

## **Draft WA Health Promotion Strategic Framework 2022-2026 - Public Consultation**

### **Overview**

You are invited to review and provide feedback on the Draft *WA Health Promotion Strategic Framework 2022–2026* (HPSF). The HPSF sets out a plan for reducing the prevalence of chronic disease and injury over the next five years. It builds on the achievements of the previous versions (2007-11, 2012–16 and 2017-21) and takes into account new evidence, policy changes, and relevant state, national and international developments.

The HPSF focuses on the main lifestyle risk factors which contribute most to the burden of chronic disease – smoking, overweight and obesity (including poor nutrition and insufficient physical activity), and harmful levels of alcohol use. It also includes a section on preventing injury and promoting safer communities. It outlines priorities and a framework for action to improve the health of Western Australians.

Although the HPSF outlines WA Health’s strategic direction and priorities, influencing the wider determinants of health to achieve a healthier WA will require the involvement of many partners. It is anticipated that the HPSF will be useful for agencies and organisations across a diverse range of sectors with a shared interest in promoting better health in WA.

### **Why we are consulting**

To obtain feedback on the HPSF to further strengthen the document and ensure it is a robust policy framework that can be used by WA Health, its partners and stakeholders.

### **Related documents**

A link to the *Draft WA Health Promotion Strategic Framework 2022-2026* is included at the bottom of this page. You will be guided to relevant pages within the document throughout this consultation.

For the purposes of this public consultation, a pre-production draft of the HPSF has been provided. This draft does not include interactive features or graphics. These will be included in the final version of the HPSF.

### **Completing the survey**

While feedback from individuals is welcome, formal responses which represent the views of your organisation are strongly encouraged.

The survey consists of 29 questions. Questions 1 to 5 require a response. Providing a response to other questions is optional.

The survey may be completed over more than one session. Please retain your login details if you wish to complete the survey at a later time.

The survey will close at 11.59pm on Friday 4 February 2021.

### **What happens next**

Your response will feed into the formal consultation process. We are not setting a fixed release date for the final HPSF. This will largely depend on feedback provided.

## Introduction

### 1. What is your name?

Lianna McGeary

### 2. What is your position?

Technical, Scientific and Regulatory Affairs Manager

### 3. What organisation do you work for?

Australian Beverages Council Limited (ABCL)

### 4. What is your email address?

If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.

lianna@ausbev.org

### 5. Are you providing a response on behalf of your group/organisation or as an individual? (Required)

*Please select only one item*

Individual

Group/organisation

## Consultation questions

### Part 1: Introduction (pp. 10-16)

The Introduction provides summary information about the WA HPSF and how it is intended to be used. It also defines key terms and outlines the relationship between priority risk factors and chronic diseases and injury.

### 6. Do you think Part 1: Introduction provides adequate context and background for the WA HPSF and its intended use?

*Please select only one item*

Yes    No

The Australian Beverages Council Limited (ABCL) largely supports balanced state and federal government efforts to improve overall population health through health promotion and preventive measures. The HPSF proposes measures similar to those stated in the National Preventative Health Strategy (NPHS) and the National Obesity Prevention Strategy (NOPS). We reiterate the positions set out in our submissions to those policy

documents – the relevant links are [National Preventive Health Strategy \(NPHS\)](#) and the [National Obesity Prevention Strategy \(NOPS\)](#). Notably, the HPSF recognises the importance of multi-sectoral partnerships including those with the broader food and beverages industry to facilitate improvements in health behaviours and environments. We encourage such partnerships and demonstrably, the non-alcoholic beverages industry is leading the way to support health promotion activities in these areas via:

- Commitment to an industry-led initiative to reduce overall sugar consumption and provide consumers with broader informed choice via the [Sugar Reduction Pledge](#);
- Establishment and compliance with two world leading self-regulatory initiatives to address food and drink marketing for children via the ABCL's [Responsible Marketing and Advertising Code \(2021\)](#) and the [Australian Association of National Advertisers \(AANA\) Food and Beverages Advertising Code](#);
- Establishment and compliance with the [Energy Drink Industry Commitments](#) for the responsible sale and marketing of energy drinks; and
- Support of government initiatives such as the Health Star Rating (HSR) system.

