



Mai Wiru

Process and policy
Regional Stores Policy
and associated regulations
for the
Anangu Pitjantjatjara Lands

Nganampa Health Council
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council
Anangu Pitjantjatjara and
All Community Councils on the Anangu Pitjantjatjara Yankunytjatjara Lands

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Rawala wangkanytja wangkanytja. Mula mulangkula palyala!
We've been talking about it for ages. Now let's get on with it!
(Mary Anderson, Nutrition Project Officer,
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council)

This document is dedicated to the memory of
Tjikalyi Colin OAM.

Nganampa Health Council
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council
Anangu Pitjantjatjara and
All Community Councils on the Anangu Pitjantjatjara Yankunytjatjara Lands



This book has been produced under the direction of the Anangu Pitjantjatjara Regional Stores Policy Steering Committee, assisted by Stephan Rainow, UPK Public Health Officer, who co-ordinated the project for Nganampa Health Council; John Tregenza (Kutjara consultants), the principal consultant responsible for facilitating meetings and carrying out the project to develop the Policy; Liza Balmer, Nutrition Project Officer, Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council; written by Elizabeth Tregenza (Kutjara consultants).

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Preface

The Anangu Pitjantjatjara Regional Stores Steering Committee is pleased to present the first regional stores policy and regulations for remote Aboriginal communities.

This policy is endorsed by:

Amata Community Council
Anilalya Community Council
Irintata Community Council
Iwantja Community Council
Kaltjiti Community Council
Kanpi Community Council
Mimili Community Council
Nyapari Community Council
Pipalyatjara Community Council
Pitjantjatjara Homelands Council (Kalka)
Pukatja Community Council
Tjurma Community Council
Turkey Bore Community Council
Walatina
Watarru Community Council
Watinuma Community Council
Yunyarinyi Community Council

and the regional organisations:

Anangu Pitjantjatjara
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council
Nganampa Health Council
Pitjantjatjara Council

This publication should be read in conjunction with the *Mai Wiru Stores Handbook*, which includes Recommendations for Implementation of the Working Party of the Mai Wiru Anangu Pitjantjatjara Regional Stores Policy.



Acknowledgements

Mai Wiru Regional Stores Policy and associated regulations for the Anangu Pitjantjatjara Lands was developed through a participatory planning process with all communities on the Anangu Pitjantjatjara Lands.

The process was driven by the steering committee whose members included:

Margaret Richards, Brian Nelson	Pipalyatjara
Lindsay Paddy, Josephine Mick	Pitjantjatjara Homelands
Charlie Anjipayi	Watarru
Jason Baker, David Miller	Kanpi
Keith Stevens (Chairperson)	Nyapari
Hector Burton, Frank Young, Warren Tunkin	Amata
Bernard Singer, Mary Willis	Iwantja
Teddy Edwards, Mary Brown	Mimili
Makinti, Peppai, Joseph Tapaya	Pukatja
Chairperson	Anilalya
Roger Kaypipi	Kaltjiti
Witjiti George	Irintata
Tjikalyi Colin OAM, Mary Anderson	NPY Women's Council
Trevor Nelson	Nganampa Health Council
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Gary Lewis	Chairperson,
	Pitjantjatjara Council
John Singer	Director,
	Nganampa Health Council
Robert Stevens	Chairperson,
	Nganampa Health Council

The policy has been developed under the auspices of Nganampa Health Council in conjunction with Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council, as a result of a directive of Anangu Pitjantjatjara.

The steering committee was assisted in developing the policy by Stephan Rainow, UPK Public Health Officer, who co-ordinated the project for Nganampa Health Council; John Tregenza (Kutjara consultants), the principal consultant responsible for facilitating meetings and carrying out the project; Liza Balmer, Nutrition Project Officer, Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council; and Elizabeth Tregenza (Kutjara consultants), writer of the policy.

Mai Wiru is a first of its kind, in that it is a regional policy for remote Aboriginal community stores with a health focus and a legislative basis for enforcement. We would like to acknowledge Tjikalyi Colin (OAM) for suggesting the name of this policy. *Mai Wiru* was the name of the first nutrition intervention policy at Pukatja community in 1985.

A number of people have given generously of their time and expertise. We would like to acknowledge the contribution of Mr Kerry Bennett LLB, legal advisor to the steering committee; Ms Patricia Carter, Senior Project Officer, Public Health Nutrition and Diabetes Health Promotion South Australia, Department of Human Services, for her advice on nutrition and policy issues; Mr Roy Price, Population Health Unit, Territory Health Service; Dr Alison Smith and the Eat Well SA project funded by the Department of Human Services, South Australia, for their active support and advice; Peter Campaign, Department of State Aboriginal Affairs (DoSAA) for his assistance with policy drafting; Dr David Scrimgeour, Dr Margaret Scrimgeour and Dr Paul Torzillo for their critical reading of the policy document; and Dr Kerry Gell, Medical Officer Nganampa Health Council for practical suggestions.

We thank Rob Burdon of Burdon Torzillo Consultants for his anecdote about the Mimili Store, and Glendle Schraeder for his reminiscence about the origins of the Pipalyatjara Store. Particular thanks must go to Nena Bierbaum for her editing of the document. The Yankunytjatjara translation was kindly prepared by Mary Anderson.

Finally we would like to thank Peter Brokensha for permission to reproduce his photographs of punu (wooden carvings and artefacts).

The development of the policy has been enabled by funding received from the Commonwealth Department of Family and Community Services *Family and Community Networks Initiative*.

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Part I

Community summary

**Mai Wiru Regional Stores Policy and associated regulations
for the Anangu Pitjantjatjara Lands**





Community summary

Tjuwa winkiku ara Anangu Pitjantjatjara mantangka nyaa nguru?

Anangungkuya pulkara kulini anangu tjuta kunpu wiya manta nyangangka. Family uwankara anangu pikatjara nyinanyi mai ngunti ngunti ngalkupai, tjinguru mai pulka ngalkuntja wiya.

Anangungku money tjukutjuku kanyini munu mai wiru tjuwangka ngarinytja wiya kunpuringkuntjaku. Wages tjukutjuku. Tjuwangka prices katu.

Anangunku rawangku wangkapai tjuwa palya mai wiru tjara munu price tjapu tjara rawangku year tjuťangku.

1987ngka UPK Reportangu palyanu panya Public munu Environmental Health Strategy anangu kunpu nyinanytjaku. Report nyanga paluru nintinu Anangu Pitjantjatjara mantangka uti ngarama Mai Wiru (nutrition) munu Tjuwaku Ara Store Policy. Pukatjala mai wiru projectangu kulu tjapiningi tjuwaku Araku (Store Policy).

1998ngka Tungkulu (John Tregenza) report palyanu AP Servicesaku. Palumpa warkangu nintinu anangu putu kunpu nyinanyi. Pay pulka mantjira, Anangungku money tjukutjuku kanyini mai kutju mankuntjikitjangku munu putu kutjupa tjuta (shampoo, brooms, washing powder) mantjini.

Problem tjuta ngaranyi—money tjukutjuku, prices katu, mai ukiri pulka wiya, tjuwaku mayatjangku kulini tjuwa palumpa palku, rules wiya, takeaway munu cool drink pulka, Anangungku refrigerator kanyinytja wiya munu ngura kutjupa tjuta tjuwa newanaku mukuringanyi.

1998ngka AP Counciltu kulini Tjuwaku Ara (store policy) palyantjikitjangku anangu tjuwa uwankaraku:

- Prices palya maiku munu kutjupa tjutaku
- Rules palyala tjuwa uwankaraku.

Yaaltjiyaaltji Ara nyanga palunya palyanu

Nganampa Healthtu UPK wanungku munu NPY Women's Counciltu (Nutrition Project) money uranu Canberrala nguru palyantjaku tjuwaku Ara (Store Policy). John (Tungku) munu Liz Tregenzalu contract palyanu Anangu Steering Committeengka tjungu. Meeting tjuṯa ngarangi ngura winkingka munu Nganampa Health Council, NPY Women's Council, AP Council, AP Services and Pitjantjatjara Council.

Anangu community member tjuṯangku policy nyanga palula warṯa palyanu. Meeting wangkara, report nyakula, government warṯa tjuṯa nyakula munu policy nyangatja palyanu year kutjungka.

Nyaa Ara nyanga palula ngaranya?

Nyanganka paluru ara wankanyi tjuwatjara munu policy munu regulations ungaryi.

Store Policyngku rules wanani anangungku rights panya Australiata kutju wiya panya Health Organisations nguru nyanangka munu overseas. Nyanga palulanguru Ananguku human rights ngaranya.

Ara nyanga rules munu regulations

Rules munu regulations panya tjuwa palya ngarantjaku palyanu Anangu tjuṯangku ngura tjanampangka, paluru tjana walytjangku tjuwa wiru kanyintjaku.

Rules tjana palyanu alatji:

- Anangu kunpu munu mai wiru mantjintjaku. Mai wiru tjuwa palyangka munu Adelaide-angka purinypa.
- Mai munu takeawayngku Australian rules wanantjaku panya storage munu use-by date.
- Tjuwangku mai wiru katu tjungkuntjaku munu, health promotion munu nutrition program tjuṯa support amilanma.

- Tjuwa uwankarangku anangu warka kanyinma munu warka uwankarangku training munu wages tjukarurungku ungama. Tjuwaku career path ala panya start nguru manager kutu.
- Tjuwa uwankarangku 'Fair Trading' law wanantjaku prices uti, tiki tjukutjuku, money malaku unganyi katalpai tjutaku munu warka wiru tjuṭa.
Tjuwa ala ngarantjaku 6 hours tjintu kutjupa tjintu kutjupa munu 2 hours weekend munu holidayngka.
- Tjuwangku refrigerator pulka kanyintjaku mai ukiri munu kuka pulka ngarinytjaku. Kapi wari free ungkuntjaku munu takeaway wiru kanyintjaku.
Tjuwa palyantja panya governmentangu grant unkuntjaku loan wiya kutjupara tjana mai price katulpai palu nyanga paluru wiya.
- Policy uti tjunkuntjaku winkingku nyakunytjaku. Policy nyanga palunya nyanganyi anangu munu tjuwaku working party, panya rules tjukarurungku wanantjaku munu atunymankunytjaku.



Community summary (English)

Anangu are very worried about the health of people on the Lands. Every family has someone who is ill from diseases that are linked to eating rubbish foods or not enough to eat.

Anangu do not have enough money and the right food in the stores to be healthy. Wages are low. Store prices are high.

Anangu have been trying to get good stores with good food and lower prices for many years.

In 1987 the UPK Report recommended a Public and Environmental Health strategy for Anangu to be healthy. The UPK Report showed that the Anangu Pitjantjatjara Lands need a nutrition and stores policy. The Mai Wiru Project at Pukatja also asked for a regional stores policy. In 1998 John (Tungku) Tregenza did a report for AP Services. Tungku's work showed that Anangu cannot afford to be healthy. Even when everyone is getting full pay, Anangu do not have enough money at the store door to buy enough food, shampoo and other essential goods they need to be healthy.

There are many problems that contribute to this—low wages, high prices, not enough fresh fruit and vegetables, store managers acting as if they are the boss of the store, without rules, too much takeaway and cool drink, Anangu do not have refrigerators, some communities need new stores.

In 1998, AP Council decided to develop a stores policy for all Anangu stores on the Lands, to:

- fix prices of healthy food and essential health items
- develop rules to govern all stores' operations

How this policy was developed

Nganampa Health Council through UPK, and NPY Women's Council (Nutrition Project), got funds from Canberra (FACS) to pay for the work to develop the stores policy. John (Tungku) and Liz Tregenza were contracted to work with the Anangu Steering Committee to develop the policy. There were many meetings in all the communities across AP Lands as well as with Nganampa Health Council, NPY Women's Council, AP Council, AP Services and Pitjantjatjara Council.

All Anangu community members contributed to the policy and approved it at every stage. The whole process of meetings, discussions with Anangu, reading other reports, meeting government officers and writing this policy has taken over one year.

What is in the policy?

This document tells the story of how the stores came to be on AP Lands (Part II) and gives the policy and regulations (Part III).

The stores policy follows all the rules about health and human rights from not only the Commonwealth Government and South Australian State Government but also from health organisations here and overseas. It follows all these rules to make sure Anangu have their human rights.

Summary of policy rules and regulations

The following rules and regulations to govern store operations on the AP Lands were proposed and approved by Anangu living on the AP Lands. Only by controlling what is happening in their own stores can Anangu control their health and life.

The policy rules are made so that:

- Anangu can have a healthy and affordable diet. This means food supply is guaranteed and available. Food and other health items like soap and shampoo and household equipment (mops, buckets etc) are to be available at prices Anangu can afford.

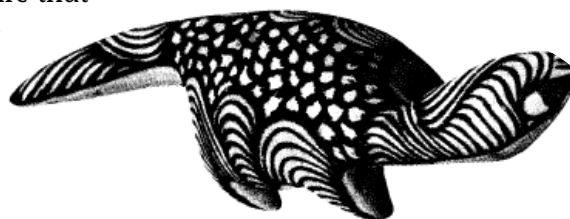
The food is safe and is sold in a clean, healthy store.

The food is good nutrition and quality, same as Adelaide.

- The sale of all food, including takeaway, will follow Australian health rules, especially about storage, information and use-by dates.
- Stores are to make nutrition the highest priority and will support health promotion and nutrition programs.
- All stores will employ Anangu workers. All stores workers will have training and proper wages. A store career path will be open from start to manager.
- Stores will follow 'fair trading' laws, including clear prices displays, limited credit with credit details available, refunds for bad or broken goods, and being served by polite helpful staff.

Stores will also be open for a minimum of six hours every day and a minimum of two hours on weekend days and holidays.

- Store buildings will accommodate the policy, including enough refrigeration for vegetables, fruit and meat. Stores will supply free cold water. Stores will have facilities to prepare healthy takeaway (no deep fryers).
- The cost of stores building, renovations, repairs and maintenance should be treated as grants by government and not as loans added on to the price of goods.
- The policy will be permanently displayed and widely broadcast so everyone knows the rules. There will be an Anangu-controlled and staffed Stores Working Party whose role will be to monitor the compliance of the policy rules and to make sure that action is taken against any stores that do the wrong thing.



Part II

Why a regional stores policy?

**Mai Wiru Regional Stores Policy and associated regulations
for the Anangu Pitjantjatjara Lands**





1 Introduction

This regional stores policy and associated regulations applies to the operations of all public food outlets on the Anangu Pitjantjatjara Lands (AP Lands), including:

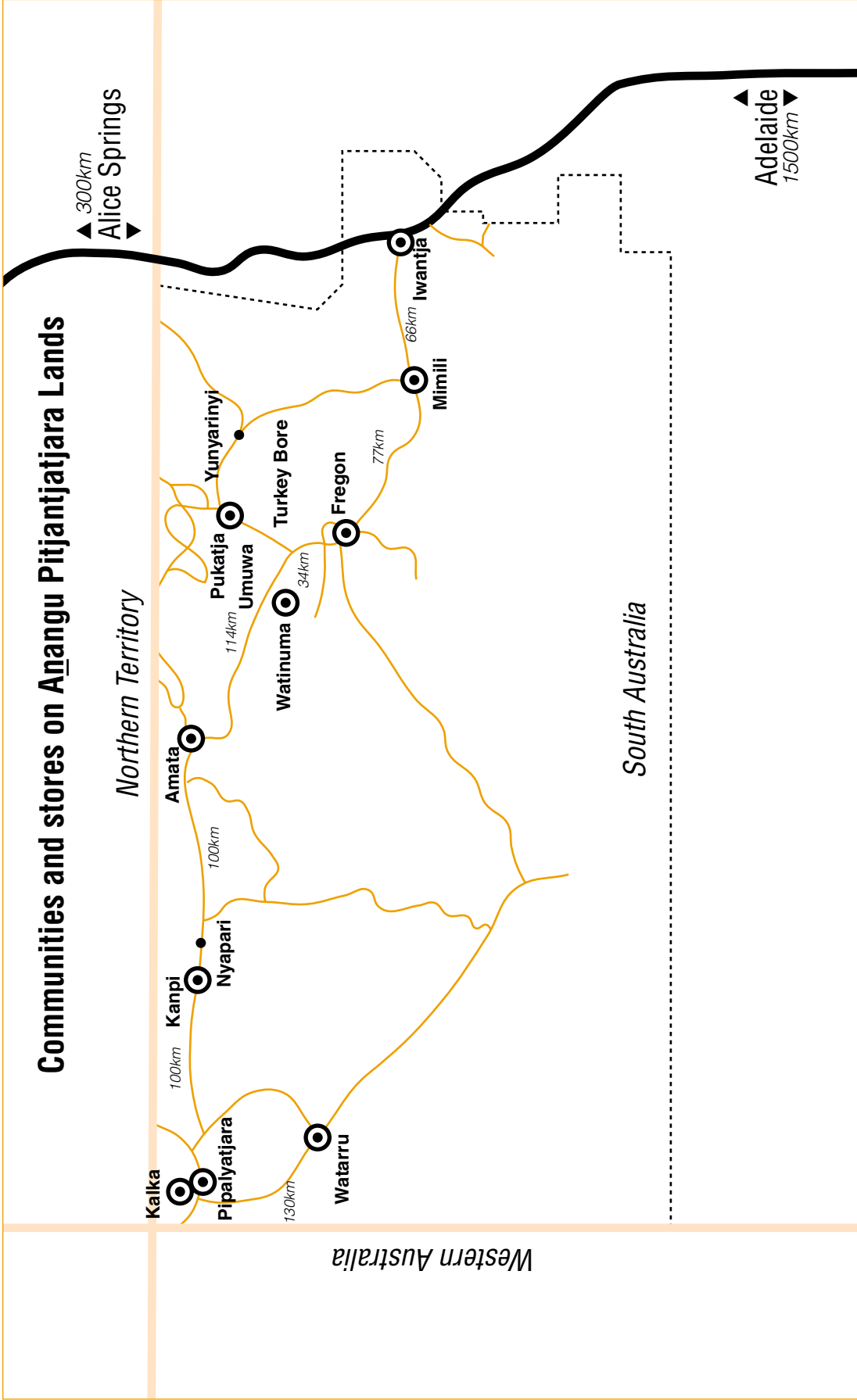
- community stores
- takeaway food outlets, including snack foods and pre-prepared foods sold at school canteens, football and sporting carnivals and other community events
- food prepared in programs such as Home and Community Care (HACC), aged care programs, and disability service programs

The AP Lands cover one-fifth of South Australia, or 160 000 square kilometres, in the far north-west of the State. The AP Lands have a population of 3000 people living in seven municipalities and up to 50 occupied homelands. At the time of writing, there are six stores in the larger towns of:

- Iwantja (Indulkana) which also services Railway Bore and other homelands
- Mimili store servicing Mimili and homelands
- Kaltjiti (Fregon) servicing Irintata and homelands
- Pukatja (Ernabella) also servicing Anilalya and other homelands
- Amata servicing Tjurma homelands and others
- Pipalyatjara store also servicing Kalka and other homelands' residents

There are five smaller stores. The two largest of these are Watarru and Kanpi (also servicing Murputja Homelands). The other three are Yunyarinyi (Kenmore), Kalka and Watinuma.

There are other expressions of interest in operating stores, including Nyapari. A privately operated store was located at Turkey Bore during the 1990s. There is a privately owned store operating at Mintabie, which is a residential lease of the AP Lands.



Policy goal

The development of this policy is broadly recognised as a health initiative. The links between the provision of adequate supplies of food and the health of Aboriginal people in remote communities in Australia has been well documented.

The goal of this policy is to improve the health and wellbeing of Anangu (Aboriginal people) living on the AP Lands by ensuring continuous access for them to nutritious and affordable food and essential health items.

Mai Wiru Regional Stores Policy endorses the goal of the *South Australian Food and Health Policy 1999* in the context of the AP Lands. The *South Australian Food and Health Policy* aims to promote the health of South Australians and reduce the preventable burden of food-related illness, disability and early death.

Context

This policy is set within the context of current international, Federal Government and South Australian Government policies, namely:

- The Ottawa Charter for Health Promotion World Health Organization 1986
- The Alma Ata Declaration, World Health Organization 1978
- The *National Nutrition Policy 2000–2010* which contains a specific Indigenous policy (NATSINSAP—National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan) to improve the nutrition of Indigenous Australians over the next ten year period¹
- Commonwealth Government Food and Nutrition Policy (1992), Commonwealth Department of Health, Housing and Community Services, Canberra 1992²
- Public Health Association of Australia 1999 policy statement, *Improving Aboriginal and Torres Strait Islander peoples' access to the food they need*
- Government of South Australia, Department of Human Services, Health Promotion SA—*The South Australian Food and Health Policy 1999*

Process of developing this policy

For some years, Anangu at community level have been demanding action on food accessibility (including affordability) and food availability (including range and quality)³ in local community stores. The need for a regional stores policy on the AP Lands was first identified in the *1987 Report of Uwankara*

*Palyanyku Kanyintjaku—An Environmental and Public Health Review*⁴ and was recommended again in the Mai Wiru nutrition intervention at Pukatja in the early 1990s.

Mai Wiru translates literally as ‘Healthy Food’ but, as Tjikalyi Colin points out, the term has grown to have a wider meaning:

Mai Wiru is not just about cooking, it is about everything. It is about knowing about healthy food and knowing how to buy it, how to look after money, write it all down, and teach the children. People say they want to learn everything about Mai Wiru. (Tjikalyi Colin)⁵

Since then, continuous access to healthy, affordable food (food security) has deteriorated on the AP Lands. As is highlighted in John Tregenza’s *Cost of living on the Anangu Pitjantjatjara Lands* survey,⁶ many families are without food for up to three days, surviving on sugary tea and damper, as they cannot afford to buy any more food from the store until they receive their next pay. Anangu refer to these days as ‘mai wiya days’ (no food days) and report that the duration of these days has increased in the last decade.

