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Joint Standing Committee on the Commissioner for Children and Young People  
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**Cancer Council Western Australia written submission to the Inquiry into the most effective ways for Western Australia to address food insecurity for children and young people affected by poverty.**

**Cancer Council Western Australia**

Cancer Council Western Australia (Cancer Council WA) welcomes the opportunity to provide a submission to the Inquiry into the most effective ways for Western Australia to address food insecurity for children and young people affected by poverty (the **Inquiry**).

Cancer Council WA is a leading health promotion charity in Western Australia. Our vision is a cancer-free future for all Western Australians and over the last 60 years, we have strived to achieve this vision through cancer research, advocacy, education, and support. We are highly regarded in the community and work closely with a diverse range of stakeholders to help deliver outstanding, client-centred customer service and health equity throughout our communities.

In the spirit of deepening relationships, Cancer Council WA acknowledge all the traditional custodians and owners of country throughout Western Australia (WA) and recognise their continuing connection to land, waters and community. We also pay our respect to their Elders and extend that respect to all Aboriginal peoples living and working in this area.

**Cancer Council WA's interest in this inquiry**

Cancer inequity is a reality across Australia. Those most vulnerable to social and financial disadvantage experience a greater burden of cancer incidence and mortality. This includes those that come from low SES areas, people living regionally, Aboriginal Australians, and people experiencing homelessness. Multiple factors influence their poorer outcomes such as less access to appropriate health services, financial barriers, geographical barriers, and suboptimal access to environments that support healthy behaviours. Smoking prevalence is higher in groups experiencing social and financial disadvantage. Lower socioeconomic groups are the most likely to become overweight or obese and are also most at risk of becoming ill from complications of the condition. These groups have poorer cancer outcomes (by morbidity and mortality), due to later diagnosis, poorer access to cancer treatment and support services.

Cancer Council WA plays a crucial role in obesity prevention. This role is further reinforced in the WA Cancer Plan 2020-2025, which identifies reducing lifestyle-related risk factors for obesity, physical inactivity and inadequate diet as a key strategy to reduce exposure for risk factors for cancer<sup>1</sup>. Cancer Council WA's Obesity Prevention Team delivers a broad scope of work across a complex content area, which includes the delivery of a healthy lifestyle promotion and education campaign (LiveLighter®); the delivery of a program which aims to increase fruit and vegetable consumption and increase water intake in primary school aged children (Crunch&Sip®); education sessions to parents to support them to pack a healthy lunchbox (Packed with Goodness); and advocating for legislative and policy change which will ultimately foster environments that promote and support healthy eating patterns.

#### *LiveLighter® Healthy Lifestyle and Education Program*

The LiveLighter® campaign was established in 2012 and aims to reduce the burden of chronic disease caused by overweight and obesity, poor diet, and physical inactivity. LiveLighter® is recognised as an example of 'best practice' by the World Cancer Research Fund<sup>2,3</sup>. While some jurisdictions have been able to licence the LiveLighter® campaign in some form, WA is the only state with an ongoing state government investment in this important work, and the promising results emerging in WA are testament to its impact.

Further details regarding the reach and impact of the LiveLighter® campaign are provided at **Section 4 – The extent to which food literacy programs aimed at children and young people and/or their parents/carers (a) are currently accessed and (b) are effective.**

#### *Crunch&Sip® nutrition education project*

Funded by Healthway, the Crunch&Sip® nutrition education project addresses the Healthway priority area of "increasing healthy eating" by encouraging healthy habits at an early age and improving public awareness of healthy eating choices. Crunch&Sip® aims to improve the dietary habits of Western Australian primary school children and increase vegetable, fruit and water consumption via three core components:

- Ongoing delivery and refinement of the Crunch&Sip® program
- Development of curriculum materials to support teachers in the delivery of nutrition education
- Ongoing delivery and refinement of the Packed with Goodness parent nutrition education program.

Further details regarding the impact of the Crunch&Sip® and Packed with Goodness programs are provided at **Section 4 – The extent to which food literacy programs aimed at children and young people and/or their parents/carers (a) are currently accessed and (b) are effective.**

#### *Delivering Public Health Advocacy Services: Increasing Healthy Eating (the Rapid Obesity Policy Translation Program)*

Also funded by Healthway, the policy and advocacy tranche of the Obesity Prevention Team's work aims to accelerate the adoption of policy and legislative reform strategies for healthier eating which

will ultimately foster environments that promote and support healthy eating patterns. This is achieved through contributing to the evidence by commissioning research to build public support for policy action in areas such as reducing children's exposure to junk food advertising and advocating for planning reform to allow local governments to factor in health when considering planning applications for fast-food outlets. Further detail on this work is provided under **Section 6 - Any other existing or potential initiatives.**

Cancer Council WA thanks the Joint Standing Committee on the Commissioner for Children and Young People (the **Committee**) for the invitation to provide a submission to the Inquiry and will address the Terms of Reference which are appropriate to our experience and expertise.

