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

Overview

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

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

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

Why we are consulting

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

Related documents

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

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

Completing the survey

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

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

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

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

What happens next

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

Introduction

1. What is your name?

Clare Mullen

2. What is your position?

A/Executive Director

3. What organisation do you work for?

Health Consumers' Council WA

4. What is your email address?

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

Clare.mullen@hconc.org.au

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

Please select only one item

☐ Individual

☒ Group/organisation

Consultation questions

Part 1: Introduction (pp. 10-16)

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

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

Please select only one item

☐ Yes ☒ No

1.5 we encourage the recognition of obesity as a chronic disease, as well as a risk factor for other chronic diseases. This is in line with contemporary evidence – most recently the Canadian Clinical Guidelines (https://obesitycanada.ca/obesity-in-canada/)

We note there are no reference to protective factors alongside the risk factors. For example, the positive effects of strong relationships, financial security, education and low stress.

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

   Please select only one item

   ☐ Yes ☒ No

Given the impact of the social determinants of health – and in particular poverty, early childhood trauma, racism and the effects of colonisation – on people's long-term health, we would encourage explicit inclusion of these risk factors as being in scope.

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

This section provides and overview of key over-arching issues in chronic disease and injury in WA.

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

   Please select only one item

   ☐ Yes ☒ No

The report makes little mention of the intersectionality of disadvantage and exclusion that is experienced by many people in our community. We do not believe that an approach to prevention that tackles each of these risk factors separately is going to be effective in practically supporting people who experience the compounding effects of these multiple layers of disadvantage. It is also likely to risk inefficiencies in expenditure and not achieve maximum value from the community's (taxpayer) funds.

We also note a number of risk factors that are not identified as targets for action – particularly sleep (https://www.nhs.uk/live-well/sleep-and-tiredness/why-lack-of-sleep-is-bad-for-your-health/), stress and inflammation (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5476783/)

We note the reference to the LiveLighter evaluation. However, this is at odds with the fact that rates of overweight and obesity have continued to rise over the time that LL has been in the market. Perhaps new approaches are called for?

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

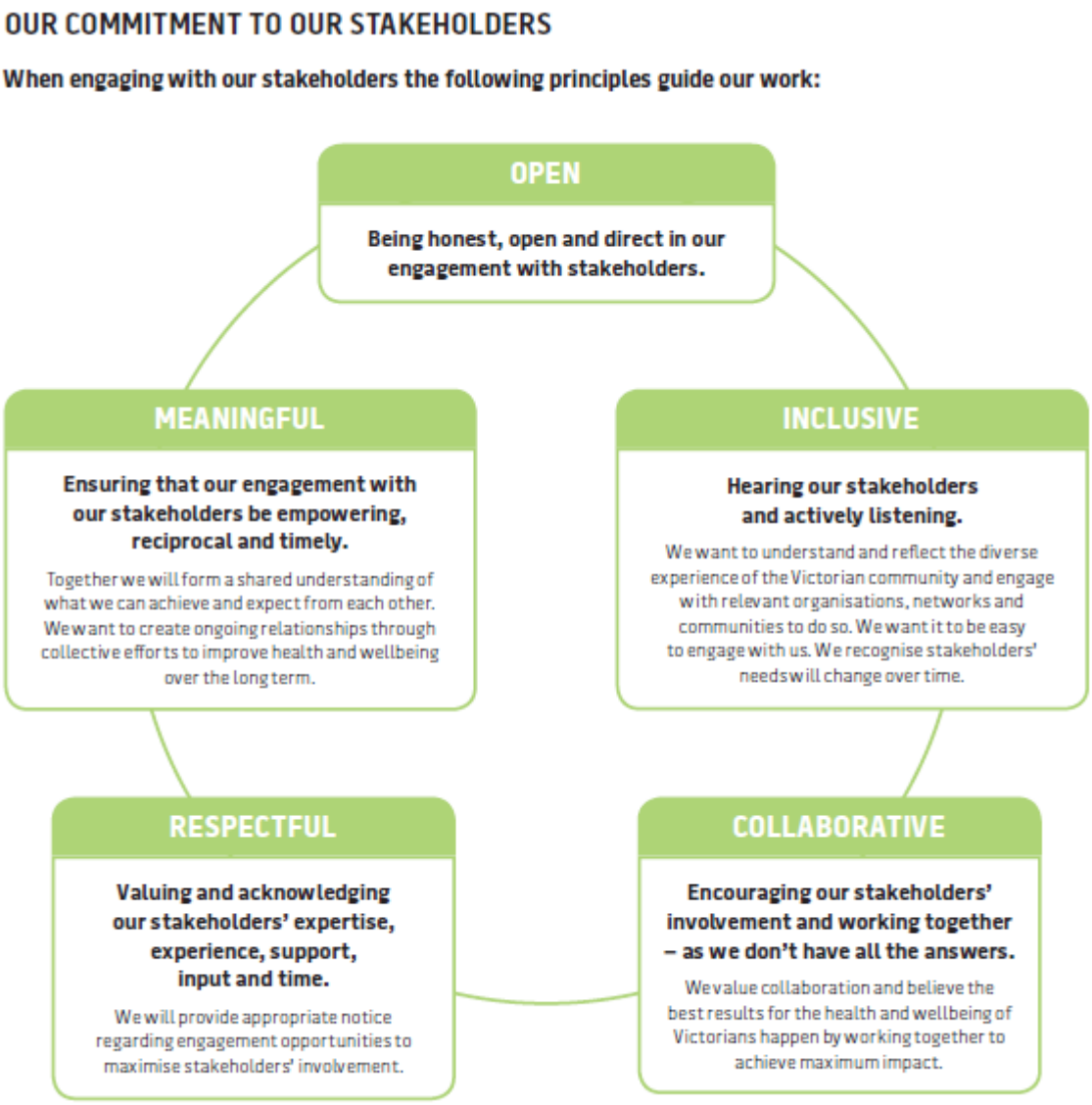
This section outlines the WA HPSF's overarching goal, priorities, target groups and guiding principles. It also provides a framework for addressing the modifiable causes of chronic disease and injury.