The association between behavioural and biomedical risk factors and non-communicable diseases (NCDs) is complex and multi-factorial and requires a holistic and comprehensive solution. The strategies listed in the HPSF must accurately reflect the equal roles the WA government and industry play, to ensure a system that is collaborative, supportive, and unrestrictive to consumers. Further, strategies identified in the framework must be supported by a current and robust evidence-base.

## 7. Do you think the goal and scope of the WA HPSF (pp. 11-12) is clear and appropriate?

*Please select only one item*

Yes     No

As identified in Part 1 of the HPSF, there are several risk factors linked to the prevalence of obesity and subsequent diet related NCDs. Chief among these risk factors are the healthiness of diets and physical activity levels. We strongly support the HPSF's approach to consider strategies that improve nutrition and physical activity together, as we acknowledge that both determinants play an equal and concomitant role in improving overall health. In the context of nutrition and food systems, United Nations agencies are moving away from labelling foods as 'healthy' vs 'unhealthy' and instead focussing more on the concept of 'healthy diets', recognising malnutrition in all its forms is not caused solely by poor nutrition but wider determinants of health, in which inequalities already exist. The FAO's Committee for World Food Security recently ratified Member State-consensus precedent document, the [Voluntary Guidelines for Food Systems and Nutrition \(VGFSynN\)](#), which emphasises that overweight, obesity and diet-related NCDs have many interrelated and underlying causes that need to be addressed simultaneously.

**The ABCL recommends** that strategies relevant to improving nutrition and physical activity in the HPSF consider a whole-of-diet concept to target 'unhealthy diets', rather than 'unhealthy food and drinks' in tandem with strategies to encourage increased physical activity in Western Australians. The ABCL supports the federal government's

Health Star Rating (HSR) system as a tool for consumers to recognise a variety of foods and beverages that can support an overall healthy diet.

## Part 2: Our state of health (pp. 17-25)

This section provides an overview of key overarching issues in chronic disease and injury in WA.

### 8. Do you think Part 2: Our state of health (pp. 17-25) provides a satisfactory overview of the key overarching issues in chronic disease and injury in WA?

*Please select only one item*

Yes     No

In general, this section defines 'at risk' populations as Indigenous, elderly, those with disability, ethnic migrant communities, LGBTIQI and those with mental illness or psychological distress, whilst also investigating the exacerbation of health issues attributed to climate change and COVID-19.

The ABCL understands health and the burden of disease to be less linear in nature, and more holistic. We believe the HPSF must also investigate other behavioural, psychosocial, and systemic factors relating to work-life imbalances, convenience of driving as opposed to walking or accessing public transport and affordability.

There is not enough distinction between the different sub-populations characterised by the homogenous term 'at risk'. Potential risks may be more pronounced for some sub-populations than others. For example, unhealthy alcohol consumption may be prominent among those suffering from mental illness or psychological stress but may not be prominent among some refugee groups.

Furthermore, understanding the health burdens faced by disparate disadvantaged populations in their uniqueness, may better address chronic disease or injury as opposed to the implementation of a one-size-fits-all approach.

## Part 3: A Framework for Action (pp. 26-34)

This section outlines the WA HPSF's overarching goal, priorities, target groups and guiding principles. It also provides a framework for addressing the modifiable causes of chronic disease and injury.

### 9. Do you think the Guiding Principles (pp. 27-30) are clear and appropriate?

*Please select only one item*

Yes     No

The ABCL supports in principle the guiding principles outlined in the framework. Points for clarification are as follows:

*A comprehensive, whole-of-population approach*

To achieve impactful and effective change, it is imperative to consider specific health needs within the population that may require targeted health promotion strategies.

*Intervening early and throughout life*

The ABCL recognises the importance of early intervention in establishing good health behaviours, in addition to being a precursor of health attitudes and practices into adulthood. Educational tools that translate complex evidence-based guidelines into easily digestible information should be strongly considered for early childhood intervention and to support throughout adulthood.