### **1. The impact of poor nutrition on children and young people and the extent of the problem in Western Australia.**

The Australian Dietary Guidelines, authored by the National Health and Medical Research Council (NHMRC) summarise the best scientific evidence to advise on dietary patterns that promote optimal health and wellbeing for the Australian population, yet adults<sup>4</sup> and children<sup>5</sup> are not meeting the recommendations<sup>6</sup>. No age group or sex meet recommendations for fruit, vegetables or whole grains and discretionary foods make an unacceptable contribution to daily intake with up to 41 per cent of daily energy intake in children and 36 per cent in adults<sup>7</sup>. The high dietary share of discretionary and ultra-processed foods has a substantial and growing body of evidence linked to weight gain and obesity<sup>8</sup> and intakes of nutrients outside levels recommended for the prevention of non-communicable diseases<sup>9</sup>.

On average, Western Australians do not meet the recommendations for any of the five major food groups of the Australian Dietary Guidelines from non-discretionary food sources. In 2019, Western Australian children consumed an average of only 2.18 serves of vegetables daily<sup>10</sup>, well below the recommended 4.5-5 serves, and contribution of daily energy intake from discretionary foods was estimated at 37.9 per cent amongst all Western Australian children<sup>11</sup>.

Poor dietary habits during childhood have been linked to negative health outcomes such as dental caries<sup>12</sup> and overweight and obesity<sup>13</sup>. The prevalence of overweight and obesity in Western Australia was 71.7 per cent in 2019<sup>14</sup>, and of particular concern, the rate for Western Australian children stood at 22.8 per cent<sup>15</sup>. Illness from overweight and obesity cost WA hospitals \$338.7 million in 2016, and it is estimated that this will rise by 80 per cent to \$610.1 million in 2026 if increases to overweight and obesity continue<sup>16</sup>.

Preventive health, particularly consuming a healthy diet and halting the rise in obesity is a priority for the Commonwealth and Western Australian Governments. The recently released National Preventive Health Strategy<sup>17</sup> and National Obesity Strategy<sup>18</sup>, as well as the WA Health Promotion Strategic Framework<sup>19</sup>, all identify actions to ensure access to healthy, affordable, adequate food with sufficient information to support people in selecting healthier products. Each of these endorsed policy documents recognise the inadequacy of interventions that rely on individual agency alone to lead to changes to dietary intake and emphasise the need for a comprehensive range of interventions that create a supportive environment (e.g., policies to better regulate food composition, promotion and

marketing of unhealthy foods and quick service restaurant density) and population level interventions (e.g., investment in public education campaigns). Given the greatest driver of poor diets and overweight and obesity is the pervasive production, availability and marketing of unhealthy food and drinks<sup>20</sup>, and that the Australian population is dependent on the commercial food system for daily nutrition<sup>21</sup> the importance of protecting and promoting public health is clear.

## **2. Challenges for children and young people in accessing enough nutritious food.**

Western Australian children and future generations deserve the chance to live in local communities that promote and provide equitable access to sustainable, healthy food.

Our current food system creates communities and environments that are filled with ultra-processed junk food and drinks outlets, are widely available, affordable, and pervasively marketed, particularly to our most vulnerable, children and disadvantaged communities.

Fast-food outlets cluster in the most disadvantaged Western Australian suburbs and around our schools<sup>22</sup>. A longitudinal investigation (2004 - 2011) of residential Perth addresses showed that across all time points, unhealthy food outlets were present in greater numbers than healthy food outlets and are located closer to home<sup>23</sup>. The proximity of fast-food outlets to schools and residential homes is linked to higher consumption, poor diets, and increased exposure to their associated outdoor advertising. The overabundance of fast-food outlets compared to healthy food outlets are creating food swamps<sup>24</sup>.

The extensive availability and pervasive marketing of fast-food outlets and their products are the strongest drivers of their consumption at harmful levels.

Fast-food outlets are a significant risk to public health. The market share and business practices ensure they dominate the global food system, especially in middle- and high-income countries. This dominance is pervasive and filters through to our local food environments, ensuring effortless availability, acceptability, and ultimately the consumption of their harmful products and extends to their 'interference' in diet related public health policy.