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

Please select only one item

☐ Yes ☒ No

We advocate for the addition of a principle of involvement and community-led action. Given that many of the factors that the Framework addresses are experienced by people in their homes, families and communities, we believe that it is essential that any health promotion framework explicitly acknowledges the importance of community involvement. We would encourage looking to other states for examples – such as the work being done by VicHealth: "above all we seek to make health gains among Victorians by pre-empting and targeting improvements in health across our population, fostered within the day-to-day spaces where people spend their time, and with benefits to be enjoyed by all."



From VicHealth Stakeholder Engagement Framework https://www.vichealth.vic.gov.au/-/media/Files/PDFs/VicHealth-Stakeholder-Engagement-Framework-2018-23.pdf

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

Please select only one item

☐ Yes ☒ No

We would also encourage consideration be given to including a commitment to nurturing and encouraging innovative approaches to improving the health of the community – particularly for people who experience multiple layers of disadvantage. We recommend this is done in partnership with people in this situation – for example, working with the consumer participants in the 100 Families project to explore new approaches to eliminating these disadvantages.

Many of them do in theory, but there is no evidence in the Framework that there is any real commitment to modern approaches to community engagement or community development, or to real partnerships.

We believe it's time for a separate agency to be established to focus on promoting health and wellbeing in WA - as now exists in a number of other states. We believe this would mean the ability for a stronger focus on these areas. We also believe this agency should not be a Government agency. While we believe strongly in the role of Government in public health, we do not believe the Government is best placed to catalyse positive social change to the degree and at the scale that our public health challenges required.

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

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

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

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

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

Please select only one item

☐ Yes ☒ No

As outlined elsewhere, we believe activities targeted towards particular communities should not focus on the risk factor, but should focus on the person. We believe that the

scoping, planning and designing of interventions for particular communities should be led by and with the people in those communities.

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

Please select only one item

☐ Yes ☐ No

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

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

Please select only one item

☒ Yes ☐ No

As for other parts of the Framework, we would encourage more courage and a bolder approach to action. We recognise this is a framework, but we believe bold and courageous leadership to improve the health of the whole WA community – with a particular focus on those groups that are most disadvantaged – is required.