At the Anangu Pitjantjatjara Executive Meeting of 2 December 1998 it was resolved:

- that AP develop a policy to fix the price of identified health items in stores on AP Lands, and support community councils in putting this policy in place
- that AP be directed to negotiate with the appropriate agencies, including Commonwealth Government and State Government departments for their support in establishing an appropriate price for identified health items in community stores, and find the support, including funds, to implement this on AP Lands
- that AP develop a stores policy in conjunction with all community councils, Nganampa Health Council, and NPY Women’s Council, to be applied on AP Lands

Methodology

The process associated with developing the Mai Wiru Regional Stores Policy has been driven by Anangu from its inception. Wide-ranging community input and representation has been achieved through a participatory planning process, which has been operationalised through the 25-member steering committee.

The steering committee is representative of every community on the AP Lands. The stores on AP Lands are individually owned and operated by the

community. The community employs a store manager to manage the day-to-day operations of the store. The store manager is responsible to the store council or committee, although at the time of writing only three store managers had formal contracts of employment.

As well as community representatives, the steering committee includes the chief executive officers of each regional service organisation, Anangu Pitjantjatjara, Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council, Pitjantjatjara Council, Nganampa Health Council and Anangu Pitjantjatjara Services.

An elected council of Anangu representatives with an Anangu chairperson governs each of these regional organisations. They provide a range of services to the whole region and have responsibility for a whole spectrum of activities that will contribute to the effective operation of this Mai Wiru Regional Stores Policy—from instigating the by-law in relation to the policy, to store design, and health promotion and nutrition programs.

Anangu Pitjantjatjara is the regional landholding body for the AP Lands in South Australia, the area covered by this policy.

Anangu Pitjantjatjara Services has regional responsibility for infrastructure on the AP Lands.

Nganampa Health Council delivers primary health care from clinics in Iwantja (Indulkana), which also services Railway Bore and other homelands; Mimili clinic servicing Mimili and homelands; Kaltjiti (Fregon) servicing Irintata and homelands; Pukatja (Ernabella) caring for Anilalya and other homelands; Amata servicing Tjurma homelands and others; Pipalyatjara clinic also services Kalka, Watarru and other homelands.

Pitjantjatjara Council is the original council set up to fight for Land Rights for the Pitjantjatjara, Yankunytjatjara and Ngaanyatjarra people. Pitjantjatjara Council provides anthropological and legal services to the region.

The NPY Women's Council provides a range of human services and the allied health service to the families of the 6000 Pitjantjatjara, Yankunytjatjara and Ngaanyatjarra people living in the cross-border region of the Western Desert between Kiwikurra and Warburton in Western Australia, Docker River and Finke in the Northern Territory and on the AP Lands of South Australia.

Given the high management burden that Anangu face and the logistical problems posed by the size of the AP Lands the level of commitment by the steering committee to the development of this policy is noteworthy. In their participation in the extensive consultation processes aimed at achieving

consensus community positioning, steering committee members have demonstrated the importance of the issues under consideration to Anangu.

The planning process began in December 2000, when Commonwealth Department of Family and Community Services funding was made available. Community consultation was carried out through a series of meetings with each community, commencing with community council representatives and relevant staff, and then leading to larger public community meetings and smaller special interest group meetings—for example, Aboriginal Health Workers. The process also included formal community council meetings.

Planning

In the ten months December 2000 to October 2001, the principal consultant facilitated more than 40 meetings in towns and homelands across the region. All the major centres had a number of these meetings, and the smaller ones often combined community and council meetings. In addition, there were many informal consultations with key representatives. Major public community meetings were held as shown below. (Some attendance figures are shown in brackets.)

- Pipalyatjara—four public meetings held on 15.11.00, 22.11.00, 14.3.01 and 4.9.01
- Watarru—one meeting on 2.10.00 (Watarru members were able to attend Kalka and Pipalyatjara meetings)
- Kalka—three meetings held on 14.11.00 (12), 5.9.01 and 3.10.01
- Kanpi—two meetings 14.3.01 (10) and 5.9.01 (10)
- Nyapari—three meetings on 15.11.00 (informal), 13.3.01(10) and 5.9.01 (10)
- Amata (with representatives from Tjurma present)—four meetings on 16.11.01, 23.11.01 (50), 13.3.01 (80) and 6.9.01 (80+)
- Pukatja (with Anilalya and Turkey Bore present)—four meetings on 6.12.01 (75), 8.3.01 (30), 29.8.01, 24.10.01 (council)
- Kaltjiti (with Irintata and Watinuma representatives present)—five meetings on 16.11.01 (informal), 5.12.01 (60), 2.3.01, 6.3.01 (35), 23.8.01, 23.10.01 (council)
- Mimili—five meetings on 17.11.00, 29.11.00 (70), 8.3.01 (65), 22.8.01 (40), 30.10.01 (council)
- Iwantja—five meetings on 17.11.00 (informal), 29.11.00 (75), 7.3.01 (100+), 21.8.00 (council), 30.10.00 (council)

- Yunyarinyi—one meeting on 25.11.00 (all members)
- Walatina—one meeting on 7.3.01

The community meetings were all conducted in Pitjantjatjara, and a portable PA system was used to ensure everyone could hear and could participate as required and as they wished. For many places the community meetings called to discuss and develop the Mai Wiru Regional Stores Policy were the only public meetings held in that community over the 12-month period of consultation.

Interest was high, as indicated by the numbers attending the meetings—for example, at Pipalyatjara there were 50 adults on 4 September 2001; at Amata more than 80 adults on both 13 March and 6 September 2001; at Pukatja 75 on 6 December 2000; at Fregon there were 60 on 5 December 2000; Mimili had continual high attendance at stores policy meetings; at Indulkana more than 100 adults attended a meeting on 7 March 2001; and at Watarru 20 people attended the meeting on 2 October 2001. For most of the time, Anangu colleagues, Trevor Nelson, the Nganampa Health Council community environmental health officer, and Witjiti George, Irintata Council accompanied the principal consultant, John Tregenza. The principal consultant travelled in excess of 21 000 kilometres during the process of community consultation alone, in addition to travel for steering committee meetings.

There were six formally constituted steering committee meetings held at Umuwa—12 September 2000, 14 February 2001, 3 March 2001, 21 March 2001, 26 and 27 June 2001, and 25 and 26 September 2001.

In addition to public meetings and discussion groups, the process has also included consultation with community council chairpersons and community store council chairpersons, store managers, and administrative officers in all communities. Community employees, including store managers, were consulted. Store managers' input was invited via survey in May 2001, and invitations were extended to store managers to attend a steering committee meeting in June 2001.

There was a process of ongoing feedback of findings to community members that facilitated the achievement of jointly developed recommendations throughout. The dissemination of findings and feedback to community members was integral to the development of final recommendations. The participatory methodology adopted by the project team was designed to ensure that the interests of individuals and the interests of discrete community groups were taken into consideration. Community members had developed clear ideas about several issues relating to stores over a period of

some years, and the planning process helped to crystallise community views. It was noted that communities chose representatives on the steering committee who had a clear understanding of the link between health and nutrition, and often a longstanding involvement in health promotion or store operations. There was already a strong consensus on issues like the range, quality and price of goods, including availability of fresh foods, on the need for increased training and employment opportunities for Anangu, and Anangu having increased involvement in store management.

The project team provided input in terms of outlining current practices and other policies, and in finding appropriate skilled advisors for the steering committee in the areas of nutrition and legal advice. Each policy point was drawn up and passed at formally constituted meetings of the steering committee conducted in Pitjantjatjara. Through this participatory planning process, Anangu have been afforded the opportunity to set the parameters for future action and are thus committed to the implementation of the policy recommendations.

This participatory planning process is based on the community development model which has proven to be the best practice for developing and implementing strategies for change in remote Aboriginal communities. These are the same processes to which Lee and others⁷ attribute the success of the 1989 Minjilang intervention. Minjilang is a coastal community in the Northern Territory. This nutrition project produced lasting improvements in dietary intake of most target foods and nutrients, and was linked to an ongoing process of social change. The success of this intervention was attributed to:

- strategies targeted specifically to community needs
- a high degree of social cohesion with stable traditionally based power structures
- the fact that the project was initiated by the people of Minjilang, with community members involved at all stages of development, implementation and evaluation

Similarly, the 1997 review⁸ of the evidence for successful food supply and nutrition programs for Aboriginal and Torres Strait Islander people carried out by Butlin, Cashel, Lee, Phyland and Taylor for the Office of Aboriginal and Torres Strait Islander Health (OATSIH) found that food supply projects which provided good quality evidence had the following features in common:

- community involvement in all stages of the project—from project initiation through to design, management and evaluation
- empowering the community to influence project-related priorities rather than imposing those priorities on the community

- entail multi-faceted interventions that address all the components of the problem being addressed
- monitoring and providing feedback on progress to participants
- modifying strategies according to need, or case-manage in such a way that few strategic options are excluded

The project to develop the Mai Wiru Regional Stores Policy has also involved active collaboration with stakeholders and other projects, including the following:

- Collaboration with Eat Well SA. Project representatives made a presentation at the South Australian Food Supply Forum convened by Eat Well SA in Adelaide in April 2001.
- Representatives briefed State Government representatives of the Aboriginal Services Division (ASD), Tobacco Reduction and Community Nutrition Project (now called the 'Healthy Ways' project); Health Promotion SA, Environmental Health; and Eat Well SA at a meeting convened by the Department of Human Services (Health Promotion SA).
- The steering committee meeting at Umuwa on 25 and 26 June was attended by the Aboriginal and Torres Strait Islander Commission (ATSIC) Commissioner for South Australia, Brian Butler, representatives from ATSIC State office and from Nulla Wimiluk Kutju ATSIC Regional Council in Port Augusta, Department of State Aboriginal Affairs (DoSAA) and the Department of Human Services South Australia.
- Representatives of the Mai Wiru Regional Stores Policy have attended meetings of the Central Australian Aboriginal Buying Service (CAABS) Steering Committee, a project to develop a central buying service for 22 community stores in the Central Australian Region with a view to regional collaboration and support, as well as examining the potential service that CAABS might offer the AP Lands.

The Mai Wiru Regional Stores Policy has comprehensive, universal support among Anangu members of all communities. Up to 80 per cent of adults residing on the AP Lands have been involved in the development of this policy. The policy was formally adopted by the steering committee on 27 June 2001.

Applications and by-laws

The policy was ratified by a General Meeting of Anangu Pitjantjatjara, held at Umuwa on 3 July 2001. The following resolution was passed at this meeting:

- THAT the meeting directs the Executive Board of Anangu Pitjantjatjara to request the Government of South Australia to cause there to be made pursuant to Section 43 (1) (e) of the Pitjantjatjara Land Rights Act a Regulation the operative part of which is in the following words or words to their effect:

A stores policy applicable in relation to the lands (as defined in the Act) is hereby prescribed as a matter in relation to which by-laws may be made by Anangu Pitjantjatjara pursuant to section 43 (3) of the Act (and for the purposes of this regulation 'stores policy' means any policy at any time adopted by Anangu Pitjantjatjara which has as its goal improving the health and wellbeing of the people on the lands by ensuring continuous access for them to nutritious and affordable food and essential health items).

In the light of this resolution Anangu Pitjantjatjara has requested the Minister for Aboriginal Affairs to take the steps necessary to cause this Regulation to be put in place.

The Mai Wiru Regional Stores Policy was ratified at a General Meeting of the NPY Women's Council on 10 October 2001. All community councils had formally ratified the policy by 1 December 2001.

Implementation—the next stage

Stage 1 has consisted of the participatory planning and community consultation to produce this policy.

The steering committee has resolved that stage 2, the implementation stage of the Mai Wiru Regional Stores Policy, should be based on AP Lands and the process must continue to be directed by Anangu.

In stage 2 this final report document will be disseminated to every community. A Stores Working Party, drawn from the steering committee, will oversee the implementation of the Mai Wiru Regional Stores Policy. Nganampa Health Council will continue to auspice the implementation of the policy in conjunction with Anangu Pitjantjatjara and the NPY Women's Council.

The Stores Steering Committee will continue to obtain and consider expert advice in the implementation phase, particularly in legal matters, operations and management (including human resources), economic modelling and developing a training and employment strategy. The implementation phase will support community stores to take on the Mai Wiru Regional Stores Policy and will produce a Stores Handbook for reference.



2 The health of Aboriginal people

The unacceptable burden of ill health and the high morbidity and mortality rate of Aboriginal Australians in remote areas are well documented.

‘The health status for Aboriginal Australians is considerably worse (overall) than other comparable “Fourth world” peoples.’⁹

Nationally current Aboriginal life expectancy predictions are 62.3 years for males and 69.9 years for females, compared with life expectancies exceeding 77 years and 82 years in non-Aboriginal males and females respectively. It has been consistently shown that the current Aboriginal health problem can be linked to three main factors:

- unresolved social issues relating to the original dispossession and colonisation
- poor living conditions (environmental health)
- changes in diet and, now, entrenched poor nutrition

The fundamental block to alleviating this situation is poverty.

Unresolved social issues

Indigenous social structures and authority have been undermined by the European invasion, which was often accompanied by violence, forced relocation and disease. There has been no formal national recognition of indigenous rights in this country, although treaties were signed with indigenous people in the United States, Canada, New Zealand, and Papua.¹⁰ This recent history of dislocation is a current reality for Aboriginal families—‘normative instability’.¹¹ Traditional social structures remain intact, but Anangu must deal with living within social and political definitions imposed by a foreign dominant society on a daily basis. The unemployment rate means that Anangu families are faced with long periods of unstructured time

to manage. Young adults are vulnerable. Gaol has been dubbed ‘a rite of passage’ in some communities for young men, and young Aboriginal men face a suicide rate more than double that of the non-Indigenous population;¹² substance abuse has been thoroughly described; and there are increasing numbers of adolescent first pregnancies.¹³

Living conditions

Public health literature over the last 100 years has demonstrated the link between poor living conditions and poor health outcomes. The living conditions in Anangu communities have been well documented¹⁴ and have resulted in a long-term strategy to improve this situation.

The capacity of people to take control of their own health, specifically in the infectious diseases category, is directly related to the quality and ongoing function of their health hardware.

A reduction in the attack rate of the infectious diseases, particularly with respect to Aboriginal children, will only come about through improvements in environmental health. These improvements notably relate to housing and the living environment.¹⁵

Nutrition

It is widely believed that the transition from a nomadic hunter-gatherer lifestyle incorporating a varied, nutrient-dense diet to a sedentary existence and an energy-dense diet, high in fat and refined sugars has contributed to the deterioration in Aboriginal health.¹⁶

Nganampa Health Council records show that on the AP Lands the average life expectancy of Aboriginal adults is about 20 years less than non-Aborigines for men and about 15–17 years less for women. Infant failure to thrive and adult obesity are estimated to occur at rates higher than that for developing countries. Adults still have very high rates of nutrition-related ‘lifestyle’ diseases, including obesity, hyperlipidaemia, vascular disease and diabetes, with epidemic numbers progressing to end-stage renal disease. These numbers are currently increasing. The major reasons for this reduced life expectancy and for the high level of illness and hospitalisation are the high rates of particular chronic illnesses:

- failure to thrive
- heart attacks
- strokes
- diabetes

- high blood pressure
- kidney disease and failure
- lung disease

The Medical Director of Nganampa Health Council argues that the single most important factor in all these conditions is weight gain. Obesity has increased dramatically in the last 30 years. A focus of this policy therefore is assisting adults in achieving a balanced diet that will maintain a healthy body weight.¹⁷

*In Queensland, four conditions contribute 70 per cent of the excess deaths in Aboriginal and Torres Strait Islander populations. Nutrition has been identified as a major preventable factor associated with excess mortality and morbidity in three of these conditions, namely diabetes and diseases of the respiratory and circulatory systems.*¹⁸

There has been a growing awareness, since the 1970s when it was identified, that non-insulin dependent diabetes is a major health problem for Aboriginal Australians.¹⁹ Diabetes has been listed as the fourth leading cause of death in the industrialised world: the incidence of type 1 IDDM (insulin dependent diabetes melitis) and type 2 NIDDM (non-insulin dependent diabetes melitis) is rising worldwide. The Australian Aboriginal population suffers the fourth highest rate of type 2 diabetes in the world.²⁰

Scrimgeour, Rowse and Lucas point out that it is the complications of diabetes that result in this impact on the health of Aboriginal people.²¹ People with diabetes are more susceptible to infection²² and infection is a common direct cause of death among Aboriginal people.²³ Renal disease is a major health problem among Aboriginal people in Central Australia and end-stage renal disease has a significant impact on the lives of sufferers and their families²⁴ as well as on-costs of health care. Diabetes is recognised as a major cause of blindness and it is known that diabetes is likely to contribute to ischaemic heart disease. Scrimgeour, Rowse and Lucas point out that there is not yet a consensus among practitioners about treatment of diabetes, but it is important to develop appropriate strategies at individual and community levels.

It is widely accepted that these adult diseases may begin in childhood because of poor nutrition and sub-standard living conditions.²⁵ Adequate nutrition is essential for normal growth during childhood and cycles of poor nutrition perpetuate with expectant mothers who themselves have suffered inadequate nutrition. The World Health Organization 1997 *Report on Aboriginal and Torres Strait Islander Nutrition* points out that a substantial proportion of indigenous pre-school children exhibit an unacceptable level of

malnutrition. Improving the nutrition status of the Aboriginal population would most likely contribute to reductions in mortality due to several diseases simultaneously.

A worldwide study using an epidemiological method to estimate the percentage of child deaths (aged 6–59 months) which could be attributed to the potentiating effects of malnutrition in infectious disease has shown that in 53 developing countries, with nationally representative data on child weight for age, 56 per cent of child deaths were attributable to malnutrition's potentiating effects, and 83 per cent of these were attributable to mild-to-moderate as opposed to severe malnutrition.²⁶

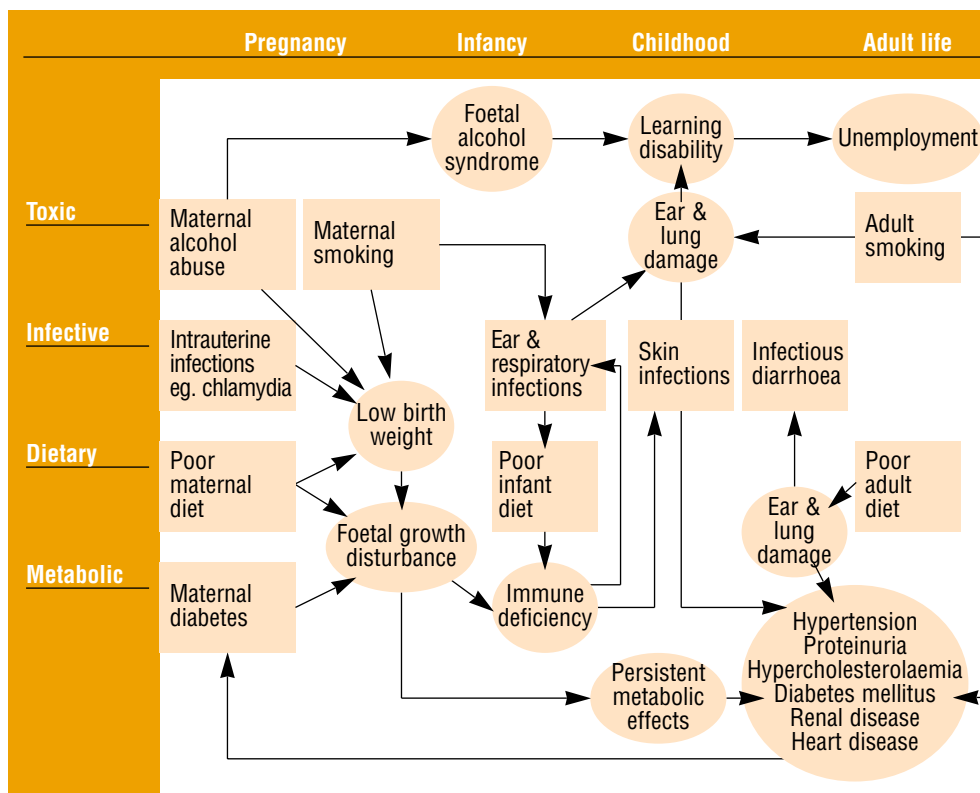
Children who suffer failure to thrive (FTT) are significantly below their accepted level of weight, for height and age.²⁷ Paediatricians recognise that malnutrition is a primary factor in all cases of non-organic FTT and in many cases of organic FTT. FTT in Central Australia is commonly defined as below 80 per cent Standard Weight for Age on the National Road to Health Charts. If this definition is used, then it is estimated that up to 25 per cent of Aboriginal children less than five years of age would be classified as FTT in Central Australia.²⁸ In some communities the rate can be as high as 50 per cent.²⁹

Literacy and numeracy skills among children in this region are extremely low, with an emerging generation of young adults who cannot attain independent living without assistance as a result of poor literacy and numeracy skills. The reasons for this are many and varied; however, a major contributing factor to this problem is considered to be poor health owing to poor nutrition.

Nutrition has also been linked as one of the complex factors contributing to youth suicide rates because it can be reasonably equated to the adequacy of the early childhood environment to meet a child's needs. Nura Ward, a senior Anangu woman from Pukatja (Ernabella), states:

*This poor diet and too much sugar can affect their [children's] system and can be the reason behind mental problems. You only got to look at us middle-aged people sitting here today to see that we were very good kids. Our mums brought us up on bush foods. We were raised good, healthy kids. So what's different? What happened was that during our lifetime we started learning about the stores and now our kids, they're half-and-half. Our grandchildren are into the stores. We're the last of the healthy ones, us old people. Even though we drink tea with sugar. We're not sure but we think the problems stem from us because we didn't know about the harm in this. As an adult I ate bad things and when I became pregnant, just like a drip, the sugar went into my children. It comes from here.*³⁰

Early influences on health in later life



Source: Mathews et al. 1995

Hunter³¹ points out that the vulnerability of contemporary young adult males has been informed by the nature of their childhood development and socialisation which, in turn, is a function of the social circumstances of Indigenous communities in the 1970s and after. He suggests, first, that those currently at risk may carry the risk with them as they age and, second, that this age group will remain particularly vulnerable if the context of development and socialisation remains unchanged.

