



Western Australian Health Promotion Strategic Framework 2012-2016

Achievements and outlook for priority areas

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Introduction

Each year, tens of thousands of Australians die prematurely as a result of chronic disease and injury.¹

Around 90 per cent of deaths in Australia are the result of chronic disease, and it is estimated that one in five of these deaths could potentially be avoided through primary prevention, screening or appropriate treatment.¹

In 2011, tobacco use (9%), dietary factors (7%), high body mass (6%), alcohol use (5%) and physical inactivity (5%) all made substantial contributions as risk factors to the number of years of healthy life lost in Australia.²

In WA alone, chronic diseases linked to these risk factors are responsible for almost 200,000 hospitalisations and 5,000 deaths a year.³ Between 2009 and 2013, the associated hospital costs for chronic diseases were more than \$3.4 billion⁴ (noting that hospital costs are only one small part of the overall cost of chronic disease).

In addition, injuries lead to around 200,000 emergency department presentations, 50,000 hospitalisations and 1,000 deaths each year in WA.⁵ Between 2009 and 2013, hospital costs for injury alone were more than \$1.6 billion.⁴

In response to the sizeable impact of chronic disease and injury to the overall health and wellbeing of the WA population, the Department of Health WA ('the Department'), in partnership with other government and non-government agencies, invests considerable resources in prevention efforts that aim to lower the incidence and impact of chronic disease and injury in WA.

These efforts are guided by the Department's WA Health Promotion Strategic Framework 2012-16 (the Framework), a five-year plan for health promotion priorities for the state. Over 2012–2016 the Department has focused on six priority areas:

- Eating for better health
- A more active WA
- Maintaining a healthy weight
- Making smoking history
- Reducing harmful alcohol use
- Creating safer communities

This short report presents some of the key achievements and activities of the Department and its many important partners working to prevent chronic disease and injury in WA.

Eating for Better Health

Maintaining a nutritious, balanced diet is vital for health and wellbeing and plays an important role in both growth and development during childhood and in the prevention of chronic disease in later life. Despite this, a large proportion of people in WA don't follow dietary recommendations. In regional and remote WA, access to affordable good quality fresh, healthy food can also be a problem.

2012–2016 Priorities

1. *Promote a shift in dietary intake from energy-dense, nutrient-poor foods and drinks to dietary patterns consistent with current Australian guidelines*
2. *Improve food security*

Major achievements and highlights

Refreshingly new nutrition curriculum resources for schools

In 2012, the Department partnered with Edith Cowan University to develop and deliver an online suite of food and nutrition curriculum support materials for teachers from kindergarten to year 10. [Refresh.Ed](#) helps teachers incorporate nutrition, healthy eating and food preparation skills into classroom activities, and now has over 1,000 registered users.

New data on nutrition and food security in WA released

The [2013 Food Access and Cost Survey](#) measured the cost of a healthy food basket for families in supermarkets and local stores across WA. The results showed that the cost of healthy food in WA varies with geographic location, and that the greatest price increases since 2010 were in fresh fruit and vegetables.⁶ The [2012 Nutrition Monitoring Survey Series](#) report was also released, providing detailed information about knowledge, attitudes and beliefs relating to food and diet. A more recent *Nutrition Monitoring Survey* was conducted in mid-2015 and an updated report will be released in 2017. These surveys, together with other data help to inform policies and plans of the Department of Health and many other WA agencies.

Improving food literacy

The Department continued investing in hands-on, practical food literacy skills development programs. In March 2016, Foodbank WA was awarded funding to deliver [Food Sensations for Adults](#) for low-to-middle-income people wanting to improve their food literacy skills in planning, selecting and preparing nutritious foods. The newly-revised program is based on best practice for adult food literacy programs. Foodbank WA is now training other health professionals who can deliver the program in their local area, including regional areas.

Starting school with a healthy breakfast

Foodbank WA's [School Breakfast Program](#) has supported more than 440 schools and over 18,000 students across the state with their breakfast clubs. The program has been supported by a range of partners, including the WA Departments of Health, Education and Regional Development. The program currently provides more than 56,000 high-quality, nutritious breakfasts and 22,600 emergency meals each week.

Major Initiatives

Healthy public policy

The Department, in partnership with the Department of Education WA, has continued to support the [School Healthy Food and Drink Policy](#) to ensure that schools provide healthy foods in the canteen and restrict foods high in saturated fat, sugar, salt and/or energy.

In addition, the [Healthy Options WA: Food and Nutrition Policy](#) was reviewed and updated in 2015 to support healthier food supply practices across the WA health system. Support materials were also updated to assist with policy implementation.

Supportive environments

The Department has maintained a strong focus on promoting healthy food environments in settings such as schools, health services and workplaces. The [Healthier Workplace WA](#) program provides free advice and support tools to workplaces to increase support for healthy lifestyles. Within this program, [Healthy Choices Healthy Futures](#) encourages access to healthier food and drink options throughout the workplace. A range of online tools and resources is available for workplaces.

Public awareness and engagement

The Department continued to fund the [LiveLighter®](#) campaign, targeting overweight and obesity, unhealthy eating and physical inactivity amongst adults and families in WA. The campaign has helped increase community awareness of the health consequences of overweight and obesity and placed obesity firmly on the public agenda.

Targeted interventions

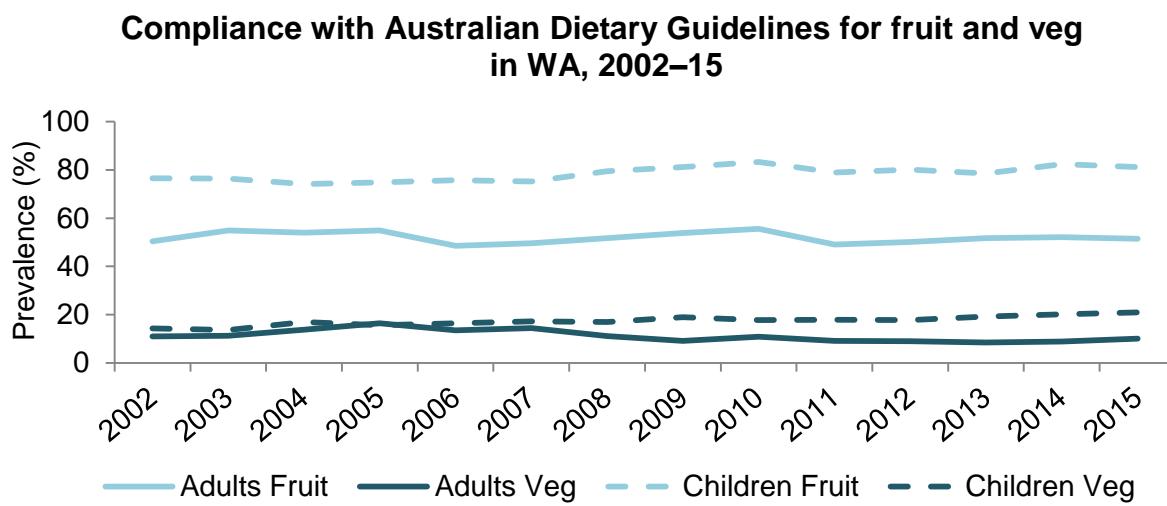
The Department continued funding state-wide school and community programs aimed at improving nutrition in children and adolescents. This included the school [Crunch&Sip®](#) program (2011–2015); the [WA Healthy Schools Project](#) (2011–2015); the adolescent cooking and food literacy program [Fuel Your Future](#) (2013–2015); the [Refresh.Ed](#) school nutrition curriculum resource (2012–ongoing); and the [School Breakfast Program](#) (2011–ongoing).

These programs have improved health and education outcomes for thousands of children across WA. A 2015 survey of Refresh.ED users found that 91 per cent of teachers felt that Refresh.Ed materials were a useful addition to their teaching resources and that 84 per cent would recommend it to their colleagues.⁷

Outlook

With its key partners, the Department will continue to promote healthy eating in WA by encouraging people to shift their dietary intake from energy-dense, nutrient-poor foods to a diet consistent with the *Australian Dietary Guidelines*⁸ and by improving food security.

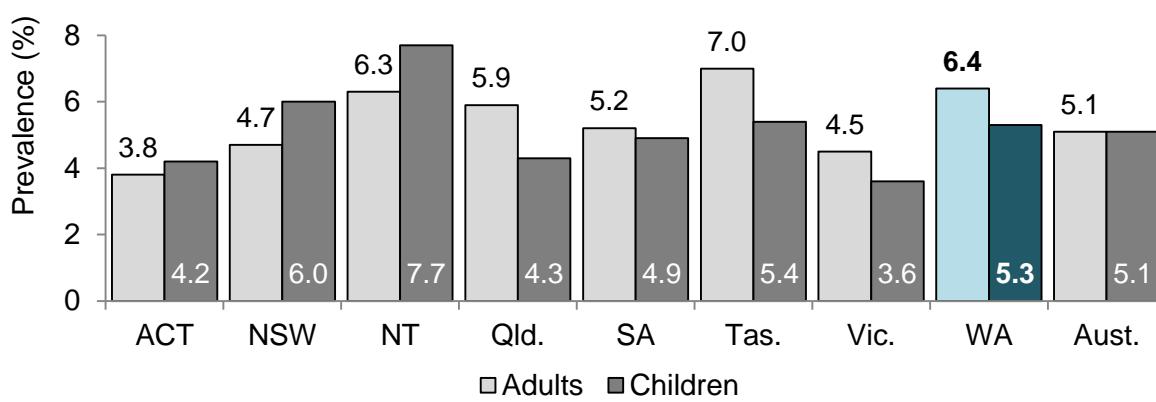
Data from the [WA Health and Wellbeing Surveillance System](#) suggests compliance with the recommended intake for fruit and vegetable outlined in the *Australian Dietary Guidelines* has remained steady in WA since 2002.^{9, 10}