COVID-19 and natural disasters including floods and bushfires have shone a bright light on the vulnerabilities of the food system.

In 2010, in the Perth metropolitan area there were three times as many unhealthy food outlets (i.e., fast-food outlets) per 1000 people as healthy (i.e., supermarkets, general stores, fruit and vegetable stores, and butchers) and recent mapping has found that there are more than double the number of fast-food outlets in the most disadvantaged suburbs of Perth compared to the most advantaged<sup>25</sup>.

The local food environment has been found to have an independent effect on diet in WA; for example, moving house and re-locating to an area with more 'healthy' food outlets and fewer 'unhealthy' food outlets close to home is associated with increases in fruit and vegetable intake and improvements in overall diet quality, and vice-versa<sup>26</sup>. Increases in the number of fast-food outlets within 400m-3km of home of Western Australian adults (aged 25-64 years) is associated with decreases to daily vegetable intake<sup>27</sup>. Furthermore 50 per cent of Perth secondary students purchase discretionary foods from

outlets near their schools on a weekly basis, their frequency for doing so significantly associated with chain fast-food outlets in proximity to their school<sup>28</sup>. Taking steps towards a healthy and sustainable food system and environment contributes to nutrition, health, and wellbeing. Working collaboratively to create healthy community food environments is an important step towards a shared vision for a sustainable and fair future.

Regulating the development of fast-food outlets, and working to create healthy local community food environments to transform the food system will require committed coordinated action, across multiple government jurisdictions. There is no single silver bullet, however a broad multifaceted approach and opportunities for intervention are needed.

Despite the proven harm of their location, density and products as well as significant objection from community and health organisations, there are currently insufficient regulatory mechanisms to control fast-food outlet developments.

Creating environments that support access to healthy food and limit the location and density of fast-food outlets will be an imperative step in a collaborative approach to a sustainable and fair food system for all Western Australians.

Cancer Council WA submits that it should be a priority recommendation of this Committee in improving children's access to nutritious food that Western Australian planning provisions and legislation prioritise and promote healthy community food environments and protect community from 'junk food swamps' and limit their development next to schools and homes. Access to and locations for unhealthy food outlets cannot be left up to the powerful food industry, particularly the fast-food outlet industry. The extent to which our communities have equitable access to nutritious and sustainable food options is up to the government of Western Australia. Further detail on this work and recommended actions are provided under **Section 6 - Any other existing or potential initiatives**.

**3. The extent to which food relief:**

- a. is currently accessed by children and young people, including at school and in early childhood education and care settings**
- b. Is effective.**

Cancer Council WA is not involved in, nor has any expertise in food relief in Western Australia, and as such will make no comment on this line of inquiry.

**4. The extent to which food literacy programs aimed at children and young people and/or their parents/carers:**

- a. Are currently accessed**
- b. Are effective.**

*Detailed below is the work of the Cancer Council WA that seeks to influence food literacy in children, young people and adult carers and current measure of effectiveness across this work*

### *LiveLighter®*

As noted earlier, Cancer Council WA delivers the LiveLighter® program on behalf of the WA Department of Health.

The LiveLighter® Healthy Lifestyle Promotion and Education Program aims to:

- Halt and then reverse the current increasing trends of adult overweight and obesity in Western Australia
- Increase the prevalence of Western Australian adults consuming a diet in line with the national dietary guidelines
- Increase the prevalence of Western Australian adults meeting the national physical activity and sedentary behaviour recommendations.

Though the campaign is not directly targeted at children, through addressing parents and carers of children as a key target group, the campaign is also expected to contribute to the following long-term community outcomes for children:

- Reduction in rates of overweight and obesity in Western Australian children
- Increased prevalence of Western Australian children consuming a diet in line with the national dietary guidelines
- Increased prevalence of Western Australian children meeting the national physical activity and sedentary behaviour recommendations.

Results show the campaign is having these expected broader impacts on our community.

LiveLighter® is comprehensive in its approach, that is outlined below, and includes the delivery of a mass media (TV-led) campaign, non-TV led campaigns (out-of-home, digital, social media), website, social media channels, and printed and digital resources.

While still considered in its infancy compared to tobacco control campaigns, the **LiveLighter® TV-led campaign** has produced positive results to date. A cohort study of Western Australian adults aged 25-49 undertaken in 2013 showed the LiveLighter® “Sugary Drinks” campaign positively impacted adults’ knowledge and behaviour with regard to sugar sweetened beverage consumption in a pattern specific to the campaign messaging and without adverse impact on weight-related stereotypes<sup>29</sup>.