The Aboriginal and Torres Strait Islander Nutrition Working Party in its 1997 *Report on Aboriginal and Torres Strait Islander Nutrition* points out that mortality rates can fall with improved living conditions, improved nutrition and more access to medical services. The working party further points out that:

*a sub-population of nutritionally and immunologically damaged individuals grows up to be at risk of renal disease, diabetes, rheumatic heart disease and other cardiovascular diseases. Continuing malnutrition, infection or diabetes in each group of damaged mothers perpetuates a sub-optimal foetal environment for the next generation, which would be damaged in turn; thus without active intervention it could take several generations before the benefits of improved conditions are apparent.*³²



3 The role of the store

The community store is the main source of food for Aboriginal people on the AP Lands.

It is estimated that Aboriginal people in remote communities purchase 90–95 per cent of their energy intake³³ from the community store. At least 70 per cent of the total Aboriginal income goes into stores on the AP Lands. Stores are also the source of variety goods for Aboriginal people in remote areas, including items essential for healthy living like shampoo, soap, bath plugs, blankets, brooms and cooking utensils (refer list of essential health items priced in Healthy Stores Box in appendix 1).

Aboriginal community stores have a different role to retail services in other parts of Australia. Community stores can serve a focal community development function. They are a potential source of employment and training. Stores can serve an educational role in health promotion. The community store may also act as a bank or credit agency, currently an unsatisfactory role that Anangu wish to curtail because of various abuses.

Until the 1998 cost of living survey, stores on the AP Lands were also treated as enterprises by funding agencies. Stores are not enterprises and are no longer regarded as such. Remote communities are closed economies. The disparity between low incomes and high store prices mean those families cannot buy sufficient food to be healthy. The notion of ‘Store profits’ is a contradiction in terms, a further imposition on people living in poverty.

Background—The origins of stores in remote Aboriginal Australia and on the Pitjantjatjara Lands

In seeking to define the role of community stores, it is useful to remember their origins as services provided by government or church groups to supplement dwindling natural food supplies in the face of the invasion of Aboriginal country. Trade was part of life pre-contact, when Aboriginal people traded a range of goods along established trade routes. Non-Aboriginal people visiting Aboriginal country in the early days exchanged

goods for knowledge. However, the origins of the present retail services lie in the ration depots governments set up across northern Australia as a mechanism for feeding people and to control the 'natives'. Aboriginal men who laboured in the cattle and agricultural industries were paid in rations until the late 1960s, their families getting foodstuffs from the station store. A pattern of central supply points persisted until the 1970s in remote areas.

In the area known as the Anangu Pitjantjatjara Lands, contact between Europeans and the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara nations was comparatively recent. Explorers, bushmen and doggers made incursions into the area from the 1870s onwards. They were followed by prospectors, missionaries and anthropologists, but there was no sustained European presence on the AP Lands until the 1930s, apparently because of the area's isolation and climate (which meant it had no potential for pastoral enterprises) and the apparent lack of minerals.³⁴ Under the policy of 'Protection', three large adjoining reserves were created by governments in Western Australia (The Central Reserve 1918), the Northern Territory (The South West Reserve 1920) and South Australia (The North West Reserve 1921).³⁵

A Sheep Lease at Ernabella in the east of the AP Lands was first taken up in 1934 and taken over by the Presbyterian Church in 1936.³⁶ Numbers of Anangu were attracted to the Ernabella Mission by white men who told them there was a good camp there. From the 1930s onwards, Anangu also moved to places like Areyonga, Indulkana and Warburton,³⁷ to cattle stations/stores like Curtin Springs and Mt Ebenezer, and to towns like Alice Springs, Oodnadatta and Laverton. However, in the west of the AP Lands, a minority continued to live on their own country,³⁸ at places like Aparatjara, Puta Puta, Pipalyatjara and Irrunytju. Anangu from the western Pitjantjatjara lands have only moved from their land for comparatively short periods of time, and have never lost contact with their land and its law. It was not until 1951, during a long drought, that a large group of western Pitjantjatjara people, nearly 200 strong, came to Ernabella.

In 1961–62, many Anangu moved from Ernabella part way back to the west, to the reserve established by the South Australian Government at Amata (formerly Musgrave Park). Most of these people were from the country to the west of Amata. There was a concerted return to homelands from the early 1970s onwards—in the first place to go back home and, secondly, to get away from the social problems like petrol sniffing and alcoholism that had evolved at Amata. By June 1975, in excess of 300 Western Desert people had left Ernabella, Amata and Warburton settlements to live in their own country in the Tomkinson Ranges.³⁹

Under the Whitlam Government in 1972, a Federal Department of Aboriginal Affairs was established, and it became possible to seek direct funding to incorporated Aboriginal organisations. There was now the opportunity to establish autonomous communities like the present community of Pipalyatjara, which began as a camp at a bore and hand pump, one of several homelands in the area.

In July 1976, the Pitjantjatjara Council was formed at a meeting held in Amata.⁴⁰ The activities of this council led to Anangu gaining inalienable freehold title to their land under the *Pitjantjatjara Land Rights Act of 1981*. One of the important features of this Act, from the point of view of nutrition, is that it enabled Anangu to enact a by-law that prohibited the sale and possession of alcohol on the AP Lands at a time when alcohol was becoming a significant destabilising factor in remote Aboriginal communities.

Social change

Although circumstances meant that Anangu were not moved from their land as dramatically as other Aboriginal nations in remote areas of Western Australia, the Northern Territory and Queensland, the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara people have experienced significant change in a short period of time.

Anangu have said that they accommodated the demands of the missionaries and superintendents mainly in return for commodities like flour, sugar and tea. Coombs has hypothesised that the availability of medical services and schools was also a factor.⁴² Scales points out that communities did offer a welcome opportunity of living in large social groupings instead of the smaller family groups dictated by the need to move freely in the search for food.⁴³ But, as the Nganampa Health Council points out:

*whether it was by European force or Anangu choice or some mixture of the two the re-settlement of Anangu into a sedentary life dependent on introduced foods . . . caused illnesses previously unknown to them, resulting in chronic ill-health and social devastation.*⁴⁴

Living conditions on missions and reserves were poor, and, for a generation, Anangu were subjected to paternalistic institutions and structures which left them dependent on government agencies for their basic needs.

Changes in diet

Pre-contact, Anangu experienced seasonal privation, but, in the main, the diet was characterised as a 'diverse, nutrient rich, seasonally variable diet requiring effort, knowledge of environment and a range of skills'.⁴⁵

In the period of institutionalisation, people relied on both bush food and stores at reserves, missions or stations. Supplies of bush tucker around these places were soon depleted; the diet from the 'store' was predictable but limited, and the energy balance was disrupted.⁴⁶

We got tealeaf, flour and sugar—no kuka. We used to go hunting for kuka.
(Pauline Connelly)⁴⁷

The Pitjantjatjara were also paid in rations for mining work:

Anangu started working in the mine about 1960. People were still living in wiltjas near the airstrip when mining was going on. The miners were mining chrysoprase. They took the chrysoprase and kept the money for themselves. Anangu got no money. They only worked for rations, a bag of sugar and a bag of flour, that's all. Mining stopped in the early 1970s.

Before Pipalyatjara they were in Puta Puta and they would walk to Inarki and sometimes to Malara, also to Pitipalya. Sometimes they would go away for one week hunting, and come back with kuka, tjala (honey ants), maku (witchetty grubs). Men would go for malu (kangaroo), and the ladies would get rabiti (rabbits) and kumpurarpa (bush tomato).

[Later] whitefellers came from Amata with foods, flour, sugar and tinned foods. Some old people would swap dingo skins for food because they had no money.
(Margaret Richards)⁴⁸

Hunter has characterised the period from the 1970s onwards as a period of deregulation in which there was 'in remote Australia . . . a sudden, unplanned and uncoordinated withdrawal of European controls and the creation, overnight, of so-called "communities" based on European ideals of governance'.⁴⁹ Diet increasingly consisted of energy dense foods obtained without effort.

Anangu were still relying on both bush and store, but food supplies from both sources could be unreliable. Bush food varied according to seasons, and by 1975 it was already necessary to travel 30 to 50 kilometres from the camp in search of game.⁵⁰ For people camped in the west, a Department of Community Welfare (DCW) truck delivered the stores from Amata Reserve until 1975. The truck followed the remnants of a Len Beadell road and at different points, particularly during rainy periods, men would have to walk in front of the truck to find a route.⁵¹

Glendle Shrader remembers coming to Pipalyatjara at this time to manage the store:

I had lived at Pipalyatjara during February and March of 1975 when I worked with the Anthropologist Peter Brokensha (tjaa kali kali), who was doing his field research, of which he later wrote the book 'The Pitjantjatjara and their crafts'. We lived in a tent then and Peter's little Nissan Patrol was the only vehicle in the community. Every day we went hunting and looking for bush tucker and visiting tjukurpa and places and we had a good time.

But it was summer and it was hot, and there was so little food that the dogs ate each other when they died. Once, while we were out bush, a dog pack broke into our tent and ate our food. There was a bottle of cooking oil that spilt on the canvas floor of the tent and the dogs were so hungry that they ate the floor of the tent for the oil. They even gnawed into tin cans trying to get food.

When I came back to run the store in May 1975, there was a small tin shed put up for the store and this was the only building in Pipalyatjara. There was no lock on the door and when I went inside for the first time there were a few bags of flour on the dirt floor and nothing else. The money tin had a few brown and silver coins in the bottom that amounted to about five dollars.

So the store had no stock, five dollars in capital, no credit and debts of \$2500 to the Amata store, which was owned by the South Australian Government; and we had no commercial transportation services of any kind . . . I sat there for a long time thinking.

In those days the community cheque book was held by the Department of Community Welfare in Amata and we had to ask their approval to spend any of the community's money . . . with the last of our petrol we drove . . . to the government settlement of Docker River in the Northern Territory. The storekeeper at Docker River had heard that people were now living at Pipalyatjara and he and the community were friendly towards us. We pretended that money was no problem and asked if we could buy supplies on credit and they said yes, no worries. We filled the empty fuel drums and loaded the rest of the tipper tray with cases of flour, tinned meat, tea, sugar, jam, matches, bullets and a few clothes and billy cans. We also picked up some mail, medicines and a few pension checks. The truck was stacked as high as we could get it, and we even bought the rope to tie the stuff on with.

We drove straight back to Pipalyatjara, arriving in the early hours of the morning . . . We continued this routine of buying on credit and selling, buying and selling, until we had the store operating with money in the bank.

Then we established a whole new transportation system which finally freed the community from the ties of government settlements . . .

By early 1976, the homeland communities of Irruntju [Wingilina], Papulunkunytja, Manta Maru and Warakurna in Western Australia were establishing themselves. Because Pipalyatjara and Wingilina were only 20 miles apart, [JT and I] began to work closely together. We negotiated an agreement with Northern Transport in Alice Springs that they would fly out once a week in their small Cessna 180, with a load of fresh meat, bread, fruit and ice-cream, which Pipalyatjara and Wingilina shared. We also had our mail sent directly to us, which meant that we got mail and cheques once a week, rather than once or twice a month. Also, we could send people and goods on the plane back to Alice Springs. This made us a truly independent community. We could do whatever business we wanted without having to ask the government or wait to be supplied from the government.

The store had become the community development hub of the community and it was very profitable. Roma Young was our first Anangu storekeeper and she opened the store twice a day and once on weekends.

With Wingilina, we also contracted Northern Transport to bring a semitrailer and truck straight from Alice Springs. Before this time, due to the bad road, transport trucks would only go as far as Amata and then we had to go in and pick the goods up in our small truck. When the first big truck arrived at Pipalyatjara one afternoon, we could see it coming in the distance with a plume of dust trailing behind. Everyone ran up to the store, old people, kids, everybody. We all watched the truck come in with smiles of amazement on everyone's face. We shook the hand of the truck driver like he was a conquering hero from outer space . . .

1982 study of remote stores

In 1982 and 1983, Elspeth Young carried out a study⁵² of outback stores⁵³ across northern Australia which included stores at Amata, Ernabella and Fregon. By this time Young found that in remote northern Australia all Aboriginal groups derived only 'part of their sustenance from purchased foods and have come to depend on other material goods that can only be obtained through cash trading'. Almost all stores had made the change from counter service to self-service.⁵⁴ Young provides interesting descriptions of three stores on the AP Lands 20 years ago:

Amata Store

In 1982 Amata employed two Europeans (the manager and his wife) and five Aboriginal staff, some of whom were fully experienced and managed the store when the European manager was away including checking and balancing the day's takings.

Fregon Store

Fregon Store in August 1982 had a European manager and assistant (his wife) and five Aboriginal staff. Young wrote: 'In general the European staff seem to think that everyone is too busy to spend much time on extra instruction'. Supplies came entirely from Adelaide dealers. The store took \$450 000 of which \$50 000 was profit. The store was the only retail outlet in the community, although a small community bakery produced bread and the church sold some second-hand clothing.

Fregon community had set up and owned a wholesaling and transport service called Nganampa.

Ernabella

In 1982, Young wrote that Pukatja (Ernabella) community, like Fregon, was administered by an Aboriginal council, but the Uniting Church still recruited many of the European workers such as the community advisor and store manager:

The shop is council-owned and consists of three separate units—supermarket, clothing section and delicatessen. Two other units, the bakery and butchery, are now privately owned by Aboriginal families.⁵⁵

All except the clothing store are within a shopping complex, centrally situated with regard to other community services. While the present European manager, and his wife who supervises the delicatessen and clothing store, are supporting the training of Aborigines to take over the remaining parts of the enterprise, the means by which this may occur remain under discussion. On the whole people seem to favour private Aboriginal family ownership of separate units of the Ernabella store to handing over the whole complex to council control.

Pipalyatjara

Pipalyatjara was described as the most isolated of the Pitjantjatjara stores but was in a central position servicing Kalka (Pitjantjatjara Homelands Health Service) and out-stations, including Watarru, as well as other communities in the region scattered between Docker River and Amata. The store's annual

turnover was \$360 000 with profit of \$25 000.⁵⁶ The manager reported problems of high stock losses on the road and pilfering from petrol sniffers. Nutritious food available in the store included lentils and wholemeal bread. Pipalyatjara had its own weekly charter service, used Pretarcen (the Aboriginal Development Commission's store management services organisation) and Anangu Winkiku Stores (AWS), described as 'a Pitjantjatjara co-operative providing management support and training for Aboriginal store-workers'.⁵⁷

Young commented on the store's focal role in the community, pointing out that the financial operations of stores in Aboriginal communities covered a variety of functions in addition to operations common to shops in European communities. She noted that one of its roles was to ensure the physical wellbeing of the community.

Finally, in 1984, Young commented that management of remote stores was 'entirely a European province' and noted that the store manager played a key role in contributing to community wellbeing or malaise. Inefficiency was a more significant issue than dishonesty, she wrote, but poor service led to more frequent trips to town from one community, with the implied problems. Young recommended that Aboriginal management of stores was the most likely way of overcoming the difficulties of finding the right person to fill this role.

1982 Pitjantjatjara Store Co-operative report

Another study of the needs of stores, undertaken at the request of Pitjantjatjara Council around the same time, found major concerns were:

- improvement of current services, particularly regarding obtaining cheap supplies of goods
- provision of training so that Aborigines will be able to take over the management of community stores
- in general, the exercise of independent control over store operations by Pitjantjatjara people⁵⁸

The beginnings of the present health problem

In these early accounts of stores on the Pitjantjatjara Lands there are the beginnings of the entrenched poor nutrition that this policy is designed to combat. Stores originally were not designed to provide sufficient food for the whole community but were a supplement where spare money could be spent. The limited range of food available in early stores may have contributed to

misconceptions like the perception that Anangu would not eat fresh fruit and vegetables, when in fact Anangu are committed to obtaining a healthy diet and are highly conscious of the effects of the level of diet-related illness on the Lands. Managing remote stores encompasses demands not faced in other places.

As the following anecdote shows, one store on the AP Lands, at Mimili, went against the prevailing store operation practices to increase community involvement and employment, and improve availability and affordability of food and health hardware items, without compromising the financial viability of the store:

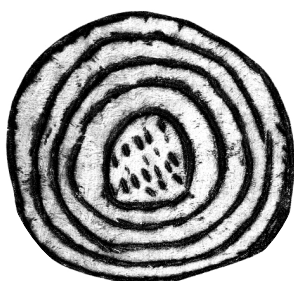
Between 1989 and 1994 the Mimili Store was managed by two managers job-sharing on a quarterly basis (Warren Bretag and Hugh Lovesey; then, from 1991 to 1994, Hugh Lovesey and Rob Burdon).

Consistent with the community's directions, the managers operated the store to maximise Anangu involvement and control, ensure the economic viability of the store, and ensure healthy food and health hardware items were available and affordable.

High-sugared carbonated drinks and sweets were not available during this time. Substitutes included fruit juices, 'diet' drinks, flavoured soy milk, cold water, and nutritious snack bars. Fruit and vegetables were sold at cost. This was subsidised by charging higher prices for tinned foods of low nutritional value.

Anangu employment during these years ranged from three full-time and one part-time indigenous store workers to four full-time and two part-time workers, with a maximum of one non-indigenous worker, being the store manager. Systems were designed and developed to enable all workers to be fully involved in ordering, bookkeeping and most operational aspects of the store.

While the store never generated a significant profit, it remained economically viable throughout these years.



The community said that they felt significant pride in the way their store was operated. (Rob Burdon)



4 Defining the need for a regional stores policy on AP lands

The need for a regional stores policy on AP Lands was first identified in the 1987 Report of Uwankara Palyanyku Kanyintjaku, a major environmental and public health review of the AP Lands.

UPK Report 1987

The UPK Report identified the ‘Nine Healthy Living Practices of UPK’ as the practices most likely to reduce the most common illnesses of Anangu. The following practices propose that the most likely ways to improve the health status of Anangu are for the people and their houses to have the capacity to:

- be safe
- wash children and adults
- wash clothes and bedding
- remove waste
- store and prepare healthy food
- reduce crowding
- separate dogs and children
- control dust in the environment
- control temperature

These Nine Healthy Living Practices have now been incorporated into the National Indigenous Housing Design guide.⁵⁹ The UPK Report made 46 recommendations, following its first major recommendation that:

Management, at all levels, from community Councils to State and Commonwealth Governments, should monitor closely the health and living conditions of Anangu and that programs to improve health and living conditions should be given the highest priority.

Of the 46 recommendations in the UPK Report, 16 deal with nutrition and store management.⁶⁰ The first of these is the development of a comprehensive nutrition policy, including measurable aims and objectives, to be implemented by Nganampa Health Council. Recommendations include standardisation of store management (Recommendation 30) and that stores should stock a basic list of recommended products as well as utensils and equipment (Recommendations 31 a and b).

The recommendations of the UPK Report remain as relevant in 2001 as in 1987 when the review was carried out.

The Mai Wiru Project 1989

The Mai Wiru (Good Food) project was a community-driven nutrition intervention. It was initiated in Pukatja (Ernabella) in 1989 by the dentist for AP Lands, Colin Endean, Tjikalyi Colin and three other women with diabetes. As the project progressed, the focus shifted to include broader community health. Activities focussed on learning and teaching low-fat cooking techniques (such as using a wok), organising hunting trips, preparing healthy takeaway foods (such as sugar-free muffins) and bush tucker at the Women's Centre, producing a recipe book, and attempting to develop a store policy.

In their 1993 evaluation of the project Colin and Garrow found that, as with similar projects elsewhere, it relied on the particular women who had ownership of the project for impetus. However, Ernabella store turnover results from 1989 and 1992 indicated higher intakes of fruit and vegetables and lower sugar intakes than in three other Central Australian communities in 1986;⁶¹ fruit and vegetable intake was still low compared with the rest of Australia and sugar intake was still very high compared to wider Australia.

The first of six recommendations stated in the evaluation of the Mai Wiru project made to Nganampa Health Council was to develop a nutrition policy as recommended in the UPK Report.⁶²

Continuing high levels of need

Since the UPK review was carried out, there have been significant improvements in environmental health conditions, housing and infrastructure on AP Lands. Nganampa Health Council, Anangu Pitjantjatjara, and Pitjantjatjara Council have effectively established systems that address the first four needs of attaining healthy living on the AP Lands: safety, washing clothes, washing people and waste removal. However, the level of disease prevalence and morbidity continues to require health service resources appropriate for a much larger population.

The effect of poverty on the Anangu Pitjantjatjara Lands

1993 Study by the South Australian Centre for Economic Studies

Poverty is a major contributing factor to the ill health of Anangu, and Anangu experienced both relative and absolute poverty according to the Henderson definitions.⁶³ In 1993, the South Australian Centre for Economic Studies on behalf of ATSIC carried out an Economic Study of the AP Lands. Despite using a macro economic approach, including ‘full income’, to measure standards of living, the report found that Anangu were living in poverty. Significantly, for its effect on nutrition, the gross cash income per person was estimated as about \$7150 per person per year compared with the figure for Australia as a whole, of nearly \$14 000 per person per year. In addition, the report estimated about 30 per cent leakage of income (income spent off the AP Lands).

1998 Study of Cost of Living on Anangu Pitjantjatjara Lands

The link between poverty and food accessibility was spelt out in 1998 in a *Cost of living on the AP Lands* study carried out by John Tregenza.⁶⁴ This was part of a wider resource management project to map the remaining blocks affecting the capacity of families and communities to be healthy on AP Lands.

The study used a hypothetical family of six (two adult CDEP workers, one pensioner, two children less than 12 years of age and one teenager) and assumed that that family was receiving its full Commonwealth Community Development Employment Program (CDEP) payments, pension and Family Assistance payments—that is, an absolute best case scenario which did not allow for any leakage off the Lands. The disposable income for this family, its money in hand at the door of the community store, was estimated to be around \$600 a week.