Source: HWSS, 2016

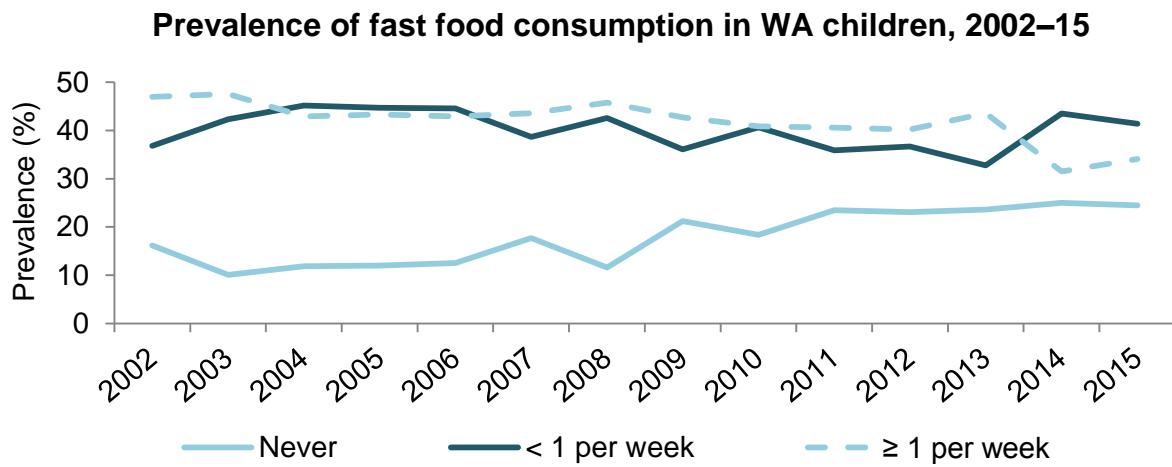
The prevalence of WA adults and children who currently meet recommendations for both fruit and vegetable intake is low but comparable with other states and territories in Australia.¹¹

Compliance with Australian Dietary Guidelines for fruit and veg by state/territory, 2014–15



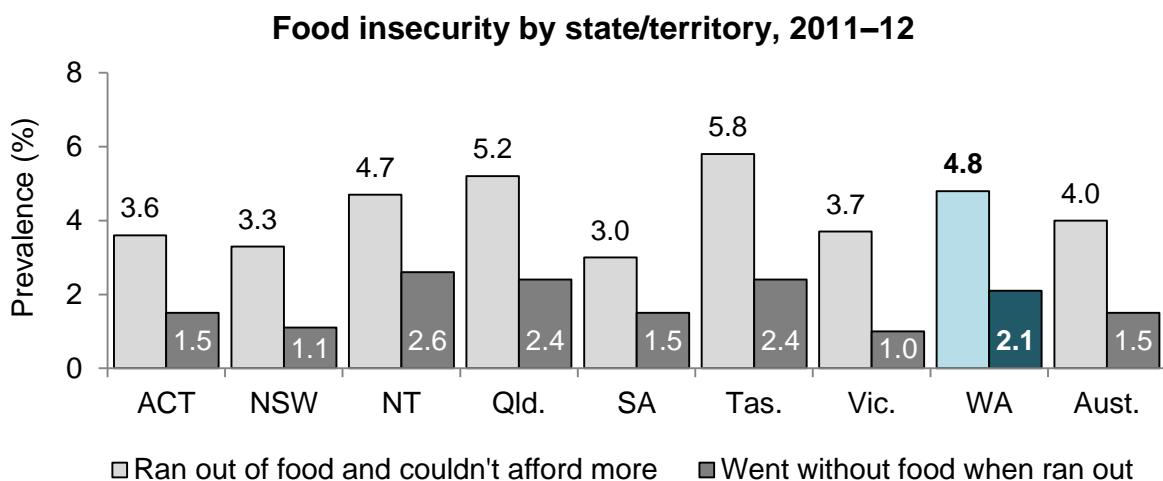
Source: ABS, 2015

Changes in the prevalence of fast food consumption reported in the [WA Health and Wellbeing Surveillance System](#) data on fast food consumption in WA children suggest some small improvements since 2002.¹⁰ The proportion of WA parents reporting that their child never consumes fast food increased significantly from 2002 to 2015 (16% to 24%). There has also been a drop in the parent-reported prevalence of children consuming fast food once or twice a week over this period (from 45% to 31%).



Source: HWSS, 2016

The [Food Access and Cost Survey](#) shows that in 2013, people in WA living on welfare needed to spend almost half (44%) of their weekly income on a weekly healthy meal plan, compared to 14 per cent for those on an average income.⁶ WA is comparable with other states and territories but just above national averages on measures of food insecurity.¹²



Source: ABS, 2015

A More Active WA

Physical activity is essential for healthy development and for maintaining good physical and mental health at all ages. In 2015, fewer than two-thirds (64%) of WA adults and just over one-third (38%) of WA children met national guidelines for physical activity. In addition, 34 per cent of adults participated in 21+ hours of screen time a week (outside of work) and 37 per cent of children exceeded the recommended maximum time on electronic media.

2012–2016 Priorities

1. Increase the proportion of people who are active enough for good health
2. Maintain the physical activity levels of those already active enough for good health
3. Reduce sedentary behaviour

Major Achievements and Highlights

WA adults become more active

While there is still a long way to go, the proportion of adults in WA who met physical activity recommendations rose slightly from 2007 to 2015 (56% to 64%).¹³

Healthier Workplace WA

Healthier Workplace WA combines a range of programs funded by the Department and delivered by Heart Foundation WA, Cancer Council WA, Diabetes WA, the WA School Canteen Association, the Mental Health Commission (formerly the Drug and Alcohol Office) and the Department of Transport. These programs are designed to help tackle physical inactivity, poor nutrition, smoking and harmful alcohol consumption amongst adults in the workplace. Commencing in 2013, the state-wide program has offered free services to support workplaces to make cultural, environmental and policy changes that support and encourage positive lifestyle behaviour changes amongst employees. Since its launch, *Healthier Workplace WA* has helped more than 2,500 workplaces.

Environments to support healthy active living

In an effort to shape and strengthen state-wide policies and plans that create environments that support healthy, active living, the Department contributed to key planning and transport policies including *Liveable Neighbourhoods*, the *State Planning Strategy*, the *Perth Transport Plan*, the *WA Bicycle Network Plan*, and the *National Walking Cycling and Access to Public Transport* discussion papers. The Department continues to be approached by developers and local governments to provide a health promotion perspective on planning policy and proposals.

Launch of Healthy Active by Design

In 2014, Heart Foundation WA; in collaboration with the Departments of Health, Planning, Transport, and Sport and Recreation; the Planning Institute of Australia; LandCorp; the Metropolitan Redevelopment Authority and the University of Western Australia's Centre for Built Environment and Health launched *Healthy Active by Design*. This award-winning online tool assists with the design of neighbourhoods that support healthy, active living. *Healthy Active by Design* has been used successfully for the planning of the Perth Cultural Centre and The Village at Wellard.

Major Initiatives

Healthy public policy

The Department continued to contribute to and support state and national policies relating to physical activity, including the [Australian Physical Activity and Sedentary Behaviour Guidelines](#) (released in 2014). The Department also assisted with the development of the *Active Living for All* whole-of-government strategy. In recognition of excellence in public service, the Chronic Disease Prevention Directorate won the 2015 Institute of Public Administration Australia (WA) Achievement Award for Best Practice in Health and Wellbeing.

Supportive environments

The Chronic Disease Prevention Directorate designed the *Staff Wellness Initiative* for staff across the WA health system, which supports and encourages workplaces to develop environments, policies and practices that support healthy lifestyle behaviours. The initiative promotes the benefits of workplace health and wellbeing and the adoption of best practice workplace programs and activities that support WA health system employees to make healthy lifestyle choices.

Public awareness and engagement

The Department has played an important role in helping engage the WA community and raising levels of awareness about the benefits of being more active. The Department funded the [Get on Track Challenge](#)—a free, online, team-based program promoting physical activity and healthy eating, and the [My Healthy Balance program](#)—a free personalised healthy lifestyle program for adults that provides skills and information about nutrition, physical activity and stress. Evaluation data show that almost 2,000 people registered to participate in the programs, and that improvements were observed in physical activity levels as well as fruit and vegetable intake among participants.¹⁴

Targeted interventions

The Department continued to fund targeted state-wide healthy lifestyle interventions to increase rates of physical activity in WA. For example, [EatPlayThrive](#) is a multi-session parent education program covering topics including how to incorporate physical activity into daily family life, identify healthy foods, and avoid family mealtime conflicts. Recent evaluation shows that participants improved their knowledge of healthy and unhealthy foods, understanding of food labelling, and ability to make positive changes to their diet.¹⁵

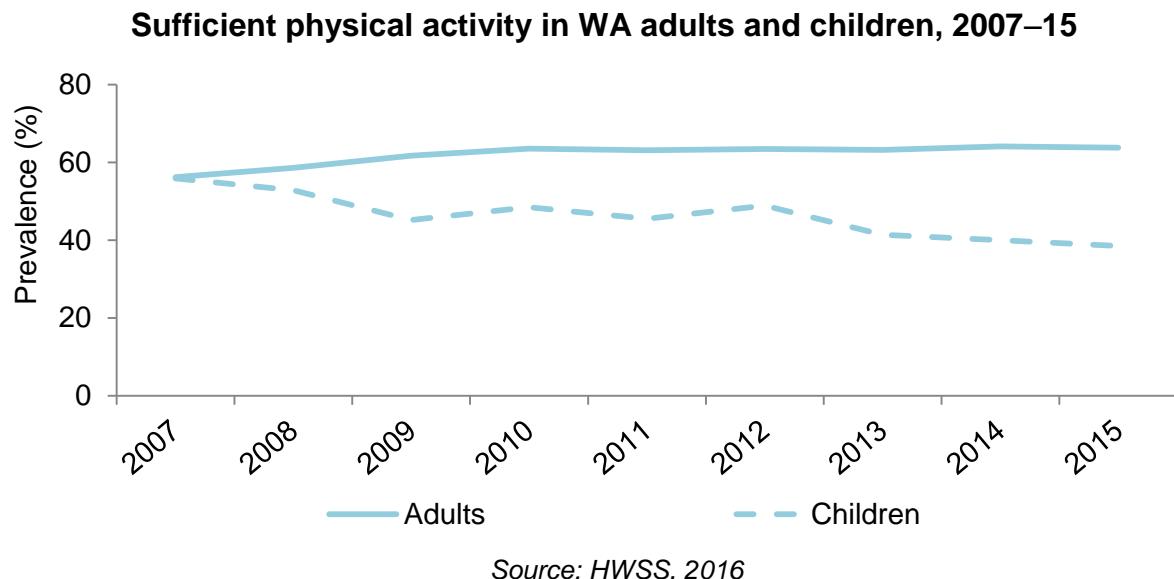
Strategic coordination / building partnerships / capacity building

The Department has also continued to work collaboratively with key government partners to influence other government departments that can contribute to shared agendas in physical activity, including the Departments of Education, Sport and Recreation, Planning and Transport.