*Promoting equity and inclusivity*

The ABCL understands the role of that determinants of health play in perpetuating disadvantage and inhibiting equity and inclusivity among vulnerable populations. Specifically, protective factors such as higher socioeconomic status (SES), and employment, in addition to education. The ABCL advocates with industry to achieve better health outcomes and increase social capital particularly in rural, regional, and remote areas.

*Strategic partnerships and workforce development*

The non-alcoholic beverages industry provides employment opportunities to those working in metropolitan, rural, regional, and remote areas, as well as to any industries both up and downstream of the supply chain such as farmers, truck drivers and retail. We support strategic partnerships with industry, for the development and decision-making phases of new health promotion activities that may impact the health and livelihood of those in the industry, particularly in regional areas.

**10. Do you think the Domains for Action (pp. 31-34) provide a comprehensive framework for addressing the modifiable risk factors for chronic disease and injury?**

*Please select only one item*

Yes     No

The ABCL is in partial agreement. We support the following domains for action as a guide for identifying multi-stakeholder opportunities that will enable effective change, with the caveat that the WA government keep abreast of current nationwide changes to legislation and regulation that impact our industry.

• Healthy policies

The ABCL requests the development of any policy document, directly and indirectly impacting industry, should involve industry engagement to achieve harmonisation of efforts, ensure maximum impact and avoid unintended consequences. Government should be cognisant of industry's desire to be involved and recognise that involvement is a proven, successful model in achieving mutual, sustainable outcomes and change.

• Legislation and regulation

It is unclear what legislative and regulatory changes would be necessary or effective in

supporting health promotion activities. Currently, a review of the FSANZ Act is underway as part of a major reform of the food regulatory system. This review, as well as our industry's commitment to existing voluntary government and industry initiatives are enabling effective change to provide consumers with clear nutrition information to support broader informed choice.

- Economic interventions

For food and beverages, economic interventions already exist that encourage consumption of unprocessed food and beverages, e.g., the lack of a goods and services tax (GST) on certain products. International examples of other economic tools such as excise and other taxes, and other fiscal policy approaches to mandate reformulation have not impacted obesity levels. Pricing tools are demonstrably regressive, placing an economic burden on vulnerable communities already experiencing food insecurity.

- Public awareness and engagement

The ABCL supports self-regulated, responsible marketing strategies and asks for uniformity of standards across multiple discretionary food groups. The ABCL and its members maintain the availability, accessibility, and quality of information available on packaging and disseminated among the population. An example of this is demonstrated in industry's ongoing commitment to the HSR system, implementing stars-on-pack.

- Targeted interventions

The ABCL supports targeted interventions to address health concerns of specific sub-populations. Interventions tailored to their intended objective will be far more effective than widespread policy changes to enact change. By way of example, some beverage companies have developed highly effective sugar reduction programs which work in collaborative partnership with Remote Indigenous Communities across product price, promotion, and placement.

- Collaborative partnerships and building capacity

The ABCL recommends actions from the framework accurately reflect the equal roles that government and industry play, to ensure a system that is collaborative, supportive, and unrestrictive to consumers.

- Research and evaluation

The ABCL recommends the utilisation of current and robust evidence to support the development of health promotion and policy initiatives. We recommend ongoing evaluation of health promotion initiatives and consultation with industry to ensure measures are equally practical as they are effective.

#### **Part 4: The five year plan (pp. 35-65)**

This section outlines the five year plan for the following priority areas:

- Reducing tobacco use and making smoking history
- Halting the rise in obesity
- Reducing harmful alcohol use
- Preventing injury and creating safer communities

**Part 4.1: The five year plan - Reducing tobacco use and making smoking history (pp. 36-41)**

**11. Do you think the identified priorities for tobacco control (pp. 37-39) address the key issues relating to this area?**

*Please select only one item*

Yes     No

If no, please outline how you think they should change and why (300 word limit)

**12. Do you think the target groups outlined in this section (pp. 36-41) are clear and appropriate?**

*Please select only one item*

Yes     No

If no, please outline how you think it should change and why (200 word limit)

**13. With regard to the strategic directions for tobacco control (pp. 39-41), do you think there are any major gaps or changes needed?**

*Please select only one item*

Yes     No

If yes, please outline what you think should be added or changed and why (300 word limit)