The cost of a Healthy Stores Box was surveyed in community stores at Indulkana, Mimili, Pukatja, Fregon, Turkey Bore, Amata, Kanpi, Pipalyatjara and Watarru, and at Wingellina next to the western boundary of the Lands. This Healthy Stores Box included the market basket, similar to that surveyed in other areas, of goods⁶⁵ designed to represent a nutritionally balanced diet with sufficient quantity to supply the family of six with their basic needs. The Healthy Stores Box also recognised the need for, and included, essential health items (for example, brooms and cooking utensils) and consumables

(for example, shampoo and soap) that the hypothetical family would require to be healthy, as per the 1987 UPK Report. No luxury items were allowed. Motor vehicle fuels and oils, cigarettes, convenience foods, lollies and cool drinks were not included.

The items listed were priced in each store on the AP Lands and the prices were averaged. A list of the average prices compared with prices in Alice Springs for the same item are shown in appendix 1. An estimate of quantities was made based on nutritional needs per person in the case of food and the number of times the item would need to be replaced. These quantities were then calculated according to average prices surveyed on the AP Lands, and a cost per week was arrived at for the food box for the family of six. Estimates were frugal—for example, \$10 per week was allowed for clothing for the two children less than 12 years of age, with a total of \$27 per week for the whole family of six. In all cases in this study the best case scenario was assumed. Incomes were optimised.

The cost of the box averaged about \$500, although there were big discrepancies in availability of items, and some items like bed sheets were not available in any store on the AP Lands at the time.

The 1998 Cost of Living Study found that family groups on AP Lands face an impossible situation. Given a whole range of factors:

- that the figures represent a generous analysis, with optimised income and averaged prices, and do not allow for any leakage or off-Lands spending
- that the income survey showed a great number of CDEP participants did not receive their entitlement, and some received zero income
- that there was a range of variables in the stores—with items unavailable in some cases, or deteriorated to the point where they could not be used

the study concluded that Anangu cannot afford to be healthy. The burden of ill health is directly linked to the fact that Anangu do not have the capacity to buy the food and other basic goods they need.

Income and effect of GST 2001

There is a lack of current available data on the effect of the Goods and Services Tax (GST) on the cost of living for Anangu on the AP Lands, as the data is yet to be developed, but suggestions have implied further hardship for people as a result of the introduction of the GST. The impact of the GST on the cost of living in remote communities was predicted at 3.9 per cent in the Allen Group report commissioned by ATSIC in 1999⁶⁶ compared to the Federal Government's estimates of 1.9 per cent inflation.

Stanley estimated the effect on the price of food at 4.4 per cent and pointed out that Aboriginal people in remote communities spend more of their income on food. As food is already at higher prices in remote communities, the actual GST is proportionally greater than for the same item in the major centres.⁶⁷

Effects of poverty on Anangu Pitjantjatjara Lands

*In Australia most poverty is relative, defined as a lower standard of living than the acceptable social standard, rather than absolute poverty, defined as the inability to access goods essential to survival such as food and shelter. Although the income security system is designed to ensure the absence of absolute poverty, it is clear that for a range of reasons, people can and do experience degrees of both absolute and relative poverty.*⁶⁸

Australia ranks third highest among industrialised nations for the number of children living in poverty.⁶⁹ Poverty affects people's lives in many ways:

*Poverty is not just a lack of adequate income. A significant number of factors may contribute to and can be exacerbated by poverty, for example substance abuse, low self-esteem, social isolation, low level of skill/education . . . The way in which these factors impact on each other can result in a downward spiral amplifying the effects of poverty and being passed from generation to generation.*⁷⁰

The situation of poverty undermines every initiative on the AP Lands, from the delivery of education to home living skills programs. Much of the problem on the Lands has been hidden because the reports and studies err towards best case scenarios and average out the figures. But in some communities, one-third of the population, at various times, has no income, which in turn drags down the incomes of other family members.

Poverty creates cycles within cycles—Anangu cannot afford whitegoods to store food and so are more dependent on the store. People prioritise food before cooking utensils, including saucepans and baking dishes, which affects the ability to prepare meals. People lose their capacity to buy soap, shampoo or washing powder, or toilet paper, which further lessens the capacity to combat infectious diseases. In every community people have said they cannot afford to buy these items, in some communities people 'chuck in' to buy items like a broom between three families. In every community a number of family groups might exist on tea and damper for three days or more preceding every 'payday'.



5 A long-standing systemic problem

In 2002, the community store is the main source of food and variety goods for Aboriginal people on AP Lands.

Alternative food supplies are now limited or non-existent. Accessing bush tucker, now depleted around towns and homelands, depends on access to vehicles—and rifles in the case of kangaroo or emu. Anangu were markedly compliant in handing back unlicensed rifles in the amnesty following changes to gun legislation. It is unlikely that the present generation of adults will ever be able to meet the conditions to obtain gun licences or purchase rifles. Rabbit populations are just rebuilding after the release of the colisi virus and there is a perception that it is not safe to eat rabbit now. However, the act of hunting and gathering remains an important, healthy traditional exercise for Anangu.⁷¹

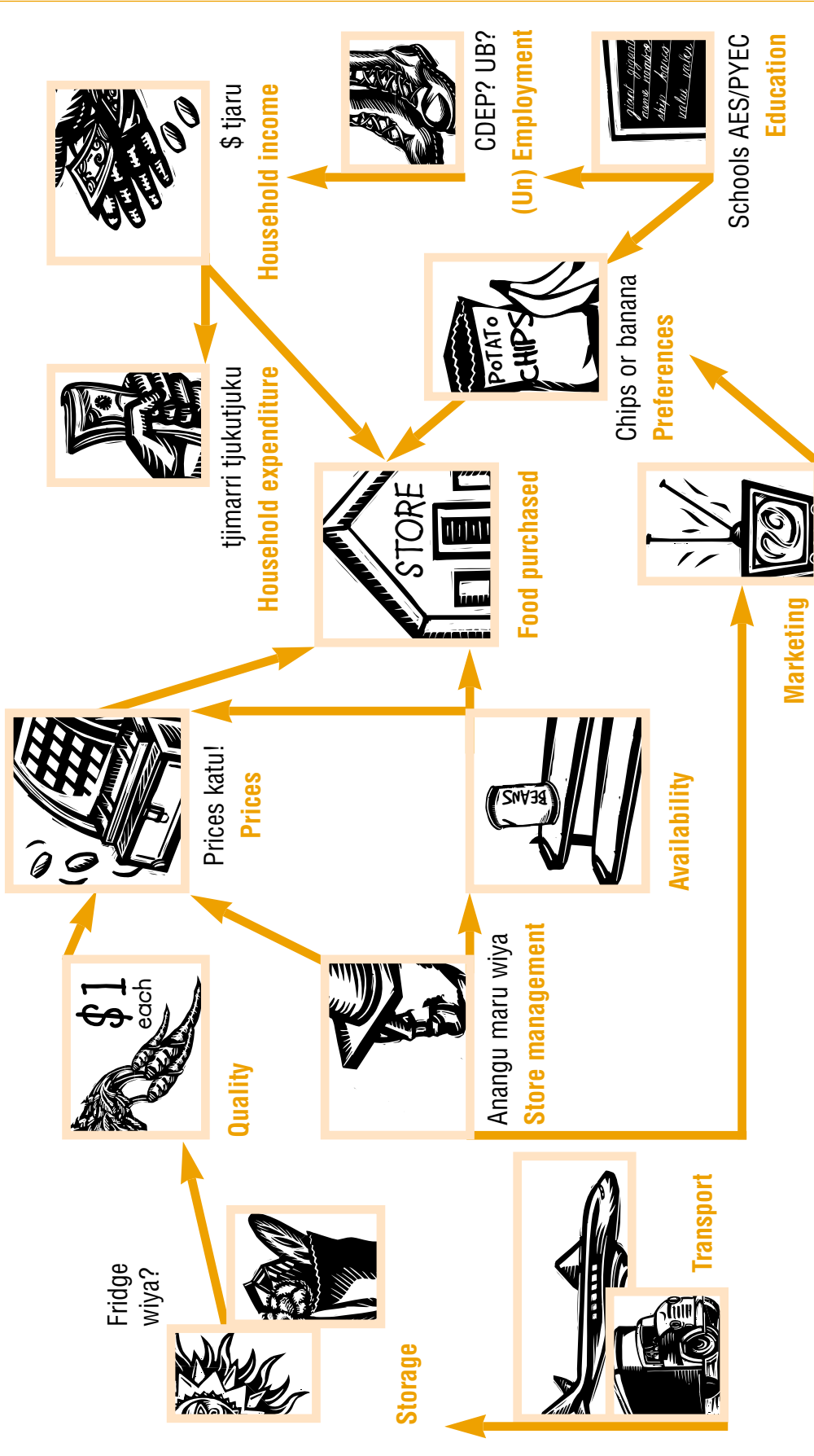
Attempts at market gardens have had a 25-year history on the AP Lands. It is now recognised that several factors, including:

- the climate and the need for irrigation
- the ceremonial or religious year which requires extended absence during summer
- the fact that people cannot afford to buy gardening needs even if these are available in the store

make community market gardens unviable. However, there are some keen gardeners and the Mai Wiru Regional Stores Policy states that stores should stock fruit and vegetable seeds and basic gardening equipment.

It is widely recognised that community fruit trees are an important source of nutrition and the planting of fruit trees in public places should be encouraged. In the 1980s, Pitjantjatjara Council operated a nursery which was a source of shade and fruit trees for communities, but funding for the nursery was terminated in 1996. The benefit of the fruit trees is enjoyed wherever they stand. UPK, the public health arm of Nganampa Health Council, is incorporating fruit trees, especially mulberries and figs, in soakages created by run-off from rainwater tanks and airconditioners.

A long-term systemic problem on AP Lands



Problems the policy is designed to combat

Issues of food accessibility and food availability are compounded by long-standing inter-related systemic problems. These problems also occur in other remote Aboriginal community stores, to varying degrees.

Some of the widely reported features are listed below.

Demands for fresh fruit and vegetables are not met⁷³

High transport costs and the state of the roads means that supplies of food take place on a fortnightly or weekly basis.⁷⁴ There is also the perception, shown to be untrue, among some store managers that Anangu do not eat fresh fruit and vegetables.

Foods are stocked and sold past their use-by date

This is compounded by other fair trading issues that are addressed in the policy regulations section.

There is a need to provide cold water as an alternative to carbonated drinks^{75 76}

In many communities cold water is simply not available. Water from the tap may not be potable and is too hot to drink for much of the year.

Freight costs are high⁷⁷

Freight can exceed 20 per cent of the overall final cost of the goods. The 2000 House of Representatives Inquiry into Indigenous Health recommends 'some form of freight equalisation such as that applying in Tasmania' for remote indigenous communities, and transport fuel credits for registered businesses involved in transporting perishable food items. At the time of writing Transport SA is undertaking a transport study for South Australia which has the capacity to identify ways of cutting freight costs to the AP Lands.

Selected carriers need to be able to ensure the frequent delivery of produce in good condition⁷⁸

There is a heavy reliance by the community on takeaway foods and the takeaway foods sold are nutritionally poor⁷⁹

This is, in part, an issue of inadequate storage at home (see below). The tendency to try to buy food that is 'cheap and filling, rather than healthy and nutritious' has also been identified as a consequence of low incomes.⁸⁰

The lack of a food and nutrition policy for remote stores and the lack of adequate reporting systems for stores have been widely identified as contributing to food availability and accessibility^{81 82}

There is a lack of storage and preparation facilities at home for Anangu

The fifth Healthy Living practice identified in the UPK Report 'The ability to store food, prepare and cook a healthy meal' is clearly important in any nutrition strategy. As the UPK Report states: 'The current lack of these facilities is a major factor in determining food choices for both adults and children'.

As Anangu have no financial capacity to purchase refrigerators, reliance on the store is increased, especially on takeaway foods. The design of houses on the AP Lands now takes into account the need for adequate safe food storage. Also, there are various issues to do with stoves and cookers in high-use situations, and these are outlined in the 1997 report of the Centre for Appropriate Technology, instigated by Nganampa Health *Indoor stoves for remote Aboriginal communities*.⁸³

Public kitchens

Anangu have advocated public kitchens or restaurants during the planning process to develop the Mai Wiru Regional Stores Policy as a good way of meeting nutrition needs. There is a public kitchen at Kalka that was set up at the request of several senior women of the community. It was fitted out in 2000 and from it the women currently provide meals for aged and disabled people, and others in need at Pipalyatjara and Kalka.⁸⁴

There has been a successful public kitchen operating at Indulkana since 1996 under the HACCC Community Meals Program administered by Nganampa Health Council Aged Care program.⁸⁵

Both these programs have been instigated by community members and are highly successful in terms of getting nutritionally balanced meals to people at least once a day.

Store infrastructure is often inadequate

There has been a series of surveys of store infrastructure carried out on the AP Lands. In 1998, Bohdan Dorniak,⁸⁶ with Andrew Wingfield and Brian Hanson (ATSIC) and Colin Clark, South Australian Health Commission (SAHC), examined nine stores at Oodnadatta, Indulkana (Iwantja), Mimili, Ernabella (Pukatja), Murpatja (Kanpi), Amata and Fregon (Kaltjiti res). They considered building conditions, access for disabled persons, access for public vehicles and goods delivery, security of stores, cash security and office

administration facility, and compliance with SAHC standards. Other stores on the AP Lands, including the stores at Pipalyatjara and at Watarru (which was operating out of a shipping container with unreliable refrigeration), have also been assessed.

It was found that all existing community stores visited on the AP Lands required minor to substantial upgrading to comply with building, health and environmental standards. At the time of writing new stores are being built at Pipalyatjara, Mimili, Kaltjiti and Watarru. The stores at Iwantja, Pukatja, Amata and Kanpi are being upgraded.

The Nulla Wimiluk ATSIC Regional Office is funding the new stores and upgrades. The majority of funding has been grant-in-aid funding. ATSIC has also indicated a preparedness to tie stores funding to compliance with the Mai Wiru Regional Stores Policy.

Store layout does not promote healthy food

Most stores follow the practice of displaying lollies at the checkout and the Coca-Cola refrigerator is usually the dominant display in the store.

There are health promotion and education issues

The need for increased education and promotion of a healthy diet is widely recognised. Awareness of nutritional needs and the need for education about dealing with whitefellers' tucker after the move into communities was shown as early as 1983 in the bi-lingual *Health Warkaku Maitjara Nyanga (Health Worker's Nutrition Handbook for Central Australia)* developed by Suzy Bryce in 1983.⁸⁷

There is discussion among professionals about indigenous perceptions of the relationship between nutrition and its effects on the body over time. Anangu adults who have contributed to this planning process demonstrate a general understanding of dietary needs, and this may be attributed to:

- NPY Women's Council Nutrition Awareness Project for Young Mothers and Children delivered in communities on the AP Lands since 1996.
- the Mai Wiru Project, Ernabella 1985
- ATSIC-funded Homemaker projects
- health promotion materials provided by the Department of Human Services SA
- Nganampa Health Council Health Worker Education
- Nganampa Health Council Health Promotion material
- the information sharing that accompanied the extensive planning process for this policy, through public and group meetings, and one-on-one consultations

- Anangu are deeply concerned about the level of diet-related illness among their families, and this affects many people

The Stores Steering Committee acknowledges the need for ongoing food and nutrition promotion and education.

In 1994, Rowse et al. identified the importance of targetting girls and women in nutrition education, as there is a 'clear preponderance' of girls and women involved in the purchase of food. They have noted a division of labour in which shopping is a female activity from age ten onwards.

Evidence from the same survey suggests that children have sufficient disposable income to be able to provision themselves directly from the food outlets (mainly the takeaways) 'without any apparent mediating activities of food choice, purchase and preparation by a caregiving adult'.⁸⁸

Health promotion requires more trained staff and the position of Aboriginal Nutrition Workers has been identified. This issue is one of the reasons for the Stores' Steering Committee working closely with the Pitjantjatjara Yankunytjatjara Education Committee (PYEC) and the Anangu Education Systems (AES)

There is a clear need for ongoing comprehensive nutrition education.

It is also important not to lose sight of the fact that poverty is the fundamental block to improving the nutritional status of Anangu residing on the AP Lands, and the situation of poverty will undermine health promotion and education initiatives.

Budgeting

The need for official banking and credit facilities on the AP Lands will be investigated in the concurrent strategic plan being developed for the AP Lands. The availability of banking and credit facilities in Top End communities has resulted in greater control of money and financial circumstances. This has contributed to women being able to access it as needed on a regular basis, rather than having to spend all the money in one hit.⁸⁹

Income diversion

There are widely expressed concerns about income diversion, using income for other activities than buying food, such as gambling and alcohol consumption. These concerns have been raised in major studies (Leonard et al.'s *Report on the food supply to the Indigenous people of Cape York 1998* and Stewart's 1997 Report to the Australian Medical Association and the Australian Pharmaceutical Manufacturers Association) and by a number of employees on the AP Lands.

Apparently irrational expenditure on alcohol and other drugs, gambling, and ‘instant gratification’ items like expensive clothes and radios has been documented as a phenomenon of the poverty cycle. A community that has been poor for a long time tends to accommodate poverty—that is, it will not look for ways out, and will cease to be enterprising. It may be that aiming for status and respect leads individuals to culturally unacceptable or criminal activities as the only paths that are open to them.⁹⁰ On AP Lands, for most people, the only ways to access a large amount of money is by windfalls, including gambling⁹¹ and accident compensations. There is almost no way out of the cycle of minimum subsistence on the AP Lands.

This issue should not be an excuse not to deal with ensuring the availability and affordability of food. It is an issue that will be confronted by many other groups in South Australian locations who suffer poverty but have better access to supermarkets.⁹² In the implementation phase, attitudes will be monitored. Both quantitative and qualitative data will be collected, first, to look at sales of particular categories of food and, second, to describe people’s feeling about the improved availability and affordability of healthy food.

The store manager’s role

There is general recognition of the critical importance of the role of the store manager. The attitude of the store manager, the store manager’s understanding of nutrition issues and interest in providing economically viable good quality food in sufficient quantity to meet the needs of the community have a significant impact on the health of a community

At the time of writing the Mai Wiru Regional Stores Policy, the stores on the AP Lands are quite disparate. Each store is autonomous. Although stores are community-owned, the (non-local) store manager effectively controls every aspect of store management, from ordering and display to deciding what the profit levels will be, and in some cases which group will receive those profits. Under the present system of community stores operating in isolation, the store manager’s role carries an inappropriate importance.

The House of Representatives Inquiry into Indigenous Health⁹³ of May 2000 has recommended that the Commonwealth Department of Training and Youth Affairs develop a national mechanism for training and accreditation of stores managers to encompass, in particular:

- an understanding of health and nutrition
- an acceptance that the store manager has a key role in educating the community, and establishing community traineeships in stores management

During the process to develop this policy Anangu reiterated the need for Anangu involvement in store management, leading to Anangu managing their own stores. (See also store management and operations below.)

Store management and operations

Currently there are no co-ordinated systems in place for store management and operations on the AP Lands. A *Background Information* report⁹⁴ on stores on the AP Lands carried out in December 2000 by consultants Burdon Torzillo and Associates for ATSIC Nulla Wimiluk Kutju Regional Office (Port Augusta) found considerable variations, even among the six largest stores, in:

- size of store compared to population
- Indigenous and non-Indigenous employment numbers. Altogether across the AP Lands there were ten non-Aboriginal and three Aboriginal people in full-time positions; there were five part-time non-Aboriginal positions and 19 part-time Aboriginal positions. Staffing figures were not available for one store, Pipalyatjara.
- only one community store has a staffing policy. Only three communities have written duty statements and contracts.
- store trading hours varied among the six main stores from 45 hours per week at Pukatja (which employed two full-time and four part-time staff, none of whom were Anangu) to 24.5 hours per week at Pipalyatjara and 22 hours per week at Iwantja.

Limited and erratic store trading hours detract from food accessibility. In developing this policy, it was evident that the closure of stores at the discretion of the store manager as a punitive measure in response to community disruptions has a profound impact on people's ability to maintain a healthy diet.

Burdon Torzillo also noted the following:

- Bookkeeping, accounting and financial reporting for stores on the AP Lands are currently carried out in different locations and by three different accounting firms.
- Of the six major stores, three reported to the community via the community council only once a year.
- Stores selected various suppliers, rather than buying co-operatively.
- No community has a bank agency. Stores are the only EFTPOS facilities in most communities. Six stores hold EFTPOS cards and two of those also hold PIN numbers.

- ‘Profit’ distribution policies vary from community to community. Burdon Torzillo reported a majority perception that profits are necessary to meet needs not met by other funding sources.

Disparity between incomes and cost of living in remote Aboriginal communities nationally

The disparity between incomes and the price of food is not unique to the AP Lands. Food costs in rural and remote areas vary, but, in general, the most recent market basket surveys show that food costs more in rural areas than it does in metropolitan areas. Eat Well SA has shown that a market basket costed in rural South Australia is up to 175 per cent of the cost of the same basket in Adelaide. This pricing structure is similar to market basket findings in Queensland in 1996–97 and 1998 where the market basket in rural areas was up to 200 per cent of the Brisbane cost and to the Northern Territory where costs were up to 174 per cent of the Darwin cost. In Tasmania the cost of groceries in rural areas was 139 per cent of the Hobart cost, according to the summary in the Eat Well SA report.⁹⁵ People living in rural and remote areas also have less choice of consistent good quality fruit and vegetables.⁹⁶

A similar situation has been described in remote Aboriginal communities in the Northern Territory and the Kimberley in Western Australia.