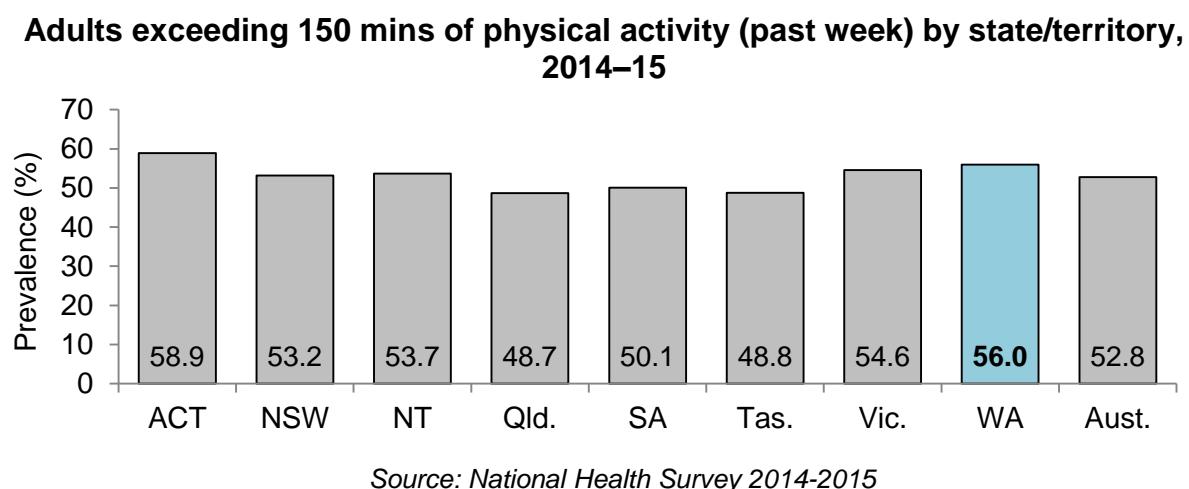
Outlook

Looking forward, the Department will continue to promote *A More Active WA* by focusing on increasing the proportion of people who are active enough for good health, maintaining the physical activity levels of those who are already active enough for good health, and reducing sedentary behaviour.

The [WA Health and Wellbeing Surveillance System](#) suggests that compliance with recommended levels of physical activity in WA adults increased between 2007 and 2015 from 56 per cent to 64 per cent. However, there has been a reduction from 56 per cent to 39 per cent in compliance with recommendations over this period among WA children.^{9, 10}

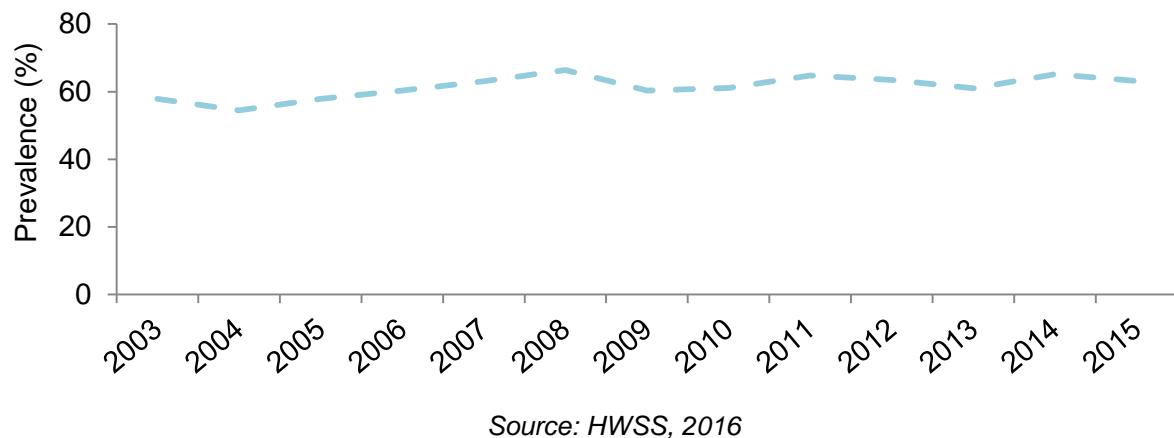


In 2014–15, the prevalence of WA adults exceeding 150 minutes of physical activity in the previous week was comparable with most other states and territories in Australia.¹¹



The [WA Health and Wellbeing Surveillance System](#) reports that compliance with recommended levels of electronic media use in WA children has remained quite consistent between 2003 and 2015, at about 60 per cent.¹⁰

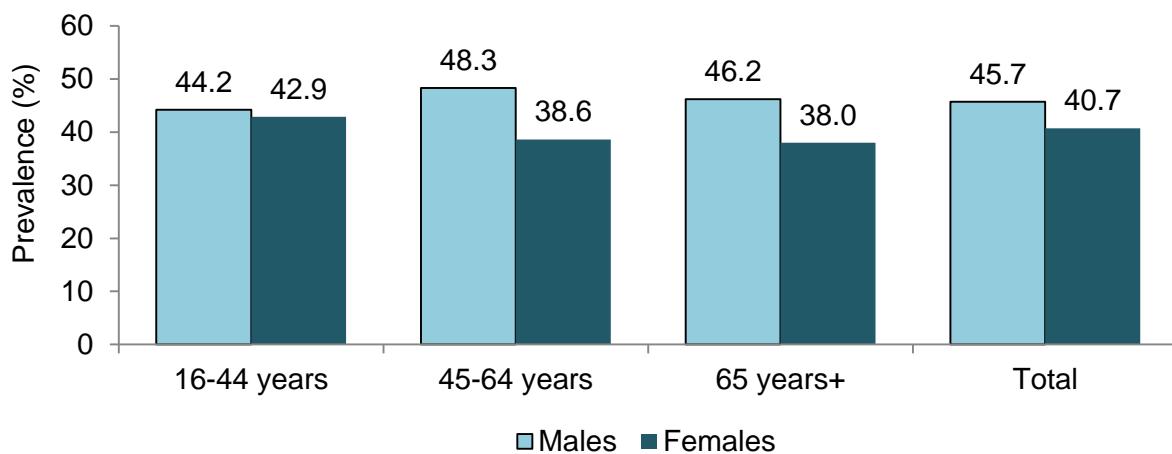
WA children meeting recommendations for electronic media use, 2003–15



Source: HWSS, 2016

In 2015, a large percentage of WA adults (males in particular) reported spending most of their day sitting.⁹

Prevalence of WA adults who report spending most of their day sitting, 2015



Source: HWSS, 2016

The prevalence of sedentary behaviour also differs according to level of socio-economic disadvantage, with greater levels of disadvantage being associated with a higher likelihood of spending most of the day sitting.⁹

Maintaining a Healthy Weight

In addition to good nutrition and staying physically active, maintaining a healthy weight is very important to both physical and mental health. Despite this, obesity continues to be a major concern for children and adults in WA, with overweight and obesity rates showing little or no improvement.^{13, 16}

2012–2016 Priorities

1. Prevent overweight and obesity
2. Increase awareness of and positive attitudes towards maintaining a healthy weight
3. Address the obesogenic environment

Achievements and Highlights

LiveLighter® focusing on obesity in WA

In 2012, [LiveLighter®](#) launched the 'toxic fat' campaign to raise awareness among adults in WA about the serious health effects of being an unhealthy weight, and to motivate changes that support a healthier diet and more active lifestyle. The second phase of the campaign targeted the harmful effects of excessive soft drink consumption. Evaluation data show that the campaign had the intended impact of improving awareness of the consequences of being overweight.¹⁷ Research findings have also shown that the campaign resonated most with overweight and obese adults in WA, who were more likely to see the sugary drinks advertisement as personally relevant.

Talking to Parents about Weight

The Department funded the [Talking with Parents about Weight](#) online training program to help health professionals raise the issue of child overweight and obesity with parents in a sensitive way. By mid-2015, over 1,000 WA professionals had registered to complete the training. Evaluation data indicates that the training improved knowledge, attitudes, confidence and skills to talk about children's weight with parents.¹⁸

Community programs helping WA children be a healthy weight

The [Better Health Program](#) is a 10-week, evidence-based, healthy-lifestyle program for overweight or obese 7- to 13-year-olds and their parents. Evaluation data for the program shows that children who participate change their body shape, reduce their waistlines, achieve a healthier weight for their age, and improve in self-esteem and confidence.¹⁹ The program has assisted more than 480 children and their families.

Key report released on cost of excess body mass in hospitals

In 2013, the Department released a report providing [estimated costs of obesity](#) to WA's acute hospital system.²⁰ The report shows that 64,247 inpatients discharged from WA public hospitals in 2011 were treated for problems due to excess body weight, at a total estimated cost of almost \$250 million. The report strongly emphasised the importance of continued investment in public health and chronic disease prevention measures, predicting an almost-doubling of costs of obesity to \$488 million by 2021 if current trends continue.

Major Initiatives

Supportive environments

WA Health maintained a strong focus on multi-faceted programs that embed healthy lifestyles in schools and workplaces. [Healthier Workplace WA](#) focuses on cultural, environmental and policy changes to support employees to adopt a healthier lifestyle in and out of work. It targets physical inactivity, unhealthy eating, smoking, and harmful alcohol consumption. By mid-2016 the program had supported more than 2,500 workplaces across the state.

Public awareness and engagement

Public awareness and engagement are an important part of the Department's efforts to curb and reverse the obesity trend in WA. [LiveLighter®](#) is a state-wide campaign funded by the Department and run by the Heart Foundation WA in partnership with the Cancer Council WA. The campaign continues to promote the importance of healthy eating and healthy weight for good health. Both the 'toxic fat' and soft drink phases of the campaign reached and resonated with those most at risk of weight-related health problems. As testimony to the quality of the campaign, elements of it have been adopted by the Australian Capital Territory, Victoria, Queensland and the Northern Territory under license agreements with the Department. Components of LiveLighter's TV advertising are also being used by New York City's Department of Health and Mental Hygiene.