**Part 4.2: The five year plan - Halting the rise in obesity (pp. 42-52)**

**14. Do you think the identified priorities for preventing overweight and obesity (pp. 43-48) address the key issues relating to this area?**

*Please select only one item*

Yes     No

In considering the priorities for preventing overweight and obesity, the ABCL references our submission to the [draft National Obesity Prevention Strategy](#). Summary points are as follows:

- The ABCL supports collaborative efforts to create healthy environments through broader and informed choice to consumers that support a healthy and balanced diet.
- This is demonstrated by a [22-year analysis of beverage trends](#) showing sales of sugar-sweetened drinks have declined from 64% in 1997, to 41% in 2018, while low- and no-sugar drinks, including plain and sparkling water, have increased from 36% to 59%, respectively. The gap between these drinks continues to widen.
- This research corroborates other independent studies<sup>1,2</sup> and demonstrates an important shift in consumer behaviour, which aligns with public advice, the ADG and the industry's current commitments to encourage informed choices that contribute to a healthy diet, such as the [Sugar Reduction Pledge](#) (the Pledge).
- The Pledge is another industry-led example of effective voluntary initiatives that support public health activities. From 2015-2020, the non-alcoholic beverages industry pledgees achieved a 12% reduction in sugar, ahead of the 10% target by 2020 and on track to meet the 20% target by 2025.
- This is achieved through a suite of initiatives including but not limited to: introduction of more low- and no-sugar varieties, smaller pack sizes, reformulation and increased marketing spend to promote low/no sugar drinks.
- In addition, the industry is committed to supporting the Health Star Rating (HSR) scheme as a tool to empower consumers to make informed choices by transitioning to 'stars-on-pack'.
- Collaborative efforts and partnerships between government and industry are proven successful through voluntary measures to decrease the consumption of sugar in beverages and should be considered in developing health promotion initiatives such as the HPSF.

**15. Do you think the target groups outlined in this section (pp. 42-52) are clear and appropriate?**

*Please select only one item*

Yes     No

<sup>1</sup> Australian Bureau of Statistics, Australian Health Survey 2011-13.

<sup>2</sup> CSIRO Secondary Analysis of 2011-2012 National Nutrition and Physical Activity Survey. [https://www.australianbeverages.org/wp-content/uploads/2019/09/87152\\_ABC\\_CSIRO\\_A4DS\\_FINAL.pdf](https://www.australianbeverages.org/wp-content/uploads/2019/09/87152_ABC_CSIRO_A4DS_FINAL.pdf)



**16. With regard to the strategic directions for preventing overweight and obesity (pp. 48-52), do you think there are any major gaps or changes needed?**

*Please select only one item*

Yes     No

### **Healthy Policies**

The ABCL requests the development of any policy document directly and indirectly impacting industry should involve industry engagement to achieve harmonisation of efforts. Government should be cognisant of industry-led and self-regulatory initiatives as well as intricacies involved in policy changes from an industry perspective to avoid excessive burden on industry and therefore ineffective change in health promotion areas.

### **Legislation and regulation**

The ABCL supports self-regulatory initiatives such as that demonstrated by the non-alcoholic beverages industry for responsible marketing and advertising, sugar reduction via portfolio renovation and responsible sales and promotion activities. **We do not support** further regulation on the composition, nutrition labelling and marketing and advertising of food and beverages.

The industry has conducted comprehensive and dynamic portfolio renovation that has been proven effective, as evidenced in the [Sugar Reduction Pledge recent progress report](#) that shows the industry is ahead of the reduction requirement to meet the 2025 target of 20%. Any effort to mandate reformulation and impose requirements on industry is a missed opportunity to support and encourage consumer-led choices enabled by industry initiatives. The non-alcoholic beverages industry's Pledge is testament to the multifaceted approach that is essential to encouraging healthier choices.

ABCL members are making significant changes to their beverage portfolios as part of their commitments to the Pledge, but also in support of existing government initiatives such as the Health Star Rating (HSR) scheme. The ABCL is committed to the HSR scheme and is encouraging uptake by members including transition to stars-on-pack as means of informing consumers of the wide variety of beverages that can be included in a healthy diet.