This cohort study showed that there was a reduction in the number of people who frequently consume sugary drinks (i.e., 4+ times/week) from baseline to post campaign (22 per cent compared to 16 per cent), as well as a reduction in the number of overweight people who were consuming sugary drinks at least twice a week (56 per cent at baseline compared to 48 per cent at post). The number of people who correctly selected “toxic fat to build up” being a health effect of drinking too many sugary drinks increased from baseline to post campaign. These evaluation results demonstrate the positive impact of the LiveLighter® campaign on the sugary drink consumption behaviours of adults in WA.

Furthermore, whilst adults are the main target audience of the LiveLighter® campaign the National Secondary Students' Diet and Activity (NaSSDA) survey conducted in 2018 provided data to support the positive impact that the LiveLighter® program has had on high school students' dietary behaviours<sup>30</sup>. The proportion of students in WA who reported consuming four or more sugary drinks per week in 2018 was significantly lower compared to 2012-13, whereas this significant decrease was not observed in the other Australian states and territories combined<sup>31</sup>.

**Bus stop advertising placements**, or 'Commute' panels, have been incorporated into the LiveLighter® mass media advertising strategy since May 2019. Prior to this, McDonald's had used these sites as directional signage to encourage people to visit one of their nearby outlets. Cancer Council WA has used LiveLighter® messages at these sites to remind commuters of the health risks associated with junk food consumption, while also dissuading people to visit the takeaway outlets which we know are in close proximity to these advertisements. In total there are 56 Commute panel sites scattered across the Perth metropolitan area where LiveLighter® ads appear for approximately 10 fortnight-long posting periods per year.

A key priority for Cancer Council WA is restricting junk food marketing to children, especially on State-owned assets. This was a recommendation in the Sustainable Health Review Final Report and until this recommendation is implemented (**see Section 6 - Any other existing or potential initiatives**), the use of LiveLighter® advertising on Commute panels goes some way to 'levelling the playing field' by countering the abundance of out-of-home junk food ads. They also serve to remind key policy and decision makers of the need to address the current lack of marketing regulations that enable the proliferation of unhealthy ads on publicly owned sites across Western Australia as well countering industry lobbying to delay or weaken proposed regulation and portray industry as part of the solution in creating supportive environments.

**The LiveLighter® website** is the referral point used on all paid and unpaid media assets. The website provides people in the contemplation, preparation, action, or maintenance stages of the Behaviour Change Model to make changes to their eating and physical activity behaviours with the information they need to make these changes. Interactive tools and resources such as meal planners encourage people to engage with the website on an ongoing basis.

Website statistics show the importance and popularity of the website. During the 2021-22 financial year, there were 1.1 million page views of the LiveLighter® website. In the same period, we recorded 238,130 unique users.

**The LiveLighter® social media accounts** (Facebook, Twitter and Instagram) are integral components of the campaign and the growth of these social media channels has significantly extended campaign reach. The LiveLighter® team has instigated regular reporting on each social media platform to help strengthen evaluation and to inform the evolving social media strategy.

LiveLighter®'s Facebook account targets individuals, families and health professionals. It has the largest following of all the LiveLighter® social media accounts, with 31,113 page followers as of 30 June 2021. This digital platform is therefore an extremely valuable tool for exposure and traction of the campaign.

Instagram has been continually monitored since the account was created in February 2018, the number of followers has grown to 2,756 followers by 30 June 2021.

LiveLighter® produces a range of **digital and printed resources**. All resources are available for download on the website with approximately 15,000+ downloads from WA users alone per year. Selected resources are produced in hard copy and can be ordered by the public (in small quantities) and health professionals (in larger quantities) via an order form on the website. Resources are selected for printing based on the season (for cookbooks), current campaigns and projects and popularity.

When developing new resources, consideration is given to any gaps in the current selection of resources offered in terms of new campaign messages, target groups and resources commonly requested by the community. When updating resources, priority is given to resources most relevant to upcoming campaigns, as well as resources that are significantly out-of-date. Resources are also retired as needed.

Cancer Council WA's media team are responsible for generating **unpaid media** for LiveLighter® in response to briefs, campaign evaluation, reports, launches and other relevant activities that arise. Unpaid media is essential for extending the reach of the campaign messages, but to also generate public debate and wider conversations about the need for regulation and policy support.

The campaign team work closely with the media team to generate media releases that are timely, topical, link to current policy priorities where possible, and use language and imagery that is consistent with expert recommendations on language to use when talking about weight. For example, a recent [article](#) published in *The West Australian* ("How the cost-of-living crisis may harm your health") highlighted key tips and tricks to stay healthy while trying to save at the checkout. These tips were provided by LiveLighter® dietitian.