Targeted interventions

The Department funded several state-wide community programs targeting healthy eating and physical activity. [The Better Health Program](#) and [EatPlayThrive](#), for example, assist parents and families to maintain a healthier lifestyle and weight. For children participating in the *Better Health Program*, evaluation has shown improvements in body mass index, time spent in physical activity, time spent sedentary, 3-minute step test heart rate performance, mental health, self-esteem related to body appearance, and nutrition habits.¹⁹

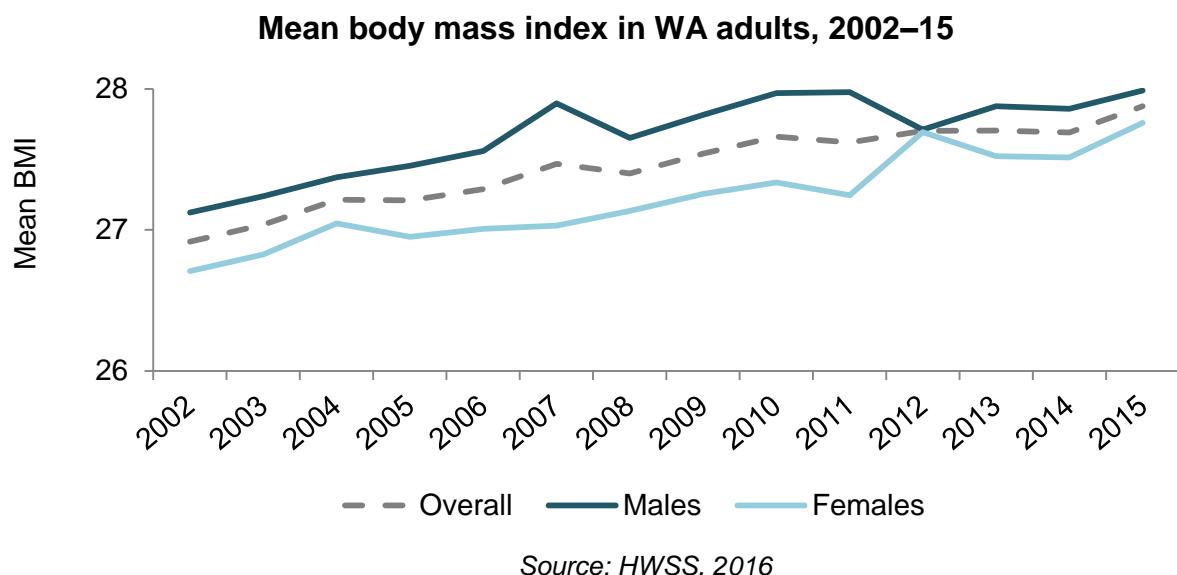
Strategic coordination / building partnerships / capacity building

The Department worked in partnership with the Heart Foundation WA *LiveLighter®* team to deliver a series of symposia on obesity. Speakers included nationally and internationally-recognised experts in obesity, such as Visiting Professors Anna Peeters, Amanda Lee and David Crawford, who covered a diverse range of topics, including social inequalities in obesity and use of the *Australian Dietary Guidelines* as a tool to tackle obesity. The events attracted a range of health professionals across WA and contributed to building workforce capacity across the government and non-government sector.

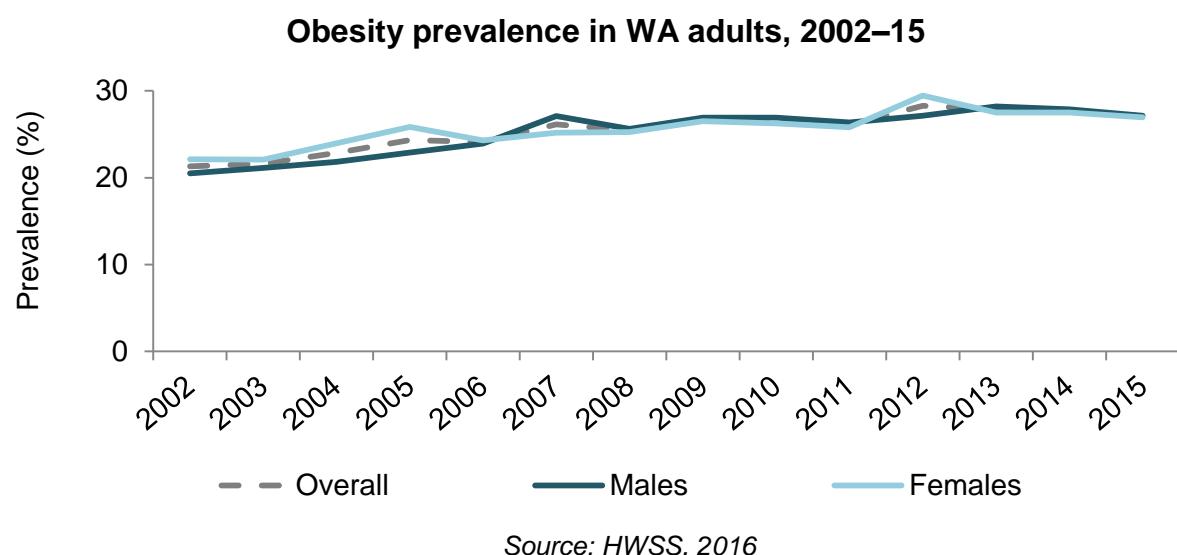
Outlook

The Department will continue to promote the importance of maintaining a healthy weight in WA by aiming to curb the rise in overweight and obesity, improve awareness and attitudes towards maintaining a healthy weight, and by addressing the obesogenic environment.

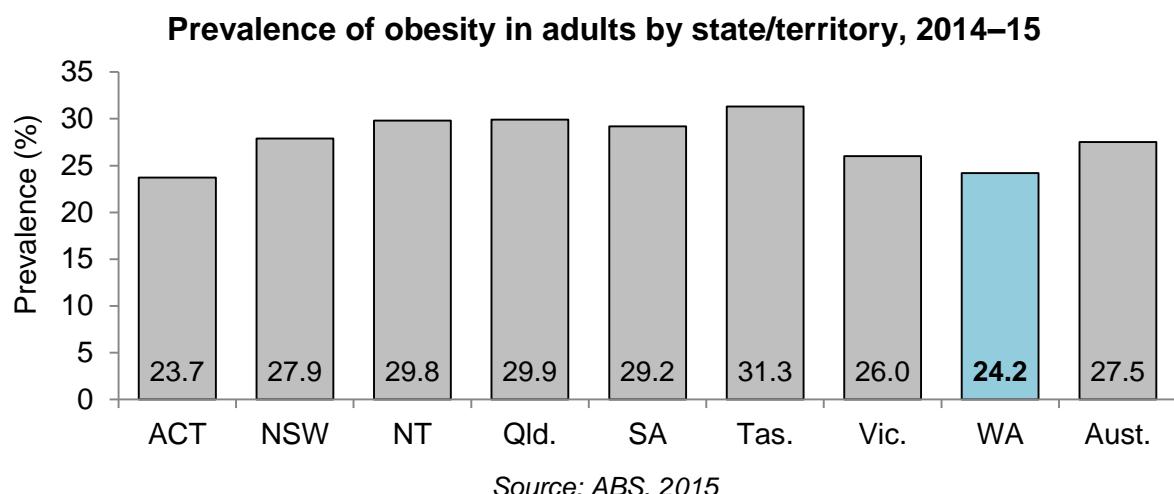
Trend data from the [Health and Wellbeing Surveillance System](#) suggests that increases in mean body mass index among WA adults continued between 2002 and 2015.⁹



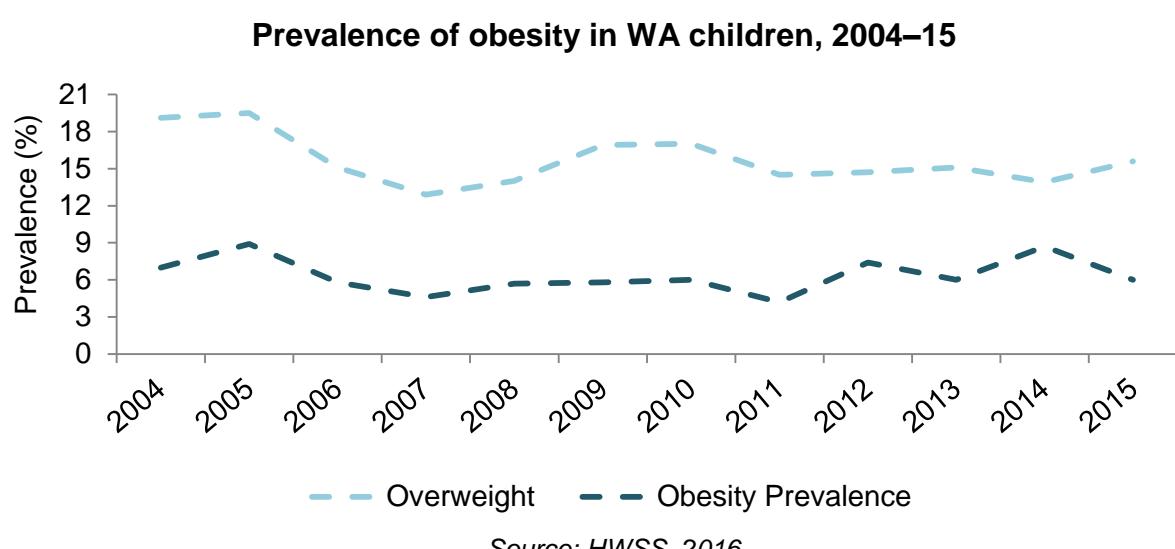
Likewise, self-reported height and weight from WA adults between 2002 and 2015 suggests that the prevalence of obesity also continued to rise.⁹



While the prevalence of obesity has continued to increase over the past 10 to 15 years, data from the *National Health Survey 2014–2015* suggests that WA is tracking relatively well compared to other states and territories.¹¹



For 5-15-year-old children living in WA, parent-reported height and weight suggests the prevalence of overweight and obesity in WA for this age group has remained fairly consistent over the past 10 years.¹⁰



Although childhood obesity rates remain relatively low in WA and have remained consistent over at least 10 years, there is much work to do in the area of parent perceptions of childhood obesity. More than two-thirds (70%) of adults in WA who have a child who is either overweight or obese think of their child as being a normal weight.¹⁰

Making Smoking History

Tobacco use has been a major public health priority in WA for several decades. However, smoking (and exposure to second hand smoke) is still a major cause of death and disease in WA.

2012–2016 Priorities

1. Continue efforts to drive down smoking rates in the community
2. Eliminate exposure to tobacco smoke in places where the health of others can be affected

Achievements and highlights

WA smoking rates drop further

From 2010 to 2014, current smoking prevalence in adults (including daily and occasional smoking) dropped from 14.9 per cent to 12.5 per cent in WA.¹³ Smoking prevalence in 12 to 17-year old school children also declined. In 2014, 4.8 per cent of students reported smoking in the week prior, compared to 5.7 per cent in 2011.²¹

Make Smoking History maintains its powerful impact

Make Smoking History is delivered by the Cancer Council WA. *Make Smoking History* aired 13 hard-hitting mass-media campaigns from January 2012 to June 2016. One of the campaigns, 16 Cancers, was a powerful WA-made advertisement depicting the shocking effects of smoking-related cancers. Evaluation data suggests that 60 per cent of smokers exposed to the campaigns seriously considered quitting, and attempted to quit or cut down on their smoking.²²

Quitline Enhancement Project (Quitline Aboriginal Liaison Team)

The WA Quitline service provides confidential counselling, advice and information for those wanting assistance to quit smoking. The Quitline Aboriginal Liaison Team (QALT) uses a community engagement model to increase the level of community awareness and knowledge of Quitline, readiness to quit, number of quit attempts and successful quit attempts among Aboriginal people. QALT develops and provides culturally-secure resources to raise awareness of the risks of smoking, offers brief intervention training to health services, and promotes the culturally-secure services provided by Quitline counsellors.

Sales to minors—Tobacco Compliance Surveys

The *Tobacco Products Control Act 2006* prohibits the sale and supply of tobacco products to children, an important strategy to help prevent young people from smoking. Tobacco Compliance Surveys measure the proportion of retailers willing to sell cigarettes to children. In 2015, 16 per cent of attempts succeeded, significantly fewer than in previous surveys (29% in 2013 and 27% in 2011).

Supported the introduction of plain packaging legislation by the Commonwealth

The Commonwealth Department of Health commenced a *Review of Tobacco Plain Packaging* in December 2014. The review concluded that tobacco plain packaging introduced in 2012 has started to achieve its objectives of reducing smoking and exposure to tobacco smoke in Australia, and is expected to continue to do so.

Major Initiatives

Healthy public policy

Under the *Smoke Free WA Health System Policy*, smoking is not permitted on WA Health premises throughout WA. Health Service Providers have put considerable thought and effort into promoting and supporting the policy (for example by updating relevant signage, promoting appropriate training, and monitoring adherence to the policy).

Effective legislation and regulation

The Department continued to support implementation of and compliance with the *Tobacco Products Control Act 2006* (the Act). Policy support for the Act includes monitoring the operation and effectiveness of the Act; development and provision of advice to the Minister for Health and the State Health Executive; and coordination of mandatory quadrennial reviews of the legislation and its amendments. Current initiatives in other states and territories, and ‘next generation’ best practice tobacco control legislation are also regularly assessed.

On 16 November 2016, the Hon Minister for Health, John Day MLA tabled the [*Tobacco Products Control Amendment Bill 2016*](#) in the Legislative Assembly for public information.

Between July 2011 and June 2015, the Department conducted 106 training sessions on tobacco compliance, issued 151 warnings to tobacco outlets, wrote 175 infringement notices, formally investigated 222 complaints and conducted 4,308 audits on tobacco retailers.²³

Economic interventions

In 2014, health economists Professors David Collins and Helen Lapsley were commissioned by Cancer Council WA to report on the [*Social Costs of Tobacco in WA*](#). Their report illustrated that investment in tobacco control measures is a cost-effective means of reducing tobacco-related harm. For example, the report estimated that reducing the prevalence of smoking in WA to 4.3 per cent over 15 years would provide social benefits of almost \$3.6 billion, and justify real annual expenditures in WA of up to \$150 million at 2009/10 prices.²⁴ In addition, in 2015 health economist and Visiting Professor, Frank Chaloupka, gave a series of presentations on economic interventions for reducing tobacco use.

Supportive environments

The Department continued to fund state-wide Quitline telephone counselling services. The Quitline provides advice on quitting and handles approximately 7,000 calls within WA every year.

Strategic coordination / building partnerships / capacity building

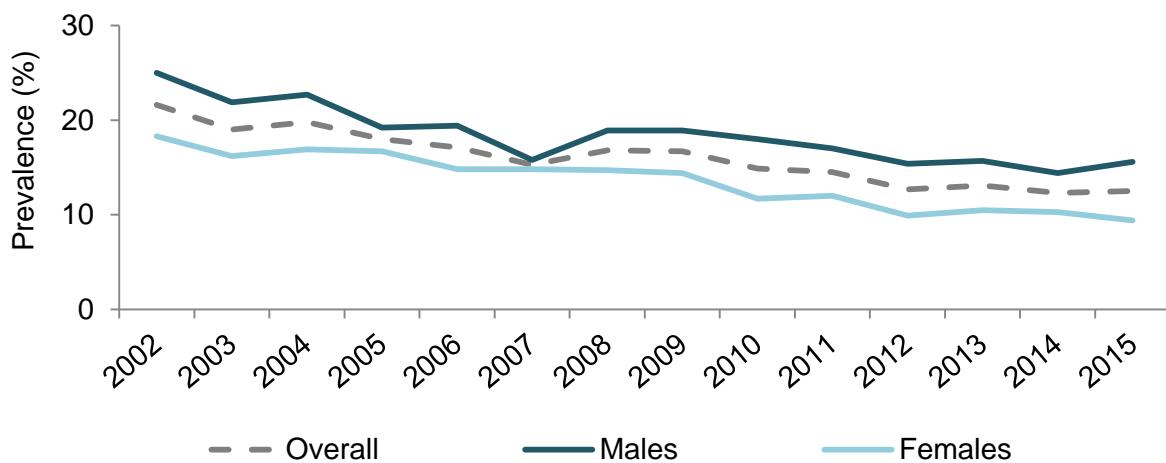
The Department convenes the WA Health Tobacco Control Network. The Network was established to support a coordinated and strategic approach to tobacco control policy and program delivery by WA Health Service Providers.

Outlook

The Department will continue working to further reduce smoking rates in the WA community and to eliminate exposure to tobacco smoke in places where the health of others can be affected.

Data from the [WA Health and Wellbeing Surveillance System](#) show that current smoking rates (including daily and occasional smokers) declined substantially in WA between 2002 (21.6%) and 2015 (12.5%).⁹ A decrease occurred among both men and women, although smoking rates in men have consistently been higher than those of women over this period.

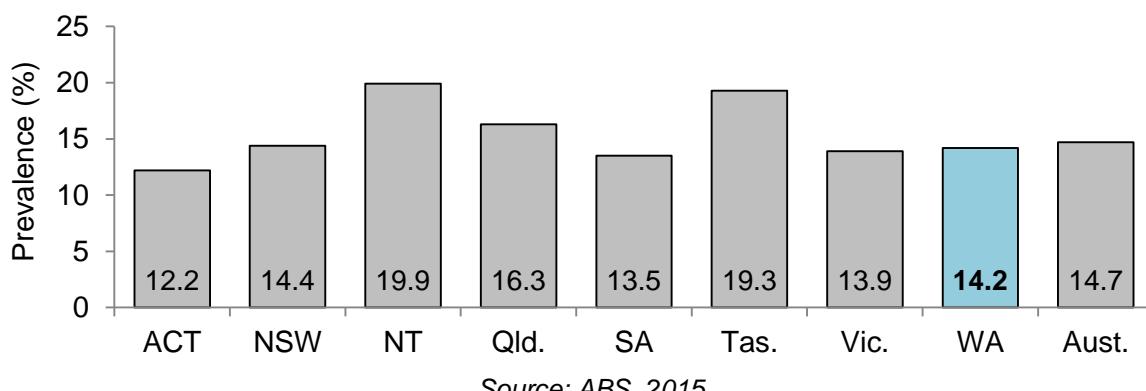
Prevalence of current smoking among WA adults aged 16 and over, 2002–15



Source: HWSS, 2016

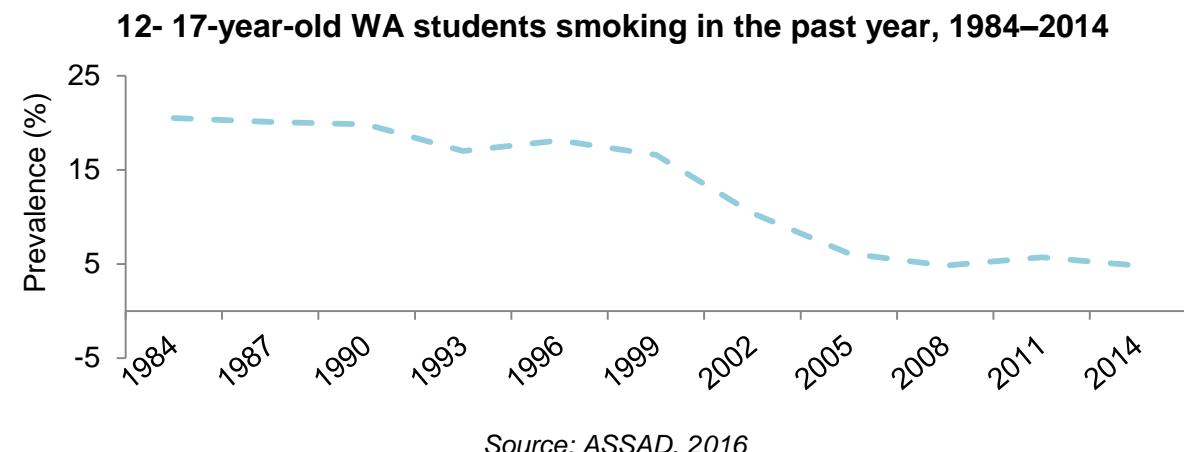
Other estimates from the *National Health Survey 2014–15* suggest the prevalence of daily smoking in WA adults is comparable with most other states and territories, and with the national average.¹¹

Prevalence of daily smoking in adults aged 18 and over by state/territory, 2014–15

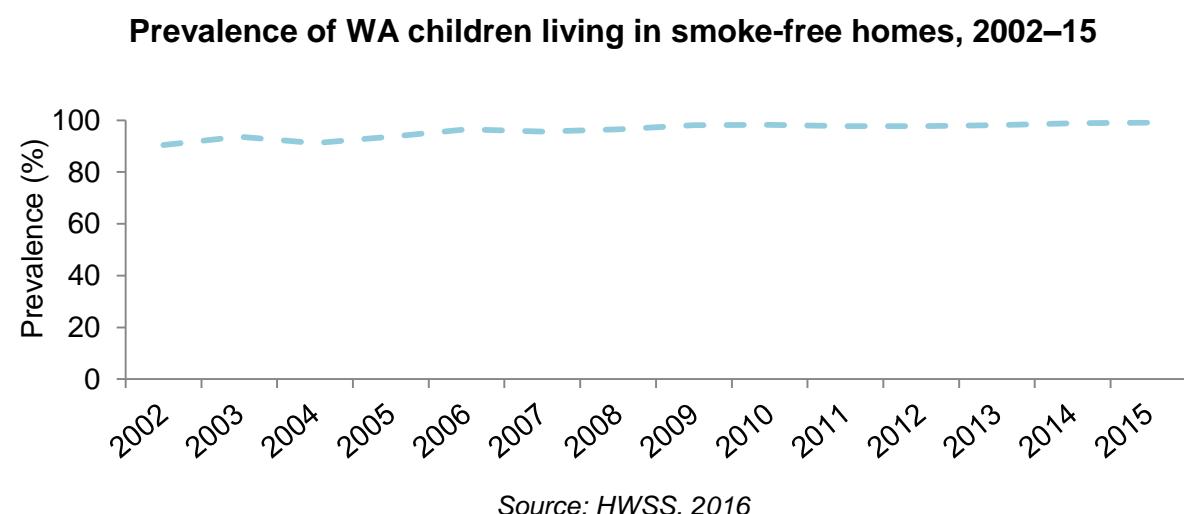


Source: ABS, 2015

There has also been a considerable shift in the prevalence of tobacco smoking among secondary school children in WA. In 1984, 20 per cent of high school students aged 12–17 years had smoked tobacco within the past week. By 2014, this figure had fallen to 5 per cent.²⁵



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 2015.¹⁰



The prevalence of adults smoking during pregnancy also declined substantially between 2002 and 2015. In 2002, one or both parents smoked in approximately 34 per cent of pregnancies. By 2015, this figure had dropped to around 11 per cent.¹⁰

Reducing Harmful Alcohol Use

Alcohol is a major predictor of injury and ill-health in WA and leads to short-term and long-term harm in the community. Although alcohol use is a significant contributor to injury-related deaths and hospitalisations in WA, it remains deeply-entrenched in Australia's culture.

2012–2016 Priorities

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

Achievements and Highlights

Implementation of the Drug and Alcohol Interagency Strategic Framework for WA

The [Drug and Alcohol Interagency Strategic Framework 2011–2015](#) sets out a multi-government agency strategy for preventing and reducing the adverse impacts of alcohol use (and other drug use) in WA. To support the framework, the Department funds a range of prevention initiatives, including [Don't Drink and Drown](#), [Don't Drink Grog and Drown](#), [Healthy Workers WA](#) and the [Healthy Workers Alcohol Program](#). The Department is also represented on the WA Drug and Alcohol Strategic Senior Officers' Group.

Ongoing implementation of the Alcohol.Think Again campaign

The [Alcohol.Think Again](#) campaign is a joint initiative between the Mental Health Commission and Curtin University's McCusker Centre for Action on Alcohol and Youth. The campaign aims to increase awareness of the National Health and Medical Research Council Guidelines to reduce harm associated with alcohol use. Since 2012, *Alcohol. Think Again* has focused on alcohol and pregnancy, alcohol and health, and parents, young people and alcohol. Evaluation shows that, compared with elsewhere in Australia, key awareness indicators are significantly better in WA.

Creating low-risk environments

The manner in which alcohol is made available in the community can influence attitudes and behaviours towards alcohol and related harm. From 2012 to 2015, the [Good Sports](#) program (supported by Healthway and the Drug and Alcohol Office) assisted 185 clubs in progressively changing the way alcohol is managed in all activities within the club's grounds and at associated functions.

Access to help for those who need it

The Alcohol and Drug Support Service (ADSS) has continued to provide a free and confidential 24 hour, seven day-a-week telephone service staffed by alcohol and other drug counsellors. The service provides information, counselling and treatment referrals to people concerned about their own or someone else's alcohol and other drug use. The ADSS also incorporates the *Parent and Family Drug Support Line* and the *Working Away Alcohol and Drug Support Line*.

Major Initiatives

Legislation and regulation

The *Liquor Control Act 1988* allows the head of Public Health within the Department to provide advice to the Licensing Authority on alcohol-related harm and harm minimisation. Most liquor licence applications are monitored and investigated in order to minimise harm associated with liquor licensing. Secondary supply laws to assist in stopping adults from supplying alcohol to underage people were introduced by the WA Government in 2015 as part of a review of the *Liquor Control Act*.

Supportive environments

The [*Healthy Workers Alcohol Program*](#) is funded by the Department and run by the Mental Health Commission (previously the Drug and Alcohol Office). The program, which targets WA workplaces, aims to increase awareness of healthy behaviour in relation to alcohol consumption, encourage workplaces to adopt policies and cultures that reduce alcohol-related harm, and to motivate individuals at risk of alcohol-related harm to seek support.

The *Town Planning Alcohol Guideline* has been developed to support Local Governments that are seeking assistance in controlling and managing alcohol-related development through strategic planning and development processes.

Public awareness and engagement

The ongoing delivery of comprehensive, age-appropriate school drug education continued through the [*School Drug Education Road Aware*](#) programs. The programs deliver resilience, drug and road safety education programs.

Community development

Strong partnerships with communities have continued to support the development and implementation of local responses to alcohol-related problems in priority locations across WA. There are now alcohol and other drug management plans in 30 different communities.

Targeted interventions

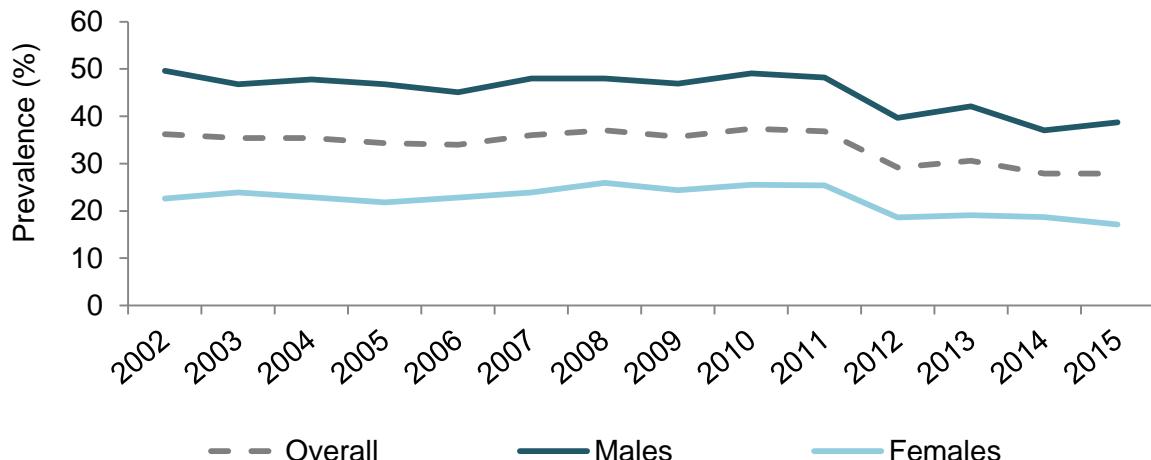
Through the delivery of culturally-secure mass reach campaigns and workforce development initiatives, the Mental Health Commission's [*Strong Spirit Strong Future: Promoting Healthy Women and Pregnancies Project*](#) raises awareness among Aboriginal people and health professionals that no alcohol in pregnancy is the safest choice.

Outlook

The Department will continue to focus on and contribute to cross-agency efforts to *Reducing Harmful Alcohol Use* by changing attitudes towards alcohol use in WA, influencing the supply of alcohol and reducing demand for alcohol.

WA data show that there is still work to do in reducing alcohol-related harm, but that solid progress has been made over the past 10 to 15 years. Trend data shows the prevalence of high-risk alcohol consumption for long-term harm in WA dropped substantially between 2002 (36.2%) and 2015 (27.9%).⁹

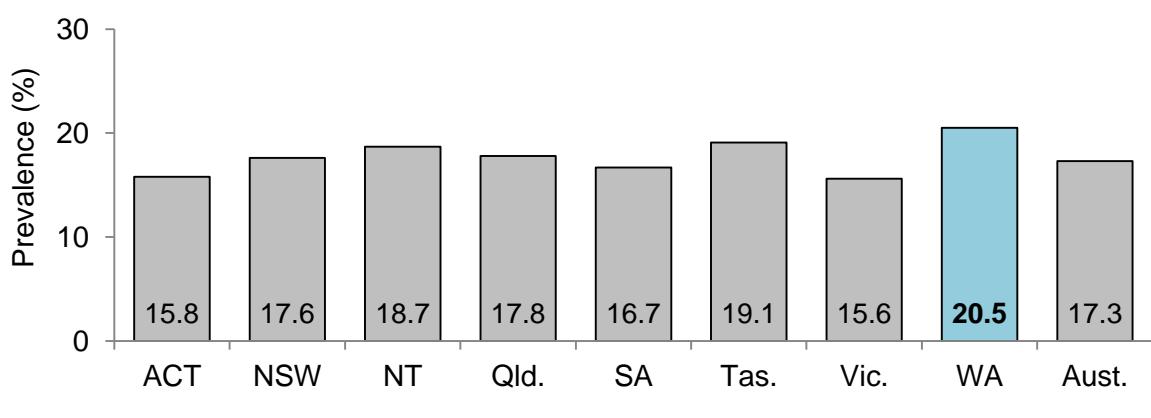
WA adults consuming alcohol at high risk levels for long-term harm, 2002–15



Source: HWSS, 2016

Relative to other states and territories, WA has a high prevalence of adults consuming alcohol at levels that exceed the lifetime risk guidelines.¹¹