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

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

Please select only one item

☐ Yes ☒ No

We advocate strongly that improving nutrition and physical activity is not conflated with weight management/overweight prevention. We believe that linking these health promoting behaviours to weight means the benefits of these activities are missed by people who do not believe they need to, or who do not want to, lose weight.

Further, we recommend acknowledgement – and actions to address – of the significant adverse health outcomes of weight stigma as a risk factor for poor health.

While BMI is used for population screening, as you know, there are **significant** issues with using BMI as the measurement of someone's health. On page 42, you refer to the information on the CDC website to explain what BMI is. However, on that website it says: "BMI can be a screening tool, but ***it does not diagnose the body fatness or health of an individual. To determine if BMI is a health risk, a healthcare provider performs further assessments***. Such assessments include skinfold thickness measurements, evaluations of diet, physical activity, and family history". Obesity Canada goes further: "BMI is a measure of size – not of health!" https://obesitycanada.ca/managing-obesity/measuring-obesity/

You will know too of Flegal's work that highlights that the link between current BMI categories and mortality is not what is generally understood https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4855514/pdf/nihms754493.pdf

Please use person-first language throughout – people with obesity – not "people who are obese".

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

Please select only one item

☐ Yes ☒ No

We believe that men are also at greater impact of health impacts of obesity, and do need targeted activities.

We note your reference to "The concept of people living with obesity but being 'metabolically healthy' is misleading." If referring to this as if it were a widely discussed concept, perhaps a reference could be included? In our conversations with consumers, the issue of "metabolically healthy obesity" is rarely raised. What is raised, is some consumers' frustrations with being unable to get any other health issue considered without an often misguided attempt from a general health professional – with no specialist understanding of the emerging science of overweight and obesity – to give unhelpful and outdated advice along the lines of "eat less and move more" – without any appreciation of the heterogeneity of obesity and its associated healthcare.

We note the inclusion of children – and repeat our call for person- and family-centred interventions that look at the whole person or family, rather than singling out a focus on nutrition or physical activity. Again, many children or young people who are most at risk of poor health outcomes from obesity are often dealing with the compounding impact of a number of layers of disadvantage. We believe that focusing on weight contributes to poor health outcomes through weight stigma and bullying (https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/overweight-obesity). For many children, the key health issue is not the weight, but the weight stigma and bullying they experience. It is essential that any intervention does not contribute to exclusion or stigma.

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

Please select only one item

☒ Yes ☒ No

Given the positive impact between education levels and health outcomes (https://www.abs.gov.au/ausstats/abs@.nsf/39433889d406eeb9ca2570610019e9a5/455

CD920EBB0C78ACA2574390014A1A6?opendocument), we strongly encourage the inclusion of some strategic directions relating to this fact.

With regards to building health literacy, we believe it is essential that children are taught how to identify and critically assess the tactics used by food companies to develop, market and distribute unhealthy foods.

We note the emerging evidence about the link between ultra-processed foods and obesity (and other health issues: https://pubmed.ncbi.nlm.nih.gov/33279939/) and suggest that this is at least mentioned in the Framework. We believe there are opportunities to raise community awareness of the harms caused by ultra-processed foods and help to build community outrage at the lack of action to protect WA consumers from these harms.

As mentioned elsewhere, we strongly advocate for a person- and family-centred approach to health promotion rather than an issue-based approach.

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

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

Please select only one item

☐ Yes ☒ No

There is no mention of the fact that casual and heavy drinking is ingrained in the Australian culture. For example, the mention in this guide for overseas students https://insiderguides.com.au/alcohol-in-australia/ "Drinking is arguably a big part of Australian culture. In Australia, it's strongly connected to social situations; you'll struggle to find a party or gathering that doesn't have alcohol in one form or another."

This cultural aspect of alcohol use will require different tactics than simply continuing to raise awareness of alcohol harm. We note the efforts by groups like Hello Sunday Morning and other community-focused groups to change the narrative about drinking culture https://hellosundaymorning.org/

As mentioned elsewhere, we strongly advocate for a person- and family-centred approach to health promotion rather than an issue-based approach, in order to be sure that people in the community who are most at risk from compounding risk factors are reached with interventions with a high chance of success – including interventions that are co-designed with people in the impacted groups.

