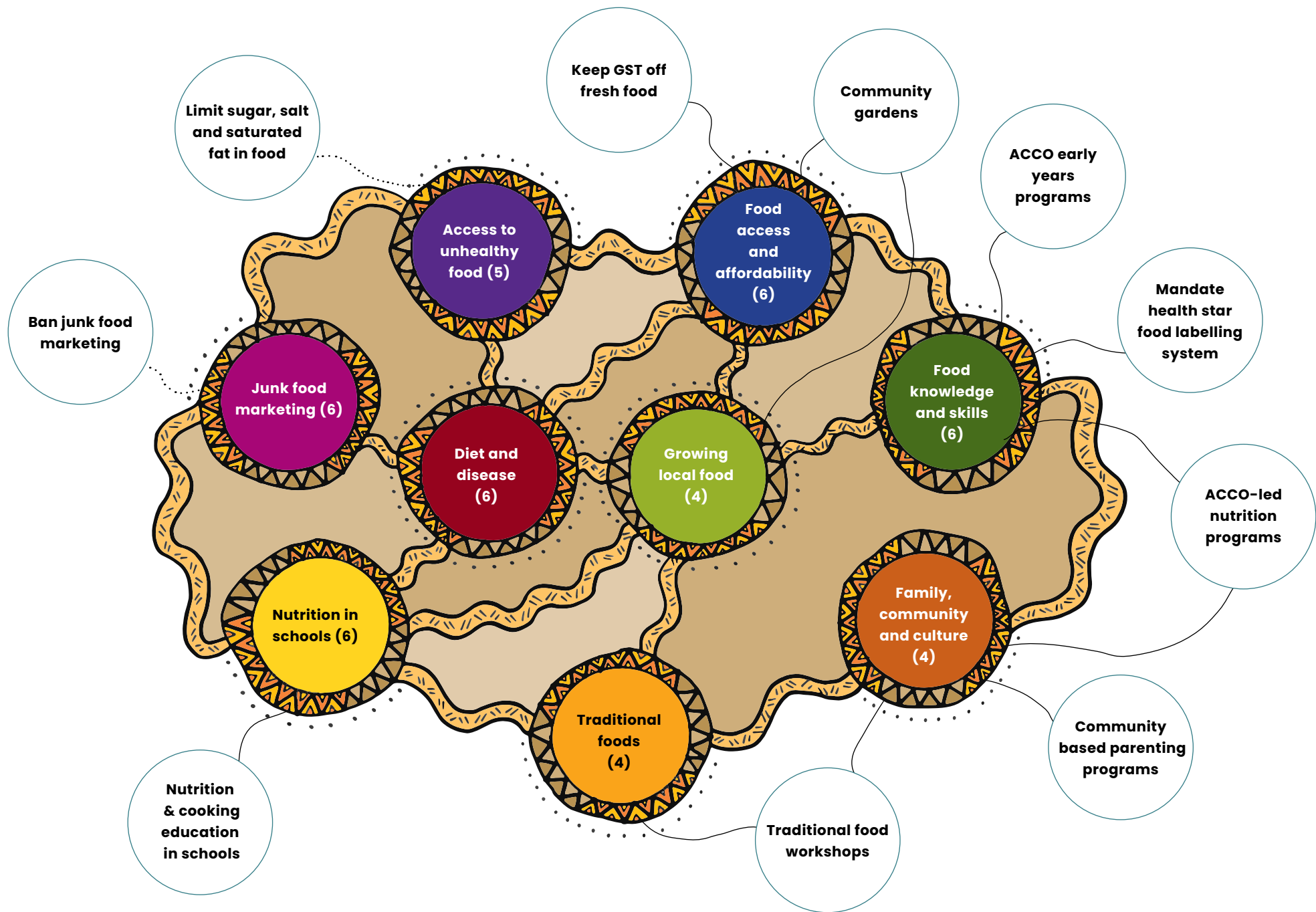
Figure 4: Priority actions (white circles) linked to each key theme (coloured circles)

The figure shows the following coloured theme circles and their linked priority action circles:

- Access to unhealthy food (5)
  - Limit sugar, salt and saturated fat in food
- Food access and affordability (6)
  - Keep GST off fresh food
  - Community gardens
  - ACCO early years programs
- Junk food marketing (6)
  - Ban junk food marketing
- Food knowledge and skills (6)
  - Mandate health star food labelling system
  - ACCO-led nutrition programs
- Diet and disease (6)
- Growing local food (4)
- Nutrition in schools (6)
  - Nutrition & cooking education in schools
- Traditional foods (4)
  - Traditional food workshops
- Family, community and culture (4)
  - Community based parenting programs

Recommendations

Below we outline 10 policy recommendations to improve food and nutrition outcomes for Aboriginal communities in Victoria. Improving the system of factors affecting food choice requires action at both Community and Government levels. The FoodPATH recommendations are divided into five Community actions and five Government actions to reflect this. Community-led actions often require sustainable funding. Government-led actions should involve an appropriate level of consultation with the Aboriginal and Torres Strait Islander community.

Community actions

These should be Community-led.

1. ACCO-led self-determined Community nutrition programs (these could include anything from nutrition education, meal preparation, cooking, youth programs).

2. Community gardens to grow and share food among Community members; these could be linked to food packages or cooking programs.

3. Workshops/Yarning circles with Elders to educate Community about traditional foods.

4. Community based parenting programs, incorporating nutrition and cooking healthy meals.

5. ACCO early years programs around healthy eating in pregnancy and early childhood nutrition.

Government actions

These should be implemented by Governments.

1. Ban junk food marketing (in all its forms), including unhealthy sport sponsorship.

2. Mandate nutrition and cooking education in schools.

3. Make the Health Star Rating food labelling system mandatory across all packaged food.

4. Set limits on the amount of sugar, salt and saturated fat allowed in packaged food.

5. Keep the GST off fresh food.

Conclusion

Improving nutrition outcomes for Aboriginal and Torres Strait Islander peoples in Victoria requires action at both Community and Governments levels. In order to be effective, nutrition policy must address the the physical, social, cultural, economic and policy conditions that influence the way Aboriginal and Torres Strait Islander peoples make food decisions. The FoodPATH Project identified the system of factors influencing the food environment for Aboriginal communities in Victoria. These 10 policy recommendations provide a pathway for a systems approach to food and nutrition policy action that is likely to be both effective and acceptable for Aboriginal and Torres Strait Islander peoples living in Victoria.
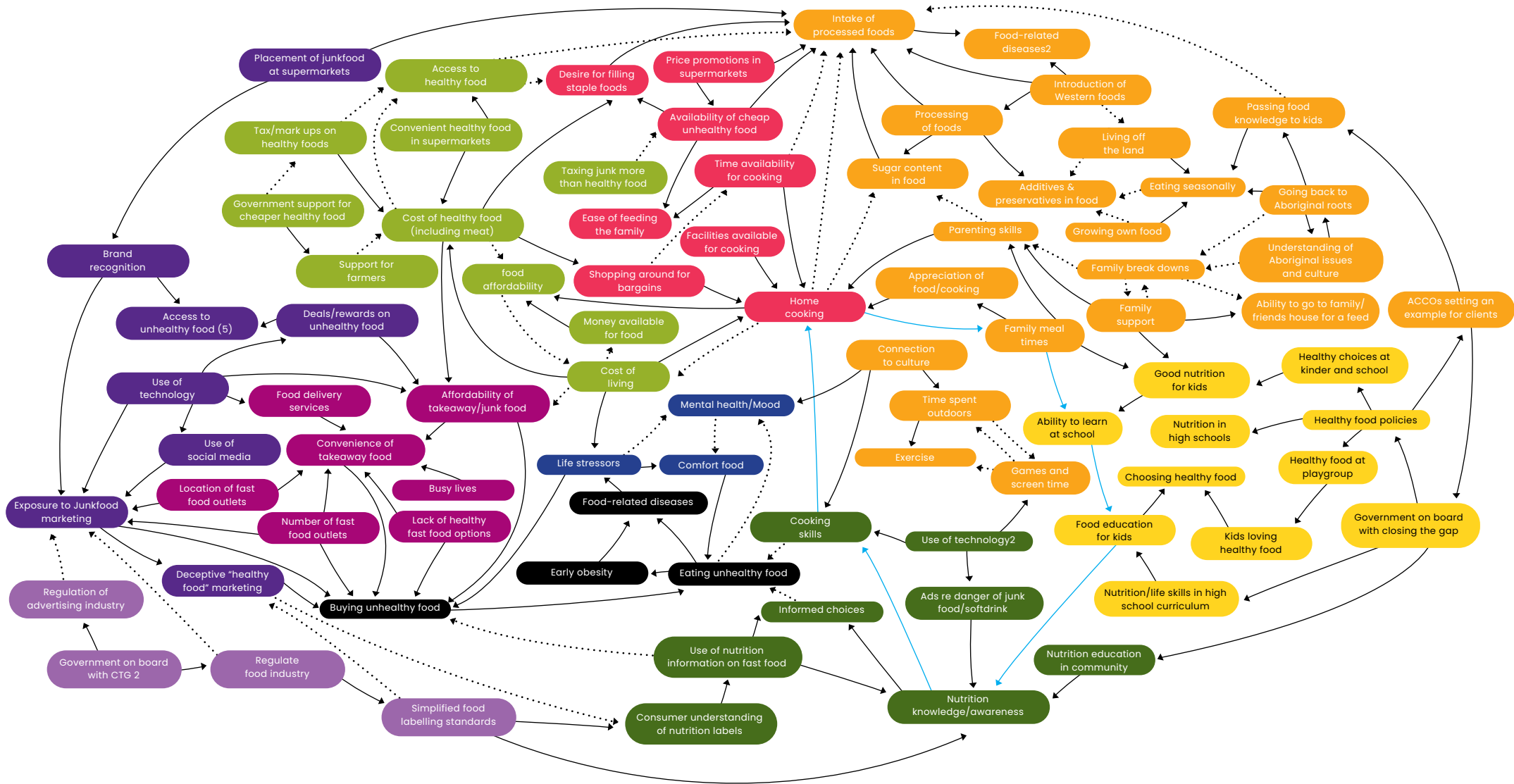
Appendices: Findings from each Communtiy