In 1991, when discussing poor nutrition of mothers and babies, and morbidity and faltering growth in childhood, Gracey noted that in the Kimberley, the range of foods available in communities was restricted and ‘in some communities basic food items cost over 40 per cent more than they would in Perth’.⁹⁷ The 40 per cent difference was noted again by Bowcock in the 1998 Kimberley Market Basket Survey.⁹⁸

Territory Health Service surveyed 80 community stores in the Northern Territory in 1998 when it conducted Community Market Basket Surveys of the cost, variety and quality of food in the Alice Springs and Barkly district⁹⁹ and in 35 community stores in the Top End.¹⁰⁰ The average cost of the basket in the Alice Springs district was \$98, or 29 per cent more expensive than in Alice Springs supermarkets, and in the Barkly \$123, or 36 per cent more expensive than a Tennant Creek supermarket. Communities out of Katherine paid 30 per cent to 38 per cent more for their basket than they would in Katherine, which in turn was 13 per cent more expensive than supermarkets in Darwin for the same basket of goods. The survey also found that the cost of a basket of food was cheaper in the Top End and that the price of fresh fruit and vegetable was cheaper in stores that had an active stores committee.¹⁰¹

The 1999 review of food prices in the Northern Territory, undertaken by the Northern Territory Legislative Assembly, found that food prices were not likely to decrease without regulatory intervention unless there was an

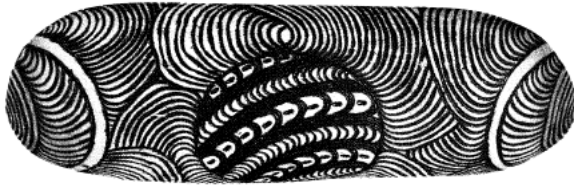
increase in population to a level where ‘substantial

economies of scale and infrastructure

would allow the market to become

more conducive to a higher level of

competition’.¹⁰²





6 Precedents: Strategies to improve nutrition

There are strong precedents for developing strategies to improve the nutrition of people on the AP Lands.

First, there is a considerable body of international, Australian and State/Territory legislation and policy that recognises food accessibility as a basic human right. The Universal Declaration of Human Rights of 1948 and the International Covenant on Economic, Social and Cultural Rights of 1996¹⁰³ declare that everyone has the right to a standard of living adequate for health and wellbeing of a family, including food, clothing, housing and medical care and necessary social services. While these rights are not legal or enforceable rights,¹⁰⁴ they are widely recognised in government policy in Australia, at Commonwealth and State/Territory level. It is noted, however, that the regulation of stores is currently reliant on the relevant statutory bodies that are based in metropolitan centres.

In its May 2000 Report on the inquiry into indigenous health, *Health is Life*,¹⁰⁵ the House of Representatives Standing Committee on Family and Community Affairs agrees with the National Aboriginal Community Controlled Health Organisation (NACCHO) that health needs to be considered on an holistic basis overall. The committee states that there are two issues which need to be considered ‘separately and immediately’ if there is to be any progress in developing programs that are able to address the broader issues of Indigenous health. These are the issues of ‘nutrition’ and ‘substance abuse’. The inquiry recognises the systemic nature of the difficulties of supply in remote communities and recommends addressing the issue from both a demand and supply side.¹⁰⁶

The precedent of other nutrition interventions

The experience of other community health and nutrition interventions indicates the need for sustained, co-operative and regional strategies involving all the stakeholders. In the last ten years there has been a substantial number of local store-based or community-based nutrition

interventions, as well as regional approaches. Most of these nutrition programs are recorded in Rebecca Bear-Wingfield's book *Sharing good tucker stories*, and in Humphery, Dixon and Marrawal's *From the bush to the store: Diabetes, everyday life and the critique of health services in two remote Northern Territory Aboriginal communities*.

Bear-Wingfield reports on the following interventions:

- North Coast, New South Wales: Market gardens
- Arnhem Land Progress Association (ALPA) Northern Territory: Nutrition Policy in ALPA Stores¹⁰⁷
- Minjilang, Croker Island, Northern Territory: Good Food and Health Project
- Looma, Western Australia: Diabetes program
- Erub (Darnley Island) Queensland: Lifestyle Survey
- Blacktown, New South Wales: Yambacoona Diabetes program
- Pika Wiya Health Service, South Australia: Good Cheap Tucker Program
- Mutijulu, Northern Territory: Mai Wiru (nutritious food) Project
- Northern Territory: Strong Women, Strong Babies, Strong Culture project
- Melbourne, Victoria: Aboriginal Children's Health Promotion Project
- Yuendumu, Northern Territory: Healthy Families Program¹⁰⁸

Humphery, Dixon and Marrawal,¹⁰⁹ documenting research into Aboriginal perspectives of diabetes in the Northern Territory 1996–97 in *From the bush to the store*, analyse nutrition interventions as community-based, regionally focused and store-focused. They analyse the following nutrition interventions.

Community-based projects and programs

- The Food and Nutrition Outreach program, a direct outcome of the 1994 'Strong Together Good Tucker Workshop'. In 1996 the program was employing 15 part-time or full-time Aboriginal 'community nutrition workers' based in Aboriginal Medical Services in the Northern Territory, employed through Territory Health Services (THS) in co-operation with other agencies.
- The Minjilang Good Food and Health Project: An action research project over 12 months by Amanda Lee and Ann Bonson at Minjilang on Croker Island. This was regarded as a highly successful nutrition program for the degree of social change and the fact that aspects of the program continued to be implemented by community workers after the nutritionists left.

- Tiwi Diabetes Story Project 1990–92. A project to develop a story about diabetes for use within Tiwi and other Top End communities, conducted by a ‘diabetes team’ of community-based Aboriginal Health Workers (AHW) and nutritionists within THS. The project trained two storytellers and developed a series of posters and a banner.
- Ernabella Non-Communicable Diseases Project and Mutijulu Mai Wiru Project—these are discussed in chapter 3.
- Ntaria Diabetes Project: A five-day residential meeting prompted by concern at the high level of diabetes found in a community screening followed by research (1991) by two Menzies School of Health Research (MSHR) researchers, Sabina Knight and Maryanne Enalanga. Community members formulated a strategy emphasising a health-related school canteen and curriculum policy, the development of a healthy store policy, increased levels of individual and group health education, production of regular health reports for the community council and family groups, and a recommendation for the development of a health council.
- Yuendumu Healthy Families Program and Nutrition Workers Program started in 1991 with a focus on infant nutrition under a paid Aboriginal community welfare worker, Lottie Nabangardi Robertson. The program expanded into taking women out hunting and sharing knowledge, the establishment of an Old People’s program and a focus on diabetes education work.

Regionally focused projects

- Aboriginal Resource and Development Services: A Chronic Diseases Story for north-east Arnhem Land Communities was developed to promote an awareness of lifestyle diseases (commenced 1997).
- ATSIC (Yilli Reung) Council and Diabetes Australia, Northern Territory: Flip Chart 1996 (an educational resource).
- Lifestyle Educator, Katherine Region—A THS-funded position based in Katherine from 1992.

Store-focused programs and projects

- The ALPA Nutrition policy (already discussed and see endnotes) was introduced by the Board of ALPA in 1990.
- The Healthy Stores Group 1990–94. This was a co-operative attempt to get store managers and health service organisations in Central Australia to work together to develop good nutrition policies and practices within community stores.

- The Store Book Project was developed by the Food and Nutrition Unit of THS in 1996 to provide food and nutrition guidelines for Aboriginal community stores through a community development process that included extensive consultation within Aboriginal communities and directed by a steering committee. The steering committee included both Aboriginal advisers and store managers, Moira Stranach (nutritionist), and Kath Mills and Maurie Ryan (both Aboriginal Project Officers). The Store Book is accompanied by a promotional video.

Other major workshops and networks

- The Strong Together Good Tucker Workshop: A three-day workshop was held in May 1994, the 'first Aboriginal-controlled and organised nutrition workshop in the Northern Territory', funded by THS, Department of Health and Community Services, and the Aboriginal Medical Service in Katherine and Darwin, and organised by Joan Mundullu Koops, an Aboriginal Nutrition Worker.
- A Chronic Diseases Network, launched in May 1997, was based in THS.
- National Nutrition Networks, launched in 1989, was a bi-annual conference involving Indigenous health and nutrition providers and consumers across Australia.

In addition to all these initiatives there is currently a major cross-sectoral project based in Katherine. The Nyirranggulung Nutrition project of the Jawoyn Association and the Fred Hollows Foundation is developing a regional health and community development strategy for the communities of Barunga, Wugullarr and Manyalluk out of Katherine. The project has established a Heads of Agreement regarding the strategy between the Jawoyn Association, the Fred Hollows Foundation and other parties, including Territory Health Services, community organisations at Barunga, Manyalluk and Wugullarr and the Traditional Credit Union. It is currently addressing operations issues in the stores.¹¹⁰

Conclusions drawn from nutrition interventions

With the exception of the sustained policy-developing interventions that are founded in a community development approach, as used in the Nyirranggulung Nutrition project and the Minjilang project of Lee and others,¹¹¹ as Humphery, Dixon and Marrawal point out 'a less positive common feature of the interventions outlined here is the temporary and pilot-like nature of many of these projects and programs and the inadequacy of their funding'. They are limited by 'unevenness of implementation' and

an ‘uneven, disconnected and often reactive approach to addressing issues such as diabetes’.¹¹²

Humphery, Dixon and Marrawal make several recommendations with regard to diabetes prevention that are applicable to most health interventions and to the implementation of this policy. They identify a number of the issues to be addressed as a matter of urgency, including:

- the chronically temporary, pilot-like nature of many community-based diabetes prevention projects, and the precariousness and inadequacy of their funding
- the highly *ad hoc*, reactive and often repetitive manner in which many diabetes-related health interventions, particularly those undertaken by government, have been formulated, implemented and ultimately abandoned
- the need to more effectively translate projects into longer term programs; that is, to move ‘beyond the project’ and to develop comprehensive, long-term, consistently implemented health interventions across all remote Aboriginal communities and in full co-operation with community members
- an urgent need, specifically at government level, to consultatively plan diabetes intervention programs not one or two years in advance but 10 or 20
- the need for health organisations in the Northern Territory, both government and non-government, to improve communication with each other and to become fully involved in initiatives to develop an integrated Territory-wide strategy to combat NIDDM¹¹³





7 In support of the Mai Wiru Regional Stores Policy

The Mai Wiru Regional Stores Policy and this process attempt to deal with the threats that have undermined previous interventions.

Like other health interventions before it, this policy will require local implementation, good communication across all sectors, consistent documentation and record keeping to build up the policy implementation processes, and consistent logical evaluation.

A regional stores policy is a necessary instrument in the strategy to break the nexus between poverty and ill health on AP Lands. The scale of the solution must match the scale of the problem, and it can only begin to be dealt with at a regional level. The solution requires a fundamental change to store culture. Individual communities simply do not have the capacity to deal with the stores issue locally, and it is currently one of the most important issues in people's lives, as shown by the level of participation in planning this document.

The Society of St Vincent de Paul emphasises the need to recognise poverty in order to deal with it effectively. 'If poverty in Australia remains hidden, misunderstood and misrepresented, then it will be difficult for us to come up with practical solutions. The problems associated with poverty will only worsen.'¹¹⁴

This policy is a 'practical solution'. It is not possible to raise Anangu incomes on the AP Lands. Anangu cannot afford to buy the food they need to be healthy. The burden of ill health is a critical issue for Anangu, and it is now an expensive responsibility for government, primarily in the provision of tertiary health care. It follows that store prices on essential health items must be lowered to an affordable level that is consistent with income levels on the AP Lands. There is no other way to standardise the range, quality, quantity and price of goods. A regional approach will also maximise the buying power of community stores and enable co-operative ventures to develop, like buying and transport.

A regional stores policy has the capacity to provide the necessary support for store management as stores fulfil their role of essential services. The capacity to formalise the Mai Wiru Regional Stores Policy in the by-laws relating to the AP Lands give Anangu communities the power to enforce the policy.

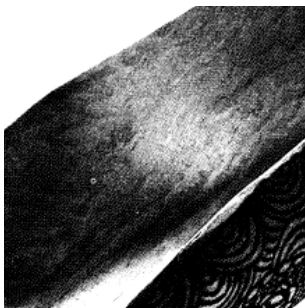
There is a clear economic argument for this intervention, in the increasing levels of diet-related illnesses, including epidemic numbers of end-stage renal disease (ESRD) among Aboriginal people in remote communities. Northern Territory figures predict a 20 per cent rise in hospital admissions for Northern Territory Indigenous people by 2006. The incidence of ESRD is doubling every four years in remote Aboriginal communities.

This is a timely regional intervention, its implementation phase coinciding with the implementation of a regional education plan and the development of a major strategic plan for the AP Lands.

There is evidence that a properly embedded policy will have a flow-on effect to other communities and other regions.

The health of the Ngaanyatjarra Pitjantjatjara Yankunytjatjara people requires this policy, and government must support it.





8 Endnotes part II

1. The NATSINSAP includes initiatives aimed at:
 - ensuring access to healthy foods at all times at affordable cost
 - building and sustaining an Aboriginal and Torres Strait Islander workforce
 - establishing and broadcasting best practice for community public health nutrition programs
 - encouraging family-focussed initiatives in food and nutrition
 - establishing an accessible nutrition information system for Aboriginal and Torres Strait Islander communities
 - establishing links between household and community infrastructure and improved nutrition outcomes
2. The Commonwealth Government Food and Nutrition Policy (1992) for Australia builds on the National Better Health Program which arose out of the Better Health Commission of 1985. It is linked to other relevant government policies. In 1991 the Government created the National Food Authority (NFA) (to be superseded by ANZFA in 2002) and the National Food Standards Agreement with the States and Territories. The 1992 Policy identifies key issues of:
 - Social justice—it states ‘Proper and adequate nutrition is linked to growth, strength, education outcomes and health through life’. A fundamental aim of the Policy is then to increase the availability of nutritious foods, especially in remote areas, to increase the *affordability* of nutritious foods for economically disadvantaged people, and to increase the *understanding* of good nutrition and foods. The Policy identifies certain subgroups of the Australian population at risk of undernutrition: Aboriginal and Torres Strait Islander people, isolated rural Australians, low-income households, women in poverty who act as gatekeepers of their families’ health, and migrant groups.
 - Quality of the food supply—the NFA is responsible for developing these standards. The States and Territories are responsible for implementing and administering these food standards.
 - Community participation and accountability—‘People in Australia expect that public policy—and indeed significant actions by the private sector—will be formed in the light of community consultation and participation...’
3. See Part III: Regulations chapter 12: Supply—The definitions of food security, food access and food availability are those defined by McComb, Webb & Marks 2000, in *SIGNAL Food Chain*, issue no 1, March.
4. UPK Report (*Report of Uwankara Palyanyku Kanyintjaku—An Environmental and Public Health Review within the Anangu Pitjantjatjara Lands*) 1987, Nganampa Health Council, South Australian Health Commission, Aboriginal Health Organisation of South Australia, authors P. Pholeros, S. Rainow, P. Torzillo, G. Schraeder, A.R. Davies, S. Bryce, A. Lee, J. Willis and F.S. Soong.
5. Tjikalyi Colin and A. Garrow 1993, ‘An evaluation of the Ernabella Mai Wiru Project’, in Kim Japanangka Humphery, Mervyn Dixon & James Marrawal 1998, *From the bush to the stores: Diabetes, everyday life and the critique of health services in two remote Northern Territory Aboriginal communities*, Diabetes Australia Research Trust/Territory Health Services, Darwin.

6. J.D. Tregenza 1998, 'Cost of living on the Anangu Pitjantjatjara Lands', survey carried out as part of Resource Management Project for AP Services (unpublished).
7. A.J. Lee, A.P.V. Bailey, D. Yarmirr, K. O'Dea & J.D. Mathews 1995, 'Sustainability of a successful health and nutrition program', *Medical Journal of Australia*, vol. 162, pp. 632–5.
8. Andy Butlin, Karen Cashel, Amanda Lee, Paul Phyland, Vicki Taylor, Butlin & Lloyd Pty Ltd 1997, *Food and nutrition programmes for Aboriginal and Torres Strait Islander peoples* for the Office for Aboriginal and Torres Strait Islander Health Services and Commonwealth Department of Health and Family Services, October.
9. D. Legge & B. Bartlett 1994, *Supporting Aboriginal Health Services—A Program for Commonwealth Department of Human Services and Health*, Working paper no. 34, Australian Nation Centre for Epidemiology and Population Health, Canberra.
10. New Zealand Treaty of Waitangi 1840; Germany with Papua in 1884.
11. E. Hunter 1999, *Considering the changing environment of Indigenous child development*, Public Health (Mental Health) Department of Social and Preventive Medicine, University of Queensland, Cairns. Presentation at Nutrition Networks 99 Conference based on a presentation to the Royal Australian College of Physicians Annual Conference Perth, p. 15.
12. *ibid.*
13. Liza Balmer, Project Officer, NPY Women's Council, personal comment 2001.
14. UPK Report, *op. cit.*
15. Stephan Rainow personal communication 2001.
16. The National Health Advisory Committee of the National Health and Medical Research Council (NHMRC) 1997, *Report on Aboriginal and Torres Strait Islander nutrition*, Canberra.
17. Paul Torzillo 2001, *Diet and health on the AP Lands*, Response to Draft Policy 4 June.
18. Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy 2001, prepared by Indigenous Health Program and Nutrition Program, Australian Centre for International and Tropical Health and Nutrition (ACITHN), University of Queensland.
19. David Scrimgeour, Tim Rowse & Alison Lucas 1997, *Too much sweet. The social relations of diabetes in Central Australia*, Menzies Occasional Papers, Issues no.3/97 MSHR Northern Territory, Australia.
20. Kim Japanangka Humphery, Mervyn Dixon & James Marrawal 1998, *From the bush to the store: Diabetes, everyday life and the critique of health services in two remote Northern Territory Aboriginal communities*, Diabetes Australia Research Trust /Territory Health Services.
21. Scrimgeour, Rowse & Lucas, *op. cit.*, p. 2.
22. C. Phillips, M. Patel & Y. Cabaron 1990, 'Diabetes among Aboriginal people in central Australia: A high prevalence based on health service attendance', *Medical Journal of Australia*, vol. 153, pp. 314–17, in Scrimgeour, Rowse & Lucas, *op. cit.*
23. *ibid.*

24. J. Devitt & T. McMasters 1996, *Living on medicine—Social and cultural implications of end stage renal disease for Aboriginal people in Central Australia*, Central Australian Aboriginal Congress, Alice Springs.
25. Torzillo, op. cit.
26. D.L. Pelletier, E.A. Frongillo Jr, D.G. Schroeder, & J.-P. Habicht 1994, 'The effects of malnutrition on child mortality in developing countries', *Bulletin of the World Health Organisation*, vol. 73, no. 4, pp. 443–8.
27. Robyn Priestley & Jim Thurley 1994, 'Failing to thrive—The health and nutritional status of Central Australian Aboriginal children', *Aboriginal and Islander Health Workers Journal*, vol. 18, no. 5, Sept/Oct.
28. *ibid.*
29. Rebecca Bear-Wingfield 1996, *Sharing good tucker stories*, Commonwealth Department of Health and Family Services, Canberra.
30. Nura Ward personal communication 2001.
31. Hunter, op. cit.
32. National Health Advisory Committee, op. cit.
33. Amanda J. Lee, Anne P.V. Bailey, Daisy Yarmirr, Kerin O'Dea & John D. Mathews 1994 'Survival tucker: Improved diet and health indicators in an Aboriginal community', *Australian Journal of Public Health*, vol. 18, no.3, p. 277 ff.
34. P. Brokensha 1975, *The Pitjantjatjara and their crafts*, Aboriginal Arts Board of the Australia Council, Sydney.
35. *ibid.*
36. Ushma Scales 1998, 'Contact history in Pitjantjatjara Country: An introduction', Information for Nganampa Health Council Staff Developed 1991 revised 1998, Nganampa Health Council, Alice Springs.
37. The United Aboriginal Missions arm of the Presbyterian Church established Warburton Mission in 1934.
38. John Trogenza, personal comment.
39. Brokensha, op. cit.
40. The Pitjantjatjara Council came into being from a combined meeting of Pitjantjatjara, Yankunytjatjara and Ngaanyatjarra traditional owners at Amata in early 1976.
41. Important features of the *Pitjantjatjara Land Rights Act of 1981* are that it confers inalienable freehold title over the Pitjantjatjara lands, and this title is held by a Statutory incorporation, namely Anangu Pitjantjatjara. AP may lease to its members or to outside interests, and buy or otherwise deal in, land outside the freehold lands. Access to the AP Lands for those who are not traditional owners, not Anangu, is through a permit system administered by AP. The permit system has significant address controls and there are heavy penalties for trespass (police and other officials established by statute are exempt). AP is required to consult and seek approval of the communities affected before permission is granted.

Permission for any mining operation given by AP is subject to the approval of its members and the local communities affected. There are heavy penalties for illegal operations. There is no veto power. If an application is refused, a Supreme Court Judge will be appointed as an arbitrator by the Minister of Mines and Energy. Summary in Scales, op. cit.

42. H.C. Coombs 1978, *Kulinma* (n.p.)
43. Ushma Scales personal comment 1996.
44. Jane Howie and Nganampa Health Council Staff 1986, *Nganampa Health Council Anangu Winki Nyaa:ku Pikatjararinganyi Nya:nguru (Why are we becoming sick and what is it from?)*, 1985–86 Annual Report, Nganampa Health Council, Alice Springs.
45. E. Hunter 1999, *Considering the changing environment of Indigenous child development*, Public Health (Mental Health) Department of Social and Preventive Medicine, University of Queensland, Cairns. Presentation at Nutrition Networks 99 Conference based on a presentation to the Royal Australian College of Physicians Annual Conference Perth 1999, published in *Australian Psychiatrist*.
46. *ibid.*
47. Pauline Connelly, personal comment (2001), about conditions at Mt Ebenezer Station when her husband and his two brothers were stockmen there. The families all lived on the station.
48. Margaret Richards personal comment 2001.
49. Hunter *op. cit.*
50. Brokensha, *op. cit.*
51. Among those who showed the way back were Sam Watson, Harry Tjitjuna, Alan Kenda, Jimmy Kanari, Yami's father, Kathryn Connelly's father, Jimmy Martin, Brenton Ken, Molly's husband, three or four others now passed away. (John Tregenza personal comment in Pipalyatjara Five Year Plan 1998).
52. Elspeth Young 1984, *Outback Stores: Retail services in North Australian Aboriginal communities*, Monograph, Australian National University, North Australian Research Unit, Darwin.
53. *ibid.* The study, funded by DAA, used as case studies stores in the regions of Darwin, Alice Springs (including AP Lands) Katherine, Kununurra / Wyndham, Fitzroy Crossing, Derby/Broome, and in North Queensland. Stores in the Alice Springs region included Amata, Ernabella, Fregon and Pipalyatjara (as well as Yuendumu and Mount Allan).
54. Young, *op. cit.*, p. 49.
55. The bakery in Pukatja was owned and run by Peter Nyangu. At Amata the butcher shop was run by Barney Pan and family. Amata bakery was run by Sandy Mutyju (now deceased) and family, who later relocated that operation to Umpukulu, their homeland on the main road between Amata and Pipalyatjara.
56. Pipalyatjara store greatly exceeded the average annual income for all stores used in the case study, which was \$1140 per head of population. The store at Pipalyatjara averaged takings of \$2400 per head in 1984. With a population of 150 people, the store's annual takings were \$360 000. Amata was next, with a population of 250, the store's annual takings were \$470 000, i.e. \$1880 average per head.
57. Anangu Winkiku Stores closed in 1997.
58. P.G. Green & T. Adamson 1982, *Pitjantjatjara Store Cooperative Report*, report to Pitjantjatjara Council, Alice Springs, in Young, *op. cit.*
59. Healthabitat 1999, *The national Indigenous housing guide*, for the Commonwealth State and Territory Ministers' Working Group on Indigenous Housing 1st edn, September.

60. The recommendations of the UPK Report dealing with Nutrition and Stores Management are as follows: Recommendations of the UPK Report with regard to Nutrition and Store Management were:
 24. That a comprehensive nutrition policy which includes measurable aims and objectives be developed by Nganampa Health Council (NHC) for communities.
 25. That a nutritionist be employed by the Nganampa Health Council on a consultancy basis to be involved with the:
 - (a) development and implementation of Anangu Pitjantjatjara nutrition policy;
 - (b) nutrition education of health and other staff;
 - (c) liaison between stores, health service and schools;
 - (d) co-ordination of community nutrition and health education programs;
 - (e) support of store managers to promote nutritionally desirable foods in stores.
 26. That nutrition education programs should be formulated with regards to the principles outlined [in the UPK Report].
 27. That a store policy be developed as part of the comprehensive nutrition policy which includes principles of:
 - (a) reducing sugar intake;
 - (b) purchase of lean meat and meat alternatives;
 - (c) maintaining high level of choice in foods available;
 - (d) display and promotion so as to encourage good dietary practice
 28. That AWS be responsible for appointment of all store managerial staff in consultation with Community Councils.
 29. That an orientation program for store managers be developed by NHC together with AWS and all Store Managers undergo this orientation program.
 30. That store management should be standardised on AP Lands to allow for greater career opportunities for Anangu store workers and a pool of store workers on the AP Lands be developed.
 31. That stores should stock a basic list of products based on:
 - (a) food stock recommendations as indicated in the Nutrition Study
 - (b) utensils and equipment necessary to maintain a healthy living area and healthy living practices for families and evaluation of these two aspects of store function as well as calculation of nutrients available for consumption on a regular basis.
 32. That stores be utilised as a source of health information.
 33. That a proportion of store profits be allocated to benefit community health, e.g. by subsidising healthy foods and/or health hardware items.
 34. That chilled water dispensers, placed just outside the stores, be provided as an alternative to soft drinks and other products containing sugar.
 35. That vegetable seeds be available in communities through the store.
 36. That efforts be made to increase the availability and consumption of nutritious bush foods through proper land management, horticulture and animal husbandry.
 37. That a follow up dietary survey be planned to evaluate the impact of the Review recommendations.
61. UPK Report, op. cit.

62. The recommendations of the Evaluation of the Mai Wiru Project were:
 1. That Nganampa develop a nutrition policy as recommended in the UPK Report.
 2. That Nganampa policy supports the continuation of this Anangu-controlled health promotion project.
 3. That Nganampa support the Mai Wiru program by:
 - a) making a vehicle available at the times the group is travelling to other communities to teach, or alternatively that Nganampa cover running costs for such trips if another vehicle is available
 - b) providing costs of materials (mainly food) for Mai Wiru workshops.
 4. That Nganampa support new Mai Wiru programs in other AP Lands communities through a seeding grant to provide equipment and materials
 5. That Nganampa provide funds for the Mai Wiru Evaluation Tjukurpa to be translated into Pitjantjatjara and made into audio tapes
 6. That Nganampa incorporate participatory action research evaluation from the commencement of any health promotion projects they initiate. Consideration should be given to culturally appropriate methods of evaluating health projects.
63. Within Australia the most widely used measure of disadvantage is the Henderson Poverty Line, developed in the 1970s in the inquiry chaired by Professor Ronald Henderson. This is not a single measure but a number of income levels required by various household categories to meet the most basic costs of living. The poverty line data is updated quarterly by the Institute of Applied Economics and Social Research.
64. John Tregenza 1998, *Cost of living on the AP Lands*, in John Tregenza & Elizabeth Tregenza, Resource management project, Anangu Pitjantjatjara Services.
65. Basket designed by Roy Price, Nutritionist, Territory Health Service, and John Tregenza. Basket is listed in appendix 1.
66. The Allen Consulting Group 1999, *Impact of the government's plan for a new tax system on rural and remote Indigenous communities*, report prepared for the Aboriginal and Torres Strait Islander Commission, January.
67. O. Stanley 1998, *Aboriginal communities and the GST in the North*, James Cook University, Queensland.
68. Department of Human Services South Australia 1999b, 'Low income support program policy', DHS, Adelaide.
69. Australian Health Ministers' Conference Report 1995, *The health of young Australians: A national health policy for children and young people*, Canberra.
70. Department of Human Services South Australia 1999b, op. cit.
71. J. Tregenza & K. Abbott 1995, *Rhetoric and reality: Perceptions of the roles of Aboriginal Health Workers in Central Australia*, Central Australian Aboriginal Congress, Alice Springs, Northern Territory.
72. J. McComb, K. Webb & G. Marks 2000, 'What do we mean by "food access" and "food supply"?', *Food Chain*, issue no. 1, published by Strategic Inter-Governmental Nutrition Alliance.
73. D. Leonard, M. Moran, L. McLachland, G. Hallen, G. Johnstone & M. Adams 1998, *A report on the food supply to the Indigenous people of the Cape York Health District*, Tropical Public Health Unit, Cairns, p. 1.

74. Also noted in the House of Representatives Standing Committee on Family and Community Affairs 2000, Report on the Inquiry into Indigenous Health, *Health is Life*, Canberra, May.
75. Leonard et al., op. cit.
76. M. Stronach, K. Mills and M. Ryan 1996, *The store book*, Territory Health Services, Darwin.
77. Leonard et al., op. cit.
78. ibid.
79. ibid.
80. House of Representatives, op. cit., 6.7.
81. Leonard et al., op. cit.
82. I. Stewart (Roy Morgan Research) 1997, *Research into the cost, availability and preferences for fresh food compared with convenience food items in remote area Aboriginal communities*, Final Report for the Australian Medical Association and the Australian Pharmaceutical Manufacturers Association (RC 1735).
83. C. Tietz & S. Peter 1997, *Indoor stoves for remote Aboriginal communities*, no. cat. 97/8, Centre for Appropriate Technology, National Technology Resource Centre, Alice Springs.
84. Molly Miller, Millyka Padi, Anne Hogan and others instigated this program.
85. Eric du Cas and others instigated this program.
86. Bohdan Dorniak & Co Pty Ltd 1998, *Report on existing store buildings Anangu Pitjantjatjara Lands South Australia*, June, for ATSIC.
87. S. Bryce 1983, *Health Warkaku Maitjara Nyanga (Health Worker's Nutrition Handbook for Central Australia)*, Institute of Aboriginal Development, Alice Springs, Aboriginal Health Organisation, Pitjantjatjara Ngaanyatjarra Health Service, Alice Springs.
88. T. Rowse, D. Scrimgeour, S. Knight & D. Thomas 1994, 'Food-purchasing behaviours in an Aboriginal community: Results of a survey', *Australian Journal of Public Health*, vol. 18, pp. 63–7.
89. ibid., p. 45.
90. 'In search of self-respect: Selling crack in the barrios' 1979, article in J.K. Galbraith, *Nature of mass poverty*, Harvard University Press.
91. By-laws enacted under the *Pitjantjatjara Land Rights Act, 1981* by Anangu Pitjantjatjara make gambling and alcohol illegal on the AP Lands and there are systems for dealing with offences.
92. Patricia Carter, personal comment 2001.
93. House of Representatives, op. cit., Recommendation 23.
94. R. Burdon (Burdon Torzillo and Associates) 2001, *Anangu Pitjantjatjara Stores on the AP Lands: Background information*, ATSIC, Nulla Wimiluk Kutja Regional Office, Port Augusta, February.
95. Jo Meedeniya, Alison Smith & Patricia Carter 2001, *Food supply in rural South Australia—A survey on food cost, quality and variety*, Eat Well SA Forum Report, Department of Human Services SA, April.

96. This has been documented in the following studies: D. Leonard, K. Zlotkowski, M. Harrison & M. Bonehill 1997, *1997 Healthy food access basket report*, Tropical Public Health Unit, Cairns; F. Leonard, A. Groos & S. Dunn 1998, *1998 Healthy food access basket report*, Tropical Public Health Unit, Cairns; R. Bowcock 1999, 'Kimberley Market basket survey', *Kimberley Public Health Bulletin*, Derby, February; S. Beaumont 1998, *Tasmanian food price availability and quality survey*, Community Nutrition Unit, Tasmanian Department of Community and Health Services, Hobart; R. Price, J. McComb, H. Grieve & E. Graham 1998, *Surveys of food availability, quality and price in rural and remote communities of the Alice Springs and Barkly District: April and May 1998* Territory Health Service, Nutrition-Population Health Unit, Alice Springs and the Food and Nutrition Unit, Darwin; J. McComb, R. Price, J. Priestley, J. Freeman, G. Trevaskis, O. Rogers, R. Lion, V. Hobson, T. Morley & B. Cubillo 1998, *Survey of NT remote community shops*, Territory Health Service, Darwin.
97. H. Sullivan, M. Gracey & V. Hevron 1987, 'Food costs and nutrition of Aborigines in remote areas of northern Australia', *Medical Journal of Australia*, vol. 147, pp. 334-7.
98. Bowcock, op. cit.
99. Price et al., op. cit.
100. McComb et al., op. cit.
101. Price et al., op. cit.
102. Legislative Assembly of the Northern Territory, Select Committee on Territory Food Prices 1999, *Inquiry into food prices in the Northern Territory*, Darwin, p. 3.
103. The Universal Declaration of Human Rights of 1948 and the International Covenant on Economic, Social and Cultural Rights of 1996 quoted in Public Health Policy of the Australian Association for Public Health.
104. S. Samyodorai 1999, Food security: *The human rights approach*, conference paper, International Conference on Food Security, Malaysia, in H. Barnard, *Food, nutrition, low income and health in Australia. What does the literature say?*, Government of South Australia and Eat Well SA, Adelaide.
105. House of Representatives, op. cit.
106. *ibid.*, 6.14, p. 83.
107. The ALPA nutrition policy is discussed in Bear-Wingfield, op. cit. The aim of the ALPA nutrition policy is to increase the variety of healthy foods available in ALPA communities and stores.

It lists as its objectives:

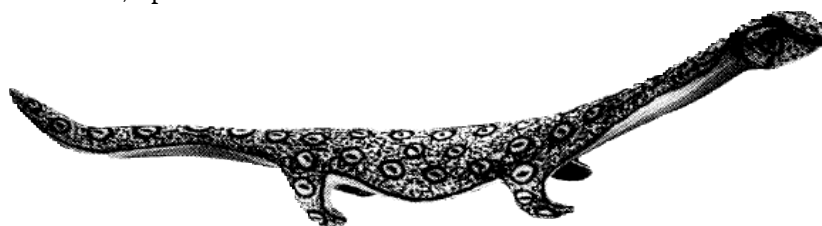
- To replace some foods with healthier choices
 - *Canola oil instead of other cooking oils*
 - *Polyunsaturated margarine (later canola margarine) instead of other margarines*
- To stock nutritious foods alongside other lines, including fresh fruit, fresh vegetables, wholemeal bread, 100 per cent fruit juice, diet drinks, dry biscuits, artificial sweeteners
- To introduce sandwich making
- To use 'shelf talkers' to help identify healthy foods
- To employ Good Food People in the store
- To introduce a freight subsidy on fresh fruit and vegetables

ALPA and Territory Health Services held two workshops to train Good Food People to work in stores. Independent Grocers paid for Good Food Stickers. The price of cigarettes increased by 30c to pay for freight of fruit and vegetables. In some stores Good Food People made sandwiches to substitute for fatty takeaway. Evaluation after three years by Territory Health Services and Menzies School of Health Research found:

- Not all Good Food People working in stores had been trained and there was confusion about roles
- Only one store was using good food stickers
- However, people were eating on average 80g fruit as compared to 40 grams pre-policy, and 50 grams vegetables as compared to 30 grams pre-policy. 80 grams compared with 40 grams equates to half and apple compared with a quarter of an apple; health authorities recommend that people eat several pieces of fruit and vegetables every day to stay healthy.
- People were eating more healthy foods and less fatty foods.

The evaluation concluded that ALPA Nutrition Policy helped to improve the diet in communities where the policy was followed but recommended that policies need to be actively supported by the community, the store manager and health staff.

108. Discussed in Bear-Wingfield, op. cit.
109. Humphery, Dixon & Marrawal, op. cit.
110. Olga Havenen personal comment 2001. See also John Taylor & Neil Westbury 2000, *A scoping framework for the Nyinrranggulung nutrition project*, Centre for Aboriginal Economic Policy Research, Australian National University, Canberra.
111. Lee et al. 1994, op. cit.
112. Humphery, Dixon & Marrawal, op. cit.
113. ibid.
114. Report of the Society of St Vincent de Paul 1999, *The hidden faces of poverty—Identifying poverty issues in Australia*, The Society of St Vincent de Paul quoted in Barnard, op. cit.



Part III

Policy & associated regulations

**Mai Wiru Regional Stores Policy and associated regulations
for the Anangu Pitjantjatjara Lands**





9 Context

This policy is to be carried out under the applicable legislation governing the supply of food and other goods:

- The Commonwealth Trade Practices Act
- The Australian Food Standards Code (current) and the new joint Food Standards Code for Australia and New Zealand which will replace the existing Australian Food Standards Code and the New Zealand Food Regulations by January 2003
- The South Australian Food Act of 1985 (within South Australia)

The Anangu Pitjantjatjara Lands Regional Stores Policy adopts the Australia New Zealand Food Authority (ANZFA) guidelines as the overall guidelines governing all food operations on the Anangu Pitjantjatjara Lands. It is recommended that each store refers to *ANZFA: Safe Food Australia 2001, A Guide to the Food Safety Standards*.¹

This policy is set within the context of current international, Federal Government and South Australian Government policy, namely:

- The Ottawa Charter for Health Promotion, World Health Organization 1986
- The Alma Ata Declaration, World Health Organization 1978
- The *National Nutrition Policy 2000–2010* which contains a specific Indigenous policy (National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP)) to improve the nutrition of Indigenous Australians over the next ten-year period²
- Commonwealth Department of Health, Housing and Community Services, *Food and Nutrition Policy*, Canberra 1992³
- Public Health Association of Australia policy statement *Improving Aboriginal and Torres Strait Islander peoples' access to the food they need*, 1999
- Government of South Australia, Department of Human Services, Health Promotion SA—*The South Australian Food and Health Policy 1999*

This policy endorses the goal of the *South Australian Food and Health Policy* in the context of the AP Lands. The *South Australian Food and Health Policy* aims to promote the health of South Australians and reduce the preventable burden of food-related illness, disability and early death.



10 Policy vision

The goal of this policy is to improve the health and wellbeing of the people on the Anangu Pitjantjatjara Lands by ensuring continuous access for them to nutritious and affordable food and essential health items.

This policy:

- aims to improve the health and wellbeing of Anangu tjuta (all Aboriginal people living on the AP Lands) by ensuring continuous access to safe, nutritious and affordable food as well as essential health items through community stores
- recognises the need and provides a framework for a co-ordinated intersectoral approach to improve and monitor the supply, quality and safety of food and identified essential health items
- recognises the need for a subsidy of specific items in all stores, given the level of poverty on the AP Lands
- provides a set of rules to govern all aspects of the operations of all the community stores on the AP Lands, within the context of existing legislation and government policy
- provides a basis for implementation through the formal adaptation of the policy by all community council and regional organisations throughout the AP Lands



11 Policy principles

Health

In the context of this policy, as with the South Australian Food and Health Policy, 'health', as defined by the World Health Organization, is understood to mean:

A complete state of physical, mental and social well-being and not merely the absence of disease or infirmity.

A 'healthy diet', as defined by the Australian Commonwealth Government and State Governments, means the following:

- A diet based on:
 - Recommended Dietary Intakes (RDIs) for Australians, as set by the National Health and Medical Research Council (NHMRC)⁴
 - the Core Food Groups, which translate the RDIs into quantities of different foods needed each day to get these nutrients
- A healthy diet is consistent with advice about how to eat to promote health and prevent disease. This advice exists as *Dietary Guidelines*, also developed by the NHMRC.⁵
- This diet is, in turn, described in the *Australian Guide to Healthy Eating*, which translates the Recommended Dietary Intakes, the Core Food Groups and Dietary Guidelines into a food guide.⁶

Food security, food access, food supply

This policy uses these terms to identify areas of the food and nutrition system in the region governed by this policy and its associated regulations.

Definition of a store

This regional stores policy and associated regulations applies to the operations of all community stores, and with the necessary changes being made, if the context demands, to all public food outlets on the AP Lands. Therefore the policy applies to:

- community stores
- takeaway food outlets, including snack foods and pre-prepared foods sold at school canteens, football and sporting carnivals and other community events
- food prepared in programs such as Home and Community Care (HACC), Aged Care programs, and Disability Service programs

Because of the unique position and role of community stores in remote communities (see chapter 3), this policy also establishes a new conception of the community store and its role in community life.

The Store has an important role in the holistic delivery of primary health care. It is the key source of nutrition for the community and makes a significant contribution to ensuring the physical wellbeing of the community.

A functional store provides a social and economic focus in the community through aspects of its ownership, management and the employment it provides. The community store has the potential to perform a range of community services, including education and health promotion. Conversely, a store that is not fulfilling these functions is failing to provide necessary services and can be an active contributor to the burden of ill health.

Stores cannot be regarded as enterprises. It has been shown that the economic factors in remote communities mean that stores cannot make profits and still fulfil the functions of the Store. The notion of 'store profits' is a contradiction in terms, a further imposition on impoverished people.

Equity and access

All South Australians need access to a safe, affordable and nutritious food supply.⁷ The *South Australian Food and Health Policy* recognises the particular importance of equity and access in remote communities. The Anangu Pitjantjatjara Regional Stores Policy is based on the belief that residents of the AP Lands, by right of their citizenship, are entitled to be able to access safe, affordable and nutritious food.

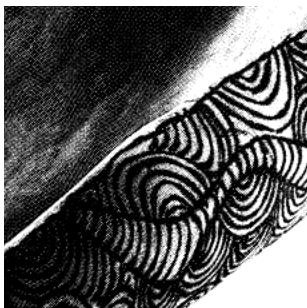
The policy aims to make food and health essentials accessible to all people living in the communities on AP Lands. This includes populations with special needs.

Food security, food accessibility and food availability

The policy responds to issues of food security, food accessibility (including affordability and whether people can get to a shop to buy food) and food availability (including range, quality and whether food is in a form that people can eat and prepare).

Fair trading

The Commonwealth Trade Practices Act and State and Territory Consumer Affairs and Fair Trading Acts establish basic legal standards for business conduct in relation to consumers.



12 Policy and regulations

The policy and its associated regulations fall into the following areas to cover all aspects of the stores' operations and the sale of food at other places on the AP Lands.

1 Supply

Food security, food availability and food affordability

All people living on the AP Lands are entitled to a secure food supply. A secure food supply includes sufficient quantities of food to meet consumer needs at the household, community or local level, with a choice of foods that will meet nutritional requirements.

Stores must ensure that there are sufficient resources to guarantee the accessibility and availability of nutritionally adequate and culturally acceptable food for all people by socially acceptable means. The quantity and quality of food must be sufficient to meet requirements for unrestricted growth and development of all individuals at all times, particularly those who are physiologically and socio-economically vulnerable. Almost all Anangu are suffering from, or are at risk of, nutrition-related health conditions and, therefore, are in particular need of quality foodstuffs.⁹

- 1.1 Each store and takeaway outlet must cater for the dietary needs of the whole community, including the specific needs of:
 - pregnant women, mothers and babies
 - children, young people and adults
 - old people
 - people suffering diseases, including diabetes, renal disease, asthma, heart disease, and obesity
- 1.2 All identified food items must be made available through the local stores at a minimum standard quality and in sufficient quantity.
- 1.3 The quality of goods must be monitored according to the applicable Commonwealth and State legislation and this policy.
- 1.4 The quality of goods, including fresh food, must at all times conform to ANZFA guidelines. (Please refer to next section, 'Food Safety and Hygiene', regulations 2.1 to 2.11 inclusive.)

Hours of opening

Trading hours of local stores is a basic factor in accessibility of healthy food and essential health items. Stores also play a significant role in food security for the whole population. (Please refer to section 5 'Fair Trading'.)

- 1.5 Stores on the AP Lands must have standardised minimum trading hours. Minimum trading hours are:
 - Weekdays: For three hours every morning and afternoon
 - Weekends: Two hours every morning
 - Public holidays: Two hours every morning
- 1.6 Stores must increase trading hours to assist special groups and events on a 'local demand' basis, including:
 - early opening for workers
 - early and late opening for ceremonial times and funerals
- 1.7 Store access must not be affected by community events or upheaval.
- 1.8 Stores must not be closed arbitrarily by community employees and must follow specific procedures for closure.