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

Please select only one item

☐ Yes ☒ No

While the Framework has a strong focus on limiting access to alcohol, it doesn't seem to address the reasons people use alcohol in the first place. Particularly for people whose use of alcohol is problematic. As mentioned elsewhere, we advocate for including people and community-centred approaches rather than only risk factor centred approaches.

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

Please select only one item

☒ Yes ☐ No

A recognition of the reasons that some groups of people use alcohol at harmful levels more than the general population. There is no reference to early childhood trauma, or the impacts of racism and colonisation in the document despite the link between this and harmful use of alcohol being known https://www.psychologytoday.com/au/blog/the-almost-effect/201307/childhood-trauma-and-alcohol-abuse-the-connection

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

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

Please select only one item

☒ Yes ☐ No

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

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

Please select only one item

☒ Yes ☐ No

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

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

Please select only one item

☐ Yes ☒ No

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

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

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

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

Please select only one item

☐ Yes ☒ No

We advocate for a stronger focus on addressing health inequities. Without this focus, we risk improving outcomes for people where health gains are easiest – without protecting and increasing investment in innovative and new approaches to really addressing intersectional disadvantage and its enduring impact on health for some communities and across generations. The risk with the current approach is that efforts will be focused on achieving the easiest wins (doing what we *can)*, rather than those that have the most impact for people who are disadvantaged (doing what *needs to be done).*

Appendices

These questions relate to the Appendices of the HPSF.

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

Please select only one item

☐ Yes ☒ No

It's not clear why the Framework refers to the Strategic Intent that went to 2020.

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

Please select only one item

☒ Yes ☐ No

Department of Health's consumer and community engagement framework

Overarching questions

These questions relate to the entire WA HPSF.

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

Please select only one item

☐ Yes ☒ No

As outlined earlier, we'd advocate for including more of a focus on health promotion interventions for particular communities who experience health inequities. We advocate for inclusion of new approaches that include people from those communities in the scoping, planning, design and implementation of these approaches.

Further, we believe that a health promotion framework needs to have a stronger emphasis on addressing the social determinants of health. In particular, we encourage the inclusion of some actions that specifically address the risk factors of childhood trauma – and the racism and impact of colonisation experienced by First Nations people – on future health.

The Framework is easy to follow. However, none of the actions are particularly new, innovative or inspiring. This is an opportunity to really galvanise community and practitioner action to work towards a shared vision of a healthier WA for all.

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

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

☐ To guide my agency's strategic planning

☐ As a tool when working with other stakeholders

☐ To get a better understanding of new/emerging issues

☐ I will not use the HPSF in my work

☒ Other

We'll refer to it in our work trying to engage community and practitioners in new ways of promoting health.

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

Please select only one item

☒ Yes ☐ No

A workshop to help consumers work out how to use the health promotion inventory. At HCC we have tried and despite being quite tech savvy we have been unable to get the information out of it that we're looking for. HCC would be happy to host such a workshop.

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

Please select only one item

☒ Yes ☐ No

There has undoubtedly been a lot of work in pulling this Framework together. And we recognise that this has been done while the Public Health Division has been focused on addressing the demands of a pandemic.

However, given the vision and ambition of the SHR, and that this document is considered a deliverable under Recommendation 2a "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 July 2029", we would encourage Department of Health to be more ambitious and courageous with their approach.

For example, the vision from the Healthy Weight Action Plan – informed by community perspectives – is "A community that supports maintaining a healthy life".

As outlined in the National Preventive Health Strategy "It is time to be bold." We would like to support the creation of a community-owned vision of a healthier WA for all, that can be worked towards by all partners in health over the lifetime of this Framework.

We believe this work in WA can look to emerging work relating to wellbeing economies around the world and across Australia - https://weall.org/hubs/australia

For example, the work done by the ACT Government of a Wellbeing Framework for the whole community https://www.act.gov.au/wellbeing

We know considerable work was done across Government, coordinated by WACOSS to develop an outcomes framework: https://www.wa.gov.au/government/publications/supporting-communities-forum-outcomes-framework-working-group-documents

We would encourage this work to be considered in the WA Government flagship document for health promotion to help galvanise and harness community interest in a healthy WA for all.

Thank you for taking the time to complete this survey.