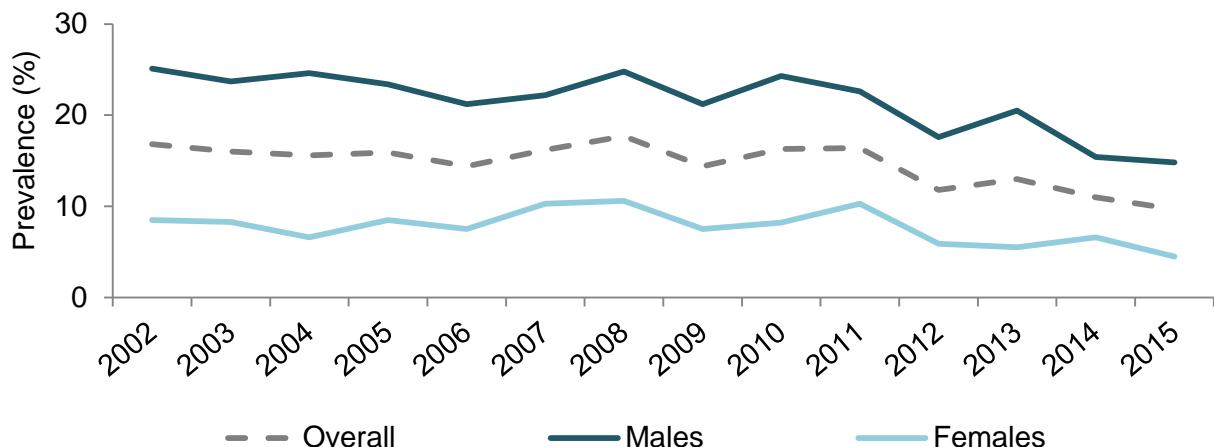
Alcohol use exceeding guidelines for life-time risk by state/territory, 2014–15



Source: ABS, 2015

WA also has some work to do in relation to high risk alcohol consumption for short-term harm. The proportion of adults in WA who report consuming alcohol at high risk levels for short-term harm dropped from 17 per cent in 2002 to 10 per cent in 2015.⁹

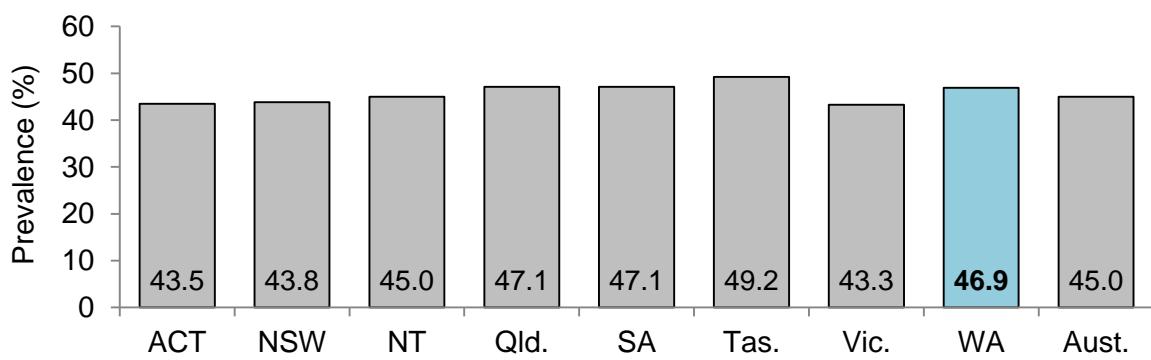
WA adults consuming alcohol at high risk levels for short-term harm, 2002–15



Source: HWSS, 2016

The prevalence of adults exceeding national recommendations for single-occasion high risk alcohol consumption in WA is broadly similar to that in other states and territories.¹¹

Alcohol use exceeding guidelines for single-occasion risk by state/territory, 2014–15



Source: ABS, 2015

Self-reported high risk alcohol consumption also varies according to age and place of residence.⁹ Alcohol consumption at high risk levels for short-term harm is substantially more common in younger than older adults and more common in remote or very remote areas than in major cities. The prevalence of alcohol consumption at high risk levels for long-term harm is higher in 16- to 64-year-olds than in those aged over 65, and higher among those living very remotely than in those living in major cities.

Creating 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.

2012–2016 priorities

1. *Reduce road crashes and road trauma*
2. *Prevent falls in older people*
3. *Protect children from injury*
4. *Improve water safety*
5. *Reduce interpersonal violence*

Achievements and Highlights

State-wide review of injury prevention activities released

The Department funded the state-wide review [*Injury Prevention in Western Australia: A Review of State-wide Activity for Selected Injury Areas*](#). Released in 2015, it is a key resource for the community and health professionals within WA. The review highlights injury prevention issues and activities in WA, including the leading types of injury and risk and protective factors for injury. It also provides information on relevant legislation, standards and codes of practice.²⁶

Community prevention programs tackle injury in WA

The Department funded four priority community-based injury prevention health promotion programs, targeting water safety, child safety, falls prevention and partnership and sector development. The [*Stay on Your Feet WA®*](#) program addresses falls in the elderly. Between 2012 and 2015, 389 *Stay on Your Feet® WA* events were held and 449 presentations on falls prevention were delivered to over 12,000 people in WA.²⁷ In 2015, the Targeted Injury Prevention Programs were a finalist in the WA Health Excellence Awards.

Cost of Injury Report

The Department commissioned the *Incidence and Costs of Injury 2012*, a report into injury types and cost that takes into consideration sociodemographic status, regions, influence of alcohol use and other factors. Estimated costs include health sector costs, costs relating to longer-term care, loss of paid productivity, and loss of quality of life. In 2012, WA experienced 227,000 injury events at a total cost of \$9.6 billion.²⁸

Injury Prevention Summit and Knowledge Exchange

A sector-wide Injury Prevention Summit was jointly convened by the Department and the Injury Control Council of WA in 2012 to shape priority-setting for WA Health and stakeholders in injury prevention. Discussions helped to inform ongoing investment in injury prevention priorities and led to four injury prevention programs targeting falls prevention; water safety; child safety; and partnership and sector development. The Department also supported the 2015 two-day Knowledge Exchange event run by the Injury Control Council WA's [*Know Injury*](#) program, designed to build professional capacity among health promotion practitioners working in injury prevention.

Major Initiatives

Healthy public policy

In 2014, the Department published the [*Falls Prevention Model of Care*](#),²⁹ providing a systematic approach to falls prevention in WA. The model aims to reduce the risk of falls and fall-related injuries in WA by reaffirming the Department's commitment to falls prevention, assisting with relevant WA programs and activities, guiding falls prevention work in WA and translating research into practice.

Supportive environments

The Department is committed to helping develop supportive environments to reduce the frequency and severity of injuries across the state. For example, the Department supports Kidsafe WA's [*Playground Advisory Service*](#), which assists with the development and maintenance of school- and community-based play areas. In 2015–16, the *Playground Advisory Service* audited 33 playgrounds in WA and delivered 10 Nature Play workshops.

Public awareness and engagement

The Department has continued to help raise public awareness and promote engagement in injury prevention priorities. In 2014, staff from the Chronic Disease Prevention Directorate within the Department ran the *Look after Your Mates* program at the Nicky Winmar Football Carnival. The program included information on road safety, burns, falls prevention, dealing with peer pressure, and other issues affecting young Aboriginal Australians' risk of injury. In recognition of the Department's efforts, the Injury Control Council of WA highly commended the program at the 2014 Injury Prevention and Safety Excellence Awards.

Targeted interventions

The Department funds a number of targeted state-wide injury prevention health promotion activities. They include the [*Child Safety Program*](#) run by Kidsafe WA; the [*Falls Prevention Program*](#) and [*Partnership and Sector Development Program*](#) conducted by the Injury Control Council of WA; and the [*Water Safety Program*](#) run by the Royal Life Saving Society WA. In 2014–15, as part of the *Water Safety Program*, the Royal Life Saving Society WA delivered a series of mass media campaigns, conducted water safety presentations for parents and caregivers, provided professional development opportunities to health professionals, ran child safety forums, attended community events to promote prevention messages, and provided CPR and first aid training.

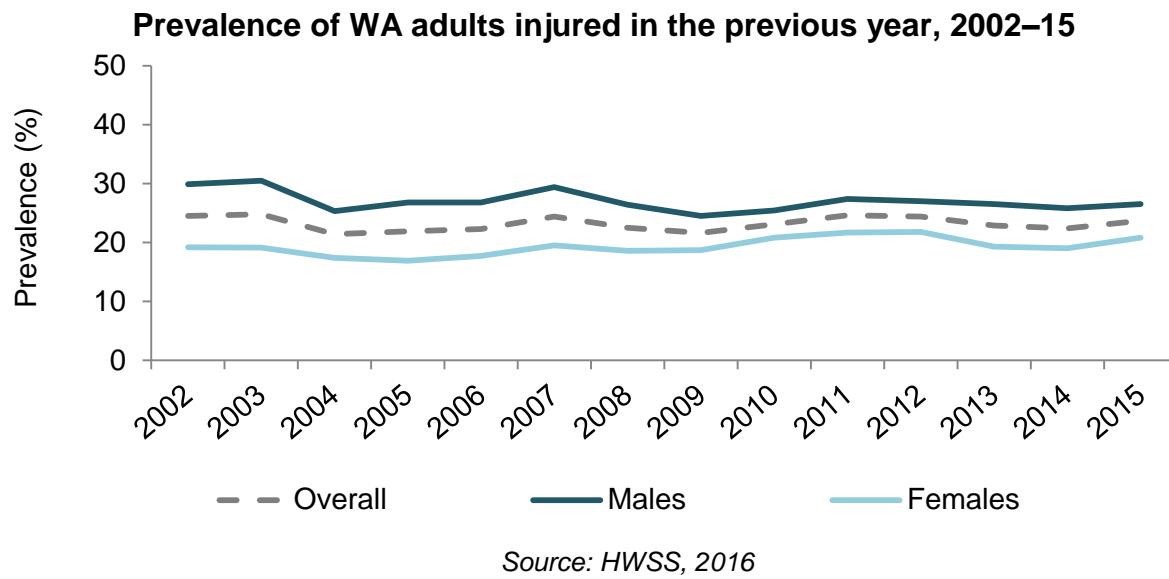
Strategic coordination / building partnerships / capacity building

The Department leads, and works closely with a number of stakeholder groups in promoting community safety, including the Road Safety Commission, the Executive Committee of the Australian Injury Prevention Network (AIPN) and the Regional Injury Prevention Working Group. These and other partnerships have helped revive the AIPN Aboriginal and Torres Strait Islander Special Interest Group and launch the Injury Prevention and Aboriginal and Torres Strait Islander People's annual symposia. Reports on key topics in injury prevention have been produced, including button batteries; poisoning from pharmaceuticals; injury patterns in children and young adults; and toddler drowning.

