

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Food Security in Victoria

Melbourne – Wednesday 21 August 2024

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WITNESSES

Georgia White, Policy and Advocacy Adviser, Impact and Engagement, and

Kristy Law, PhD Candidate, Food Policy, George Institute for Global Health; and

Alicia Dunning, Research Associate, Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health, and Yuwaya Ngarra-li; and

Loretta Weatherall, Project Officer, Food and Water for Life, Yuwaya Ngarra-li and Dharriwaa Elders Group.

The CHAIR: Welcome back to the Inquiry into Food Security in Victoria. Joining us for this session are some members of the George Institute for Global Health: Georgia White, Kristy Law, Loretta Weatherall and Alicia Dunning. Welcome, ladies.

Before we continue, I would just like to read this information to you regarding the evidence you are going to provide to us today. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during this hearing is protected by law. You are protected against any actions for what you say during this hearing, but if you go elsewhere and repeat the same thing those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript after the hearing. The transcript will ultimately be made public and posted on the committee website. For recording purposes could you please state your full name and position and the organisation you are with.

Georgia WHITE: My name is Georgia White, a Policy and Advocacy Adviser at the George Institute for Global Health.

Kristy LAW: Good morning. My name is Kristy Law. I am a Dietitian and PhD student in the food policy team at the George Institute for Global Health.

Loretta WEATHERALL: I am Loretta Weatherall, Project Officer, Food and Water for Life project, Yuwaya Ngarra-li partnership with DEG, Dharriwaa Elders Group, Walgett.

Alicia DUNNING: I am Alicia Dunning, a Research Associate and dietitian with the Guunu-maana team at the George Institute, and I am also part of the Yuwaya Ngarra-li partnership.

The CHAIR: Welcome, and thank you for taking the time to come and give evidence after you have made submissions. I will quickly introduce the committee to you, and then we will proceed with your statements. My name is Trung Luu, and I am the Chair. This is the Deputy Chair Mr Ryan Batchelor, Mr Aiv Puglielli and Dr Renee Heath. We have Mr Lee Tarlamis and Ms Rachel Payne on Zoom as well. I know we have got your submission already, but I open the hearing to an opening statement, if you like, from all of you or one of you; it is up to you.

Kristy LAW: Yes, I will be saying one. I just want to thank the panel for the invitation to speak today. I would like to begin by acknowledging the traditional owners of the lands on which we meet today, the Wurundjeri people of the Kulin nation, and pay my respects to elders past and present. I would also like to acknowledge the Chair of the committee, Mr Trung Luu, in leading this parliamentary Inquiry into Food Security in Victoria. I am here on behalf of the George Institute for Global Health to speak about the innovative research we are leading called Food is Medicine. As a global medical research institute, while our work extends beyond Victoria alone, we believe the issues raised and evidence presented in our submission are highly relevant to the inquiry today.

Food can be a powerful tool in preventing and treating disease and can have a significant impact on physical and mental health. Food insecurity is associated with negative health impacts and can be particularly detrimental for people who have chronic diseases that are sensitive to diet. For example, food insecurity exacerbates both the risk of diabetes complications and predicts worse outcomes among those with type II

diabetes. This committee will hear and probably has heard already from other witnesses about the multiple challenges that people are facing in accessing fresh nutritious food, such as the cost-of-living pressures, as well as the need for coordinated policy and action to address food insecurity at multiple levels. I would like to encourage the committee to see that the healthcare system has an important role to play in alleviating the impacts of food insecurity.

Food is Medicine represents a range of food-based interventions integrated into the healthcare system for people with specific diet-sensitive conditions and social needs, such as food insecurity. Building on social prescription models, these programs provide patients with access to nutritionally tailored meals or healthy food and fresh produce via clinician referral and often include nutrition education support components. Food is Medicine programs reflect a simple but powerful concept: access to nutritious food is crucial for good health and mental resilience. They offer the promise of helping reduce the impact of food insecurity on health outcomes and may reduce the need for invasive, expensive health interventions further down the track. The George Institute is leading several research trials on Food is Medicine to explore the feasibility and efficacy of such programs in the Australian context. I would welcome questions from the committee about the George Institute's research on Food is Medicine and the benefits of integrating such nutrition services into health care for people facing food insecurity. Thank you.

The CHAIR: Thanks. Loretta.