Rumbalara Aboriginal Co-operative

The Rumbalara workshops were held at the Rumbalara Aboriginal Co-operative in Mooroopna on May 25th and June 1st 2022. Following a Welcome to Country and smoking ceremony led by Aunty Cheryl and Uncle Lance, Workshop 1 was attended by seven Rumbalara staff members and one Community member. Workshop 2 was attended by four staff members. Staff were predominantly from the Children and Family Services Unit. The workshops were facilitated by Deakin University Murnong Health Research Mob staff, Troy Walker (Yorta Yorta) and Steph Thow (Pennemuker/Ngati Porou) with support from VACCHO.

Rumbalara's map

This is the overall map showing how all the interrelated factors and theme areas that were raised at Rumbalara link together in a complex system. The coloured boxes match the colours of the key themes listed below. The black boxes represent the nutrition and health outcomes we are trying to change: Buying unhealthy food, eating unhealthy food, early obesity and food-related disease.

Key themes	Rumbalara's priority actions
1. Family and Culture 🟠 2. Starting early with the kids 🟡 3. Food knowledge and skills 🟢 4. Junk food marketing and government regulation 🟣🟪 5. Access to junk food 🟥 6. Cost of food 🟩 7. Feeding the family 🔴 8. Food and mood 🔵	1. Mandatory easy-to-understand food labelling based on facts (G) 2. Food and nutrition education in schools (G) 3. Community cooking programs for all ages (C) 4. Increased support for families around food preparation, cooking and family mealtimes (C) 5. Provide healthy food at sports events (C) 6. Eliminate junk food sponsorship in sports (G) C= Community-led actions, G= Government actions

Placement of junkfood at supermarkets
Access to healthy food
Desire for filling staple foods
Price promotions in supermarkets
Intake of processed foods
Food-related diseases2
Introduction of Western foods
Passing food knowledge to kids
Tax/mark ups on healthy foods
Convenient healthy food in supermarkets
Availability of cheap unhealthy food
Processing of foods
Living off the land
Government support for cheaper healthy food
Taxing junk more than healthy food
Time availability for cooking
Sugar content in food
Additives & preservatives in food
Eating seasonally
Going back to Aboriginal roots
Support for farmers
Cost of healthy food (including meat)
Ease of feeding the family
Facilities available for cooking
Parenting skills
Growing own food
Understanding of Aboriginal issues and culture
Brand recognition
food affordability
Shopping around for bargains
Appreciation of food/cooking
Family break downs
Ability to go to family/ friends house for a feed
ACCOs setting an example for clients
Access to unhealthy food (5)
Deals/rewards on unhealthy food
Money available for food
Home cooking
Family support
Cost of living
Connection to culture
Family meal times
Good nutrition for kids
Healthy choices at kinder and school
Use of technology
Food delivery services
Affordability of takeaway/junk food
Mental health/Mood
Time spent outdoors
Ability to learn at school
Nutrition in high schools
Healthy food policies
Use of social media
Convenience of takeaway food
Life stressors
Comfort food
Exercise
Games and screen time
Choosing healthy food
Healthy food at playgroup
Location of fast food outlets
Busy lives
Food-related diseases
Cooking skills
Food education for kids
Government on board with closing the gap
Exposure to Junkfood marketing
Number of fast food outlets
Lack of healthy fast food options
Early obesity
Eating unhealthy food
Use of technology2
Kids loving healthy food
Regulation of advertising industry
Deceptive "healthy food" marketing
Buying unhealthy food
Informed choices
Ads re danger of junk food/softdrink
Nutrition/life skills in high school curriculum
Government on board with CTG 2
Regulate food industry
Use of nutrition information on fast food
Nutrition education in community
Simplified food labelling standards
Consumer understanding of nutrition labels
Nutrition knowledge/awareness

Moogji Aboriginal Council

The Moogji workshops were held at Moogji Aboriginal Council in Orbost on June 21st and 23rd 2022. Workshop 1 was attended by 12 Moogji staff and 1 Community member and Workshop 2 was attended by 7 staff members and 1 Community member.