Other self-regulatory commitments of the non-alcoholic beverages industry include those relevant to responsible marketing and advertising limits, via the [ABCL's Responsible Marketing and Advertising Pledge](#) and the [Australian Association of National Advertisers \(AANA\) Food and Beverages Advertising Code](#). Both codes enact marketing and advertising limits to anyone 15 years and over, including through traditional and digital mediums.

ABCL's energy drink manufacturer members also adhere to a commitment of responsible sales and marketing practices under the ABCL's longstanding [Energy Drink Industry Commitments](#). This is another example of the non-alcoholic beverages industry's proactive approach to self-regulation.

**The ABCL does not support** blanket restrictions on promotion or policy approaches targeting beverage products, in recognition of the ongoing innovation across the category and responsible self-regulation that already exists. The ABCL supports the continuation of the self-regulatory system as the best method of aligning the industry's advertising and marketing communications with community standards and expectations.

## Economic interventions

**The ABCL does not support** the use of economic tools to shift consumer purchases, as this may yield unintended negative consequences for the broader economy. The ABCL notes there is an economic tool in place to encourage consumption of unprocessed food and beverages in the form of the goods and services tax (GST). International examples of other economic tools such as excise and other taxes, and other fiscal policy approaches to mandate reformulation have not impacted obesity levels. Pricing tools are demonstrably regressive, placing an economic burden on vulnerable communities already experiencing food insecurity. Greater emphasis should be placed on better understanding the structural barriers, beliefs, attitudes, and facilitators of ongoing consumption of sugar sweetened beverages to inform future health promotion efforts and to determine educational tools can be utilised to drive the desired behavioural change.

Lasting change in consumer behaviour is evidently more positive when individuals are provided with broader and informed choices through industry-led portfolio renovation, rather than removing choices as a mandate to push them towards healthier options.

Other tools administered by the Federal Health Department such as the HSR scheme are designed to empower consumers with greater access to information and increased availability of options to make an informed choice. These tools are only effective if supported by educational tools to assist consumers. Beverage manufacturers need to have the flexibility to innovate and develop new products to expand product portfolios to deliver a wide range of beverages that are both accessible and affordable. The HSR provides incentive to industry to reformulate and provide broader informed choice for consumers, aligns with industry-led initiatives like the Pledge, and is supported by the non-alcoholic beverages industry. The same principle should remain when considering other policy approaches to shift consumer purchases, rather than economic tools.

### Part 4.3: The five year plan - Reducing harmful alcohol use (pp. 53-59)

**17. Do you think the identified priorities for reducing harmful alcohol use (pp. 55-57) address the key issues relating to this area?**

*Please select only one item*

Yes    No

If no, please outline how you think they should change and why (300 word limit)

**18. Do you think the target groups outlined in this section (p. 53-59) are clear and appropriate?**

*Please select only one item*

Yes    No

If no, please outline how you think it should change and why (200 word limit)

**19. With regard to the strategic directions for reducing harmful alcohol use (pp. 57-59), do you think there are any major gaps or changes needed?**

*Please select only one item*

Yes    No

If yes, please outline what you think should be added or changed and why (300 word limit)

**Part 4.4: The five year plan - Preventing injury and promoting safer communities (pp. 60-65)**

**20. Do you think the identified priorities for injury prevention and safer communities (pp. 62-63) address the key issues relating to this area?**

*Please select only one item*

Yes    No

If no, please outline how you think they should change and why (300 word limit)

**21. Do you think the target groups outlined in this section (pp. 60-65) are clear and appropriate?**

*Please select only one item*

Yes    No

If no, please outline how you think it should change and why (200 word limit)

**22. With regard to the strategic directions for injury prevention and safer communities (pp. 64-65), do you think there are any major gaps or changes needed?**

*Please select only one item*

Yes    No

If yes, please outline what you think should be added or changed and why (300 word limit)

## Part 5: Monitoring progress (pp. 66-71)

This section provides an outline of the current approaches for monitoring progress in the areas of chronic disease and injury.