Range of goods

- 1.9 Stores must try to stock a range of goods to make shopping as interesting as possible, but these goods should be appropriate according to this policy. Following are examples of some appropriate variety goods:
 - basic first aid as per Nganampa list
 - reading glasses as available through chemist shops and newsagents
 - naturopath medication
 - bush medicines
 - haberdashery (especially sewing and knitting materials)
 - craft tools, e.g. tomahawks, sharpening stones, raffia, dye¹⁰
- 1.10 Co-operatively, or on an individual basis, stores must investigate the possibility of specialising in specific retail lines to service the region, such as electrical goods, music and household furniture.
- 1.11 Stores must not stock goods that are deemed inappropriate for community stores on the AP Lands. (See 'Foods which must not be stocked' in *Mai Wiru Stores Handbook*.)

Affordability

1.1.12 All people living on the AP Lands are entitled to be able to afford sufficient food for their nutritional needs, within their incomes.

The Healthy Stores Box

As a health initiative this policy has identified a Healthy Stores Box which consists of a shopping basket of:

- selected food from the five food groups to meet RDIs
- essential health items, including soap, shampoo, detergents, as well as brooms, mops and buckets, cooking utensils, boxes and tucker boxes, and so on

Specific items in the Healthy Stores Box of food may change from time to time, according to availability and demand.

- 1.13 Items in the Healthy Stores Box must be sold at a recommended retail price as determined by the Stores Steering Committee and outlined in the current version of the *Mai Wiru Stores Handbook*.
- 1.14 Pricing of non-essential items (for example, toys, entertainment and specialist equipment) and non-identified food has been left to market forces and the usual cost structure to determine. However, there must be a balance between pricing of essential and non-essential items, remembering that it has been shown that in remote Aboriginal communities the more money people have to spend on food, the healthier children will be.

Homelands and out-stations

- 1.15 All people living on the AP Lands, whether in homelands, out-stations or towns, are entitled to food security. They are entitled to access affordable appropriate nutrition.
- 1.16 All people living on the AP Lands, whether in homelands, out-stations or towns, are entitled to access the Healthy Stores Box.

Other supply issues

Water

- 1.17 Free cold water must be available at all times from the Store or nearby. It is the responsibility of the store manager to ensure delivery of cold water.

Takeaway and pre-prepared foods

For the purposes of this policy, takeaway refers to locally prepared foods. Pre-prepared food is not produced locally and is pre-packaged, such as pies or pre-packaged meals.

Because of many factors, including lack of functional household kitchens and storage facilities, takeaway meals and pre-prepared food have become a large part of the population's diet. This reliance on takeaway and pre-prepared food places increased emphasis on the need to ensure that only appropriate takeaway and pre-prepared food is available. Appropriate takeaway and pre-prepared food must always be nutritious, and generally inexpensive.

- 1.18 Locally prepared food that is taken away and eaten, or consumed on site, must consist of only healthy food as per indicative list attached. (Refer *Mai Wiru Stores Handbook*—'Healthy alternatives for takeaway and snack foods'.)
- 1.19 Pre-prepared and pre-packaged food, including snacks, purchased at any outlet must conform to nutrient criteria as recommended for this policy. (Refer *Mai Wiru Stores Handbook*.)

Items that will not be stocked

- 1.20 'Cool drink', soft drinks high in sugar, and lollies as described in *Mai Wiru Stores Handbook* must not be stocked in community stores.

Cigarettes, tobacco and related products

- 1.21 The sale of cigarettes, tobacco and related products must comply with South Australian State Regulations.
- 1.22 Advertising of tobacco and related products is not allowed in any stores on the AP Lands.
- 1.23 All stores on the AP Lands must be NO SMOKING areas.

Bush tucker

- 1.24 Kangaroo tails must be priced according to weight.
- 1.25 Stores must actively support and facilitate the retailing of bush tucker and local produce through the stores.

House cleaning and maintenance items

- 1.26 House cleaning and maintenance items, including detergents and washing powders, house brooms, straw brooms, brushes and dustpans, toilet brushes, mop heads and handles, mop buckets and plastic mops, are essential health items and should be priced at the minimum price possible. (Refer *Mai Wiru Stores Handbook*.)

Gardening supplies

- 1.27 Vegetable seeds must be available for sale in communities through the Store.
- 1.28 Rakes, shovels and hoses are essential health items and should be priced at the minimum price possible.

Fuel and vehicles

- 1.29 Stores must comply with State Regulations on separation of dangerous goods from general and food items.
- 1.30 Fuel and spare parts sales must be a separate operation from general store operations. This must be incorporated into future store design.

2 Food safety and hygiene

- 2.1 Community stores must carry out their operations lawfully, in accordance with the South Australian Food Act (1985) and ANZFA regulations.
- 2.2 Community stores must aim for best practice relating to food safety and hygiene in order to protect public health.
- 2.3 In addition to ANZFA regulations, all food must be clearly labelled and priced with a current use-by date.
- 2.4 In addition to ANZFA regulations, foods must be displayed as sale items three days before their use-by date.
- 2.5 In addition to ANZFA regulations, foods must be removed from display and disposed of one day before their use-by date.
- 2.6 In addition to ANZFA regulations, deep-frozen meat and other perishable/refrigerated foods must be clearly labelled with a use-by date appropriate to that product.
- 2.7 If food is frozen on arrival in the community store, then appropriate labelling must be developed.

- 2.8 In addition to ANZFA regulations, meat must be labelled to show that it must be used immediately on thawing.
- 2.9 Appropriate health information must be clearly displayed.
- 2.10 Stores must implement a local policy about regarding the distribution of goods approaching their use-by date.
- 2.11 Stores must implement strategies to ensure safe cartage and storage of perishable items.

There will be regular monitoring of all regulations of this policy.

3 Nutrition awareness and health promotion

This policy emphasises the role of the Store in providing access to the food Anangu need to be healthy. Lifting the burden of ill health on Anangu requires co-operative and co-ordinated action by stores, communities, regional organisations and service providers to the region. Stores must provide affordable and safe food, and stores are required to co-operate in nutrition programs.

- 3.1 Stores must actively support the orientation and training of all store workers and managers toward the operation of a store aimed at delivering maximum health through good nutrition.

Display systems

- 3.2 Stores must actively pursue promoting nutrition awareness and health within the Store.
- 3.3 Stores must adopt display systems and layout as recommended by the Stores Steering Committee, and as requested by the community and Nganampa Health Council and Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council from time to time.
- 3.4 Stores must clearly display prices of all goods throughout the Store.

4 Employment and training

Anangu wish to manage their own stores and find a meaningful career path in their community stores.

- 4.1 Stores must support training and staff development for store workers and potential store employees.

- 4.2 All positions that arise within the community store must be offered first to members of the local Anangu community for a period of two weeks. This includes recruitment of store managers.
- 4.3 Stores managers must be recruited according to the recommended procedures set out in the *Mai Wiru Stores Handbook*.
- 4.4 Store managers must enter into a contract of employment with their employer: the relevant community council.
- 4.5 Store managers must be employed according to the terms and conditions of employment set out in the store manager's contract. (Refer *Mai Wiru Stores Handbook*.) It is a condition of employment that store managers undertake training in the principles of community development and nutrition, as well as demonstrating appropriate experience and management skills.
- 4.6 It is a condition of employment that store managers comply with the Anangu Pitjantjatjara Regional Stores Policy.
- 4.7 Store owners and operators must ensure that staff are aware of this policy and its contents.
- 4.8 A summary of the charter's principles must also be displayed in a place visible to staff.

5 Fair trading

- 5.1 Store owners and operators must act in accordance with the legal standards for business conduct in relation to consumers established by the Commonwealth Trade Practices Act, and State and Territory Consumer Affairs and Fair Trading Acts.

Advertising and sales activities

- 5.2 Customers should be able to:
 - see the goods
 - understand the use of the goods
 - know the quality of the goods
 - see the price of the goods
- 5.3 All sales talk about products and services, including claims about quality, price, country of origin and after-sales service, must be accurate, unambiguous and not mislead or deceive customers.

Paying for goods/services

- 5.4 Store owners and operators must recognise that the price of goods and services in rural and remote areas when compared to cities and regional centres is a sensitive issue for consumers. Prices may fluctuate, depending on local transport and seasonal conditions. However, stores must not take advantage of their remoteness or lack of competition to charge unreasonably high prices.
- 5.5 Stores must clearly display the price of all items available for sale. This may be through price tags on individual items or, as a minimum, through the use of ‘shelf talkers’—prices displayed on or near the shelf displaying the item.
- 5.6 Receipts must be issued for all non-cash purchases and cash purchases greater than \$40. Non-cash purchases include purchases made by way of credit, and using in-store accounts (e.g. book-up/book-down).
- 5.7 Receipts must list the item(s) bought, its price and the date the purchase was made. Customers making low value purchases by cash—that is, under \$40—will be provided a receipt.

Store credit

- 5.8 Where a store provides customers with some form of in-store credit (e.g. purchase on account through a book-up/book-down system), it must maintain, and provide customer access to, details of their credit history and amounts owing.
- 5.9 Stores offering in-store credit must:
- provide itemised receipts at time of purchase and when any payments are made
 - keep an account book which is available for inspection by the customer, an advocate acting on behalf of the customer and a relevant law enforcement or regulatory authority (e.g. police officer or consumer affairs official)
 - not allow third parties to access customer’s accounts (e.g. to obtain cash advances or to purchase goods or services) unless authorised by the customer
 - ensure that terms and conditions relating to in-store credit will be clearly displayed and explained to customers before starting a credit account

Quality of goods/services and refunds

- 5.10 Store owners and operators must act on the basis that the Commonwealth Trade Practices Act and State and Territory laws imply into consumer contracts, including certain statutory conditions and warranties for goods and services (irrespective of whether the manufacturer also has a voluntary warranty). Stores must, as a minimum condition, refund money if goods purchased are faulty, do not function as advised, or do not match the sample or description. Stores must not attempt to limit their liability for goods or services by displaying signs such as 'No Refunds' or 'Repairs undertaken at own risk'.
- 5.11 Goods offered for sale must be of merchantable quality and fit for their purpose.
- 5.12 Refunds may be refused where returns are not notified to the store within a reasonable time.
- 5.13 No charge may be levied on the customer for making a warranty claim.
- 5.14 Other laws may also apply to the sale of particular goods, such as food. Stores must ensure that they comply with these laws, especially where they relate to the sale of food.
- 5.15 Goods carrying a use-by date must be regularly checked, and any stock held past its used-by date will be clearly marked as being out of date. Foods that are no longer fit for human consumption will not be sold as such.

Trading hours

- 5.16 Stores must clearly display store opening times.
- 5.17 Where a store needs to vary these times, customers must be given as much notice of the change as is practicable. This must be communicated to customers by way of clear signs at the entry and throughout the store and, where appropriate on roadways approaching the store. (See also 'Hours of opening' in section 1 'Supply'.)

Dealing with customers

- 5.18 Store owners and operators must act on the basis that the Trade Practices Act and State/Territory laws require businesses to trade fairly in relation to consumers by prohibiting conduct which in all the circumstances is unconscionable.
- 5.19 Stores must be committed to providing quick and courteous service that takes into account cultural and language differences.
- 5.20 Stores staff must be fair and honest, and not use coercive, false or misleading practices.
- 5.21 Store staff must take particular care where the customer:
- is not able to understand the terms or subject matter of the transaction
 - suffers from some mental or physical infirmity
 - is affected by alcohol or drugs
 - is under pressure to enter into the transaction

Dealing with complaints

- 5.22 Stores must have a system for recording and dealing with consumer complaints. As a minimum, staff handling complaints will:
- recognise that consumers have a right to complain
 - treat complainants fairly
 - keep consumer's personal details confidential
 - record details of the complaint
 - ensure that the consumer is dealt with fairly, courteously and quickly. Where the complaint cannot be resolved quickly staff will explain the proposed course of action
 - ensure that the consumer is satisfied with the action taken and if not, advise of what further action the consumer may take; for example, seek assistance from the Regional Stores Policy Working Party or an external body such as the local Aboriginal and Torres Strait Islander Commission (ATSIC) or consumer affairs representative, and failing that, the consumer should seek advice from the State/Territory Consumer Affairs or Fair Trading Agency, or the Australian Competition and Consumer Commission (ACCC)
 - where the consumer has asked a third party to assist them resolve the dispute with the store (e.g. Regional Stores Policy Working Party) stores will not object to dealing with that third party

- where complaints relate to breaches of the Trade Practices Act or Consumer Affairs or Fair Trading laws, they may be referred to the ACCC or the relevant State/Territory Consumer Affairs or Fair Trading Agency as appropriate
- where complaints indicate a systemic or recurring problem, appropriate action will be taken by the store to remedy the problem

6 Management and accountability

Each community owns its local store and is responsible for its management. However, these stores collectively are the only source of supply for a highly mobile population and require standardised management and accountability practices.

- 6.1 Stores must use standardised management practices wherever possible; for example, ordering systems, stock and price control, and rotation procedures.
- 6.2 Store managers must report on a regular monthly basis to the council, or on request.
- 6.3 The store manager must report in a meaningful way to the community council and other governing bodies, so that the report can be understood by the community council and other governing bodies.
- 6.4 Store manager's written reports must be presented in person to the governing body.
- 6.5 Stores must not extend credit (book-up) beyond \$50 or 30 per cent of pension on off-weeks for pensioners.

7 Infrastructure

- 7.1 The design of store buildings must reflect policy requirements, including:
 - sufficient refrigeration space to stock increased quantities of perishable foods
 - provision of access to cold water in all stores
 - appropriate cooking facilities to prepare takeaway food. (Deep fryers are not appropriate.)
- 7.2 Capital costs of constructing and renovating stores must be treated as grants not loans.

- 7.3 Essential ongoing repairs and maintenance must not be passed on to the price of goods but be funded through mainstream funding streams.
- 7.4 Service costs for running stores must not be added on to the cost of goods; for example, power costs.

8 Monitoring and evaluation

- 8.1 Only accredited stores are allowed to trade on the AP Lands. Compliance with the policy will lead to accreditation of stores during the implementation strategy. Accreditation will be by the Anangu Pitjantjatjara Regional Stores Policy Steering Committee (the Stores Steering Committee) which has carriage of this policy under the auspices of Anangu Pitjantjatjara, Nganampa Health Council and Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council.
- 8.2 The Stores Steering Committee will develop a central system to monitor the practice of this policy.
- 8.3 All normal monitoring regimes as administered by the South Australian Department of Human Services will continue.
- 8.4 Stores must develop baseline data collection methods to assist with monitoring food consumption by nutritional groups.
- 8.5 The Stores Steering Committee must develop a central system of data analysis to facilitate valid evaluations of the effects of this policy.

9 Public display of this policy

- 9.1 Stores must clearly display signs at the entry and payment points that inform customers that the store agrees to abide by this policy.
- 9.2 Stores must display in a prominent place visible to customers a summary of the policy's principles. (Summary available in the *Mai Wiru Stores Handbook*.)
- 9.3 Information about the policy must be in plain English and in Pitjantjatjara.



13 Endnotes part III

1. Available from ANZFA ph 02 6271 2222; facsimile 02 6271 2278; <http://www.anzfa.gov.au>
2. See endnotes part II, no. 1
3. See endnotes part II, no. 2
4. Recommended Dietary Intakes for Australians are set by the NHMRC and indicate how much of particular nutrients—for example, iron, calcium and vitamins—are needed for health.
5. At present there are three sets of dietary guidelines targeted at different population groups. They are:
 - Dietary Guidelines for Australians (for healthy adults over 18 years)
 - Dietary Guidelines for Children and Adolescents
 - Dietary Guidelines for Older Australians
6. The Australian Guide to Healthy Eating was developed by the Commonwealth Department of Health and Aged Care. It recommends how much of each food group people need for good health.
7. *South Australian Food and Health Policy 1999* 2.3 Policy Principles.
8. Definitions of food security, food access and food availability by McComb, Webb and Marks in SIGNAL *Food Chain* issue no 1, March 2000, available through the Department of Human Services, South Australia.
9. Scrimgeour, David personal comment 2001.
10. Production of arts and crafts is significant sources of income for many community members.



Appendix 1

Healthy Stores Box

Item	Mean AP Lands cost (1998)	District centre cost (1998)
rake	9.87	2.95
house broom	13.75	11.95
straw broom	13.37	5.75
brush & dustpan	5.33	1.95
toilet brush	4.50	2.95
mop & handle	12.75	7.95
mop head	5.15	1.95
Bucket mop	25.00	31.95
bucket plastic	4.25	1.15
billy, medium	10.91	5.75
saucepan	19.95	8.50
frying pan, non electric	18.60	15.95
electric frying pan	100.50	82.95
crockery set, 2 plates	3.97	7.10
pannikin, lge.	6.75	3.95
cutlery, 3 items	3.30	3.00
tucker box, steel	130.00	130.00
esky, lge.	94.80	84.00
water jerry can	28.80	19.95
washing basin	4.66	4.95
hose plus fittings	26.25	10.45
axe, small	15.00	15.00
shovel, short handle	11.50	19.45
towel, sml.	13.62	10.95
blanket, sing.	36.20	24.95
blanket, dbl.	52.50	54.00
swag, sing.	180.00	180.00
sheets (not available)		
swag, dbl.	260.00	260.00
mattress, sml	71.67	71.67
pillow	10.50	6.95
kids clothes, top + bottom	19.80	19.90
kids shoes (rubber sandals in APL)	9.20	29.95
men's shirts	16.25	7.95
men's trousers	36.33	12.00
men's shoes	33.33	19.95
women's blouse	16.45	12.95
women's skirt	22.33	29.95
women's shoes	12.00	12.95
plugs, bath/sink	2.00	2.25
light globes	1.21	0.50
hair brush	2.93	2.93
tooth brush	3.04	2.99

Item	Mean AP Lands cost (1998)	District centre cost (1998)
torch & batteries	19.00	14.95
bullets, .22 x 50	6.05	6.05
disposable nappies, 12 lge.	7.18	4.43
toilet paper (2 rolls)	2.03	1.46
toilet cleaner,	4.13	1.89
disinfectant, pine-o-clean	3.38	3.77
powder cleanser (Ajax)	2.53	1.86
sanitary napkins (Libra 12)	3.15	4.09
tissues - box 200	2.00	1.59
shampoo, generic	2.00	3.82
shampoo, exp.(375 ml)	4.85	4.85
soap, 2 pack	2.33	1.85
liquid soap	3.33	1.99
dishwashing detergent	3.61	2.97
dishwashing scourer	1.72	1.24
dishwashing (2 in 1)	3.20	3.20
clothes det. generic	4.84	1.95
clothes det. expen.	6.28	5.49
garbage bags	3.10	3.28
tooth paste, Colgate	3.65	2.48
Alfoil	2.00	2.16
Panadol	2.50	2.09
flyspray	6.30	3.74
Food		
bread, white	2.48	2.10
bread, wholemeal	2.10	2.20
rolled oats, 1kg	4.60	1.45
Weetbix, 750g	4.42	3.10
bread mix, 2kg	5.80	4.25
rice, white long	3.01	1.69
split peas	1.20	0.69
baby food, tin	1.00	0.66
flour, 10 kg tin	16.25	10.34
flour, 2 kg pkt	2.96	1.60
tea leaf	2.73	2.28
sugar, 2kg	2.00	2.12
biscuits, dry Salada	2.70	1.75
biscuits, sweet	5.45	4.80
peanuts	2.80	1.99
nuts & raisins, mxd	3.70	2.70
pasta, dry 500g	2.02	1.62
dried fruit, apricots 200g	2.92	2.69
soup mix	3.06	0.69
noodles, 2 min.	1.00	0.60
baked beans, 420g	1.72	1.08
spaghetti, 420g	1.98	1.01
margarine, 500g	3.08	1.98
cheese, ol-bitey, 500g	6.37	5.25

Item	Mean AP Lands cost (1998)	District centre cost (1998)
yoghurt, 250g	2.20	1.58
milk, fresh 2lt.	3.43	2.47
milk, UHT 1lt.	1.67	1.12
milk, powder, s/s 1kg	9.55	4.53
tomato sauce, 375g	2.70	1.99
eggs, 55's 1 doz.	3.50	2.98
peas, tinned 440g	1.50	0.97
veg. mxd, 440g	1.45	1.37
fruit, tinned 420g	2.55	1.83
oranges, p. pce. (145g)	0.46	0.57
bananas, p. pce. (124g)	0.48	0.31
apples, p. pce.(150g)	0.45	0.55
orange juice, 2lt	4.56	3.75
apple juice, 375ml	1.40	1.65
fruit-box, popper	1.00	0.47
tomatoes, p. pce.(129g)	0.66	0.96
cabbage, 1/2 @ 1.5kg	1.88	1.95
cauliflower, 1/2 hd.	2.33	1.00
carrots, per kg	2.18	2.49
broccoli, per kg	1.65	1.40
pumpkin, 1/4 Qld.B	1.50	0.99
pumpkin, but/nut whole	2.16	1.80
potatoes, 2.5kg bag	4.13	1.99
meat–steak per kg	10.36	10.49
meat–sheep per kg	6.57	6.23
meat–sausage/mince	4.10	4.99
meat–chicken per kg	5.88	4.69
meat–chicken, whole	7.40	7.98
roo tails	various prices	
corned beef, hamper 340g	4.17	2.91
Fray Bentos pie	5.34	4.50
fish - tuna	4.36	4.20
Irish stew & similar	3.05	2.70

Note: In 1998 the mean AP Lands cost was measured as averaging 40 per cent above capital city (Adelaide) cost.



Appendix 2

In 2001, resolutions supporting the stores policy were passed at legally constituted council meetings of:

NGANAMPA HEALTH COUNCIL INC

~~COMMUNITY~~ **NGANAMPA HEALTH**
COMMUNITY COUNCIL ADVICE to ANANGU PITJANTJATJARA COUNCIL
'STORES POLICY' WORKING PARTY.

ON THE *20th of February*, 2001. AT A LEGALLY
CONSTITUTED COUNCIL MEETING HELD AT *U.M.U.W.A.*

PASSED THE FOLLOWING RESOLUTION:

"This Council fully supports the introduction of the Anangu Stores Policy titled,
'MAI WIRU: ANANGU STORES POLICY', and,
formally adopts this Policy as the community's own Store's Policy."