The workshops were facilitated by Deakin University Murnong Health Research Mob staff, Karen Hill (Torres Strait Islander), Steph Thow (Pennemuker/Ngati Porou) and Fiona Mitchell (Mununjali) with support from VACCHO.

Moogji's map

This is the overall map showing how all the interrelated factors and themes raised by participants at Moogji link together in a complex system. The coloured boxes match the colours of the key themes listed below. The black boxes represent the nutrition and health outcomes we are trying to change: Buying unhealthy food, unhealthy food and sugary drink consumption and obesity.

Key themes	Moogji's priority actions
1. Growing our own ● 2. Buying local ● 3. Access and isolation ● 4. Food knowledge and skills ● 5. School ● 6. Food and mood ● 7. Food costs ● 8. Work life ● 9. Unhealthy food marketing ●	1. Community garden (C) 2. Meal preparation education (C) 3. Community cooking events (C) 4. Nutrition helpline (G) 5. Keep GST of fresh food (G) 6. Reduce sugar and salt content of food (G) C= Community-led actions, G= Government actions

Food Policies for Aboriginal and Torres Strait Islander Health (FoodPATH)
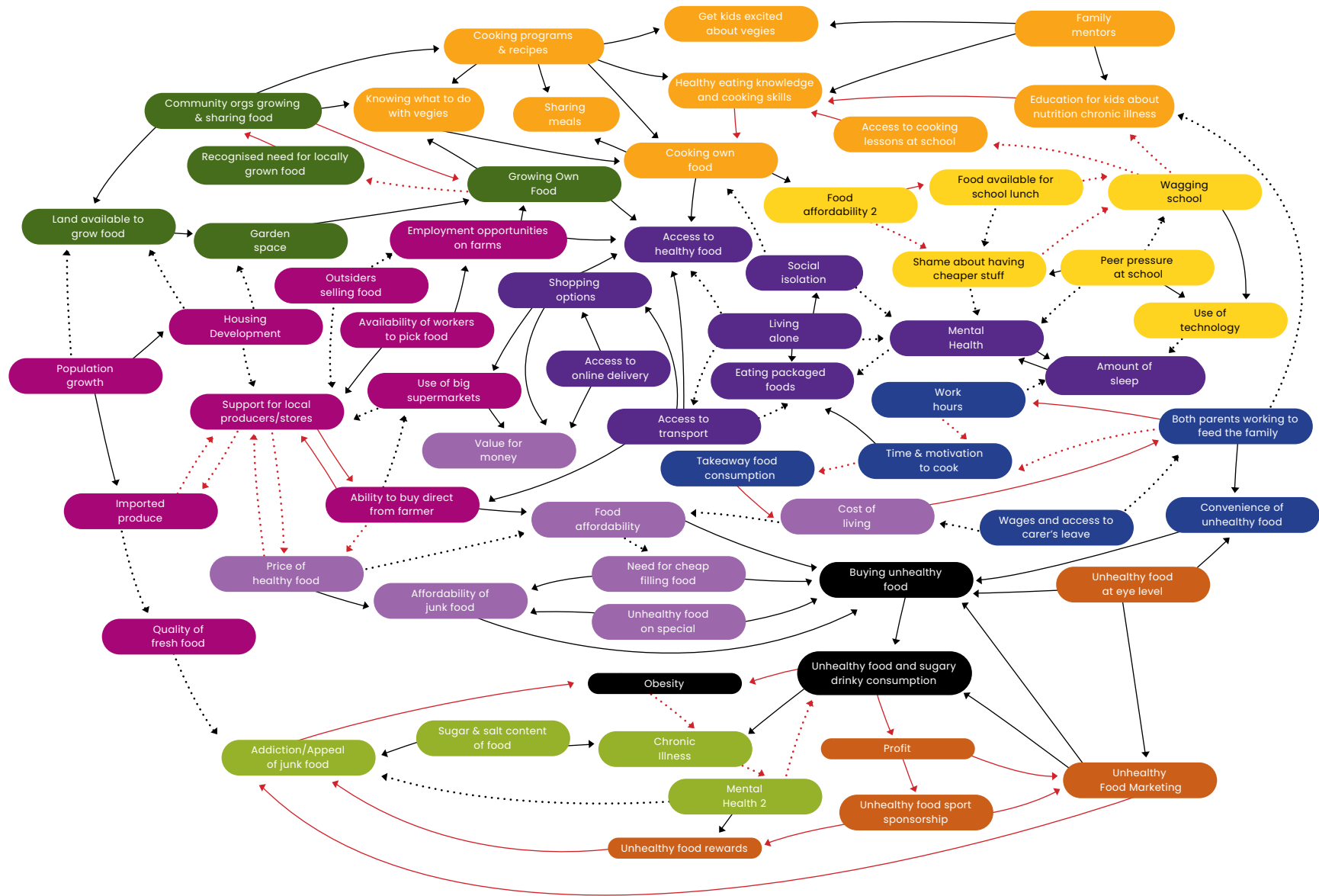
Wathaurong Aboriginal Co-operative