### 23. Do you think a suitable process is outlined for monitoring progress in the areas of chronic disease and injury?

*Please select only one item*

Yes     No

The ABCL supports monitoring and reporting frameworks which involve keeping abreast of industry-led initiatives that support the key priorities under *Part 2: Halting the rise in overweight and obesity*. The ABCL recommends continuous monitoring and evaluation of the HPSF's objectives. The strategic directions under this priority must be regularly reviewed in relation to the impact on businesses (particularly small businesses), community organisations and individuals.

The latest National Nutrition and Physical Activity Survey is a decade old and is therefore not reflective of the significant shift in consumer purchasing behaviour. We recommend pursuit of improved partnerships with industry as this will enable governments to access a wealth of data and scientific research that is both current and robust. We support extensive consultation of evidence concerning diet and exercise. We advocate for the use of evidence that supports all positions during the development of policies and health promotion initiatives.

## Appendices

These questions relate to the Appendices of the HPSF.

### 24. In relation to complementary policies and strategies (Appendix 1, pp. 73-74 and Appendix 2, pp. 75-80), do you think there are any critical policies/strategies missing?

*Please select only one item*

Yes     No

We reiterate the importance of government liaising with industry when formulating health policies and health promotion strategies, while consulting the most current research to support the implementation of those policies and health promotion campaigns. We ask that additional extraneous factors that may lead to obesity are considered in policy design and implementation, for example, lack of physical activity, genetic factors, and other psychosocial determinants.

### 25. In relation to common policy areas, strategies and initiatives among WA Government departments and agencies (Appendix 3, pp. 81-82), do you think there are any areas, strategies or initiatives missing?

*Please select only one item*

Yes     No

The ABCL notes that the policy areas, strategies and initiatives outlined in Appendix 3 are detailed and comprehensive. In particular, we encourage the promotion and consumption of locally sourced food while providing consumers with the choice to consume discretionary non-alcoholic beverages on occasion at their discretion as per the Australian Dietary Guidelines. We advocate for support from government in recognising industry-led initiatives to support consumer choice and education, whilst upholding the importance of a healthy and balanced diet.

## Overarching questions

These questions relate to the entire WA HPSF.

### 26. Do you think the structure of the WA HPSF is appropriate and easy to follow?

*Please select only one item*

Yes     No

Do you think any improvements can be made? If so, please outline these improvements below (200 word limit)

### 27. How you will use the WA HPSF in your work?

*More than one box can be selected. Please select all that apply.*

- To guide my agency's strategic planning
- As a tool when working with other stakeholders
- To get a better understanding of new/emerging issues
- I will not use the HPSF in my work
- Other

If you selected 'other', please outline how below (200 word limit)

### 28. Are there any additional tools, resources and/or supporting documents you think would be useful to assist you or your agency to understand and use the HPSF?

*Please select only one item*

Yes     No

If yes, please list these tools, resources and/or supporting documents below (200 word limit)

### 29. Are there any other comments you wish to make about the WA HPSF?

*Please select only one item*

Yes    No

The ABCL reiterates the success of existing, proven, voluntary measures to decrease the consumption of sugar in beverages. The non-alcoholic beverages industry's Sugar Reduction Pledge commits to a 20% reduction of sugar from drinks sold by 2025. As of December 2020, the industry has reduced sugar by 12% since 2015. This is above its target of 10% and on track to reach the 20% target.

The ABCL recommends that current and robust data is used to support the development of health promotion initiatives and policy initiatives, noting that the latest National Nutrition and Physical Activity survey is almost a decade old. We recommend pursuit of improved partnerships with industry as this will enable governments to access a wealth of data and scientific research that is both current and robust. We note a recently published peer-reviewed study analysing 22 years of beverage sales trends showing total sugar-sweetened beverages sales declining from 64% in 1997 to 41% in 2018. This downward trend continues. Meanwhile, obesity rates continue to rise.

The ABCL supports the Western Australian Government's goal to improve health outcomes through preventive and promotional activities and notes the importance of the strategies listed in the HPSF must accurately reflect the equal roles that the WA government and industry play. This approach that is supported by a current and robust evidence-base will ensure a system that is collaborative, supportive, and unrestrictive to Western Australian consumers.

**Thank you for taking the time to complete this survey.**