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Published in:
Australian and New Zealand Journal of Public Health

DOI:
[10.1111/1753-6405.12172](https://doi.org/10.1111/1753-6405.12172)

Published: 01/02/2014

Document Version
Publisher's PDF, also known as Version of record

[Link to publication](#)

Citation for published version (APA):

Hoy, W., Manning, R., Tungatalum, L., Hoy, P., Mott, S., Eddy, D. D., & Ball, P. A. (2014). A profile of sales audits of a remote Aboriginal community's general store: 1992 and 2011. *Australian and New Zealand Journal of Public Health*, 38(1), 94. <https://doi.org/10.1111/1753-6405.12172>

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A profile of sales audits of a remote Aboriginal community's general store: 1992 and 2011

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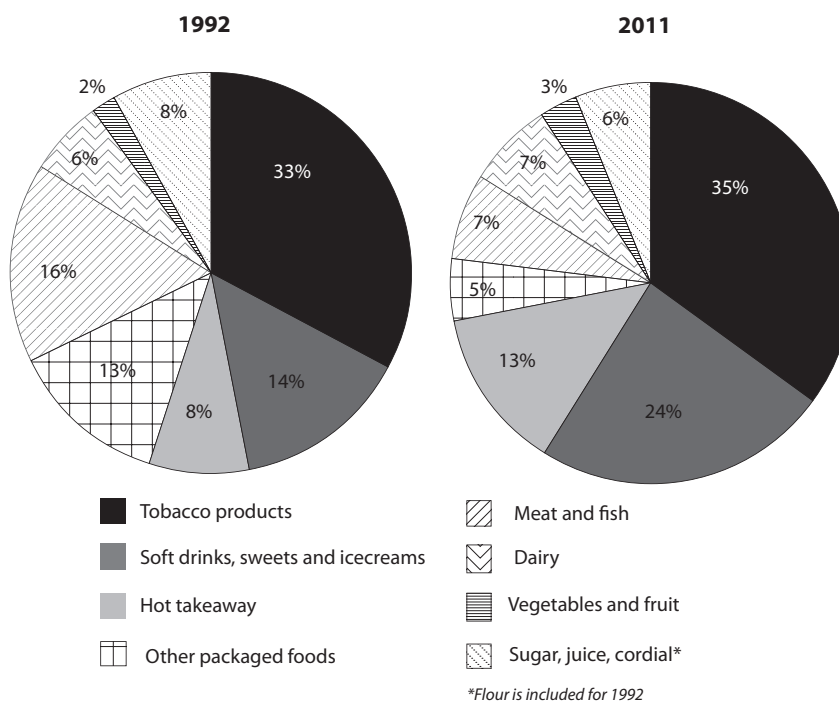
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The spending patterns on food and drink in three remote Northern Territory Aboriginal communities, as recently described by Brimblecombe et al. in the *MJA*,¹ remind us of an audit in a different remote community in 1992, whose results were included in a manuscript we published in *ANZJPH* in 1997.² Of the total expenditure at the store, takeaway and club, 29.1% was on beer, 22.1% on cigarettes, 44.7% on food and other beverages and 4.1% on non-food items.² Proportional spending within the "food" items was high for sugary drinks and low for quality protein items and fresh fruit and vegetables. The health implications of these data stirred the interest of the NT Legislature's Public Accounts Committee.³

We compared this information with data for the 2011 financial year recorded directly through an ongoing managerial in-house audit of the local store and take-away outlet, and amalgamating items into categories compatible with those published for the 1992 audit (Figure 1). Spending on cigarettes remained high, and so did that on soft drinks and sugary drinks, while spending on fresh fruit and vegetables and quality protein sources remained low. Thus, over 19 years, patterns did not substantially improve.

Data from the same source specifically showed the purchase of 108,000 litres of Coca-Cola over a six-month period in 2011. For a total community population of only 1,527 with 1,106 people aged 15 years or older,⁴ this is a notable estimated per capita consumption. It far outstrips the reported average for the NT in general, previously cited as the global sales leader.⁵ The health and environmental implications are serious indeed,⁶⁻⁸ particularly in this community with

Figure 1: Comparison of sales from audits of a remote Aboriginal community's store: 1992 and 2011.



cardiovascular death rates among the highest in Australia, and renal failure rates with no reported parallel internationally.⁹

Issues of availability, quality, price and affordability, incentives and advantages in relation to healthy eating have been discussed repeatedly.^{1,10,11} Lack of a food supplementation program for disadvantaged people in Australia, in contrast to the US and the UK, has also been noted.^{1,11} With no access to foodbanks, the major opportunities for new initiatives in remote communities probably lie with local enterprises. A new landowner-family store was opened in March 2013, in this same community, which optimises use of existing subsidies and local enterprise, and tries to enhance availability of healthy foods at reasonable prices. Its patronage and food spending patterns will be of interest. Here, and more broadly in Indigenous Australia, collaborative programs with corporations like Coca-Cola Amatil could enhance healthy eating patterns, minimise expenditure on items damaging to health and contain environmental pollution.

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