The Wathaurong workshops were held at Wathaurong Aboriginal Co-operative in Geelong on July 20th and 27th 2022. Workshop 1 was attended by 4 Wathaurong staff and Workshop 2 was attended by 6 staff members, including the Health Promotion Manager. The workshops were facilitated by Deakin University Murnong Health Research Mob staff, Steph Thow (Pennemuker/Ngati Porou) and Joleen Ryan (Gunditjmara) with support from VACCHO.

Wathaurong's map

This is the overall map showing how all the interrelated factors and theme areas that were raised at Wathaurong link together in a complex system. The coloured boxes match the colours of the key themes listed below. The black boxes represent the nutrition and health outcomes we are trying to change: Ability to make healthy choices, poor nutrition and chronic diseases such as diabetes in the Community.

Key themes	Wathaurong's priority actions
1. Healthy food access and affordability 🔵 2. Availability of fast food 🟣 3. Family priorities 🟠 4. Community connection 🩷 5. Food knowledge and skills 🟢 6. Growing your own 🟡 7. Junk food marketing 🟪 8. Food industry regulation 🟣 9. Western food systems 🟠 10. Supermarkets 🟢	1. Increase minimum wage/Centrelink payments (G) 2. Incorporate community kitchens into parenting programs (C) 3. Community gardens (C) 4. Ban junk food marketing on all media (G) 5. Healthy food policies in community organisations (C) 6. Strengthen nutrition education in school curriculum (G) C= Community-led actions, G= Government actions
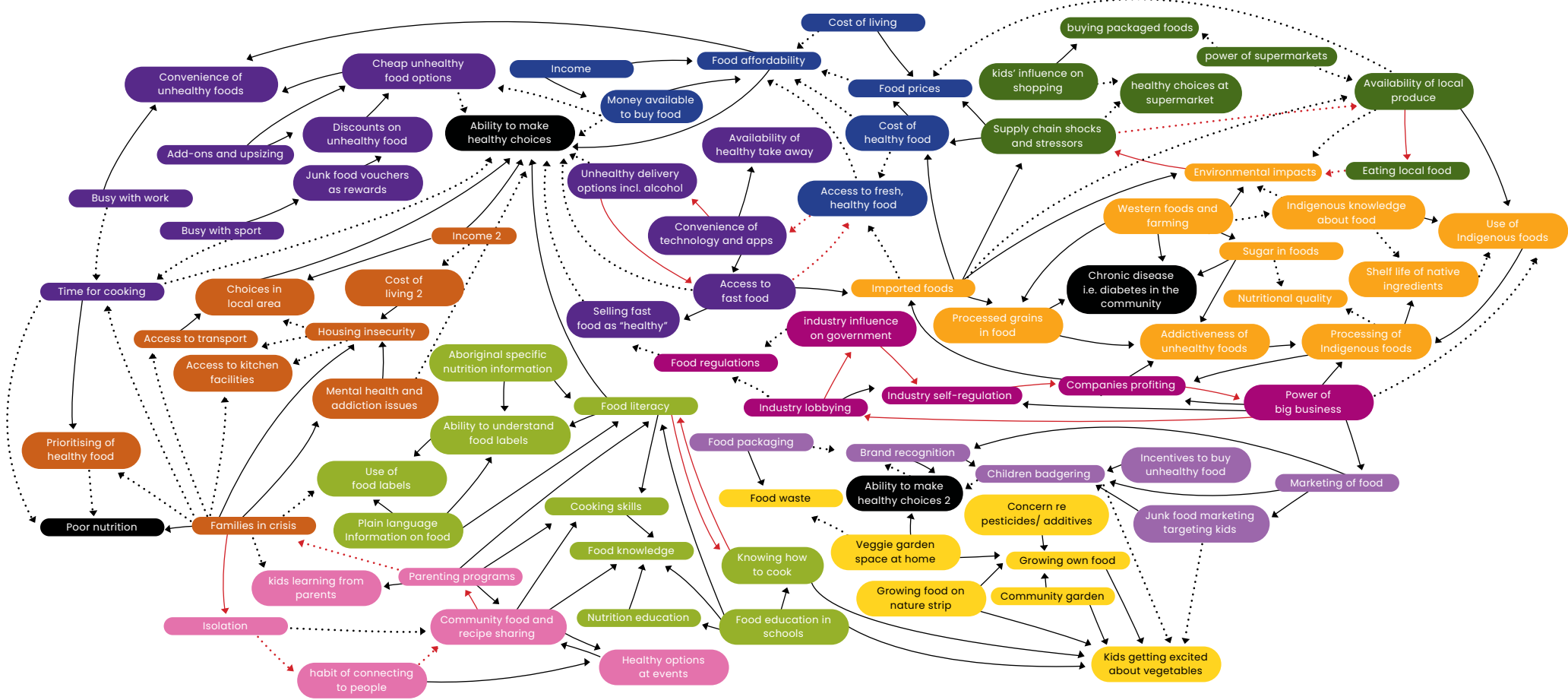
## Bendigo & District Aboriginal Co-operative

The BDAC workshops were held in Bendigo on September 27th and 29th 2022. Both workshops were attended by 6 participants (3 male, 3 female) who were all trainee Aboriginal Health Workers or Alcohol and Other Drug Workers from BDAC.

The workshops were facilitated by members of the Deakin University Murnong Health Research Mob, Karen Hill (Torres Strait Islander), Joleen Ryan (Gunditjmara), with support from VACCHO.

BDAC's map

This is the overall map showing how all the interrelated factors and theme areas that were raised by BDAC staff link together in a complex system that influences food choices and, ultimately chronic illness in the Community. The coloured boxes match the colours of the key themes listed below.

| Key themes	BDAC's priority actions
1. Land and Culture 🟠 2. Traditional foods 🟠 3. Family food habits 🔵 4. Farming 🟣 5. Growing our own 🟢 6. Food knowledge and skills 🟣 7. Food cost 🟣 8. Access to fast food 🟢 9. Fresh vs processed food 🔵 10. Food marketing 🟡 11. Diet and disease ⚫	1. Make the health star rating system compulsory (G) 2. Community healthy eating and nutrition workshops (C) 3. Traditional food workshops (Elders teaching kids) (C) 4. Healthy parenting initiatives around nutrition, cooking and screen time (C) 5. Educate mob on healthy food choices for diabetes (C) 6. Limit junk food marketing in all forms of sport (G) C= Community-led actions, G= Government actions
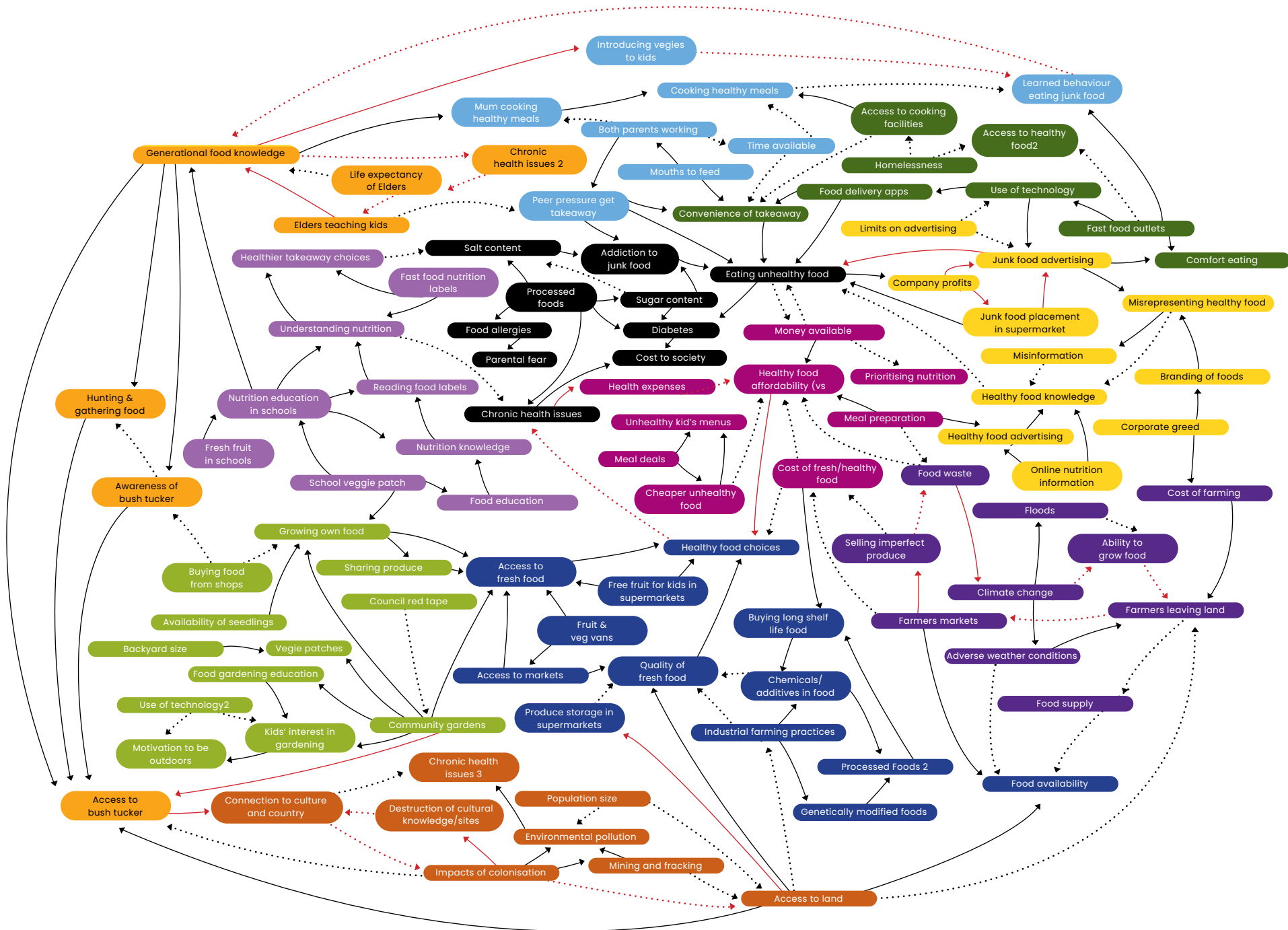
Njernda Aboriginal Co-operative