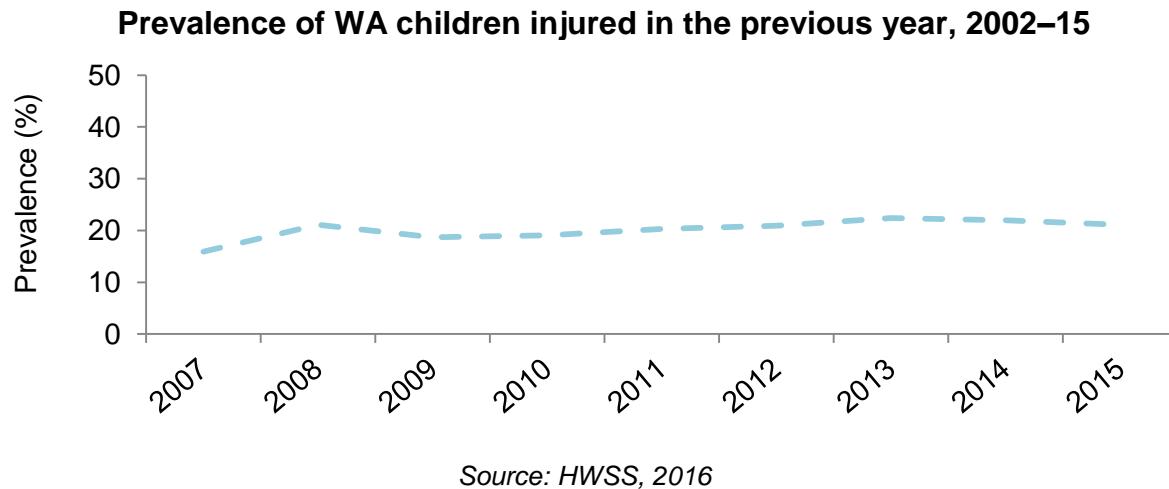
Outlook

The Department will continue to work towards helping Western Australians avoid injury by supporting and promoting measures that reduce road crashes and road trauma, prevent falls in older adults, protect children from injury, improve water safety, and reduce interpersonal violence.

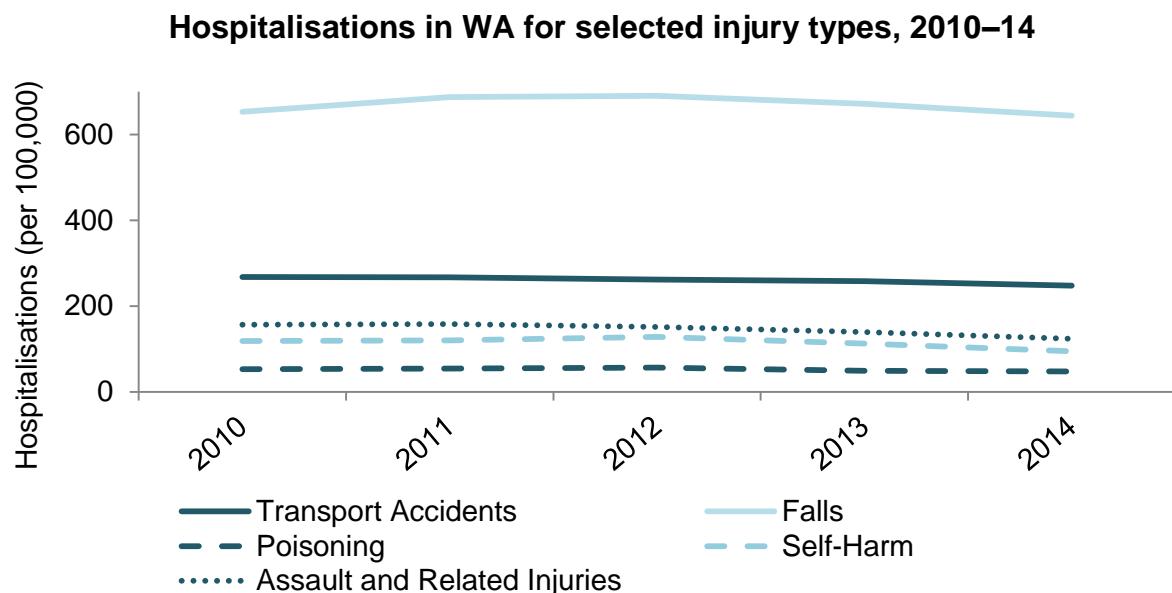
Data from the [WA Health and Wellbeing Surveillance System](#) shows that the prevalence of WA adults sustaining an injury requiring treatment from a health professional over the previous year has been relatively stable.⁹



In WA children, parent-reported rates of injury requiring treatment from a health professional also remained relatively unchanged between 2002 and 2015.¹⁰

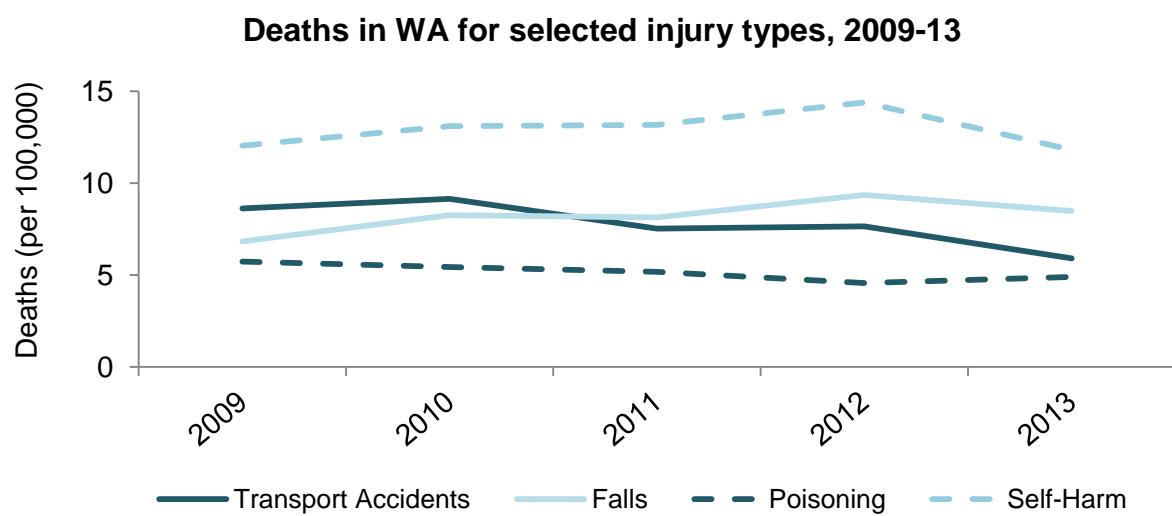


Between 2010 and 2014, WA has seen a decrease in age-adjusted hospitalisations per 100,000 people attributable to transport accidents (267 down to 248), self-harm (118 down to 95) and assault and related injuries (157 down to 124). However, hospitalisations due to falls (652 to 644) and poisoning (52 to 45) have remained consistent over this period.³⁰



Source: Health Tracks Reporting, 2016

There was a decrease between 2009 and 2013 in age-adjusted deaths per 100,000 people attributable to transport accidents (8.6 down to 5.9), but deaths due to falls (6.8 to 8.5), self-harm (12.0 to 11.8), poisoning (5.7 to 4.9) and assault (1.3 to 1.8 in 2012), have all remained relatively consistent over this period.³⁰



Source: Health Tracks Reporting, 2016

Concluding comments and looking ahead to the next five years

It is not possible to capture all of the Department's activities in disease and injury prevention in this brief report.

The Department relies on its strong partnerships with key non-government organisations for the delivery of high-quality, evidence-based health promotion campaigns and activities. In turn their work is supported by a new [Research and Evaluation Framework](#),³¹ developed with the expertise of the Child Health Promotion Research at Edith Cowan University. The Department values its links with colleagues across the WA and Australian tertiary sector.

In addition to supporting the delivery of public health campaigns, the Department organises or contributes to the running of health promotion events and conferences and meetings (such as the 2015 Oceania Tobacco Control Conference, the 2015 Injury Prevention Forum, the 2014 National Injury Prevention Conference, and the Multicultural Health Diversity Café series). Departmental staff contribute to local, state and national policy development in chronic disease and injury prevention on an ongoing basis. In 2015, the Chronic Disease Prevention Directorate won an Institute of Public Administration Australia (WA Branch) award for Best Practice in Health and Wellbeing.

It is widely-understood that it is beyond the scope of the health sector to address all of the factors that contribute to good health. In WA, a large number of Government Departments and agencies recognise their role in promoting improvements in health behaviours and environments, and take an active interest in doing so (see list of key partners on page 30). The Department is actively working across government to promote a coordinated approach to health promotion.

Looking to the next five years, the Department will continue to build the evidence to inform, develop and implement health promotion programs, policy and research to reduce preventable disease and injury in the WA community. The *WA Health Promotion Strategic Framework 2017–2021* will provide a plan for achieving this.

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Department of Health WA's key partners in health promotion

Australian Red Cross	Disabilities Services Commission
Better Health Company	Foodbank WA
Cancer Council WA	Health Consumers' Council
Centre for the Built Environment and Health, University of WA	Healthway
Chamber of Commerce and Industry WA	Heart Foundation WA
Child Health Promotion Research Centre, Edith Cowan University	Injury Control Council of WA
Department of Agriculture and Food	Institute for Health Research, University of Notre Dame, Fremantle Campus
Department of Child Protection and Family Services	Institute of Public Administration Australia WA
Department of Commerce	Kidsafe WA
Department of Corrective Services	Landcorp
Department of Culture and the Arts	Mental Health Commission WA
Department of Education	Metropolitan Redevelopment Authority
Department of Finance	Multicultural Services Centre of WA
Department of Health (Divisions of) – <i>Clinical Services and Research</i>	National Drug Research Institute
– <i>Public Health</i>	Ngala
– <i>Purchasing and System Performance</i>	Primary Health Networks (including Medicare Locals)
– <i>System and Corporate Governance</i>	Public Health Advocacy Institute of WA
– <i>System Policy and Planning</i>	Public Sector Commission
Department of Housing and Works	Road Safety Commission WA
Department of Local Government and Communities (including the Office of Multicultural Interests)	Royal Life Saving Society of WA
Department of Parks and Wildlife	The Australian Prevention Partnership Centre, University of Sydney
Department of Planning	Unions WA
Department of Sport and Recreation	WA Cancer Prevention Research Unit, Curtin University
Department of Training and Workforce Development	WA Health Service Providers:
Department of Transport	– <i>Child and Adolescent Health Services</i>
Departments of Health (Commonwealth, State/Territories)	– <i>East Metropolitan Health Service</i>
Diabetes WA	– <i>North Metropolitan Health Service</i>
	– <i>South Metropolitan Health Service</i>
	– <i>WA Country Health Service</i>
	WA Local Government Association
	WA School Canteens Association

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