Loretta WEATHERALL: I am a proud Gamilaraay woman. I live and work in Walgett. I would also like to acknowledge the traditional owners of the land we are meeting on today. I would also like to acknowledge the traditional owners of the land where I live and work, the Gamilaraay people. I pay my respect to elders past, present and emerging. I would also like to thank my ancestors for paving the way for me to have and be a voice for our people.

I work for the Dharriwaa Elders Group in Walgett in the Yuwaya Ngarra-li Partnership led by the Dharriwaa Elders Group with the University of New South Wales. I am a project officer on the Food and Water for Life project, which is the Yuwaya Ngarra-li project currently supported by the NHMRC grant, soon to end. The aim of the Food and Water for Life program is to enable community-led sustainable food and water initiatives that are run by and employ Aboriginal people to ensure healthy drinking water and fresh nutritious food produced locally for years to come. Aboriginal community controlled organisations are at the forefront of responding to concerns around food and water security in Aboriginal and Torres Strait Islander communities. Walgett's Food and Water for Life project is an example of Aboriginal leadership and its self-determination to improve nutrition and food security through community-governed service delivery. A key message from the project is that food and water securities are absolutely connected and that water security, including the health of rivers, must be prioritised in government policies and interventions related to food securities. The rivers at Walgett are dying, and this is one of the reasons why the community is food-insecure. It is also why the community is forced to source drinking water from the high-sodium Great Artesian Basin.

To better understand the experience of food and water security in Walgett, community surveys were conducted in 2022. Nearly half – 46 per cent – of the 251 participants experienced food insecurity, and 44 per cent experienced moderate to high water insecurity, rates comparable to many low- and middle-income countries and far higher than the national level estimates in Australia. The results also show a strong relationship between experienced food and water insecurity, reflecting the knowledge of interconnection between food and water of Aboriginal people in our river community and the collapse of the river food system.

Another message from the project is that the local Aboriginal-controlled organisations are best able to understand the food and water insecurity of their communities and are best able to implement responses. The Food and Water for Life project is working to make more nutritious and affordable foods available in the supermarkets, schools and other community food outlets. It has designed a low-sodium drinking water solution and is working on supporting the Walgett Shire Council to implement community-wide drinking water initiatives.

I welcome the committee to ask questions about the work of the Food and Water for Life project in Walgett. Thank you.

The CHAIR: Thank you, Loretta. Are there any more opening statements? Okay. I will quickly throw in one question and open up to the committee. Loretta, I noticed a lot of recommendations in your submission. Just regarding First Nations people and expanding from your experience with food insecurity, I know we have heard evidence that First Nations people been experiencing food insecurity for a long period of time. I was wondering: has the cost of living in recent years actually driven it more, regarding traditional food as well, or not – made it harder for the community in recent years as well for First Nations people?

Loretta WEATHERALL: In Walgett?

The CHAIR: Anyone can answer that, sorry. It is not only for you to answer, Loretta. Does anyone else want to?

Alicia DUNNING: I am Alicia. I am a Bundjalung woman. I do need to position myself before I speak. As an Aboriginal person, with the history of colonisation and our loss of access to land, our loss of access to foods, yes, absolutely the cost-of-living pressures are also impacting our communities among other systemic issues that we are facing.

The CHAIR: Thank you. Ryan.

Ryan BATCHELOR: Thanks, Chair. Thanks very much, everyone, for coming. I am really interested in your research about the connection between food security and water security, because it obviously makes sense but they are not things that the discourse talks about together a lot. I was wondering if you could expand a bit more on the research that you are doing on the topic, what you are finding and then probably get to how you think we should best think about these issues together and solve them together.

Georgia WHITE: Loretta, I wonder if you might be able to tell a bit of a background of the story of some of the water issues in Walgett. That might position it nicely just so the committee can understand some of the water issues.

Loretta WEATHERALL: Yes. In Walgett the degradation and dying of the rivers over time has had devastating effects on the source of food and water for the local community, including access to river foods as well as safe drinking water and water for vegetable gardens. Due to the quantity and quality of the river water, Walgett uses water from the Great Artesian Basin to supply the town with drinking water. The water consistently has around 300 milligrams per litre of sodium in it, which is 15 times higher than medical practitioners recommend for people with severe hypertension or renal issues.

To better understand the experience of food and water security in Walgett we conducted community surveys in 2022. Our results show a strong relationship between the experiences of food and water insecurity, with 30 per cent of participants experiencing both. Participants experiencing water insecurity were more likely to experience food insecurity, with people reporting that they spent \$30 to \$50 per week on bottled water, which made it challenging to afford healthy food. This reflects the knowledge of interconnection between food and water for Aboriginal people in a river community and the collapse of the river food system.

Alicia DUNNING: I can add that Aboriginal and Torres Strait Islander people are very connected to Country, including food and water systems, and this contributes to social, emotional, cultural, spiritual and physical health and wellbeing. Our view of health is not just about the individual. Our view of health is holistic. It is about ourselves, Country, our community, and when the rivers are dying our people are dying as well, because the river is life. As Loretta mentioned, the quality of the water in the taps – it is really high in sodium, so when you need to spend your money to buy bottled water, that reduces the ability to purchase healthy foods. In addition, you are finding that when you are watering your garden trying to have local food, the water is killing the produce. So the Food and Water for Life project believes you cannot have food security without having water security as well.

Ryan BATCHELOR: How much traction has the research had amongst policymakers?

Georgia WHITE: If I can just jump in. Obviously we are not in Victoria – this is a New South Wales project – but I think it is relevant for policymakers to understand these issues. The Dharriwaa Elders Group did some really fantastic lobbying of the New South Wales government, and in 2020 they actually introduced a reverse osmosis plant to remove the sodium out of the drinking water. But this actually had to be

decommissioned because it was not well planned and was not well implemented, so that has led to the Dharriwaa Elders Group having to pay, themselves, for clean drinking water kiosks, which are available in the community. But there has been no long-term solution to the drinking water situation.

I think what is relevant for state governments in terms of policymaking is not just the ‘what’ of the policymaking but the ‘how’, and that is what we talk a lot about: embedding this strengths-based, collaborative approach to policymaking where it is really important for governments to work really connected with the community and listening to what the people are saying on the ground. I think that is what the Dharriwaa Elders Group is doing so well.

Ryan BATCHELOR: Thanks, Chair.

The CHAIR: Thanks, Ryan. Aiv.

Aiv PUGLIELLI: Thank you, Chair. Good morning, and thank you for coming in today. In your submission I understand that you mention the inequitable impacts of food security on First Nations people and highlight the fact that food and groceries are often 50 per cent more expensive in remote communities. We have been hearing through this process that right across the state people are struggling to pay for food at supermarket check-outs. A lot of people out there would say that supermarkets as a major provider of food to people have an obligation to provide food that is affordable to people. Do you think supermarkets are currently fulfilling that obligation, even just from anecdotal or firsthand experience in the community?

Georgia WHITE: Loretta, do you want to mention about the Walgett IGA and any of the issues there – or Alicia – in terms of some of the access issues?

Alicia DUNNING: I do not want to speak on behalf of Walgett.

Aiv PUGLIELLI: Even just personally, if that helps.

Loretta WEATHERALL: Yes. The food is expensive.

Alicia DUNNING: There is only one supermarket as well in town.

Loretta WEATHERALL: There is only one supermarket.

Alicia DUNNING: A few times in recent years the supermarket actually burnt down, leaving the community with no supermarket. Then there have been floods as well that have limited food and groceries coming into the community. So I think there are some difficulties, when there is only one supermarket, in that access to food.

Aiv PUGLIELLI: Totally. And I mean, if you have only got one supermarket, whatever they charge is what you have to pay. That sounds extremely difficult for people in the community.

Loretta WEATHERALL: And the produce goes off, like, a day later, so it is not good quality as well.

Aiv PUGLIELLI: That sounds like a massive issue. I suppose, going on from some of the contributions you have just provided in regard to the rivers locally being degraded and drying up and those conditions, what has caused that? Where has that come from? Do we know?

Alicia DUNNING: Do you want me to say it?

Loretta WEATHERALL: Yes.

Alicia DUNNING: Policymakers in state governments should be prioritising food and water security, which is not happening around the Walgett area. Walgett is in a crucial position in the northern Murray–Darling Basin, and water rights have been prioritised to cotton irrigators rather than the community. Often there have been periods where the river has been completely dry. In terms of impacts from off-flows from the farms that are around, they have found blue-green algae in the water and the river is too turbid – I am not a water expert –

Ryan BATCHELOR: Good word, though.

Alicia DUNNING: yes – to be processed through the water treatment plant, which is why they need to access the groundwater, which is high in sodium. So it seems that perhaps that is prioritising a different interest, which the community feels has contributed to the issues.

Aiv PUGLIELLI: I mean, it sounds like people being put before the profit, basically, of these cotton industry people –

Alicia DUNNING: Profit being put before people.

Aiv PUGLIELLI: Yes. That is shocking. So that is still a lasting impact on the community now?

Alicia DUNNING: Yes.

Aiv PUGLIELLI: So you are saying that state governments need to take action to ensure that that does not continue so that people have access to water? And just maybe tell me a bit more about what the flow-on effect in terms of food security locally has been because of that lack of access to that local water.

Alicia DUNNING: The Walgett community are river people. You hear stories of getting food from the rivers. I guess you have seen the fish kills that have happened, and the river environment has been depleted. So the food is no longer available in the river, which means people that used to rely on that now have to buy their food.

Aiv PUGLIELLI: Thank you.

Kristy LAW: Can I just add – again, I am not from Walgett; I do not want to be speaking on behalf of that community – that it really speaks to me of the interplay between when there is connection to country and the importance of the natural environment and how when that degrades that impacts the natural food supply as part of traditional culture, and then you have the competing interests of business or external commercial interests, whether or not that is supermarkets, and they kind of take over and then become the main supplier of food in a food environment where there can be not very many options, and then you have to question if there is a power imbalance there. I think particularly in Australia we do have a very significant factor of geographical impact and remoteness of location. But as you would allude to and I am sure you have heard, whether you are in regional or metro, everybody is feeling the pinch in terms of trying to afford food on the table across cultural groups and across populations. Likewise, I think that is why there is some of this questioning around how come there is such a monopoly or duopoly in the supermarkets, and a desire for alternative food options – whether that is a more local food economy or community social supermarkets and things like that – because there is a need there for people to have food that is more accessible and affordable, where people are put before profits in that way.

The CHAIR: Thank you. Dr Heath.

Renee HEATH: Thank you. Thank you, guys, so much for your submission and also for coming here today. I have got a couple questions. The first one is – you were talking about the water system and fishing: is hunting and fishing part of the traditional culture, and is keeping that alive important for food security?

Alicia DUNNING: Yes.

Loretta WEATHERALL: Yes.

Alicia DUNNING: The Food and Water for Life project did some community surveys. We are soon to publish the report, but they found – this was in 2022 – that 22 per cent of the people surveyed still access bush foods; 29 per cent access their produce from the local community garden that is run by the local Aboriginal Medical Service; and 44 per cent still access their food from the rivers. So yes, it is, as you say, very important to keep that or to rebuild that cultural connection and those cultural practices of handing food knowledge and medicinal knowledge – it is not just food in our sort of sense – to the next generations, and it is important to do that on Country. So, yes, access.

Renee HEATH: Does that include duck hunting?

Alicia DUNNING: Not in Walgett, no.

Renee HEATH: Not in Walgett. What sort of hunting does it include?

Ryan BATCHELOR: I think it was banned.

Renee HEATH: Yes, I know. That is why I am asking – exactly why I am asking. But traditionally would it have?

Alicia DUNNING: No.

Renee HEATH: No. You do not think so. That is good. That is good to know.

Alicia DUNNING: I think it is – what sorts of river foods? It is yellowbelly fish –

Loretta WEATHERALL: Yabbies, turtles, mussels.

Renee HEATH: Thank you. The other question – well, I have got a few – is about Food is Medicine; that is fantastic, I think. You spoke about integrating it into the healthcare system. What you mean by that? Does it mean education, or would you be prescribing food as medicine? What does the concept look like?

Kristy LAW: Yes, that is a good question. I think the closest example would be if you have heard of the social prescribing approach. It is where, say, for example, a patient might present to their GP and they might be early diagnosed or at risk of diabetes. As part of a care plan that the GP might develop with the patient, instead of just putting them on some early medication, so first-line drug therapy for the prevention of diabetes, they would actually have as part of their care plan – yes, in a way prescribed – a referral to such programs as our Food is Medicine program. This Food is Medicine program would then allow them to, for example, access subsidised fresh fruit and vegetables or subsidised healthy preprepared meals that are home delivered. Also, often within that component are sessions with a dietitian or some nutrition education components as well, so a full wraparound, not just the food but also the educational component – particularly if they got fruit and vegetable boxes, how they would utilise those to make meals, for example. So yes, that is where we would be integrating service provision, but it is also to integrate within the funding systems of the healthcare service. So again, it is in its infancy in that we are just doing the research. But we look to overseas evidence, particularly in the US, where they are at least five years ahead of us in terms of these types of programs where they actually have waivers within state funding and also federal – so both their Medicare and Medicaid programs – to allow funding under their public health insurance programs to support access to these Food is Medicine programs. So it is embedded within the actual public health funding as well.

Renee HEATH: That is fantastic. I knew that buzzer was going to go off, and I thought, ‘If I just start before, I’ll squeeze in.’ It is said that research suggests that such programs can improve health outcomes. What does the research show in that regard?

Kristy LAW: Yes. So for example, we did a pilot study with a prescription program. We saw that there were improvements in diet quality, weight loss and improvements in their blood lipid profiles as well. It was a pilot program, just 12 weeks, with 50 participants who had persistently high blood glucose levels. That also led to a reduced likelihood of reporting food insecurity at the end of the program. So we have seen those things.

In terms of the broader evidence as well – because obviously we are doing research clinical trials at the moment and we do not have the results yet – likewise we are seeing similar impacts. We are seeing beneficial impacts on HbA1c – so lowered blood glucose or better blood glucose control over time – that are comparable with some medications as well and similar effects in terms of improvements in blood lipids, reductions of reported food insecurity and improvements in diet quality, particularly fruit and veg intake. And it depends, of course, on the design of the program itself.

Renee HEATH: Wonderful. Thank you.

Georgia WHITE: Another important point is that there is some evidence from overseas that it is a cost-effective intervention –

Renee HEATH: I have heard that. I would love to see any of that research, if you are happy to send it in to us.

Georgia WHITE: Yes, of course – which is obviously potentially reducing –

Renee HEATH: Taking the burden off the healthcare system.

Georgia WHITE: Right. Exactly.

Renee HEATH: Sorry to pre-empt what you were saying.

The CHAIR: Thank you, Renee. Rachel, can you hear us?

Rachel PAYNE: Yes, Chair. Thank you. And thank you to everyone who has presented. I will not ask any questions today, because you have just answered everything I had questions about in relation to Food is Medicine and any other jurisdictions and examples overseas. So I thank you for your thorough response there.

The CHAIR: Thank you. Lee, would you like to ask any questions?

Lee TARLAMIS: My questions have been answered also. I just want to thank you for your submission and for coming along today to talk to us in more detail.

The CHAIR: Thank you so much. That is pretty much it. Do we have any more questions before we close off?

Aiv PUGLIELLI: Just a really specific one: I think, Loretta, you mentioned the NHMRC grant ending soon? Could you tell me about what that is and what funding is meant to follow, whoever maybe has that information to hand?

Alicia DUNNING: The NHMRC grant was funding to learn from these experiences of food and water insecurity in the community and establish frameworks and tools to strengthen the community initiatives. And so, yes, that will end at the end of next year. So yes, we will look to more funding to help support the Aboriginal community-controlled organisations to continue the work that they are doing and the advocacy that is being done as well.

Aiv PUGLIELLI: Okay. And is that a state grant? Where does that money come from?

Alicia DUNNING: National.

Aiv PUGLIELLI: It is federal. Okay. And what funding do you receive from the state level?

Kristy LAW: It depends on the projects. For the Food is Medicine projects, for example, there are some from New South Wales Health. But yes, from my understanding, it is quite project-specific.

Aiv PUGLIELLI: Okay.

Alicia DUNNING: And the Food and Water for Life, we do not have state funding. We are funded by a philanthropic organisation.

Aiv PUGLIELLI: Oh, really? Okay. Has that ever been state funded, that program? Would you like it to be?

Alicia DUNNING: It would be great if the states invested in it, absolutely.

Aiv PUGLIELLI: Just thinking ahead to the report at the end and some potential recommendations we could make.

Alicia DUNNING: Yes, absolutely. I think states investing in Aboriginal community controlled organisations to lead the work that they know that their communities need – but then Walgett is also a good example of this: if you fund the Aboriginal community the whole community benefits; it is not just Aboriginal people that benefit from it.

Aiv PUGLIELLI: Thank you.

Alicia DUNNING: You are welcome.

The CHAIR: Thank you very much for coming in and making your submission, and thank you all for coming from Walgett – a bit of travel. Thank you so much. Your submission will definitely be taken into consideration once we make our recommendations down the track, so again thank you so much for coming in.

Witnesses withdrew.