The Njernda workshops were held in Echuca on August 16th and 23rd 2022. Workshop 1 was attended by 8 people and Workshop 2 had 10 participants. Participants included Njernda and Berrimba Child Care staff members, a Community Elder and representatives from the Campaspe Shire Council. The workshops were facilitated by Troy Walker (Yorta Yorta) and other members of the Deakin University Murnong Health Research Mob Karen Hill (Torres Strait Islander), Fiona Mitchell (Mununjali), with support from VACCHO.

Njernda's map

This is the overall map showing how all the interrelated factors and theme areas that were raised at the Njernda workshops link together in a complex system that influences food choices and, ultimately chronic illness in the Community. The coloured boxes match the colours of the key themes listed below.

Key themes	Njernda's priority actions
1. Access to junk food 🟥 2. Food availability 🟧 3. Food affordability 🟪 4. Traditional food systems 🟨 5. Growing our own 🟩 6. Nutrition education 🟦 7. Junk food marketing 🟪 8. Diet-related illness ⬛	1. Education programs on healthy eating/ cooking/meal preparation on a budget (C) 2. Set limits on the amount of sugar/salt/saturated fat allowed in packaged food (G) 3. Yarning circle to educate community about traditional foods (C) 4. Health education within schools, workplaces and communities incorporating nutrition and alcohol and other drug use (G) 5. Fair exchange for community health and fitness memberships (C) 6. Aboriginal supermarkets (C + G) 7. Set standards for healthy food to be available and promoted in supermarkets (G) 8. Ban junk food marketing on all media (G) C= Community-led actions, G= Government actions
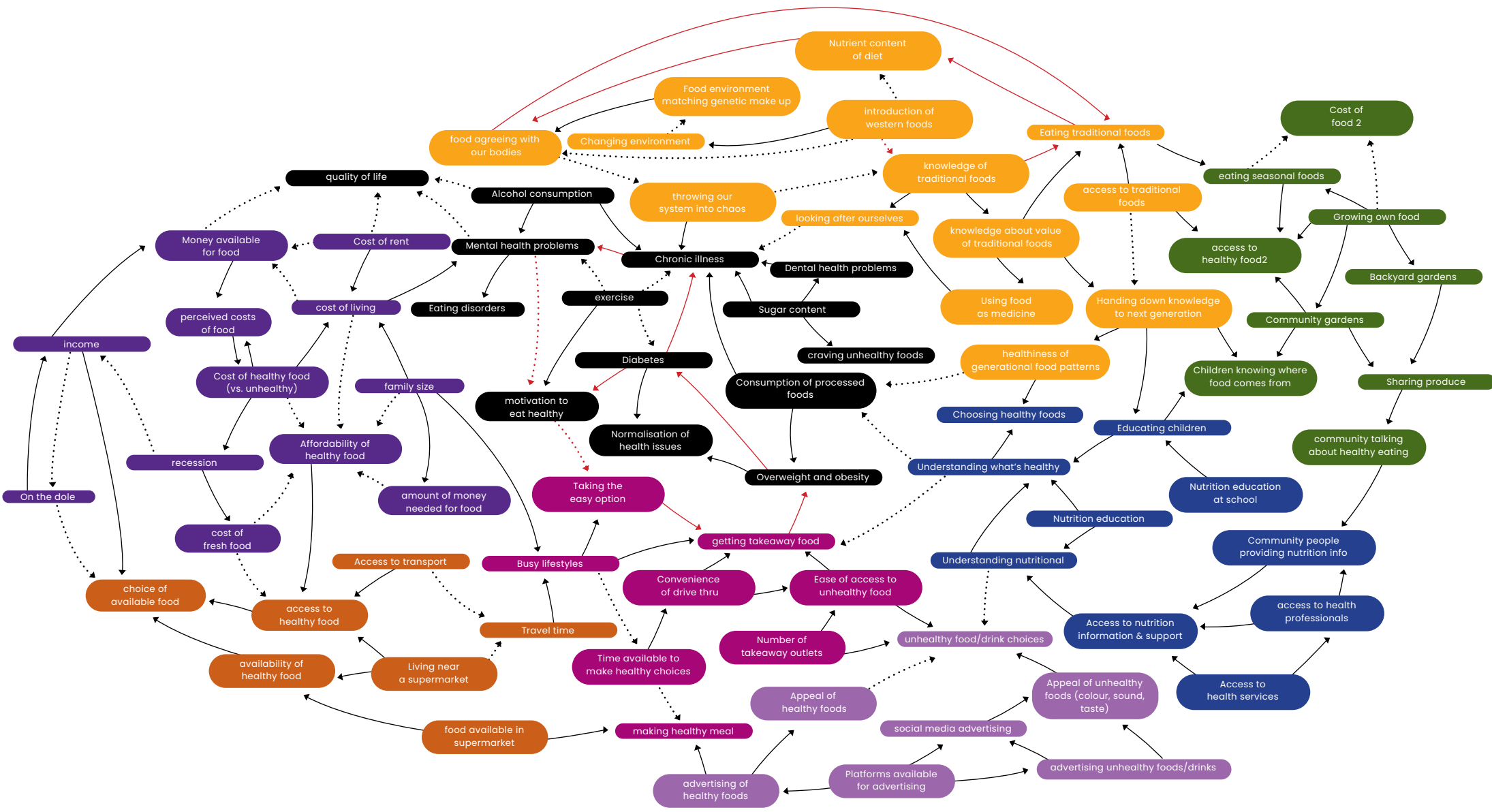
VACCHO

