Reference No. 141

Responsibility for the preparation of this research summary rests with the authors of the MCEETYA report *Education, Training and Indigenous Futures: CAEPR Policy Research 1990–2007* and not the original author(s) of the summarised material.

Title of Research:
Aboriginal Nutrition and the Nyirranggulung Health Strategy in Jawoyn Country

Research Publication:
CAEPR Research Monograph No. 19 2000

Name of Researcher(s):
J Taylor and N. Westbury

Time period:
1999–2000

Geographic location:
The Jawoyn land, east of Katherine (NT)

Methodology:
The report applies a systems-based approach to measuring health and nutrition status and identifying the structural impediments to improving health outcomes. Using available government administrative data and other research data, the report measures socioeconomic characteristics, factors affecting food supply, food acquisition and food consumption.

Aims:
The purpose of this report was to examine structural factors that impede better nutrition in the Katherine East communities and to examine the current capacity to measure and monitor any health impacts that might arise as the result of intervention. The specific terms of reference for this task were to examine and discuss:

- the capacity to establish key health and social indicators for the Jawoyn and the means by which these may be measured over time; and
- the key structural impediments to the provision of better nutrition, particularly in relation to community stores; and the structure and delivery of services to the Jawoyn people and other Aboriginal people residing on Jawoyn land.

Selected findings and insights:
For the Jawoyn people, improvements in health status were intrinsically linked to issues such as land management, enterprise development, employment, training, housing design, construction and maintenance, education, sport, recreation, law and order, drug and alcohol abuse and, last but not least, nutrition.

This report provides a comprehensive set of statistical information necessary to develop a health strategy. In this research summary it is only possible to highlight themes which are addressed.
**Food supply**

Some 90 per cent of foods eaten by Northern Territory residents were from interstate or overseas. Issues relating to transport therefore played a significant role, impacting on the quantity, quality, cost, and availability of foods in remote communities.

Whilst it was possible to substitute ‘imported’ food with traditional Indigenous foods or locally produced foods, the report highlights the difficulties experienced in store management and infrastructure, including:

- effective business practices such as business planning and financial management;
- adoption of best practices associated with purchasing and handling quality foods;
- implementation of employment and training practices to provide career opportunities in food retailing; and
- provision of culturally informed banking services.

As well as addressing these issues, the Nyirranggulung Health Strategy also identified priorities of employing a nutrition worker to work with stores, community councils, schools, clinics and community members and improving personal and community understanding of health issues.

**Food acquisition**

Food acquisition was affected by **behavioural factors** such as individual preferences for particular foodstuffs, which in turn may be heavily influenced by education, information about healthy eating, advertising, and attitudes and beliefs about diet. People's preferences may be constrained (or even directed) by **economic factors** including:

- the price of food set against disposable income, and expenditure on non-food items;
- ability of individuals and households to manage and budget their income; and
- informed access to appropriate banking and financial services.

The report provides some interesting benchmark information about food preferences, highlighting the priority given to sugar, beef and white flour and the inclusion of salt whereas there was little intake, possibly due to access, of dietary fibre, fruit and vegetables and vitamins and other mineral supplements.

**Food consumption**

The report explores the different approaches to **measuring dietary intake** and, in turn, estimating nutritional intake, with greater reliance being suggested for store turnover measurements, at least in remote communities with little access to local town centres.

**Measuring nutritional and health status**

The final section of the report outlines different approaches to the measurement of nutritional and health status and their potential application to the Nyirranggulung Health Strategy. These data point to **significant health issues** in the communities of the Jawoyn region. For example:

- over a ten year period at the Wugularr community, an average of 44% of children under five years were classified as **not growing well**, somewhat above the average for Katherine District using similar results (35%), but markedly in excess of the proportion recorded for all children in Australia (around 3%). This emphasises the severity of nutritional problems among children in the region at the time;
• some 21% (est.) of the Wugularr population were hospitalised in 1999.
• during the 1990s, diet-related diseases accounted for 13.5% of hospitalisations across the three Jawoyn communities, including diabetes mellitus, intestinal infectious diseases, nutritional deficiencies and heart disease.

A quite different set of health indicators is provided which deal with quality of housing, including adequacy of kitchen facilities and overcrowding. Needs assessments of the three Jawoyn communities found that:
• 42% of kitchens had malfunctioning or no stoves;
• The bedroom occupancy rates varied from 4.9 to 4.0 and down to 1.7 persons per bedroom.

The report concludes that:
• nutrition policy in the Katherine East region faced the task not only of addressing such micro-management issues as ensuring quality food supplies or influencing change in dietary habits, but also of considering approaches to overcoming generalised underdevelopment and integrating health initiatives with local or regional development more generally.

Finally the report outlines the status of Nyirranggulung Health Strategy and the future developments in respect of community store management and proposed indicators to measure performance in the medium term.

Educational implications:

The determinants of Indigenous health remain a priority. The report raises the importance of consumer and health education and business training in improving local nutrition and health practices of Indigenous communities. It also confirms the importance of healthy products in school tuckshops and school meals in Indigenous communities. [health education] [training]

Relevance:

Introductory Topic: The Health of Indigenous Australians

Related papers:

