



Government of **Western Australia**
Department of **Health**

Western Australian Health Promotion Strategic Framework 2017–2021

Achievements and outlook for priority areas

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Contents

2017–2021 Highlights	1
Introduction	2
Background	2
Curbing the rise in overweight and obesity	3
Healthy eating	8
A more active WA	14
Making smoking history.....	18
Reducing harmful levels of alcohol use.....	23
Preventing injury and promoting safer communities.....	29
The WA Health Promotion Strategic Framework 2022–2026.....	34
References.....	35
APPENDIX: WA Department of Health’s partners in health promotion	39

2017–2021 Highlights

Public awareness and engagement



The WA Preventive Health Summit encourages broader thinking and engagement about ways to tackle obesity and alcohol-related harm



New Alcohol. Think Again campaign on the risks of alcohol use in pregnancy increases intention not to drink in a future pregnancy



Major sporting clubs promote healthy lifestyles



Continued investment in statewide community prevention programs to reduce injury in WA

Legislation and regulation



Tough new state tobacco control laws



Smoking exemption removed from the Casino's International Room gaming facility



Mandatory labelling on alcohol products to warn of risks of consuming alcohol during pregnancy

Research and evaluation



In 2016, excess body mass cost the WA health system \$340 million



LiveLighter® confirmed as a highly cost effective obesity prevention campaign



WA Falls Report highlights the impact of falls on the WA community

Healthy policies



Increased availability and access to healthy food and drinks in healthcare facilities



WA Health's Smoke Free Policy updated to remove smoking in involuntary mental health facilities

Supportive environments



Investigation of options to remove unhealthy food and drink advertising from State-owned assets



Alcohol advertising on public transport assets banned to protect children and young people

Introduction

The [Western Australian Health Promotion Strategic Framework](#) (HPSF) is the Western Australian Department of Health’s five-year plan for reducing the prevalence of chronic disease and injury by setting priorities in health promotion to guide investment decisions and policy development for the state. During the 2017–2021 period, the Department focused on six priority areas:

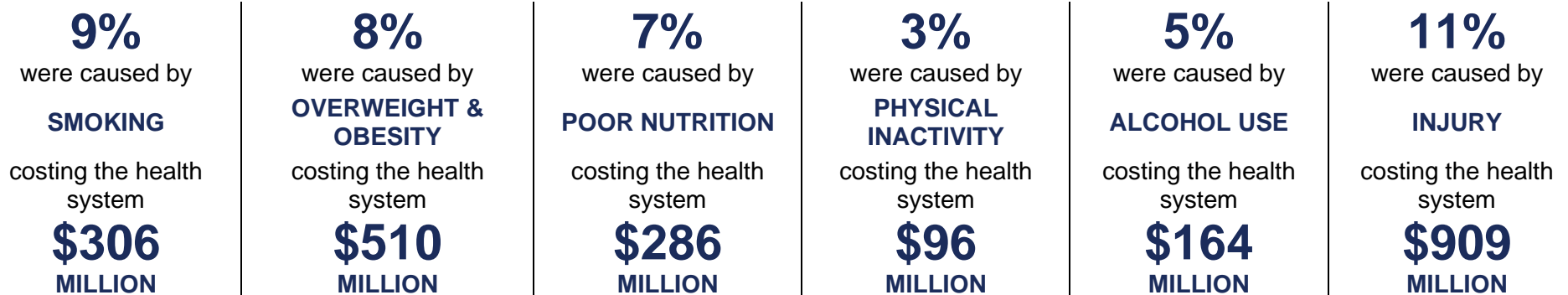
- Curbing the rise in overweight and obesity
- Healthy eating
- A more active WA
- Making smoking history
- Reducing harmful levels of alcohol use
- Preventing injury and promoting safer communities

This short report presents some of the key achievements and activities of the Department and its many partners working to prevent chronic disease and injury in Western Australia (WA) during the lifetime of the HPSF 2017–2021. The report also references the [Sustainable Health Review](#) (SHR), the ten year blueprint for the WA health system released in 2019. The SHR has elevated the priority for public health and prevention across the health system and will continue to be an important enabler for progress against the priorities and strategic directions of updated versions of HPSF over the next decade.

Background

Every year, chronic disease and injury cause the loss of millions of years of life due to illness, disability and early death in Australia.¹ In 2018, more than 2.1 million years of life were affected by disability or lost prematurely as a result of common chronic diseases such as cancer, musculoskeletal conditions and heart disease.¹ A further 400,000 years of life were affected by disability or were lost prematurely due to injuries.¹ An estimated 39 per cent of this burden due to chronic diseases and injuries is preventable, by reducing the population’s exposure to a range of common risk factors. Reducing the population’s exposure to these common modifiable risk factors will significantly lower the incidence of chronic disease and injury, promote longer and healthier lives, and stem the rising demand for and costs of providing health care.

In WA, of the total number of years of life lived in disability and lost prematurely due to preventable risk factors and injuries:



Source: Western Australian Burden of Disease Study 2015 – Contribution of risk factors to burden²

Curbing the rise in overweight and obesity

Obesity is a chronic, relapsing and progressive disease process.³ Being overweight or obese increases the risk of a range of chronic diseases including heart disease, fatty liver disease, type 2 diabetes, renal disease, musculoskeletal conditions, and several cancers.⁴ It was established early in the COVID-19 pandemic that people living with overweight or obesity are at a significantly increased risk of complications or death from the virus, providing a new urgency for the need for population-wide interventions for obesity prevention.

The increasing prevalence of obesity and obesity-related chronic disease causes significant ill health and disability for individuals and is undermining the long-term sustainability of the WA health system. The SHR has set a target for the WA health system to *halt the rise in obesity in WA by July 2024 and have the highest percentage of population with a healthy weight of all states in Australia by 2029.*⁵

Public health strategies to address overweight and obesity need sustained, long-term investment and consideration of the broader socio-economic, cultural, and environmental conditions that influence behaviour and unhealthy weight gain. The links between obesity and mental health, weight stigma and bias, are also important considerations for public health communication, programs, and policies.

2017–21 priorities

1. Promote environments that support people to achieve and maintain a healthy weight (see also Healthy Eating and A More Active WA)
2. Prevent and reverse childhood overweight and obesity
3. Motivate behaviour to achieve and maintain a healthy weight among adults

Major achievements and highlights

WA Preventive Health Summit

In March 2018, Minister for Health hosted the Department's [WA Preventive Health Summit](#) to encourage broader thinking and community engagement about ways to foster healthy lifestyles and reduce and prevent obesity and alcohol-related harm in Western Australians. Leading health promotion and public health experts discussed a range of policy options to stimulate wider discussion about [how to tackle](#) these complex public health issues.

LiveLighter® confirmed as a highly cost-effective obesity prevention campaign and receives international accolades

Independent [research](#)⁶ by Deakin Health Economics in 2020 found that the [LiveLighter® campaign](#), funded by the Department since 2012, has led to reductions in self-reported intakes of sugary drinks and sweet food. A one year campaign alone (consisting of three campaign waves of advertising) was estimated to result in \$6.5 million in healthcare cost savings, and gains of 470 health-adjusted life years over the modelled life of the WA adult population.⁶

The World Cancer Research Fund commended LiveLighter® as a model of best practice in behaviour change communication in 2018.⁷ In 2021 the Department of Health extended funding for the campaign for a further five years.

Quantifying the burden and cost of excess body mass in WA adults and children

In 2020, the Department released a [report](#) estimating that 9 per cent of all hospitalisations for adults and children were attributable to excess body mass in 2016, costing the WA health system \$340 million in that year.⁴ This is an underestimate of the full costs, as the report did not include emergency department, pharmaceutical and other costs. The report also estimated that if current trends in child and adult overweight and obesity continue, hospitalisations due to excess body mass could increase by 54 per cent by 2026 and health care costs could rise by 80 per cent to \$610 million. The report highlights the strong potential for return on investments in publicly funded obesity prevention and early intervention programs, backed by robust policies and regulations to support Western Australians to achieve and maintain a healthy weight.

Refreshed focus for statewide obesity prevention programs

A detailed review was completed in 2020 to identify the Department's priorities for investment in statewide obesity prevention programs over the next five years. The review considered international recommendations for best practice, Australian cost effectiveness data, evaluations of past programs funded by the Department, and recommendations from the WA Preventive Health Summit and the SHR. Three programs were prioritised for statewide investment. These are a Healthy Lifestyle Education and Promotion Program (LiveLighter®); a Whole of School Healthy Eating Program; and a Family-based Early Intervention Program for Child Obesity.

Preventing and reversing childhood overweight and obesity is a key strategy in the HPSF. The SHR also supports this strategic direction, and identifies that efforts to address obesity should include a focus on children to give them the best start at life. This continues to be a priority for investment by the Department of Health.

Key Initiatives

Healthy policies

During 2019–2021, the Department contributed to developing the first national framework for obesity prevention and early intervention through its membership of the cross-jurisdictional National Obesity Strategy working group. The [National Obesity Strategy 2022–2032](#) identifies priorities for action to prevent, reduce and treat overweight and obesity in Australia.⁸ There are clear parallels between the National Obesity Strategy and the priorities set by the HPSF and the SHR.

Public awareness and engagement

The statewide [LiveLighter®](#) campaign has promoted the importance of healthy eating, physical activity and a healthy weight to reduce the risk of chronic disease in WA since its launch in 2012. Over the past five years, 10 campaign waves have focused on sugary drinks and junk food. During COVID-19 pandemic, new digital campaigns were developed to support healthier eating and moving more while spending more time at home. The LiveLighter® program also offers an extensive range of online tools and resources to help WA adults adopt healthy behaviour changes, and to support health professionals in encouraging these changes.

Evaluation by the Centre for Behavioural Research and Cancer (Cancer Council Victoria) has found that LiveLighter® continues to increase awareness and knowledge about the health consequences of excess body weight from consuming too much junk food and sugary drinks; generates discussion in the community surrounding campaign messages that encourage healthy lifestyle behaviours; increases intentions to cut down on junk food and sugary drinks; and decreases consumption of junk foods and sugary drinks among frequent consumers. Elements of the campaign continue to be used in a number of other Australian states and territories with the agreement of the Department due to their quality and effectiveness.

Targeted Interventions

The [Better Health Program](#) is a 10-week, evidence-based healthy lifestyle program for WA children aged 7 to 13 years who are living with overweight or obesity, and their families. The Department has funded delivery of this program since 2014. Evaluation of the program has shown that children who participate experience improvements in body mass index, time spent in physical activity, mental health, and nutrition habits. *Talking with Parents about Children's Weight* is a free online training resource for WA health and community professionals developed under this program for health and community professionals. The resource aims to increase knowledge, confidence and skills in talking with parents about their children's body weight. Over 1,600 professionals have now completed the training. See *Healthy Eating* and *A More Active WA* for other obesity prevention programs funded by the Department.

Strategic coordination, building partnerships and workforce development

The LiveLighter® campaign has continued to contribute to broader efforts to advance public health policy in WA by working with other lead agencies on joint policy development, research and advocacy projects. This provides opportunities for the LiveLighter® campaign to amplify messages of other organisations with common goals and messages particularly around awareness of chronic diseases impacted by overweight and obesity.

Monitoring progress

Overweight and obesity are the leading preventable risk factor for disease, responsible for the greatest proportion of total non-fatal health burden in WA at 7.3 per cent, followed by tobacco (5.8 per cent), and alcohol use (4.0 per cent).²

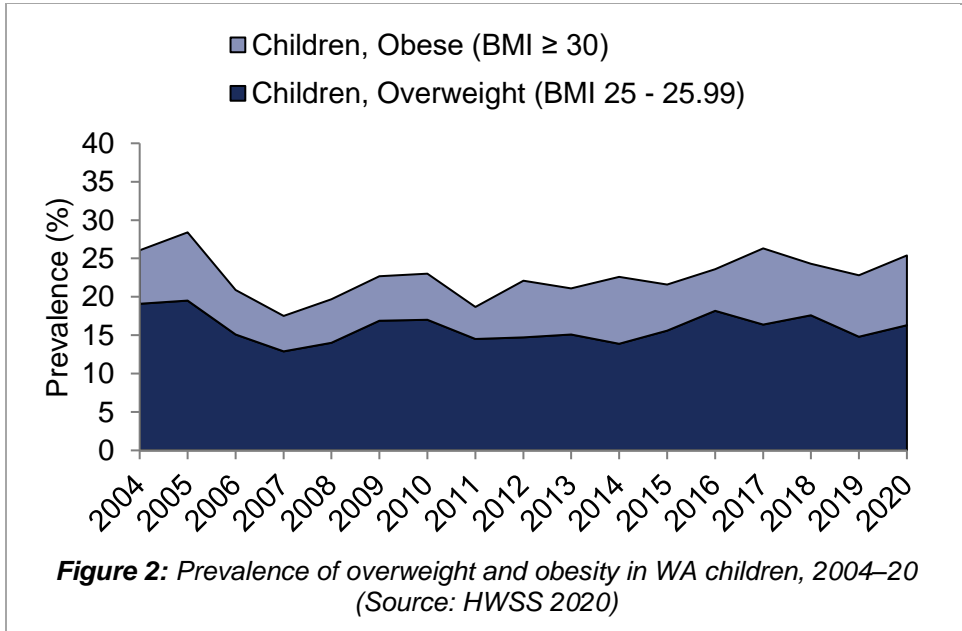
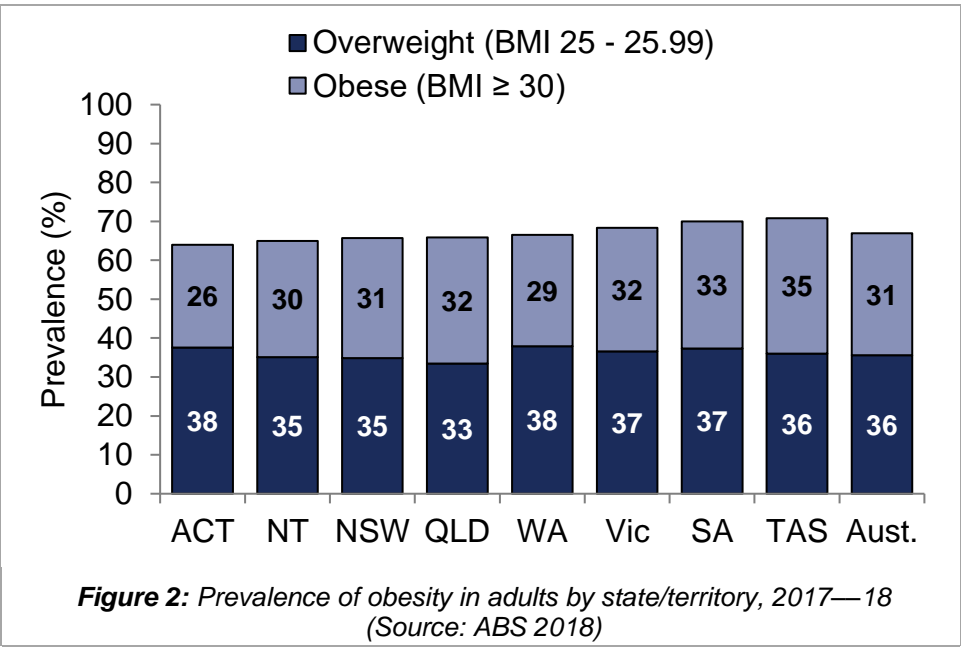
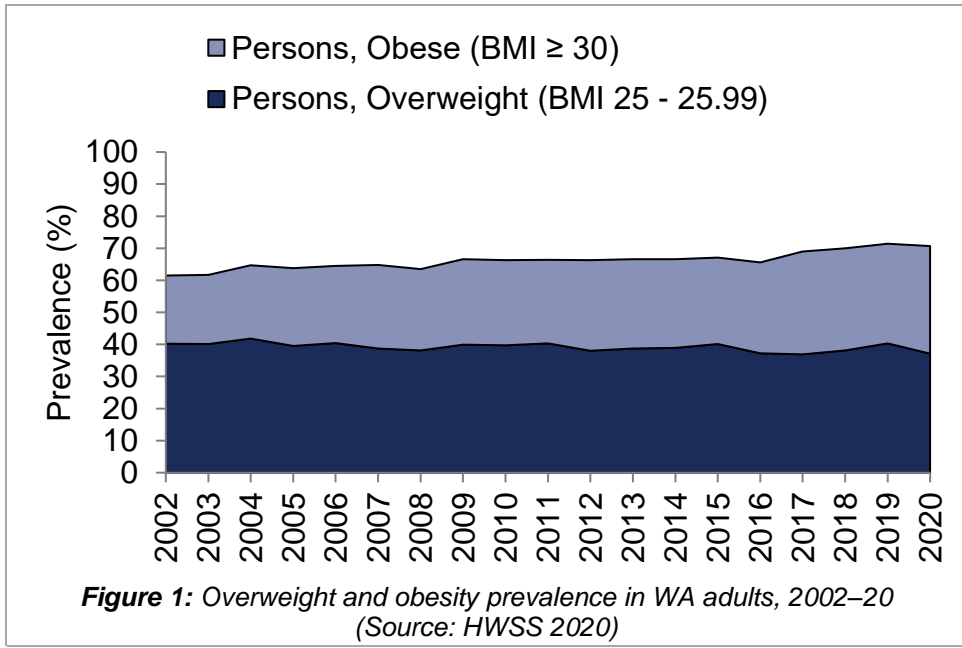
Trend data from the latest HWSS (Figure 1) shows that while the proportion of WA adults who are overweight has remained stable over time, the proportion of adults living with obesity has increased from one in five (21 per cent) in 2002 to one in three (34 per cent) in 2020.⁹ WA has similar rates of overweight and obesity as other Australian states and territories (Figure 2).¹⁰

Parent-reported height and weight suggests that the prevalence of overweight and obesity in WA children and young people aged 5–15 years has remained constant over time (Figure 3). However, one in four children are above a healthy weight in WA, placing them at increased risk of chronic diseases and premature mortality as adults. A majority of WA parents with a child who is either overweight or obese perceive their child as being a normal weight.¹¹

Outlook

Because overweight and obesity are influenced by a range of factors, the SHR has called for a comprehensive, coordinated approach across all sectors. The HPSF 2022–2026 will continue to prioritise taking a partnerships approach to promote environments that will support healthy eating and accessible active living for people of all ages and abilities. This work includes consideration of the impact of urban design to encourage active transport and enable easy and equitable access to safe and attractive recreational space, and the need for everyone to have access to safe and nutritious food that meets their preferences and dietary needs. The food environment is also profoundly influenced by food industry marketing, promotion and pricing. Children are particularly vulnerable to these influences, and should be better protected from them, as noted in the SHR. As a first step to addressing this, the SHR recommends that unhealthy food and drink promotions should be banned from all State premises.

The release of the National Obesity Strategy 2022–2032 and the National Preventive Health Strategy 2022-2032¹² has also provided an elevated profile for obesity prevention, and establishes a broader platform for a coordinated national approach to reducing overweight and obesity. This is essential given that the most powerful policy levers that will have an impact on halting the rise in overweight and obesity are within the control of the Australian Government. These include the introduction of a tax on sugar-sweetened beverages and restrictions aimed to reduce children's exposure to unhealthy foods and drinks. Both interventions have a demonstrated evidence base for success, are supported by the SHR, and are recommended by the World Health Organization.



Healthy eating

Establishing healthy eating habits and maintaining a nutritious and balanced diet are critical for health and wellbeing and the prevention of chronic disease across the lifespan. Good nutrition is especially important for growth and development in childhood, but a large proportion of children and adults do not meet the recommendations in the Australian Dietary Guidelines.¹³ People living on low incomes and people living in regional and remote WA can experience difficulty in accessing fresh, affordable, and healthy food. It is also increasingly recognised that most food and drink promoted through advertising and price promotions is unhealthy¹⁴, and this influences dietary preferences and intake, including that of children.¹⁵

2017–2021 Priorities

1. Foster environments that promote and support healthy eating patterns
2. Increase availability and accessibility of quality, affordable nutritious food for all
3. Increase the knowledge and skills necessary to choose a healthy diet

Major achievements and highlights

Increased availability and access to healthy food and drinks in healthcare facilities

The Department sets the WA health system's standards for a healthier retail food environment with the [Healthy Options WA: Food and Nutrition Policy](#). In 2018 the Minister for Health asked for a state-wide audit of compliance and a review of the policy. The [audit](#) found there have been significant improvements in the availability of healthy food and a decline in unhealthy food offered in WA hospitals since 2016, due to the efforts of the health system's Health Service Providers. A revised policy was released in February 2021, informed by national nutrition standards¹⁶, stakeholder consultation, and evidence-based policies already in place in other Australian health systems. An important change in the updated policy is that sugar-sweetened beverages are no longer able to be sold on WA health system entity premises.

Removing unhealthy food and drink advertising from State-owned assets

In response to an election commitment made by the WA Government in early 2021, the Department established a cross-government working group in collaboration with Healthway to investigate options to remove unhealthy food and drink advertising from State-owned assets. A Healthy Food and Drink Advertising Policy was drafted for consideration by the WA Government.

Key Initiatives

Healthy policies

The [Healthy Options WA Food and Nutrition Policy](#) was introduced by the Department in 2008, applying across the whole WA health system. The WA health system continues to be a leader in this policy area by having a mandatory policy, and publishing policy evaluation data (see also *Major Achievements and Highlights*).

Between January 2017 and July 2019, the Department collaborated on a national cross-jurisdictional working group tasked by the former Council of Australian Governments (COAG) Health Council to develop actions to limit the impact of unhealthy food and drinks on children in five areas: health care; schools; children's sport and recreation; food promotion; and food regulation. A number of guidelines, standards, and joint statements by Health Ministers were produced and endorsed by the COAG Health Council, including a national interim guide to define unhealthy food and drinks that should not be promoted to children.¹⁷ These standards have formed the basis for proposals to remove unhealthy food and drink advertising from infrastructure and areas where children are more likely to see it.

Legislation and regulation

The Department continues to contribute to national food regulation initiatives to improve the nutritional profile of foods and drinks through product reformulation and to assist consumers to make informed food choices through nutrition labelling. The Department is represented on the Food Regulation Standing Committee, and has contributed to consultations on a five-year review of the Health Star Rating System, the development of policy guidelines for menu kilojoule labelling in fast food restaurants, and reform of Australia's Food Regulatory System.

Supportive Environments

The Department maintained a strong focus on promoting healthy food environments through its programs and policies in schools, health services and workplaces (see also *Targeted Interventions*). The Department also contributed to policies and other initiatives led by Healthway that support and promote healthy eating in sport, recreation, and entertainment facilities. These include Healthy Venues and Healthy Sporting Club Grants; a [Healthy Vendor Guide](#) for food trucks; [Fuel to Go & Play](#), which supports community venues in creating healthier food environments; and Healthy Partnerships funding.

In collaboration with Health Service Providers and other key agencies, the Department coordinated WA Government input into the Australian Healthy Food Environment Policy Index ([Food-EPI](#)) in 2017, 2019 and 2021. Food-EPI assesses the extent to which governments in Australia (Commonwealth, State and Territory) are implementing globally recommended policies for addressing obesity and creating healthier food environments across 13 domains and 47 good practice indicators. A scorecard is produced for each

government that recommends and prioritises actions as well as highlighting areas of progress against key policy areas. The 2021 scorecard indicated that WA is among the States and Territories making the most progress in long-term government strategies for public health nutrition; strong healthy food provision policies in schools and healthcare; and strong investment in high quality public education campaigns promoting healthy eating.

Public awareness and engagement

The use of Department-owned brands and messages has been supported and facilitated in many community settings to promote awareness and knowledge of healthy eating to motivate behaviour change. This has been achieved through a partnership with Healthway where brands such as LiveLighter® and Gofor2&5® are actively promoted and used in association with arts, cultural and sporting events in local communities.

Targeted interventions

Schools are an important setting for health promotion and the Department continued to fund school-based programs that support food literacy education and provision of healthy food and drink in public schools. These were the [Refresh.Ed](#) nutrition curriculum materials for teachers, the Healthy Food and Drink Project to support school canteens, and the WA [School Breakfast and Nutrition Education Program](#). These programs continued during the COVID-19 pandemic. Resources were also developed for parents and carers who were home schooling during the pandemic.

The Department continued to invest in [Food Sensations® for Adults](#), a practical program to help people with a lower income improve their food literacy skills and learn about planning, selecting and preparing nutritious foods. Training for health professionals to deliver this program in regional areas was also provided.

Between 2012 and 2021, the [Healthier Workplace WA](#) program provided a wide range of support tools and guidance for workplaces to establish a comprehensive workplace health program. This program is now continuing as part of the LiveLighter® program.

Strategic coordination, building partnerships and workforce development

Sharing and providing data on food environments at a national and international level helps to expand the nutrition evidence base. WA was one of the first jurisdictions to provide data for healthcare and school settings for the [Australian Food Environments Dashboard](#) and the [United Nations Standing Committee on Nutrition](#), in addition to the Australian Healthy Food Environment Policy Index (Food-EPI).

A number of intellectual property licence agreements are managed by the Department which allow delivery of the LiveLighter® campaign in other states and territories in Australia. In addition to building and fostering partnerships with interstate colleagues, these partnerships help to maximise the reach of the investment in this work. The LiveLighter® program also provides advice, information,

and tools to support other agencies and professionals, including HSPs and local government, to implement local strategies which maximise and extend the reach of the campaign.

Contributions to independent research have been made to help guide priority setting at a state and national level, including research to identify opportunities under existing laws, investigation of regulatory frameworks for taxation measures to decrease sugary drink consumption, and evidence to support changes to planning regulations to support healthy food environments.

Monitoring progress

When considered as a preventable risk factor, poor diets are responsible for 11 per cent of the total fatal burden of disease in WA, coming a close second to tobacco use (12.5 per cent).² Data collection continues to provide evidence to inform new approaches and monitor the effectiveness of healthy eating initiatives. A Department review of population nutrition monitoring and surveillance in WA was undertaken in 2017 to ensure the ongoing collection of high quality data on nutrition knowledge, beliefs and attitudes, and usual dietary intake through both the [Nutrition Monitoring Surveillance System](#) and the [Western Australia Health and Wellbeing Surveillance System](#).

In response to concerns about the possible impact of the COVID-19 pandemic on healthy eating and food security, additional questions were included in the HWSS in May 2020 to monitor population lifestyle changes in response to COVID-19 public health control measures in WA. A range of [bulletins](#) was produced including a summary of changes in cooking and eating habits, and access to essential supplies.

The proportion of WA adults and children meeting the Australian Dietary Guidelines¹⁸ recommended daily vegetable intake remains low (Figure 4)¹¹ and declined between 2002 and 2020.⁹ The prevalence of WA adults and children who meet the daily recommended intake for both fruit and vegetables is comparable with other Australian states and territories (Figure 5).¹⁰

WA adults and children get more than a third of their daily calories from unhealthy food and drinks such as sugary drinks and fast food.¹⁹ In 2020, the Health and Wellbeing Surveillance System (HWSS) was able to report for the first time that significant proportions of WA children are frequent consumers of sweet snacks, salty snacks, processed meats, and sugary drinks.¹¹ Approximately two in five WA children eat meals from fast food outlets at least once a week, and this has remained steady since 2009 (Figure 6).⁶ While the proportion of adults who reported 'never consuming meals from fast food outlets' significantly improved from 38 per cent in 2009 to 46 per cent in 2019, it decreased to 35 per cent in 2020, a likely result of the COVID-19 pandemic and increased use of online food delivery. More nutrition questions were added to the HWSS in 2020 to include more discretionary food items (Figure 7).

Outlook

Promoting healthy eating in WA through education and raising awareness, support and resources, and policy and support for healthy environments remains a priority for the Department. Priorities for implementation will align with those recommended by the SHR and

other strategies in the WA HPSF 2022–2026 and will facilitate WA’s implementation of the National Obesity Strategy and the [National Preventive Health Strategy 2021-2030](#).

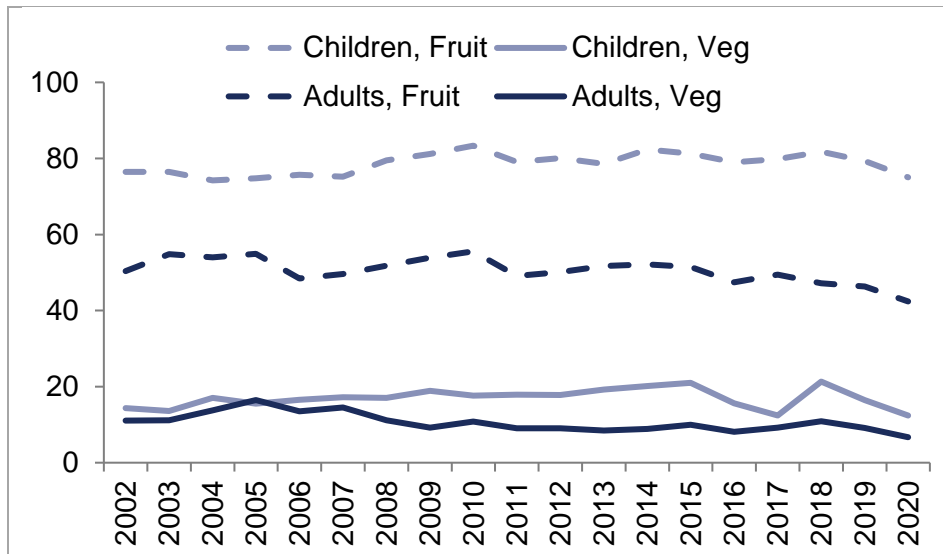


Figure 4: Proportion of WA Adults and Children meeting the Australian Dietary Guidelines for fruit and vegetable consumption, 2002–20 (Source: HWSS 2020)

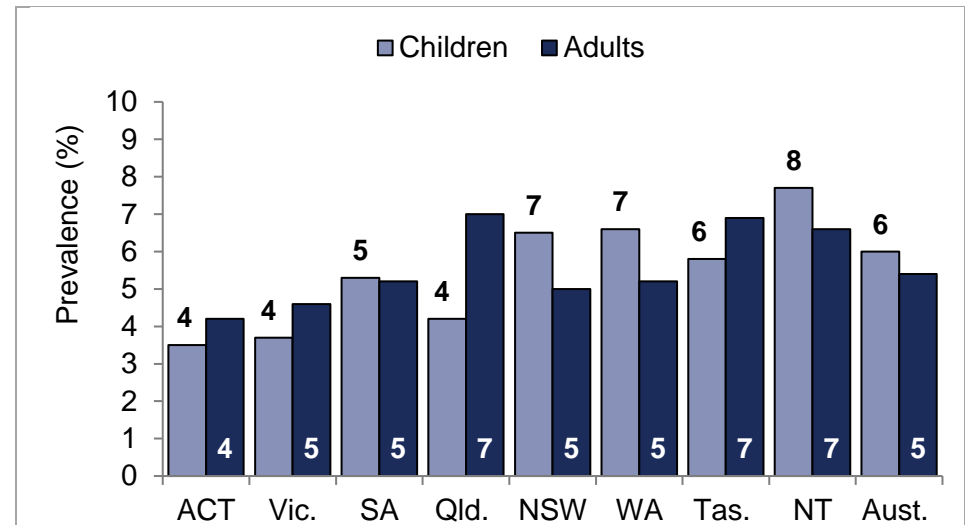


Figure 5: Proportion of WA Adults and Children meeting the Australian Dietary Guidelines for fruit and vegetables consumption by state/territory, 2017–18 (Source: ABS 2018)

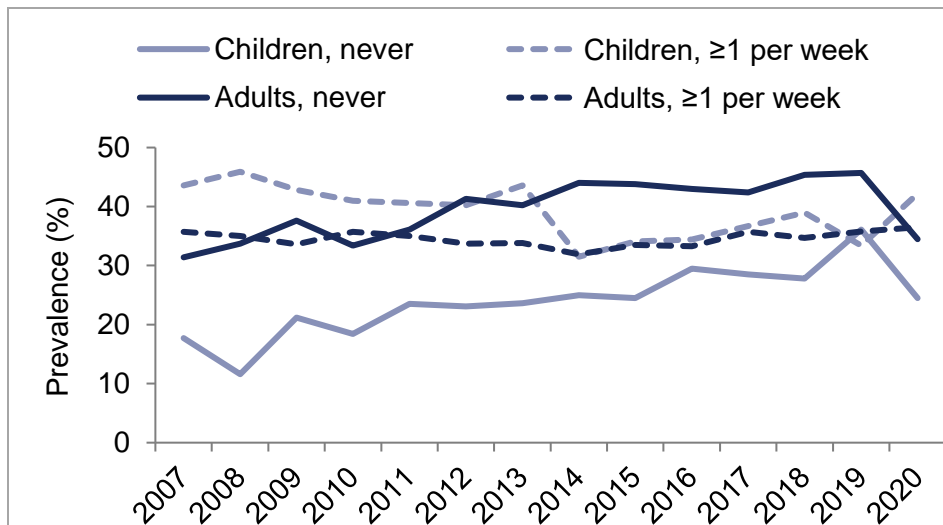


Figure 6: Prevalence of fast food consumption in WA children and adults, 2007–20 (Source: HWSS 2020)

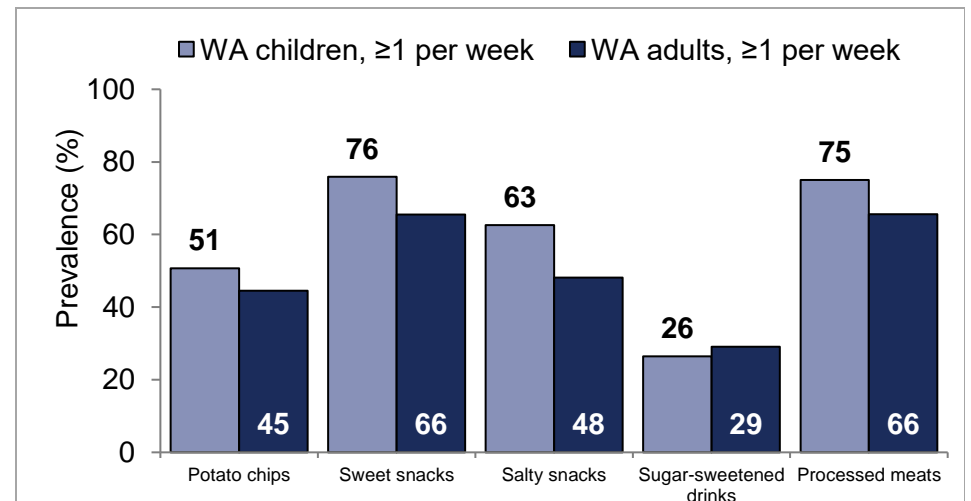


Figure 7: Prevalence of discretionary food consumption in WA children and adults, 2020 (Source: HWSS 2020)

A more active WA

Physical activity is essential for growth and development in children and young people, as well as maintaining good physical and mental health over the life course. Physical inactivity and sedentary behaviour are independent risk factors for chronic disease through their impacts on the regulation of a healthy weight, body fat, blood cholesterol, blood pressure, muscle strength, and bone density. Active living also provides many benefits to mental health and wellbeing through physical movement, social interaction, and recreational pursuits. Public health efforts to encourage both intentional and incidental physical activity and less time spent being sedentary need to encompass education and awareness raising, as well as addressing the environmental, economic, cultural, and other barriers to behaviour change.

2017–21 Priorities

1. Promote environments that support physical activity and reduce sedentary behaviour
2. Reduce barriers and increase opportunities for physical activity across all populations
3. Increase understanding of the benefits of physical activity and encourage increased activity at all stages of life
4. Motivate lifestyle changes to reduce sedentary behaviour

Major achievements and highlights

Leading WA sporting teams promoting healthy lifestyles

A collaboration between Healthway and Cancer Council WA facilitated LiveLighter® sponsorship partnerships with Perth Glory Men's A-League and the West Coast Fever netball team. Players promoted increased physical activity (and healthy eating messages) at community events and as part of joint campaign strategies with the Department's LiveLighter® logo featured on clothing, media backdrops and game day signage.

Key initiatives

Healthy policies

The Department has contributed to and strengthened state and national policies impacting physical activity and sedentary behaviour, including 24-Hour Movement Guidelines for Children and Young People; the National Sports Plan; the WA Trails Blueprint, and the [Play Spaces and Environments for Children's Physical Activity and Health](#) (PLAYCE) Policy Partnership Project. The launch of the 'PLAYCE Policy' to support children to develop good physical activity and reduce sedentary behaviours in early education and

childcare settings is an example of the strong outcomes that can be achieved with effective collaboration between researchers, policy makers, and education providers.

Environments to support active living

The Department continued to influence and shape statewide strategies that support the creation of environments that encourage active living by contributing to policies and initiatives led by other agencies. For example, between 2017–2022 the Department of Planning, Lands and Heritage consulted on WA Planning Reform and Local Planning Strategy Guidelines and the Department of Transport consulted on their Active Travel to School discussion paper and the Cycling Guide for Local Area Traffic Management Schemes. The Department contributed to the development of the draft WA State Infrastructure Strategy which includes recommendations for designing infrastructure across the built environment in ways that will enable and support community health and wellbeing.

Targeted interventions

Funding has continued from the Department for targeted statewide healthy lifestyle interventions to motivate lifestyle changes to reduce sedentary behaviours and increase physical activity in WA. The LiveLighter® program provides information, tools and interactive resources to encourage and support people to be physically active. During the COVID-19 pandemic, the LiveLighter® campaign developed a 'Healthy at Home' digital and out-of-home campaign to encourage people to be active while working from home and during periods of restrictions. Healthier Workplace WA continued to offer free services to support workplaces to make cultural, environmental and policy changes that support and encourage positive lifestyle behaviour changes among employees. These resources are now available at livelighter.com.au.

Strategic coordination, building partnerships and workforce development

Collaboration continues between the Department and key government partners to progress shared physical activity and sedentary behaviour agendas, including the Department of Transport, the Department of Planning, Lands and Heritage, the Department of Local Government Sport and Cultural Industries, and Infrastructure WA. The Department has also participated in local, state and national committees and forums that support strategic coordination, partnerships and workforce development, and the implementation of robust, evidence-based approaches. These include the WA Bike Riding Reference Group, Active Travel to School working group, Healthy Active by Design Project Management Group, National Physical Activity Network, and the WA Health Promotion and Physical Activity Network.

Monitoring progress

The proportion of WA adults who undertook the recommended daily levels of physical activity increased from 56 per cent in 2007 to 61 per cent in 2020 (Figure 8).⁹ However, there was a reduction from 46 per cent to 32 per cent in meeting recommendations among WA

children over the same period (Figure 8).^{20, 21} In 2017–18, the prevalence of WA adults reporting that they exceeded the recommended 150 minutes of physical activity in the previous week was similar to most other states and territories in Australia (Figure 9).¹⁰

In 2020 a large proportion of WA adults, particularly males, reported they spent most of the day sitting (Figure 10).⁹ Nearly half (44 per cent) of all WA adults spent more than 21 hours of non-work time per week on screen time and more than half (56 per cent) of all WA children exceeded the recommended maximum amount of time for use of electronic.^{9, 11} The proportion of WA children meeting the recommended levels of electronic media use in WA children has remained constant between 2003 and 2020 (Figure 11).¹¹ Levels of sedentary behaviour differ according to level socioeconomic advantage. Living with a greater level of disadvantage is associated with a higher likelihood of spending most of the day sitting.²⁰

Collection of data about physical activity and sedentary behaviour in WA school students aged 12–17 years continued through the 2017 Australian Secondary Students Alcohol and Drug Survey, funded in a long-standing partnership between the Department and the Mental Health Commission. The [survey](#) found that 13 per cent of respondents were sufficiently active for good health and 71 per cent exceeded recommended limits for electronic media used for entertainment in 2017.²²

New questions included in the HWSS in May 2020 to assess changes in lifestyle behaviours due to COVID-19 public health measures, including lockdowns, showed that approximately one-third of WA adults [reported](#) spending less time being physically active and more adults spent most of their time sitting.

Outlook

Encouraging and supporting more movement and less time being sedentary are part of a comprehensive approach to population obesity and chronic disease prevention. Looking forward, the Department will be reviewing priorities for action to continue to support policy, legislation, and other initiatives to create safe and accessible environments that encourage active lifestyles, in collaboration with agencies leading in the areas of sport, recreation, active transport, planning, and infrastructure. These priorities will align with strategies in the WA HPSF 2022–2026 and goals and priorities in the National Obesity Strategy and the National Preventive Health Strategy.

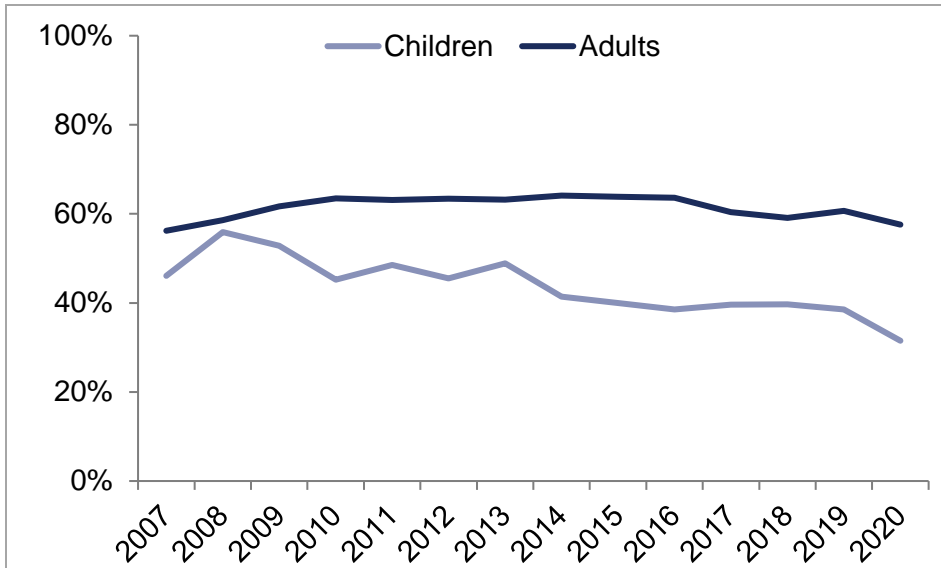


Figure 8: Sufficient physical activity in WA adults and children, 2007–20 (Source: HWSS 2020)

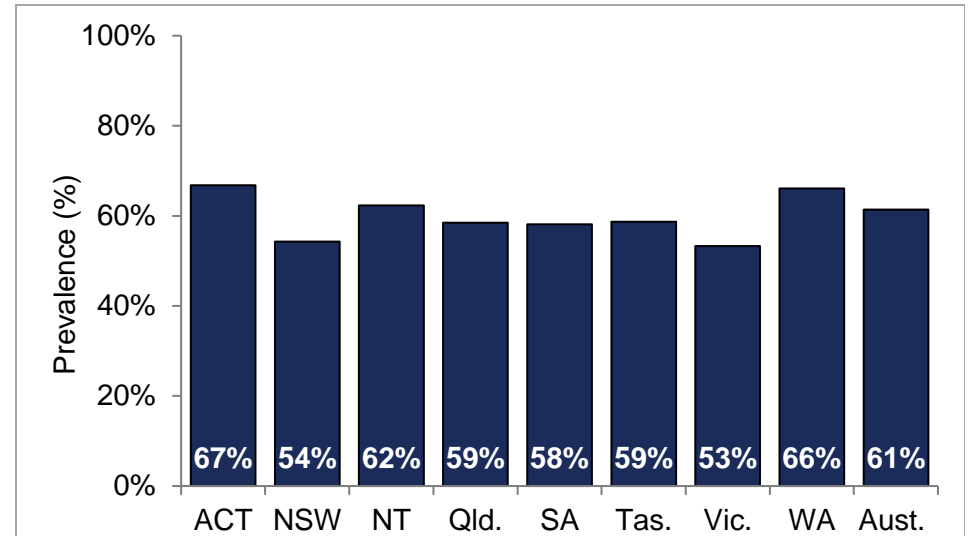


Figure 9: Adults exceeding 150 mins of physical activity (past week) by state/territory, 2017–18 (Source: ABS 2018)

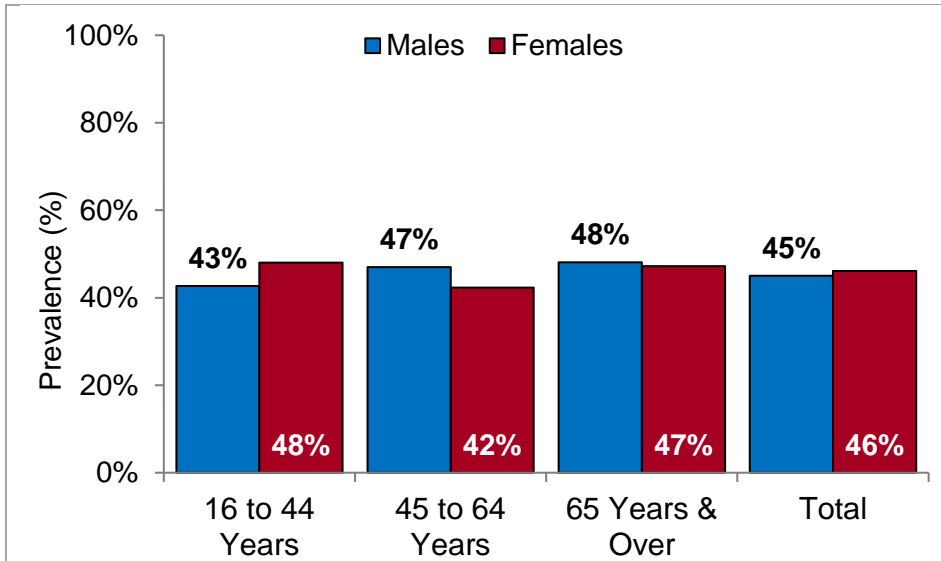


Figure 10: Prevalence of WA adults who report spending most of their day sitting, 2020 (Source: HWSS 2020)

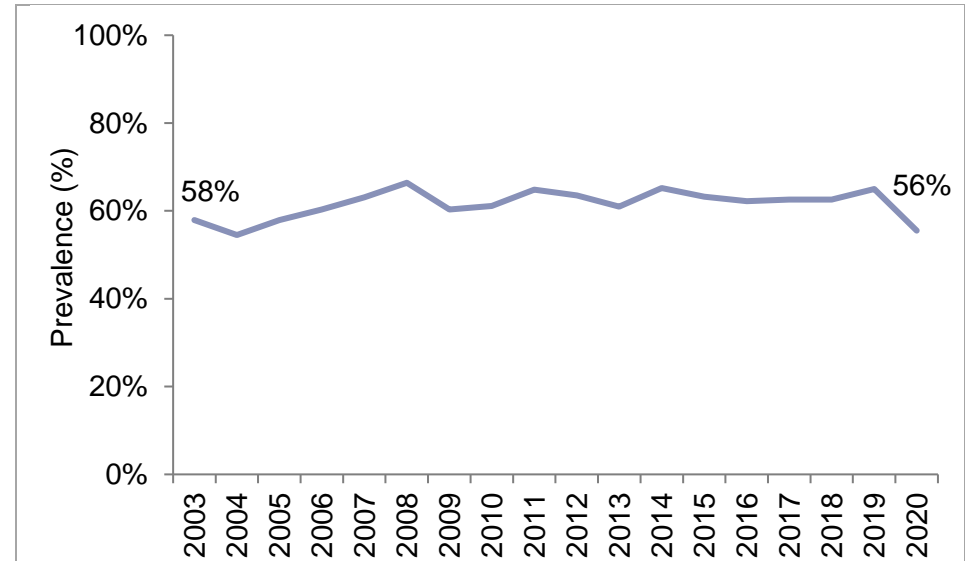


Figure 11: WA children meeting recommendations for electronic media use, 2003–20 (Source: HWSS 2020)

Making smoking history

Reducing tobacco use has been a leading public health priority for several decades. Smoking rates have declined significantly over this time, due to sustained efforts to reduce smoking rates through strong public health interventions including strong Australian and WA legislation to control the sale, supply, advertising and use of tobacco products and public education campaigns. However, the prevalence of tobacco use is still high in some population groups, and tobacco use is still a major cause of death and disease in WA. The emergence and growing use of electronic vaping products in children is a great concern.

2017–2021 Priorities

1. Continue efforts to lower smoking rates
2. Eliminate exposure to second-hand smoke in places where the health of others can be affected
3. Reduce smoking in groups with higher smoking rates
4. Improve regulation of contents, product disclosure and supply
5. Monitoring emerging products and

Major achievements and highlights

Tough new state tobacco control laws

The [Tobacco Products Control Amendment Regulations 2019](#) were gazetted in March 2019. The amendments strengthened laws related to sales, signage, smoking areas and administration of the Act, and were introduced after public and stakeholder consultation. The amendments included making it illegal for anyone under 18 years of age to sell a tobacco product in a retail outlet. This is in line with best international practice in tobacco control. WA is the first Australian state or territory to introduce a law of this kind.

Perth Casino's International Room gaming facility is finally smoke free

The Crown Perth Casino's International Room gaming facility had a historical special exemption under the *Tobacco Products Control Act 2006* that allowed patrons to smoke. This exemption was removed from 31 December 2021. This is a major achievement after many years of government and non-government agencies working towards ensuring all indoor workplaces are smoke free. Crown Perth must now follow the same smoke free laws as all other enclosed hospitality premises across the state. WA has joined South Australia, Tasmania and the ACT, which have also prohibited smoking in private enclosed gaming areas.

WA Health's Smoke Free Policy updated to remove smoking in involuntary mental health facilities

The Smoke Free WA Health System Policy was reviewed and an updated [Smoke Free Policy](#) came into effect on 1 July 2021. The most important change resulting from the review of the policy was the removal of the exemption for smoking in involuntary mental health facilities. This change came into effect a year later on 1 July 2022 to give reasonable time for mental health facilities to plan for the new measures. The new policy will prevent health risks from exposure to second-hand smoke for all WA health system entity clients, employees, consumers, contractors and visitors.

Key Initiatives

Healthy policies

The Department participated in a cross-jurisdictional working group to oversee and provide guidance on the development of an updated [National Tobacco Strategy 2023-2030](#) to guide Australian and jurisdictional tobacco policy for the coming decade. Priorities of the new National Tobacco Strategy strongly align with the comprehensive approach that the HPSF takes. The Department was also on the membership of a national expert working group providing advice on policy, regulation, research and monitoring of electronic cigarette use in Australia.

Legislation and regulation

The Department continued to support implementation of and compliance with the *Tobacco Products Control Act 2006*. A public consultation for the review of the Act was conducted from September to November 2020 and the [Consultation Report](#) was tabled by the Minister for Health in each House of Parliament in June 2021.

Economic interventions

A new epidemiology [report](#) has estimated the rates of hospitalisations and deaths attributable to tobacco smoking for the overall WA population, WA Aboriginal people and WA health region populations.²³ The report found that the cost of treating tobacco-caused disease in WA hospitals was approximately \$127 million in the financial year 2018/19, and in the ten-year period from 2009 to 2019, treating diseases caused by smoking cost WA nearly one billion dollars.²³

Supportive environments

With the new Smoke Free Policy coming into effect, Health Service Providers put considerable effort into implementing the policy and planning for the removal of the exemption for smoking in involuntary mental health facilities. Part of this work included the promotion of [online brief intervention training for health professionals](#) to embed evidence-based smoking cessation support and information throughout health services.

The Department continued to fund statewide [Quitline](#) telephone counselling services and in 2021 contracted Quit Victoria to provide the Quitline service for WA callers in a three-year contract through to 2024. The Quitline provides telephone and online chat support and

handles approximately 5,500 calls from within WA every year. As part of the service, a dedicated [Aboriginal Quitline](#) supports WA Aboriginal people.

Public awareness and engagement

[Make Smoking History](#) (MSH) is an initiative of Cancer Council WA and is jointly funded by the Department of Health, Healthway and Cancer Council WA, with the aim of driving down the prevalence of smoking in WA. MSH is a comprehensive state-wide tobacco control program which includes media advertising, community-based support, development and distribution of public education materials, research and evaluation, and public relations activities.

MSH's mass media campaigns are of a consistently high standard, reaching a wide range of audiences including priority groups that have higher smoking rates than the rest of the population. The MSH campaign has received a number of state and international advertising industry awards. MSH celebrated its 20th anniversary in September 2020 with the launch of one of its hardest-hitting mass media campaigns yet, [Voice Box](#). The Department has committed to funding CCWA to continue to implement MSH to 2025. This sustained and comprehensive public health approach has contributed to reducing the prevalence of smoking in WA.

Monitoring progress

The Health and Wellbeing Surveillance Survey shows that daily smoking rates declined substantially in WA between 2002 (16.5 per cent) and 2020 (7.1 per cent) (Figure 12).²⁰ Declines have been seen among men and women, although smoking rates in men have consistently remained higher than those of women over this period. Estimates from the *National Health Survey 2017–18* suggest the prevalence of daily smoking in WA adults is comparable with most other states and territories, and with the national average (Figure 13).¹⁰

There has also been a considerable reduction in the prevalence of tobacco smoking among secondary school children in WA. In 1984, 20.5 per cent of high school students aged 12–17 years had smoked tobacco within the past week. By 2017, this figure had fallen to 5 per cent (Figure 14).²⁴ WA has also seen a dramatic decline in the prevalence of children exposed to tobacco smoke within their home. The prevalence of smoke-free homes in WA was 90 per cent in 2002 but this has increased gradually to 99 per cent in 2020 (Figure 15).²¹

Outlook

Sustained, comprehensive, and population-wide tobacco control efforts are needed now more than ever to continue to reduce the serious impact of tobacco use. The release of the National Tobacco Strategy 2023-2030 presents the opportunity to build on national and state tobacco control gains and work towards new targets to reduce daily smoking rates and eliminate tobacco in Australia. The National Tobacco Strategy has identified 11 priority areas for actions informed by an extensive evidence-base and reflect best practice approaches to tobacco control. The Australian Government has committed to introducing new national tobacco control legislation,

including updates to tobacco and e-cigarette advertising regulations as well as measures to further standardise the size of tobacco packets and products.²⁵ The Department will work to support the introduction of these new measures to bolster state tobacco control policies and programs.

Aligned with the action areas of the new National Tobacco Strategy, the Department will continue to prioritise efforts to reduce tobacco use in WA, particularly among Aboriginal people and populations at higher risk of harm due to tobacco use, where smoking rates remain high. This includes investing in sustained, evidence-based state-wide public education campaigns to encourage and support quitting, discourage uptake of tobacco use and increase awareness of evidence-based smoking cessation support. Work to further eliminate exposure to second-hand smoke where the health of others can be affected, as well as strengthen regulation to reduce supply of and access to tobacco products will also be prioritised.

The significant challenge of children becoming addicted to nicotine through alternative nicotine delivery products and transitioning to tobacco use requires urgent action. Although the sale of e-cigarette devices with or without nicotine by tobacco or general retailers is prohibited in WA, policies and regulations about e-cigarettes and other alternative nicotine delivery products must be strengthened to protect the hard-won public health gains that have been made in reducing smoking rates and exposure to tobacco smoke.

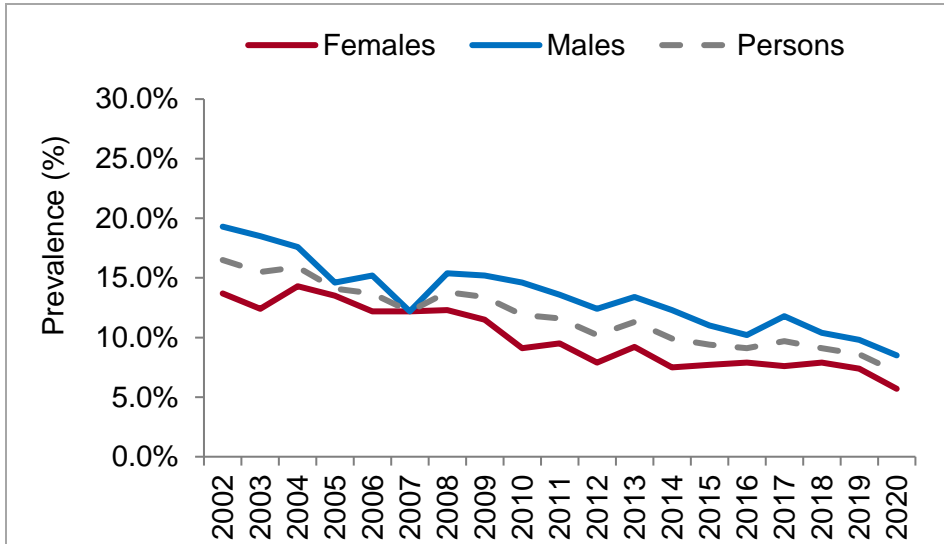


Figure 12: Prevalence of daily smoking among WA adults aged 18 and over, 2002–20 (Source: HWSS 2020)

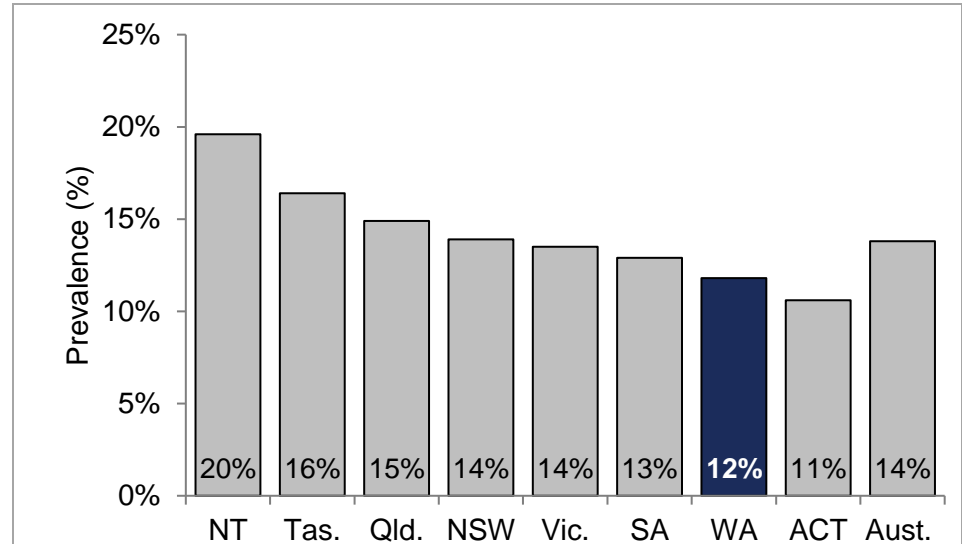


Figure 13: Prevalence of daily smoking in adults aged 18 and over by state/territory, 2017–18 (Source: ABS 2018)

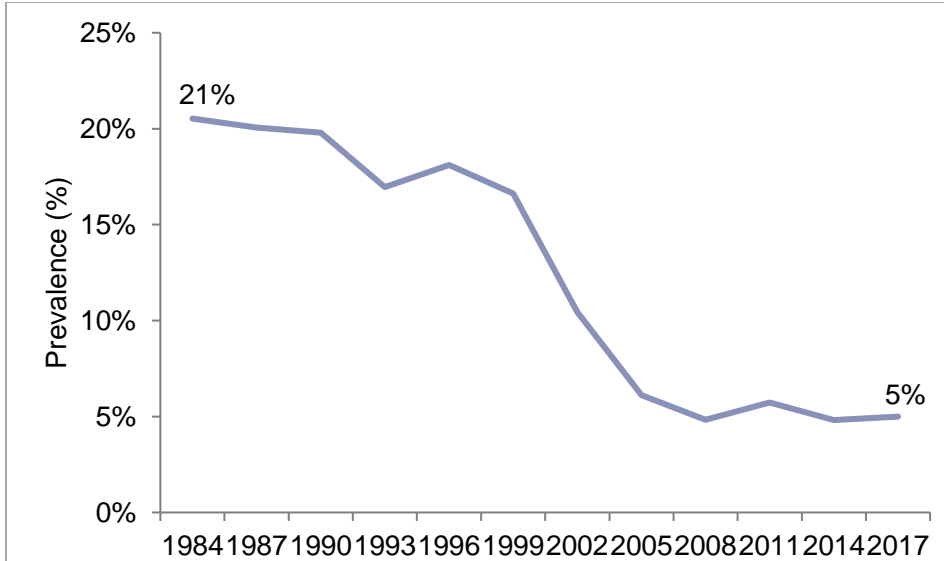


Figure 14: 12–17 year old WA students smoking in the past year, 1984–2017 (Source: ASSAD 2018)

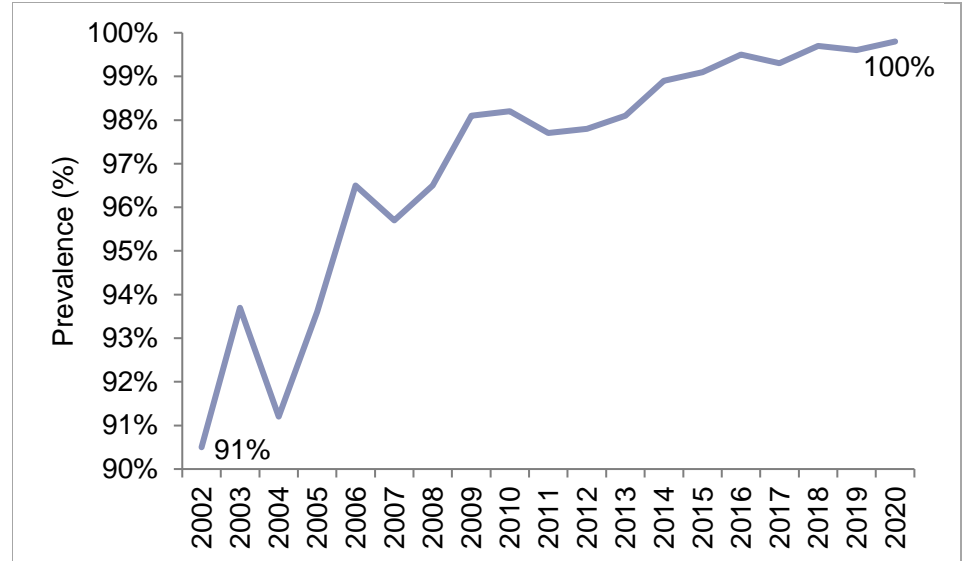


Figure 15: Prevalence of WA children living in smoke-free homes, 2002–20 (Source: HWSS 2020)

Reducing harmful levels of alcohol use

Alcohol use is entrenched in Australia's culture and is a major cause of preventable disease, illness and death in WA. Due to the significant economic, health and social costs of alcohol-related harm, reducing harmful alcohol use in WA continues to be a major public health priority. Harms from alcohol use are causing pressure on services needed by the community, including frontline health, mental health and social services. The SHR prioritises sustaining focus and investment in evidence-based strategies, including best-practice health promotion and public education campaigns to prevent risky alcohol use and reduce alcohol-related harm by 10 per cent by 2024.

2017–21 Priorities

1. Change community attitudes towards alcohol use
2. Influence the supply of alcohol
3. Reduce demand for alcohol

Major achievements and highlights

New campaign on the risks of alcohol use in pregnancy increases women's intention not to use alcohol during pregnancy

The Mental Health Commission (the Commission), in partnership with Cancer Council WA, launched the new statewide campaign, [One Drink](#), in January 2021. The campaign's key message, *any amount mum drinks, baby drinks*, is consistent with the National Health and Medical Research Council's revised Australian Guidelines to Reduce Health Risks from Drinking Alcohol, and is intended to help prevent Fetal Alcohol Spectrum Disorder (FASD). Approximately 1.8 million Western Australians saw the campaign during the first six months. An independent evaluation found exposure to the campaign resulted in behaviour change, with 33 per cent of women exposed to the campaign deciding not to drink any alcohol while pregnant. The campaign was perceived to be believable (89 per cent) and memorable (82 per cent). Eight five per cent of survey respondents reported the campaign made them very concerned about the potential harms of drinking alcohol during pregnancy.²⁶

Alcohol advertising on public transport banned to protect children and young people

In 2018, the WA Government delivered on their election commitment to ban alcohol advertising on public transport to reduce the community's exposure to alcohol advertising. This is particularly important for children and young people as cumulative exposure of alcohol advertising and promotion has been shown to influence alcohol-related behaviours, resulting in harm. Alcohol advertising on rail and associated infrastructure including digital billboards was removed in June 2018, and alcohol advertising on buses was phased out in 2019.

Mandatory labelling on alcohol products to warn of risks of consuming alcohol during pregnancy

On 31 July 2020, labels on alcohol packages warning of the danger of drinking alcohol during pregnancy became mandatory following an agreement by Australian and New Zealand Ministers responsible for food regulation. Businesses have been given three years from this date to implement the new requirements. Pregnancy warning labels can contribute to increased awareness of the risks of drinking alcohol while pregnant and encourage behaviour change when combined with other public health initiatives.

Key Initiatives

Healthy policies

The [WA Alcohol and Drug Interagency Strategy 2018–2022](#) is a multi-agency approach for preventing and reducing the impacts of alcohol and other drug use in WA. The Strategy's implementation was supported by the Drug and Alcohol Strategic Senior Officer's Group which includes senior representatives from State Government Departments responsible for health, social services and law enforcement. A suite of other plans and policy frameworks have been developed to guide the State's reform of and response to alcohol use. These include the [Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025](#), the [WA State Priorities Mental Health, Alcohol and Other Drugs 2020–2024](#), the [Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018–2025](#), the [Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Acton 2020–2025](#) and the [State Public Health Plan for Western Australia](#).

Legislation and regulation

In October 2019, new provisions were introduced to limit the number of large packaged liquor retail outlets in a given neighbourhood. The *Liquor Control Act 1988* amendments prevent takeaway liquor outlets larger than 400 square metres from being established within a set distance of an existing liquor outlet larger than 400 square metres (five kilometres in metropolitan areas or 12 kilometres in regional areas). The amendments will limit the supply of lowest price, discount alcohol in the community.

To support the reduction of people selling alcohol without a liquor licence ('sly grogging'), new limits under the *Liquor Control Act 1988* to restrict the amount of alcohol that can be carried in a vehicle were introduced in September 2021. These limits have initially been prescribed for the Kimberley Region.

Supportive environments

The Chief Health Officer (CHO) is supported by the MHC in their statutory role under the *Liquor Control Act 1988* to make harm minimisation submissions regarding high risk liquor licence applications. Of 1,167 applications received between 2017–2021, 171 submissions were made by the CHO to the Licensing Authority to support a reduced risk of alcohol-related harm or ill-health associated with the proposed licence. Almost four in five (79 per cent) decisions made by the Director of Liquor Licensing in that period either fully or partially supported the harm minimisation recommendations made by the CHO.

Public awareness and engagement

The *Alcohol. Think Again* campaign, delivered the Commission in partnership with Cancer Council WA, is highly-regarded internationally. In a study comparing the effectiveness of 83 alcohol-related harm reduction campaigns from around the world, three *Alcohol. Think Again* campaigns were listed in the top ten. The '[Spread](#)' campaign, which targeted awareness of alcohol-caused cancer, was found to be the most effective for motivating behaviour change.²⁷

The 'Glassbody' campaign (2016–2019) focussed on the damaging effects of alcohol and reinforced that reducing alcohol use can reduce a person's risk of alcohol-caused disease such a stroke, heart attack and cancer. Evaluation showed the campaign was successful in generating positive behaviour change, with 15 per cent of high-risk drinkers reporting taking steps to reduce their alcohol use.²⁸ Conservative estimates indicate this equates to 267,000 Western Australians changing their drinking behaviour. The campaign was also found to be highly cost effective, at \$1.29 per person who reported taking action to reduce their drinking.

The *Alcohol. Think Again* Parents, Young People and Alcohol campaign raises awareness among parents and caregivers of the harms associated with alcohol use during adolescence and encourages parents to say 'no' to providing alcohol to young people under 18 years of age. In 2019, independent research found half (52 per cent) of parents who were aware of the campaign reported taking action as a result, including 7 per cent reporting stopping supplying alcohol to their child under 18 years of age.¹

Community development

Alcohol and Other Drug Management or Community Wellness plans support local responses to alcohol-related problems. Thirty nine WA communities now have plans in place that prioritise alcohol. The Commission provides support in developing these plans, using the harm minimisation framework pillars of: supply reduction (efforts to reduce the availability of alcohol and other drugs), demand reduction (efforts to reduce people seeking to use alcohol and other drugs through prevention, early intervention and treatment measures), and harm reduction (measures to minimise the harms a person may experience as a result of their substance use).

Part 5 of the *Public Health Act 2016* will require local governments to prepare public health plans two years after it comes into effect. Although not yet a legal requirement, to date, 32 local governments have published their local public health plans, many of which included specific activities aimed at reducing harmful alcohol use.

Targeted interventions

The Department of Education, the Commission and the Road Safety Commission continue to fund the delivery of a comprehensive range of schools-based resilience, alcohol, drug and road safety education programs through School Drug Education Road Aware (SDERA).

In 2021, the WA Government boosted investment in public education campaigns for high risk populations with an extra \$1.18 million in funding over three years. This will fund a pilot and evaluation of a targeted *Alcohol. Think Again* campaign designed to extend its reach into these groups.

Strategic coordination, building partnerships and workforce development

In 2018, the [WA Preventive Health Summit](#) facilitated broader thinking and community engagement about ways to foster healthy lifestyles and reduce and prevent obesity and alcohol-related harm. The Commission, Department of Health and Healthway partnered to bring together leading public health experts and an audience from a range of sectors to better the health of Western Australians, and influence health outcomes.

The Commission's [Strong Spirit Strong Mind Aboriginal Programs](#) (SSSMAP) is a Registered Training Organisation that supports the implementation of strategic initiatives and frameworks to support recruitment, development and retention of a skilled Aboriginal workforce in the alcohol and other drug, and mental health sector.

In 2021, a two-day training course, 'Valuable Conversations: reducing the impact of alcohol use during child-bearing years' was offered in ten locations around the state to increase the confidence and competency of service providers to engage with clients of child-bearing age and their families about alcohol use and pregnancy. This workforce development opportunity was offered to health workers as part of broader efforts to prevent and reduce the incidence of FASD.

Monitoring progress

Alcohol use has been declining in adults, young people, pregnant women, and older adults. The proportion of adults in WA who report drinking alcohol at high-risk levels for short-term harm dropped from 16.8 per cent in 2002 to 9.6 per cent in 2020 (Figure 18). The prevalence of high-risk alcohol use for long-term harm in WA dropped substantially between 2002 (36.2 per cent) and 2020 (25.5 per cent) (Figure 19).

However, compared to other states and territories, with the exception of the Northern Territory, WA has a higher prevalence of adults using alcohol at levels that exceed the lifetime risk guidelines (Figure 17).¹⁰ The prevalence of adults exceeding national recommendations for single-occasion high risk alcohol use in WA is broadly similar to that in other states and territories (Figure 16).¹⁰

The proportion of students aged 12–17 years drinking alcohol at levels that placed them at risk of harm such as injury has not changed significantly in the last 25 years.²⁹

Outlook

Harms from alcohol use have been increasing, affecting all Western Australians and placing preventable pressure on the community, health, police, mental health, social and other frontline services.³⁰ Since 2020, the COVID-19 pandemic has presented new challenges to preventing harms from alcohol, such as the growth in online delivery services which make buying alcohol more convenient and accessible. The pandemic reinforced the need for prevention activity, and the need to reduce the impact of alcohol on the health system.

Reducing harmful alcohol use through a comprehensive approach remains a priority for the Department, working in partnership with the MHC and other stakeholders to implement the priorities recommended in the SHR and the HPSF 2022–2026. These include population-based strategies to prevent risky drinking behaviours and reduce factors contributing to harmful drinking, preventing early uptake of alcohol use by children, and targeted initiatives for at-risk groups. The SHR has called for the introduction of minimum unit alcohol pricing, which sets a minimum price for packaged alcohol based on the number of drinks it contains. This important economic intervention is a cost-effective measure for reducing alcohol use and harm, and is already in place in the Northern Territory. The Western Australian Government continues to consider innovative and emerging strategies to address harm caused by alcohol use, including funding a pilot of the internationally successful Cardiff Model to reduce the impact of alcohol related violence on emergency departments, frontline services and community safety.

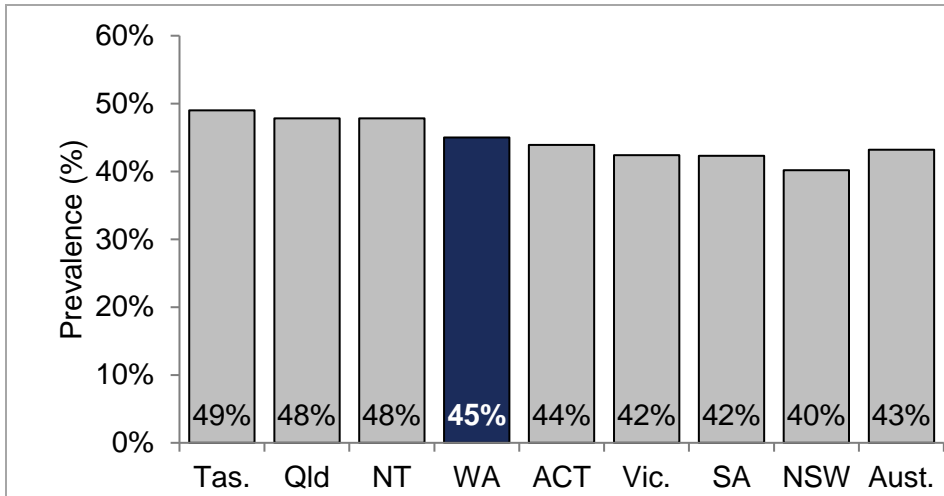


Figure 16: WA adults consuming alcohol at levels that exceed guidelines for single-occasion risk by state and territory, age-standardised proportion, 2017-18 (Source: ABS 2018)

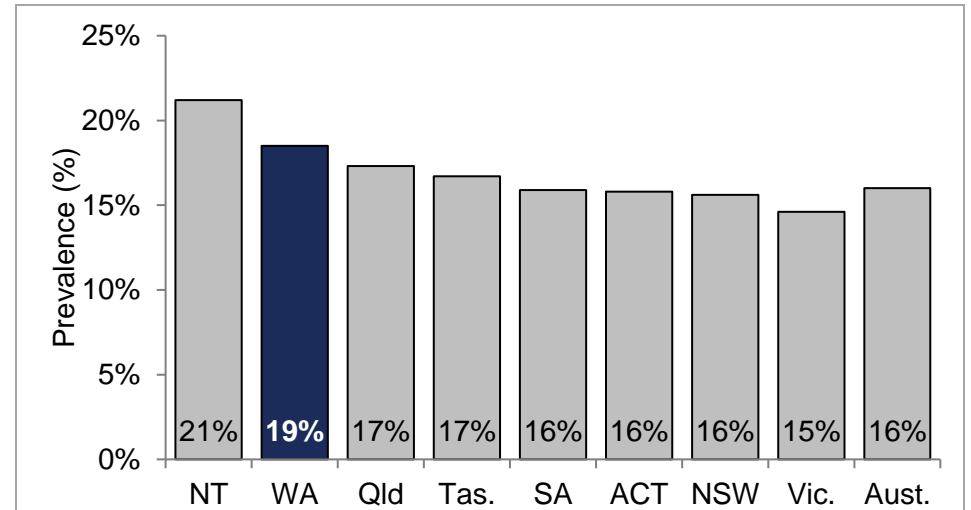


Figure 17: WA adults consuming alcohol at levels that exceed guidelines for life-time risk by state and territory, age-standardised proportion, 2017-18 (Source: ABS 2018)

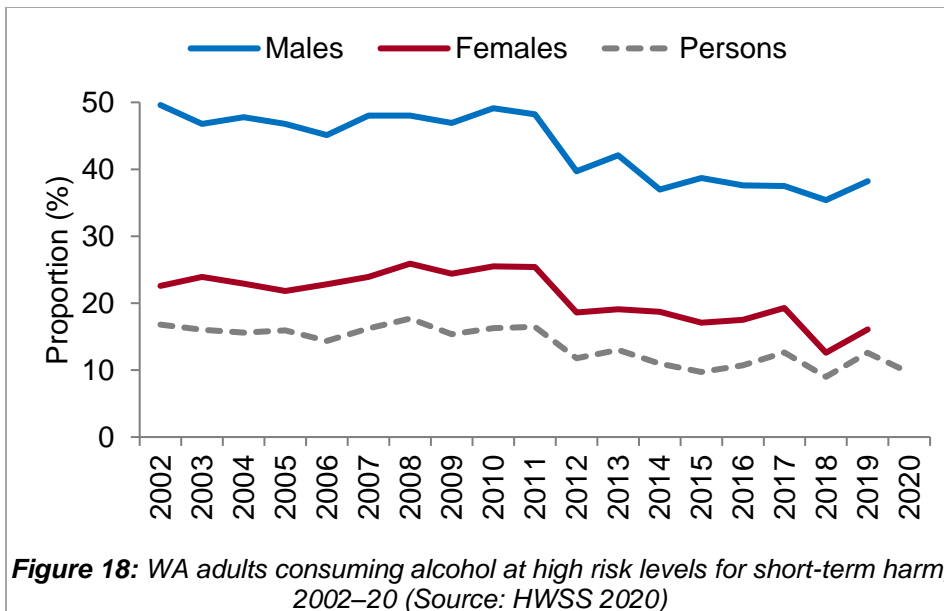


Figure 18: WA adults consuming alcohol at high risk levels for short-term harm, 2002-20 (Source: HWSS 2020)

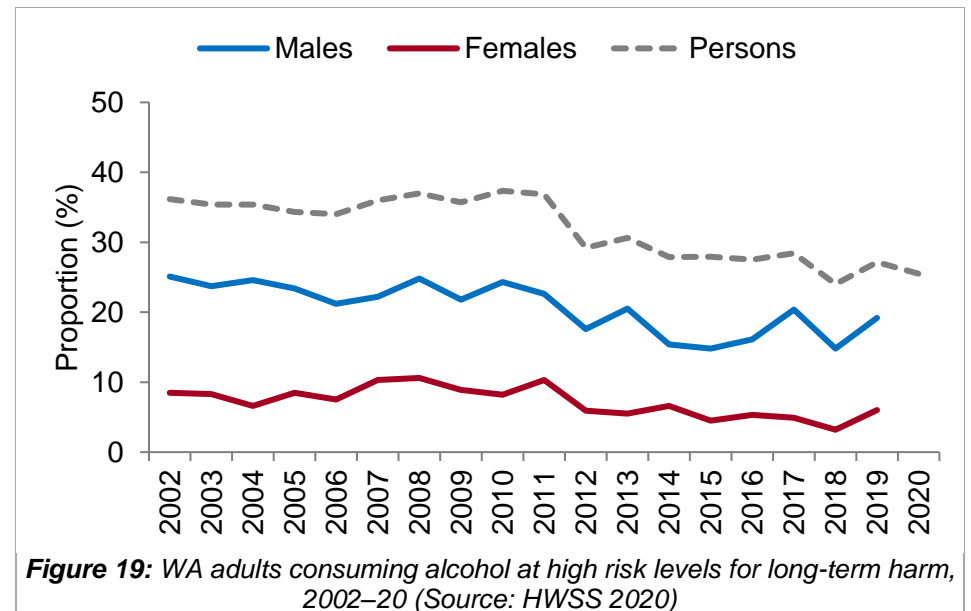


Figure 19: WA adults consuming alcohol at high risk levels for long-term harm, 2002-20 (Source: HWSS 2020)

Preventing injury and promoting safer communities

Every year, injuries make a substantial contribution to burden of disease and injury in WA through road crashes, falls in older adults, childhood injuries, drowning and interpersonal violence. Prevention efforts have improved community safety considerably over recent years, but continued improvements remain a priority for the Department.

2017–21 priorities

1. Protect children from injury
2. Prevent falls in older people
3. Reduce road crashes and road trauma
4. Improve safety in, on and around water
5. Reduce interpersonal violence
6. Develop the injury prevention and safer communities sector
7. Monitor emerging issues in injury prevention

Major achievements and highlights

Continued investment in statewide community prevention programs to tackle injury in WA

A systematic review of priorities, strengths, and opportunities to enhance the delivery of WA's statewide injury prevention programs was undertaken in 2018-2019. As a result, four new service agreements were established. These are the [Child Safety Program](#) delivered by [Kidsafe WA](#); the [Water Safety Program](#) conducted by the [Royal Life Saving Society WA](#); and the [Falls Prevention Program](#) and the [Partnership and Sector Development Program](#), both delivered by [Injury Matters](#).

Changes were also made to the injury portfolio's priority outcomes in response to the evolving evidence base and areas of population need. The Child Safety Program was expanded to include [intentional injuries](#) and the target group was increased from children aged 0–14 years to 0–17 years. The Water Safety Program was extended to address [adult water safety](#), with a focus on adults aged 45 years and over. The Falls Prevention Program was expanded to include a Stay On Your Feet® mass media campaign to promote the [Move Improve Remove](#) messages.

WA Falls Report counts the impact of falls on the WA community

The first [Western Australian Falls Report 2019](#) produced by Injury Matters, provided baseline data for the ongoing monitoring of falls in WA. Produced annually, these reports document the incidence of falls-related fatalities, hospitalisations, emergency department

attendances and ambulance attendances in WA. This series will become a vital resource over time to enable a better understanding of the current state of falls, and emerging trends in WA.

20 years of Stay On Your Feet®

The [Stay On Your Feet®](#) program, delivered by Injury Matters, celebrated its 20th anniversary in 2021. The program has evolved over time in response to the falls prevention evidence base and the changing needs of a growing ageing community. Stay On Your Feet® includes mass media campaigns, social media, community education, workforce training, and grants to support community groups to deliver falls prevention programs to their communities. Stay On Your Feet® plays a crucial role in addressing the burden of falls and falls-related injuries on the WA community and the health care system.

First Kidsafe WA Child Injury Prevention Symposium

Kidsafe WA held its first [Child Injury Prevention Symposium](#) in 2021, supported by the Department. The symposium gave the injury prevention and child safety sector an opportunity to celebrate significant gains in the prevention of many types of childhood injuries, including burns and scalds, poisoning, drowning, falls, mental health and road traffic accidents. Information was also shared about product safety and injury surveillance. These symposia will be held every two years to showcase child injury prevention activities, share research and foster stakeholder engagement in the WA injury prevention sector.

Key Initiatives

Legislation and regulation

The [WA Consumer Product Advocacy Network](#) (WA CPAN) is hosted by KidSafe as a key component of the Department's Child Safety Program. WA CPAN plays an important role in identifying and addressing product safety issues in products used by children. WA CPAN includes representatives from government and not-for-profit agencies, and organisations involved in injury prevention and treatment, and in the regulation, safe use and sale of consumer products. Several product safety issues have been identified and acted upon. These include injuries caused by toppling furniture, button batteries, quad bikes, e-cigarettes and trampolines.

Supportive environments

The Department is committed to helping develop safer built environments to reduce the risk of injury and promote community safety across the state. The Partnership and Sector Development Program delivered by Injury Matters, [Know Injury](#), provides support to local governments in strategic planning to address local community health needs. The [Injury Matters Guide to Promoting Safety and Preventing Injury for Local Governments](#) includes a range of suggested activities to address a number of injury topics, including falls,

transport, violence and drowning. Kidsafe WA's [Play and Recreation Safety Program](#) provides a [Playground Advisory Service](#) which offers a range of services to help build and maintain play areas that will support children's development, health and wellbeing, while reducing the risk of serious injury.

Public awareness and engagement

The [Royal Life Saving Society WA](#) was funded to deliver a series of mass media campaigns as part of the Water Safety Program. Targeting parents and carers of children aged 0-4, the [Keep Watch](#) campaign focuses on water safety in and around the home with the key messages of supervision, restricting access to water, water familiarisation and knowledge of performing CPR. [Be a Mermate](#) builds the knowledge and skills of young people about drowning prevention, including awareness of the risks of drinking [alcohol](#) and using other drugs in and around the water. [Make the Right Call](#) targets adults aged 45 years and over and focuses on 4 key actions; know the conditions, know your limits, know the gear, and know what to do. The campaign also provides older Western Australians opportunities to improve their swimming, water safety and lifesaving skills.

Strategic coordination, building partnerships and workforce development

The injury prevention sector is diverse, and its work falls across the remit of many areas, at all levels of government and in the community. The Department is committed to building the capacity and skills of injury prevention stakeholders across the sector, and facilitating partnerships between its stakeholders. The [Know Injury](#) website provides a platform for health professionals to access information and resources to support their injury prevention and safety promotion practice. It provides a comprehensive overview of [injury topics](#), [priority populations](#) and the [injury evidence bank](#). [Know Injury](#) also undertakes workforce engagement. Best practice is promoted to the injury prevention sector via the [website](#) and through the direct delivery of webinars, training events and lectures. The biennial Injury Prevention Summit also provides an opportunity for knowledge exchange amongst stakeholders on approaches to planning, development and evaluation.

Agencies contracted by the Department engage in data collection and analysis to map trends and inform the evidence base for program and policy development. The Drowning Data, Reporting and Education Program, part of the Department's Water Safety Program, provides professionals and the broader WA community with access to quality regional, statewide and national [drowning-related data](#). A thorough understanding of local drowning trends and issues helps to ensure that drowning prevention and water safety programs, strategies and activities address key risk-factors and priority target populations.

Kidsafe WA's [Childhood Injury Research and Statistical Reports Program](#) provides the evidence base to guide the Department's Child Safety Program and associated campaigns. Quality local data and research ensures that the strategies developed and implemented by Kidsafe WA align with current best practice recommendations and meet the needs of the WA community, including monitoring emerging issues. The reports and bulletins produced are an important resource for health professionals, government agencies, the community and other injury prevention stakeholders.

Monitoring progress

The prevalence of WA adults sustaining an injury requiring treatment from a health professional in 2020 was significantly lower than in 2002 (Figure 20).⁹ In contrast, despite advances in some areas of childhood injury prevention, rates of injury among WA children (as reported by their parents) that required treatment from a health professional have remained relatively stable between 2002 and 2020 (Figure 21).¹¹

Falls are the leading cause of hospitalisation due to injury, followed by transport accidents. Between 2015 and 2019, there were 441 hospitalisations for every 100,000 people resulting from falls, 238 hospitalisations from transport accidents, 126 hospitalisations from self-harm, 118 hospitalisations from assault and related injuries, and 65 hospitalisations from poisoning, (Figure 22).³¹ Self-harm, transport accidents and poisoning were the leading causes of death due to injury. (Figure 23).³¹

Outlook

Injury has a profound impact on the WA community. As well as continuing to prioritise protecting children and young people from injury, preventing falls in older people, improving water safety, and reducing road crashes and road trauma, the HPSF 2022–2026 will focus on promoting a safer built environment. Good urban design can help reduce the risk of injury while improving health outcomes. Traffic calming and speed reduction measures, frequent and safe road crossing opportunities, and providing shade, shelter and opportunities to stop and rest create an environment that supports active living for people of all ages and abilities. Paths surfaces, access to drinking water and the design of playgrounds and play spaces are other important design considerations. Urban design measures can also help to deter antisocial behaviour and violence, through measures like adequate street lighting, which enable good visibility and support passive surveillance.

The *National Injury Prevention Strategy 2020–2030* (to be released) notes that a well-designed built environment can reduce the risk of injury for everyone. The built environment, along with alcohol and extreme weather events are identified as cross-cutting factors that increase the risk and severity of injury for all ages and population groups. The strategy recognises that focussed action on these risk factors has the potential for reducing the overall injury burden in the community in the long term.

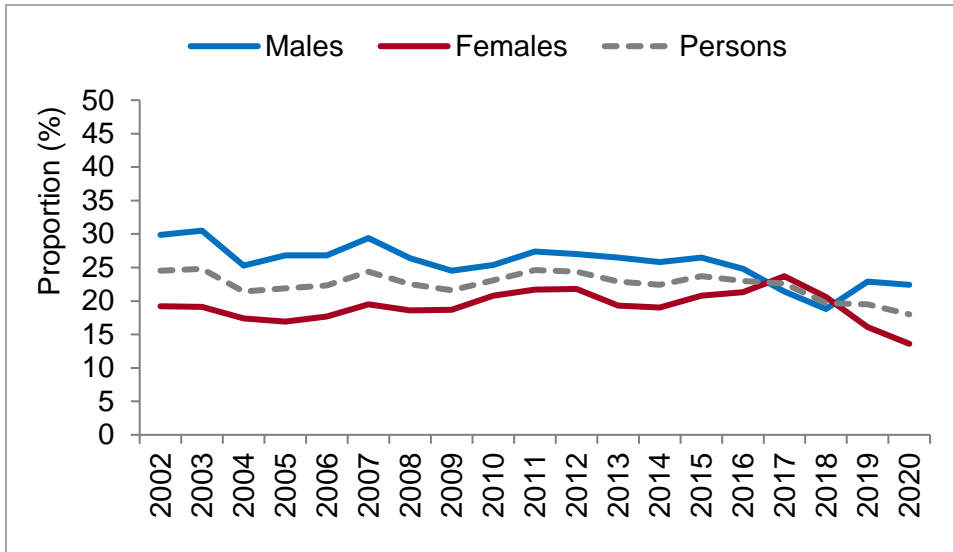


Figure 20: WA adults with injuries in the past 12 months requiring treatment from a health professional, 2002–20 (Source: HWSS 2020)

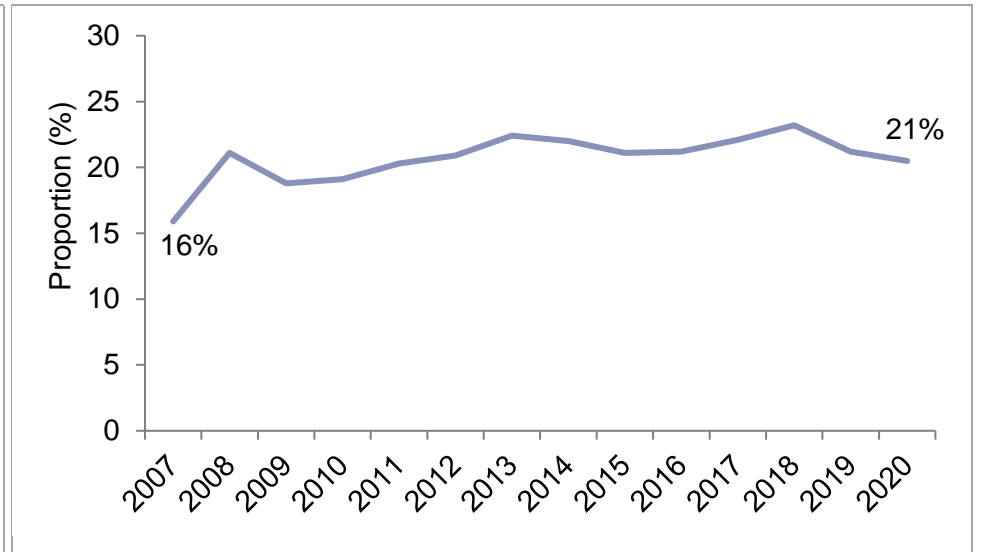


Figure 21: WA children with injuries in the past 12 months requiring treatment from a health professional, 2002–20 (Source: HWSS 2020)

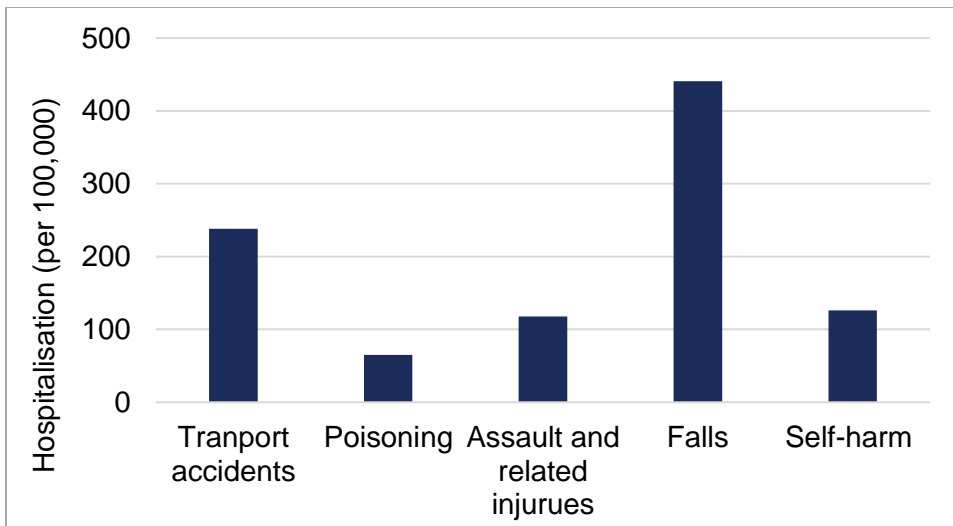


Figure 22: Age-adjusted hospitalisation rates for selected injury types in WA residents aged 0–74 years 2015–2019 (Source: Epidemiology Directorate 2022)

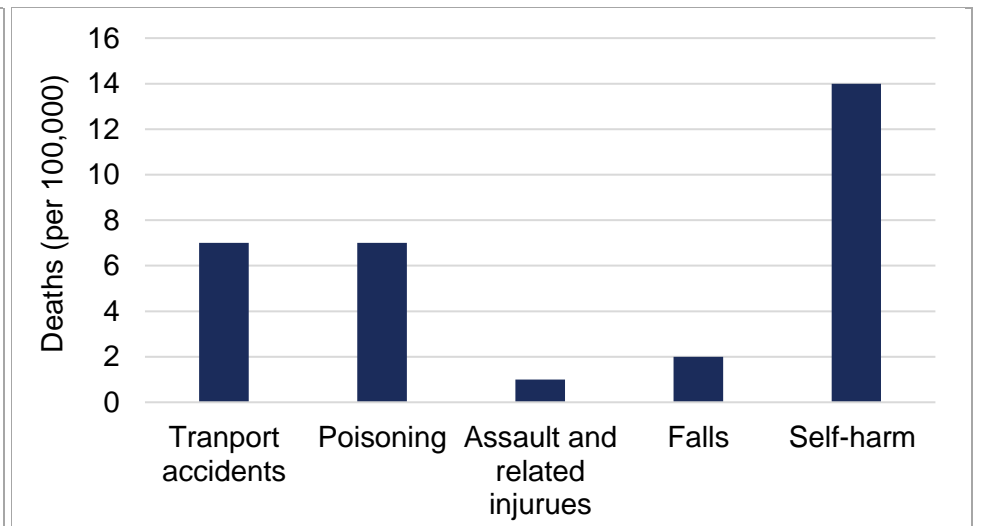


Figure 23: Age-adjusted mortality rates for selected injury types in WA residents aged 0-74 years, 2014–2018 (Source: Epidemiology Directorate 2022)

The WA Health Promotion Strategic Framework 2022–2026

WA has seen major changes since the HPSF 2017-2021 was released. The COVID-19 pandemic has shed new light on the importance of promoting healthy lifestyles to support physical and mental resilience, as well as the need for high quality, consistent and accessible messaging on public health matters. The HPSF 2022–2026 acknowledges the connections between physical and mental health and wellbeing. As with earlier versions of the HPSF, the Mental Health Commission has provided guidance in this area, as well as in priorities for reducing harmful alcohol use.

The World Health Organization describes climate change as the single biggest health threat facing humanity.³² The Department of Health's [Climate Health WA Inquiry Final Report](#) (2020) makes recommendations to prepare WA for health outcomes of climate change, and to reduce the health system's impact on the environment. Creating healthy, liveable and sustainable neighbourhoods which support community health and wellbeing through improving air quality, encouraging physical activity, and improving mental health and community connectedness, are an important focus of the HPSF and are also key mitigation and adaptation strategies for climate change.

The State and Australian policy environment has also evolved in the past five years. The prioritisation by the SHR of a population-wide approach to prevention will continue to provide impetus to the WA health system's efforts, as will the recent release of the National Preventive Health Strategy, the National Obesity Strategy, the National Tobacco Strategy and the National Injury Prevention Strategy. The HPSF 2022–2026 presents an updated suite of recommended actions and priorities which align with Australian and international evidence-based best practice for whole of population, primary prevention. A population-wide approach does not mean that one size fits all. Healthy policy must be embedded in ways that are equitable, inclusive and sustainable.

The HPSF 2022–2026 will continue to emphasise the importance of working in partnerships to empower and enable all Western Australians to lead healthier lives. Many WA public sector agencies appreciate that aspects of their work contribute to promoting improvements in health behaviours and environments, and that there are important co-benefits in sharing policy agendas and working together towards common goals. The updated HPSF maps intersecting areas of interest across the public sector, looking at healthy and safe settings, healthy food and drinks, healthy recreation, healthy people and communities, and healthy and safe settings.

Non-government organisations will continue to receive funding and support from the Department to deliver high-quality, evidence-based health promotion programs that deliver real impact for the WA community. The Department will also continue to build the evidence base to inform best practice and innovative solutions in health promotion, by undertaking and supporting research and evaluation with stakeholders, and by continuing to contribute to the development and implementation of local, State and Australian policies.

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APPENDIX: WA Department of Health's partners in health promotion

Aboriginal Health Council WA
Australian Council on Smoking and Health
Australian Medical Association
Better Health Company
Cancer Council Victoria
Cancer Council WA
Curtin University
Department of Biodiversity, Conservation
and Attractions
Department of Communities
Department of Education
Department of Finance
Department of Fire and Emergency
Services
Departments of Health (Commonwealth,
State/Territories)
Department of Jobs, Tourism, Science and
Innovation
Department of Justice
Department of Local Government, Sport
and Cultural Industries
Department of Mines, Industry Regulation
and Safety
Department of Planning, Lands and
Heritage
Department of Premier and Cabinet

Department of Primary Industries and
Regional Development
Department of Training and Workforce
Development
Department of Transport
Department of Treasury
Department of Water and Environmental
Regulation
DevelopmentWA
Edith Cowan University
Foodbank WA
Health Consumers' Council
Healthway and Lotterywest
Heart Foundation WA
Infrastructure WA
InjuryMatters
Ishar Multicultural Women's Health
Services
Kidsafe WA
Kin Advocacy
Mental Health Commission WA
Metropolitan Migrant Resource Centre
Multicultural Services Centre of WA
National Drug Research Institute
Nutrition Australia
Obesity Policy Coalition
Primary Health Networks (including
Medicare Locals)
Public Health Advocacy Institute of WA

Public Sector Commission
Road Safety Commission WA
Royal Life Saving Society of WA
School Drug Education and Road Aware
The Australian Prevention Partnership
Centre, University of Sydney
Telethon Kids Institute
University of Western Australia
University of Notre Dame, Fremantle
Campus
VenuesWest
WA Council of Social Service
WA Health Service Providers:

- *Child and Adolescent Health Services*
- *East Metropolitan Health Service*
- *North Metropolitan Health Service*
- *South Metropolitan Health Service*
- *WA Country Health Service*

WA Local Government Association
WA Police Force
WA Primary Health Alliance
WA School Canteens Association

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