COUNCIL SIGNATURES:

NAME		SIGNATURE
.....	CHAIRMAN	.....
.....	CHAIRMAN #2	.....
<i>CHARLIE ANYTJAPALYA</i>	COUNCIL	<i>Charlie Anytjapalya</i>
<i>Keith Stevens</i>	COUNCIL	<i>Keith Stevens</i>
<i>Huey Tjams</i>	COUNCIL	<i>Huey</i>
<i>Hudson Lennon</i>	COUNCIL	<i>Hudson Lennon</i>
<i>Jacob McKenzie</i>	COUNCIL	<i>Jacob McKenzie</i>
<i>Tony Campbell</i>	MEMBER	<i>Tony Campbell</i>
<i>John Singer</i>	MEMBER	<i>John Singer</i>
<i>Willy Kaika</i>	MEMBER	<i>Willy Kaika</i>
<i>Nura Ward</i>	MEMBER	<i>NURA WARD</i>
<i>Jamie Nyamirgu</i>	MEMBER	<i>Jamie Nyamirgu</i>
.....	MEMBER	.....

Ngaanyatjarra, Pitjantjatjara, Yankunytjatjara, Women's Council Aboriginal Corporation

COMMUNITY COUNCIL ADVICE to ANANGU PITJANTJATJARA COUNCIL 'STORES POLICY' WORKING PARTY.

ON THE 10th October, 2001, AT A LEGALLY

CONSTITUTED COUNCIL MEETING HELD AT Irawa South Australia

PASSED THE FOLLOWING RESOLUTION:

"This Council fully supports the introduction of the Anangu Stores Policy titled, 'MAI WIRU: ANANGU STORES POLICY', and, formally adopts this Policy as the community's own Store's Policy."

COUNCIL SIGNATURES:

NAME		SIGNATURE
<u>Sandra Lewis</u>	CHAIRMAN	<u>Sandra Lewis</u>
<u>Manyitjanu Lennors</u>	CHAIRMAN #2	<u>Manyitjanu Lennors</u>
<u>Janet Inyika</u>	COUNCIL	<u>Janet Inyika</u>
<u>Maringka Burton</u>	COUNCIL	<u>Maringka Burton</u>
<u>Martha Prothy</u>	COUNCIL	X <u>(Martha Prothy's mark - witness by Vitai Gillide)</u>
.....	COUNCIL	.....
.....	COUNCIL	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....

*Common Seal
Affixed as
per resolution
of 10th October
2001.*





ANILALYA COUNCIL ABORIGINAL CORPORATION

ANILALYA COUNCIL ABORIGINAL CORPORATION

PMB ERNABELLA (SA) via ALICE SPRINGS NT 0872
Phone: 08 89562987 or 08 89567932
Fax: 08 89567625

FAX TRANSMISSION COVER SHEET

To:
Fax No:
From:
Date:
No. of Pages (Including cover sheet)

ATTENTION:

: Shop policy agreement.

CIEM Dalby

Circham Kulyuru

DPaige

Kimjin McKewie

Rupert JACK



pipalyatjara community inc.

pipalyatjaranya uwankara utulu

**COMMUNITY COUNCIL ADVICE to ANANGU PITJANTJATJARA
'STORES POLICY' WORKING PARTY.**

ON THE 22nd November, 2001, AT A LEGALLY
CONSTITUTED COUNCIL MEETING HELD AT Pipalyatjara
PASSED THE FOLLOWING RESOLUTION:

"This Council fully supports the introduction of the Anangu Stores Policy titled,
'MAI WIRU: ANANGU STORES POLICY', and,
formally adopts this Policy as the community's own Store's Policy."

COUNCIL SIGNATURES:

NAME		SIGNATURE
..BRIAN NELSON.....	CHAIRMAN	Brian Nelson
..IVAN BAKER.....	CHAIRMAN #2	Ivan Baker
..SAM WATSON.....	COUNCIL	SAM WATSON
..ERIN NELSON.....	COUNCIL	Erin Nelson
Yangji Yangji Lee.....	COUNCIL	Yangji Yangji Lee
K. Waban.....	COUNCIL	Kunmanara Waban
..ANYUPA N.....	COUNCIL	ANYUPA N
Margaret Richards.....	MEMBER	MARGARET RICHARDS
.....	MEMBER	.
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....

WATARRU COMMUNITY INC

COMMUNITY COUNCIL ADVICE to ANANGU PITJANTJATJARA COUNCIL
'STORES POLICY' WORKING PARTY.

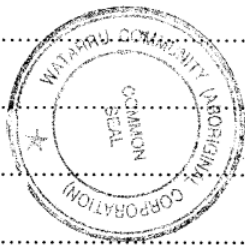
ON THE 19TH November, 2001, AT A LEGALLY
CONSTITUTED COUNCIL MEETING HELD AT WATARRU

PASSED THE FOLLOWING RESOLUTION:

"This Council fully supports the introduction of the Anangu Stores Policy titled,
'MAI WIRU: ANANGU STORES POLICY', and,
formally adopts this Policy as the community's own Store's Policy."

COUNCIL SIGNATURES:

NAME		SIGNATURE
<u>Charles Anupijerby</u>	CHAIRMAN	<u>CHARLES ANUPIJERYA</u>
<u>* Kangi J. Mervin</u>	CHAIRMAN #2	<u>KANGIDA MERVIN</u>
<u>* A Burdett</u>	COUNCIL	<u>AARON BURDETT</u>
<u>* Joylene Miller</u>	COUNCIL	<u>JOYLOVE MILLER</u>
<u>* Bronwyn Jimmy</u>	COUNCIL	<u>Bronwyn JIMMY</u>
<u>* Regina H. Ken</u>	COUNCIL	<u>REGINA HEN</u>
.....	COUNCIL	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....



Pitjantjatjara Homelands Council

PITJANTJATJARA HOMELANDS COUNCIL

KALKA, 3RD OCTOBER, 2001.

TREVOR FORBES (NHS) TREVOR FORBES

MILYIKA PADDY (COUNCIL) MILYIKA PADDY

MOLLY MILLER (COUNCIL) MOLLY MILLER
CHAIR

PONTARU BAKER (COUNCIL) PONTARU BAKER
TONY

LINDSAY PADDY (COUNCIL) LINDSAY PADDY

YAMI CONNELLY (COUNCIL) YAMIE CONNELLY

DARREN CONNELLY (COUNCIL) DARREN CONNELLY

ENGRID KANARI (COUNCIL) INGRID KANARI

NININGKA (COUNCIL) NININGKA
RAY

YARITSI CONNELLY (AKIJI) CONNELLY

OLIVE (COUNCIL) OLIVE
HARRY

MR. MILLER DAVID MILLER

Pukatja Community Council

COMMUNITY COUNCIL ADVICE to ANANGU PITJANTJATJARA COUNCIL
'STORES POLICY' WORKING PARTY.


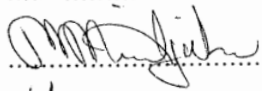
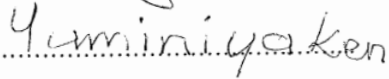
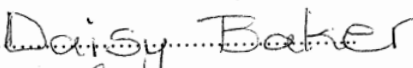
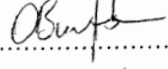
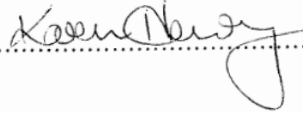
ON THE 24TH OCTOBER....., 2001, AT A LEGALLY

CONSTITUTED COUNCIL MEETING HELD AT ... PUKATJA... COMMUNITY
COUNCIL

PASSED THE FOLLOWING RESOLUTION:

"This Council fully supports the introduction of the Anangu Stores Policy titled,
'MAI WIRU: ANANGU STORES POLICY', and,
formally adopts this Policy as the community's own Store's Policy."

COUNCIL SIGNATURES:

NAME		SIGNATURE
Joseph Tapaya	CHAIRMAN	
.....	CHAIRMAN #2	.....
Pepai Cannoll	COUNCIL	.....
Makiati Minotjokur	COUNCIL	
Lumina Ken	COUNCIL	
DAISY BAKER	COUNCIL	
Owen Triston	COUNCIL	
KAREN HENRY	MEMBER	
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....



COMMUNITY COUNCIL ADVICE to ANANGU PITJANTJATJARA COUNCIL
 'STORES POLICY' WORKING PARTY.

ON THE 1ST NOVEMBER....., 2001, AT A LEGALLY

CONSTITUTED COUNCIL MEETING HELD AT TJURMA HOMELANDS
COUNCIL at AMATA

PASSED THE FOLLOWING RESOLUTION:

"This Council fully supports the introduction of the Anangu Stores Policy titled,
 'MAI WIRU: ANANGU STORES POLICY', and,
 formally adopts this Policy as the community's own Store's Policy."

COUNCIL SIGNATURES:

NAME		SIGNATURE
<u>THOMAS Tyhya</u>	CHAIRMAN	<u>Thomas Tyhya</u>
.....	CHAIRMAN #2	.....
<u>JAMIE KULYURU</u>	COUNCIL	<u>JAMIE KULYURO</u>
<u>ADRIAN RILEY</u>	COUNCIL	<u>Adrian Riley</u>
<u>LILLIAN WILTON</u>	COUNCIL	<u>Lillian Wilton</u>
<u>MONA MITAKIKI</u>	COUNCIL	<u>MONA MITAKIKI</u>
<u>MUNA KULYURU</u>	COUNCIL	<u>Muna Kulyuru</u>
<u>BARNEY WANGIN</u>	MEMBER	<u>BARNEY</u>
<u>KARANARI TJILYA</u>	MEMBER	<u>Kat-anari Jilya</u>
<u>TJULYATA TJILYA</u>	MEMBER	<u>TJULYATA TJILYA</u>
<u>TJIMPAYI PRESLEY</u>	MEMBER	<u>TJimpayi P</u>
<u>JOYLENE PRESLEY</u>	MEMBER	<u>Joylene Presley</u>
<u>HAROLD LYONS</u>	MEMBER	<u>HAROLD Lyons</u>
<u>LUCY</u>		<u>LUCY</u>
<u>MICHAEL MITAKIKI</u>		<u>MICHAEL MITAKIKI</u>
<u>RONNIE DOUGLAS</u>		<u>DOUGLAS</u>



Indulkana Community Store

**COMMUNITY COUNCIL ADVICE to ANANGU PITJANTJATJARA COUNCIL
'STORES POLICY' WORKING PARTY.**

ON THE 30TH OF OCTOBER, 2001, AT A LEGALLY

CONSTITUTED COUNCIL MEETING HELD AT INDULKANA
DUANTSA COMMUNITY COUNCIL INC
PASSED THE FOLLOWING RESOLUTION:

"This Council fully supports the introduction of the Anangu Stores Policy titled,
'MAI WIRU: ANANGU STORES POLICY', and,
formally adopts this Policy as the community's own Store's Policy."

COUNCIL SIGNATURES:

NAME		SIGNATURE
<u>PETER MUNKARI</u>	CHAIRMAN	<u>PETER MUNKARI</u>
<u>BERNARD SINGER</u>	CHAIRMAN #2	<u>Bernard Singer</u>
<u>BESSIE BAKER</u>	COUNCIL	<u>Bessie Baker</u>
<u>ALEC BAKER</u>	COUNCIL	<u>Alec Baker</u>
<u>Daisy Henry</u>	COUNCIL	<u>DHenry</u>
<u>HUGHIE CULLINAN</u>	COUNCIL	<u>HUGHIE CULLINAN</u>
<u>WILLY TANTLI</u>	COUNCIL	<u>Willy T</u>
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....



**COMMUNITY COUNCIL ADVICE to ANANGU PITJANTJATJARA COUNCIL
'STORES POLICY' WORKING PARTY.**

ON THE 30TH OCTOBER....., 2001, AT A LEGALLY

CONSTITUTED COUNCIL MEETING HELD AT MIMILI
COMMUNITY COUNCIL

PASSED THE FOLLOWING RESOLUTION:

"This Council fully supports the introduction of the Anangu Stores Policy titled,
'MAI WIRU: ANANGU STORES POLICY', and,
formally adopts this Policy as the community's own Store's Policy."

COUNCIL SIGNATURES:

NAME		SIGNATURE
Ken Pumani.....	CHAIRMAN	<u>Ken Pumani</u>
.....	CHAIRMAN #2	.....
Johnny Wangin.....	COUNCIL	<u>JOHNNY</u>
Huey Tjami.....	COUNCIL	<u>HUEY</u>
Tuppy Goodwin.....	COUNCIL	<u>Tuppy Goodwin</u>
Richard Schilling.....	COUNCIL	<u>Richard Schilling</u>
Margaret Pumani.....	COUNCIL	<u>Margaret Pumani</u>
Robert Fielding.....	Council MEMBER	<u>ROBERT FIELDING</u>
Jimmy Pompey.....	Council MEMBER	<u>Jimmy</u>
Sadie Umala.....	Council MEMBER	<u>Sadie Umala</u>
Mary Brown.....	MEMBER	<u>MARY</u>
.....	MEMBER	.....
.....	MEMBER	.....

Amata Community Council

**COMMUNITY COUNCIL ADVICE to ANANGU PITJANTJATJARA COUNCIL
'STORES POLICY' WORKING PARTY.**

ON THE 31st October....., 2001, AT A LEGALLY

CONSTITUTED COUNCIL MEETING HELD AT Amata Council Office

PASSED THE FOLLOWING RESOLUTION:

“This Council fully supports the introduction of the Anangu Stores Policy titled,
‘MAI WIRU: ANANGU STORES POLICY’, and,
formally adopts this Policy as the community’s own Store’s Policy.”

COUNCIL SIGNATURES:

NAME	CHAIRMAN	SIGNATURE
<u>Leonard Burton</u>	CHAIRMAN	<u>[Signature]</u>
<u>Lloyd Lukamala</u>	CHAIRMAN #2	<u>[Signature]</u>
<u>Hector</u>	COUNCIL	<u>[Signature]</u>
<u>Willy Karka</u>	COUNCIL	.....
<u>Jeremiah James</u>	COUNCIL	<u>Jeremiah James</u>
<u>Janet Inyika</u>	COUNCIL	.....
<u>Sandra Ken</u>	COUNCIL	<u>Sandra K</u>
<u>DICKY MARSHALL</u>	MEMBER	<u>DICKY MARSHALL</u>
<u>Kimpton Miller</u>	MEMBER	<u>Kimpton Miller</u>
<u>WARREN TUNKIN</u>	MEMBER	<u>[Signature]</u>
.....	MEMBER	.....
.....	MEMBER	.....
.....	MEMBER	.....

Irintata Community Council

COMMUNITY COUNCIL ADVICE to ANANGU PITJANTJATJARA COUNCIL 'STORES POLICY' WORKING PARTY.


ON THE 23RD OCTOBER, 2001, AT A LEGALLY

CONSTITUTED COUNCIL MEETING HELD AT IRINTATA
COUNCIL

PASSED THE FOLLOWING RESOLUTION:

"This Council fully supports the introduction of the Anangu Stores Policy titled,
'MAI WIRU: ANANGU STORES POLICY', and,
formally adopts this Policy as the community's own Store's Policy."

COUNCIL SIGNATURES:

NAME		SIGNATURE
GRAHAM PUMANI	CHAIRMAN	Michael M...
BERNARD (PETER	CHAIRMAN #2	ROBERT
WITSITI GEORGE	COUNCIL	MAYLW +
AARON RILEY	COUNCIL	Aaron Riley
RODA TJITAYI	COUNCIL	WITSITI
JULIE KENNY	COUNCIL	JULIE KENNY
ROBIN KAY	COUNCIL	+ 
ANGELA GEORGE	MEMBER	
Japukula George	MEMBER	Japukula George
KEVIN MICHAEL	MEMBER	KEVIN M
DAVID CURLEY	MEMBER	DAVID Curley
Joyce Bademash	MEMBER	Joyce
ALFRED GEORGE	MEMBER	ALFRED GEORGE



**KALTJITI
COMMUNITY
ABORIGINAL CORPORATION**

**COMMUNITY COUNCIL ADVICE to ANANGU PITJANTJATJARA COUNCIL
'STORES POLICY' WORKING PARTY.**

ON THE 23RD OCTOBER, 2001, AT A LEGALLY

CONSTITUTED COUNCIL MEETING HELD AT KALTJITI COMMUNITY
COUNCIL

PASSED THE FOLLOWING RESOLUTION:

"This Council fully supports the introduction of the Anangu Stores Policy titled,
'MAI WIRU: ANANGU STORES POLICY', and,
formally adopts this Policy as the community's own Store's Policy."

COUNCIL SIGNATURES:

NAME	SIGNATURE
.....
<u>Robert Stevens</u>	CHAIRMAN #1 <u>ROBERT STEVENS</u>
.....	CHAIRMAN #2
<u>Piripantji Russell</u>	STORE COUNCIL CHAIRMAN
<u>ARNIE FRANK</u>	COUNCIL
<u>Roger Kayipipi</u>	COUNCIL
<u>Blyanne Smith</u>	COUNCIL <u>INAWANTJI</u>
<u>YANKI</u>	COUNCIL <u>YANKI</u>
<u>NOLA</u>	MEMBER <u>JOHANNY D.</u>
<u>KANGINY GEORGE</u>	MEMBER <u>SANDY DODDS</u>
<u>YANKI SMITH</u>	MEMBER <u>KATJI DODD</u>
<u>RITA FRANK</u>	MEMBER <u>KATJI MARRINGA KUNTSITSA BROWN</u>
<u>MEREDITH TRADE</u>	MEMBER <u>STADYS ROBERTS</u>
<u>DAVID</u>	MEMBER <u>ANDY TILARI</u>

Kanpi Community Council

COMMUNITY COUNCIL ADVICE to ANANGU PITJANTJATJARA COUNCIL 'STORES POLICY' WORKING PARTY.

ON THE, 2001, AT A LEGALLY

CONSTITUTED COUNCIL MEETING HELD AT KANYPPI

PASSED THE FOLLOWING RESOLUTION:

"This Council fully supports the introduction of the Anangu Stores Policy titled,
'MAI WIRU: ANANGU STORES POLICY', and,
formally adopts this Policy as the community's own Store's Policy."

COUNCIL SIGNATURES:

NAME	SIGNATURE
..... CHAIRMAN	<u>ANTON BAKER</u>
..... CHAIRMAN #2	<u>Maita Baker</u>
..... COUNCIL	<u>Clive Peters</u>
..... COUNCIL	<u>Paulgiti Lewis</u>
..... COUNCIL	<u>Shannon Brumby</u>
..... COUNCIL	<u>Andrew Baker</u>
..... COUNCIL	<u>Raymond W</u>
..... MEMBER	<u>Kay Tunkin</u>
..... MEMBER	<u>Teresa Tunkin</u>
..... MEMBER	<u>Milpati Barbara Baker</u>
..... MEMBER	<u>Leslie Tunkin</u>
..... MEMBER	.....
..... MEMBER	.....

Nyapari Community Council

COMMUNITY COUNCIL ADVICE to ANANGU PITJANTJARA COUNCIL 'STORES POLICY' WORKING PARTY.

ON THIS 27th February 2001, AT A LEGALLY

CONSTITUTED COUNCIL MEETING HELD AT

PASSED THE FOLLOWING RESOLUTION:

"This Council fully supports the introduction of the Anangu Stores Policy titled,
'MAI WIRU: ANANGU STORES POLICY', and,
formally adapts this Policy as the community's own Store's Policy."

COUNCIL SIGNATURES:

NAME	SIGNATURE
CHAIRMAN	<u>Linda Stevens</u>
CHAIRMAN #2	<u>Keith Stevens</u>
COUNCIL
COUNCIL
COUNCIL
COUNCIL
COUNCIL
MEMBER
MEMBER
MEMBER
MEMBER
MEMBER
MEMBER

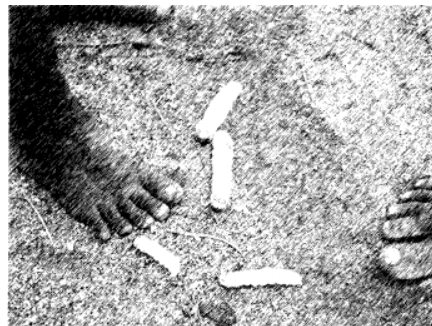


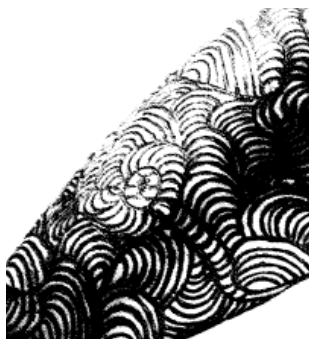
Glossary

ACCC	Australian Competition and Consumer Commission
AES	Anangu Education Services
ALPA	Arnhem Land Progress Association
ANZFA	The Australia New Zealand Food Authority
AP	Anangu Pitjantjatjara—the Pitjantjatjara people
AP Lands	The region held by the Pitjantjatjara and Yankunytjatjara people as inalienable freehold title in the far north-west of South Australia.
ATSIC	Aboriginal and Torres Strait Islander Commission
CAABS	Central Australian Aboriginal Buying Service
CDEP	[Commonwealth] Community Development Employment Program
DHS	Department of Human Services (South Australia)
DoSAA	Department of State Aboriginal Affairs
FTT	failure to thrive
ESRD	end-stage renal disease
HACC	Home and Community Care Program
MSO	Municipal Services Officer (community administrative position)
NATSINAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NFA	National Food Authority
NHC	Nganampa Health Council
NHMRC	National Health and Medical Research Council
NIDDM	Non-insulin-dependent diabetes
NPY Women's Council	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council
PYEC	Pitjantjatjara Yankunytjatjara Education Committee
RDI	recommended dietary intakes
SAHC	South Australian Health Commission
THS	Territory Health Services
UPK	Uwankara Palyanyku Kanyintjaku—(<i>Strategy for Wellbeing</i>) the public health arm of Nganampa Health Council

UPK REPORT

Report of Uwankara Palyanyku Kanyintjaku—An environmental and public health review within the Anangu Pitjantjatjara Lands—Nganampa Health Council Inc, South Australian Health Commission, Aboriginal Health Organisation of South Australia December 1987





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