The VACCHO workshops were held at the Neighborhood Justice Centre in Collingwood on March 22nd and 29th 2022. Workshop 1 was attended by four executive VACCHO staff and Workshop 2 was attended by seven staff members. The workshops were facilitated by Troy Walker (Yorta Yorta), Fiona Mitchell (Mununjali) and other members of the Deakin University Murnong Health Research Mob Steph Thow (Pennemuker/Ngati Porou) and Joleen Ryan (Gunditjmara) with support from VACCHO.

VACCHO's map

This is the overall map showing how all the interrelated factors and theme areas that were raised at the VACCHO workshops link together in a complex system. The coloured boxes match the colours of the key themes listed below. The black boxes in the middle represent the nutrition and health outcomes we are trying to change: Unhealthy eating, weight gain and early chronic disease, as well as improved social and emotional wellbeing and holistic health.

Key themes	VACCHO's priority actions
1. Access to unhealthy food	1. ACCOs to develop and implement programs around pregnancy, early childhood nutrition and early parenting education
2. Healthy food in the Community	2. Advocate to government for recurrent funding for ACCO self-determined food and nutrition programs
3. Social determinants	3. Increase access to healthy food by having community gardens resourced and linked to healthy food packages/services
4. Food security	4. Make the health star food labelling system mandatory across all packaged food
5. Nutrition in schools	5. Provide free healthy food (breakfast and lunch) in schools
6. Government policy and regulation	6. Mandate nutrition education in schools
7. Nutrition in ACCOs	
8. Nutrition knowledge	C= Community-led actions, G= Government actions
9. Family and Culture	
10. Social & emotional wellbeing	
11. Early years nutrition	