### *Crunch&Sip®*

As also noted above, Cancer Council WA delivers the Crunch&Sip® nutrition education project, together with the parent education program Packed with Goodness. Cancer Council WA has been coordinating the delivery of this project since 2006, and in 2018 added Packed with Goodness to complement the school-based policy and associated events and promotion.

Crunch&Sip® is a set break during the school day for children to eat vegetables or fruit and drink water in the classroom. This break is designed to give students the opportunity to eat an extra serve of these vital foods rather than replace serves that may already be included in the lunchbox.

In-class interventions aimed at increasing healthy food consumption have been successfully implemented in Western Australia, and programs that target specific foods, such as vegetables, have been shown to more than double the proportion of a student cohort consuming that food type<sup>32</sup>. Evaluations of the Crunch&Sip® program have determined that parents and teachers report increased intake of fruit, vegetables, and water for participating students<sup>33</sup>. Sui et al.<sup>34</sup> determined that higher fruit and vegetable consumption is linked with lower energy contributions from discretionary foods, and therefore it is inferred that discretionary foods are replaced when healthy alternatives are introduced into the diet<sup>35</sup>. Intervention types that encourage water consumption are also linked to



improved diet quality and may confer additional benefits to nutritional adequacy and dental health<sup>3,36</sup>.

Since its launch, participation in the program has steadily increased. Key outcomes include:

- Fifty-three per cent (n=507) of eligible schools in Western Australia officially participate as certified schools.
- Flexible registration options available to classrooms rather than whole schools.
- Large number of classroom and schools participating outside of certification: A 2017 survey of 222 WA primary schools showed that 81 per cent participate in the Crunch&Sip® program in some way, as many additional schools and classrooms participate without being officially certified.

Crunch&Sip® breaks allow WA children to eat 30,494,600 million additional serves of vegetables and fruit per year, based on every child at a participating school eating a serve of vegetables or fruit for Crunch&Sip® every school day.

The program reaches approximately 152,473 students who attend the certified Crunch&Sip® schools/classrooms.

#### *Packed with Goodness*

Packed with Goodness is the parent/carer nutrition education program run through the Crunch&Sip® program. Funded by Healthway, the program is available to all parents/carers of primary school-aged children and was developed to address the low rates of vegetable consumption and high rates of sugary drink consumption amongst WA children. Packed with Goodness aims to raise awareness and increase confidence amongst WA parents and carers around food provision in the home and packing a healthy lunchbox for school. Educating parents is the first and most important step in influencing child behaviours and health outcomes.

Packed with Goodness workshops have been running across metropolitan and regional areas of WA since October 2019. Workshops generally take place at schools, other community venues and occasionally via online webinars. The sessions, delivered by health professionals, run for 90 minutes with a focus on:

- Tips for packing a healthy lunchbox
- Healthy alternatives to pre-packaged snacks
- The importance of fruit and veggies for kids
- Label reading
- The best drink choices for kids.

Though in its infancy, the Packed with Goodness is showing promising results. An evaluation conducted in 2021 indicated that the program is meeting its objectives through:

- An increased number of kids consuming vegetables and drinking water every day, and a decrease in sugary drinks being packed in lunchboxes<sup>37</sup>.

- A significantly greater proportion of parents reported packing water at follow up (90 per cent) than at pre (80 per cent) and vegetables at the follow up (64 per cent) than at pre (51 per cent).
- On average, respondents reported that their children were eating a total of approximately 0.6 more of a serving of vegetables each day.
- Respondents reported increased confidence in packing a healthy lunchbox at the post-survey. This remained high at the follow up (significantly so compared to the pre-survey).

Recipes and recipe ideas, tips for increasing the consumption of fruits and vegetables and tips for reducing junk food intake were considered the top takeaways from the workshops. There was also a high rate of satisfaction reported among workshop attendees.

### **5. Government-funded school lunch programs.**

Cancer Council WA is not involved in, nor has any expertise or knowledge about Government-funded school lunch programs in Western Australia, and as such will make no comment on this line of inquiry.

### **6. Any other existing or potential initiatives.**

Cancer Council WA and its partners including the Telethon Kids Institute are currently advocating for a number of policy and legislative initiatives which, if implemented by the State or Commonwealth Government, would have a lasting impact on the health and lives of Western Australian children and young people and their ability to access nutritious food.

#### *Restrictions on food marketing to children*

Unhealthy food and drink companies are currently using WA government assets as a mechanism to market and boost sales of their unhealthy food, alcohol and drinks and brand. There are serious health and social costs to Western Australians associated with the consumption of these products. Food marketing has an influence on children's nutrition knowledge, preferences, purchase behaviour, consumption patterns and diet-related health<sup>38</sup>. Children's exposure to unhealthy advertising is directly linked to an increase in energy (kilojoule) consumption, which illustrates the strength of advertising on influencing food choices<sup>39</sup>.

A 2020 audit of outdoor advertising within 500 metres of Perth schools found that 74 per cent of outdoor food advertising was for unhealthy food<sup>40</sup>. This study also found food advertisements within 250m of schools were more frequent and were more likely to be for unhealthy food and alcoholic beverages in disadvantaged areas.

The marketing of unhealthy food and drinks continues to be prevalent and predominantly promotes foods that contribute to the high burden of disease related to poor diets and overweight and obesity. Evidence demonstrates that this marketing is powerful in shaping societal norms about consumption, creating positive perceptions and increases frequency of eating these foods that contribute to unhealthy diets.

Reducing exposure to unhealthy food and drink marketing, promotion and sponsorship is a priority strategy in numerous guidelines and recommendations at all jurisdictions including internationally

recognised leading health agencies. The recently released National Preventive Health Strategy and National Obesity Strategy, as well as the WA Health Promotion Strategic Framework all include reducing exposure to unhealthy food and drink advertising as key priorities.

Without taking strong action on unhealthy food and drink marketing, Western Australia is increasingly unlikely to meet its ambitious target to halt the rise in obesity by 2025 set by the Sustainable Health Review Final Report 2019 or meet its jurisdictional responsibilities in collaborative action set by the National Obesity Strategy. Addressing the pervasive volume and breadth in type of marketing of unhealthy food and drinks across settings and formats requires comprehensive, organised action. This includes legislation that allows for promotion and protection of public health by permitting future regulation of the advertising and promotion of food or food brands. Such legislation need not conflict with potential commonwealth regulation, which was signalled in the recent federal budget announcements but complement and champion regulation.

Since November 2020 Cancer Council WA, the Telethon Kids' Institute and partners have campaigned and called for a policy to restrict the marketing of unhealthy food and drinks on Western Australian Government property. In the lead up to the March 2021 WA State Election the McGowan Government made a pre-election commitment that should they be re-elected a taskforce would be convened to investigate the policy.

The recent May 2022 campaign highlighted that the issue remains crucial to counter any opportunity for industry lobbying and reaffirm community support for measures to protect children from unhealthy food and drink advertising.

In April, the Hon. Dr Brad Pettitt put a [question on notice](#) to Hon. Amber-Jade Sanderson, Minister for Health, Mental Health regarding the State Governments' pre-election commitment to convene a taskforce to investigate a policy to restrict the marketing of unhealthy food and drinks on Western Australian Government property. The Government replied on 10 May 2022 that a draft policy and recommendations have been presented to the Minister for Health, Mental Health, however it was still to be considered by Cabinet. Cancer Council WA and partners have called for Cabinet to urgently consider the draft policy and recommendations; the prompt opportunity for public comment on the policy measures proposed and assurance that the policy will remain free from industry influence.

We refer the Committee to the following documents which relate to the above issue:

- [Joint Statement on Protecting Children from Unhealthy Food and Drink Advertising on State-owned Assets](#)
- [Policy Brief: Banning unhealthy food and drinks advertising on state-owned assets](#)

#### *Amending planning laws to include health as a consideration*

Urban planning laws are a potentially powerful tool for influencing health, however existing planning laws in WA are silent on the issue of public health. This means fast-food outlets are allowed to open near schools, in areas of high density, in lower SES areas and where existing outlets proliferate, with no regulation and no ability for Local Governments to factor in community or public health concerns in their planning approvals.

Two recent examples highlight the importance of this issue. In May 2020, approval was granted for a second McDonald's store in Albany. The store will be less than one kilometre from North Albany Senior High School and directly opposite Albany TAFE. Despite opposition from health groups including Cancer Council WA, and the City of Albany having clear obesity prevention objectives in its Public Health Plan, the Development Assessment Panel was not able to consider these public health concerns in its deliberations because of the absence of health as a consideration in the law.

More recently, a second McDonald's in Ellenbrook was approved to be built directly opposite Aveley Secondary College. Again, despite concerns raised by public health groups, the school and the Department of Education, the application was approved.

It is incongruous that a fast-food outlet can be allowed to open directly opposite a school, undermining parent, school, and community efforts to promote health.

The Sustainable Health Review Final Report recommended that changes to the planning laws be made to limit unhealthy food outlets and to support access to healthy food options, including near schools. Furthermore, WA's Public Health Act 2016 puts the impetus on local government to promote health and wellbeing within their local areas. Clause 67 of Schedule 2 of the Local Planning Scheme Regulations stipulates a list of considerations that Local Governments must have "due regard" to in assessing a local development proposal. Currently, public health/community wellbeing does not feature as a consideration in WA planning laws, meaning that decision-makers can lawfully ignore these interests.

Amending the Regulations to add public health as a mandatory relevant consideration would provide a basis for planning authorities to incorporate health interests in planning decisions. This would promote uniformity of decision-making processes across local governments. It would also align the planning law provisions with the obligations of Local Councils under the Public Health Act.

Cancer Council WA has been working with researchers and partners to build the case to convince decision makers to implement this crucial public health recommendation. Key activity to date includes:

- Commissioning the UWA Law School to critique WA planning laws and make recommendations to support the implementation of the Public Health Act 2016.
- Preparing a Policy Brief entitled 'reform of WA's planning legislative framework' in order to articulate this rationale to decision makers and met with the Minister for Planning's office to present the brief.
- Preparing submissions to oppose the proposed fast-food outlets in low SES areas, where the fast-food outlet is directly adjacent to school or childcare centre or where there are already exiting outlets in the area.
- Preparing submissions in response to Government consultations addressing the issue of public health and planning laws (Infrastructure WA, and WAPC Draft Operational Policy 2.4 – Planning for School Sites).
- Commissioning research to assess the impact of the new McDonald's outlet opening directly opposite Aveley Secondary school on the eating behaviours and perceptions of secondary

school students, their parents and local residents. This has involved the collection of baseline data, and audit of the food environment surrounding the proposed store. Still to come is;

- A follow up survey of the baseline cohort, to commence approximately 12 months after the McDonalds has opened.
- A second audit of the food environment within 5km of the new McDonald's site will be conducted to assess if any businesses open or close after the introduction of a McDonalds.
- A survey of all Aveley Secondary College teachers and the Principal to collect information on school rules, practices and policies related to food outlets near the school, attitudes and perceptions of the new outlet on the impact it has had on students and the school. Information on school canteen food service provision, menu changes, trading hours/days and sales data will also be obtained.

We will use the results of this study to advocate for changes to WA planning laws, particularly to allow decision makers to take into consideration public health concerns when making planning decisions. It will demonstrate the impact of this store's proximity to the school on health behaviour, school practices and canteen profits, thus providing a robust rationale for health to be a consideration in planning laws.

We refer the Committee to the following document which relates to the above issue:

- [Policy Brief: Reform of Western Australia's planning legislative framework in order to promote specific public health objectives](#)

#### *Regulating price promotions on unhealthy foods*

It's hard to visit a supermarket in Western Australia without being visually bombarded by 'two for one' and other discounting promotions for unhealthy foods and beverages. This is of particular health equity concern, as research shows that cost is a critical driver in food purchasing decisions in low-income households, and that this can fuel susceptibility to price promotions<sup>41,42</sup>. Countering the abundant marketing and availability of unhealthy food options is recognised as a key element of comprehensive obesity prevention<sup>43</sup>. Yet the marketing and point of sale promotion of unhealthy food and beverage options in WA and Australia is ubiquitous and largely unregulated<sup>44,45</sup>.

Cancer Council WA is working with researchers from UWA and Notre Dame University through a Healthway grant to investigate consumer intentions, motivations, and purchasing behaviour related to price promotions and product positioning of unhealthy food and drinks in major supermarkets. This will be examined through a health equity lens, investigating the potential impact of price and product promotions on low-income households and families. This research has been explicitly designed to generate evidence that aligns with obesity prevention policy calls for restrictions on the promotion of unhealthy foods. At the same time Cancer Council WA is also working with UWA Law School to explore regulatory options to restrict price promotions on unhealthy food and drinks.

Cancer Council WA and our partners will use this research to undertake a range of activities, including:

- Producing a policy brief that justifies the case for regulation of unhealthy food/beverage price promotion in retail environments.
- Contributing to state and national advocacy and policy reforms relating to the promotion of unhealthy food/beverages.
- Building community support of regulatory measures by raising community awareness of industry tactics in relation to unhealthy food/beverage marketing in supermarkets and the impact on low income households.

### *Menu-labelling*

Cancer Council WA has recently responded to the review of the WA Food Act 2008. One of the recommendations made was that menu labelling is implemented to assist consumers to select healthier products in food settings for food pre-prepared, in a meaningful manner. Western Australia is yet to implement a nutrition menu-labelling scheme which would allow consumers to access nutrition information of pre-prepared foods and drinks. This is despite it being a key recommendation into a Western Australian Parliamentary inquiry into Type 2 diabetes<sup>46</sup>, previous commitment by Western Australian government<sup>47</sup> and other States and Territories in Australia implementing schemes (New South Wales, Victoria, Queensland, South Australia and the Australian Capital Territory).

Labelling of pre-prepared, ready-to-eat foods such as from quick service food outlets (e.g. fast-food and other take-away food stores) is necessary given the high frequency in which they are visited, the predominantly unhealthy food and drinks available and sold in such premises, and evidence that consumers substantially underestimate the energy content of this type of food<sup>48</sup>.

Thirty-five per cent of Western Australian adults eat fast-food at least once a week<sup>49</sup> with the foods sold in major fast-food chains predominantly unhealthy, sold in over-sized servings, and too high in harmful ingredients<sup>50</sup> which is replicated in foods eaten away from home from other types of outlets, being frequently less healthy than home cooked meals and in larger serve sizes<sup>51</sup>.

A national review of menu labelling schemes in Australia found there was broad support for menu labelling schemes and that there are key recommendations to strengthen their efficacy to ensure they meaningfully assist consumers<sup>52</sup>. It is established that appropriately designed and implemented menu labelling at the point of sale can effectively inform consumers about their energy requirements and the energy content of products and can lead to a small but significant reduction in the energy content of meals purchased such was the case in the evaluation of the menu labelling scheme in New South Wales<sup>53</sup>.

Cancer Council WA has recommended that a menu labelling scheme is implemented in WA that builds and strengthens on the lessons from other jurisdictions.

This could occur by ensuring that:

- As many outlets as possible are covered, particularly those excluded under other schemes, including small supermarkets, service stations, convenience stores and cinemas.
- Provisions are introduced to ensure that menu labelling is always legible and consistent between outlets.
- Printed, electronic and online menus are covered.
- The scheme is supported with public education.
- Include interpretive nutrient warnings for products such as those that exceed recommended daily limits for nutrients of concern in single serves.

**7. Western Australia's obligations and responsibilities to monitor and address food insecurity as an aspect of child wellbeing.**

We urge the Committee to consider the policy priorities detailed in this submission when it considers and makes recommendations in relation to effective ways for Western Australia to address food insecurity. Food insecurity is more than access to food; it is access to affordable, nutritious food.

Thank you for your consideration of our submission. We encourage you to contact Ainslie Sartori, Manager, Obesity Prevention at [ainslie.sartori@cancerwa.asn.au](mailto:ainslie.sartori@cancerwa.asn.au) should you wish to discuss our submission. We look forward to reading about the outcomes of the Inquiry in due course.

Yours sincerely,



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- <sup>1</sup> Western Australian Department of Health. WA Cancer Plan 2020–2025. Perth: Health Networks, Western Australian Department of Health; 2020.
- <sup>2</sup> Ananthapavan J, Sacks G, Brown V, Moodie M, Nguyen P, Veerman L, et al. Priority-setting for obesity prevention—The Assessing Cost-Effectiveness of obesity prevention policies in Australia (ACE-Obesity Policy) study. *PLOS ONE*. 2020;15(6):e0234804.
- <sup>3</sup> Swinburn BA, Sacks G, Hall KD, McPherson K, Finegood DT, Moodie ML, et al. The global obesity pandemic: shaped by global drivers and local environments. *Lancet*. 2011;378(9793):804-14.
- <sup>4</sup> <https://www.aihw.gov.au/reports/food-nutrition/poor-diet/contents/poor-diet-in-adults>
- <sup>5</sup> <https://www.aihw.gov.au/reports/food-nutrition/poor-diet/contents/poor-diet-in-children>
- <sup>6</sup> Australian Bureau of Statistics. Australian Health Survey: Nutrition First Results - Foods and Nutrients, 2011–12 In: ABS, ed. Canberra 2014
- <sup>7</sup> Australian Institute of Health and Welfare 2018. Nutrition across the life stages. Cat. no. PHE 227. Canberra: AIHW
- <sup>8</sup> Machado, P., Steele, E., Levy, R et al (2020) Ultra-processed food consumption and obesity in the Australian adult population. *Nutrition and Diabetes*. 10 (1).
- <sup>9</sup> Ibid.
- <sup>10</sup> Australian Bureau of Statistics. Table 17.3. Children's consumption of fruit, vegetables and selected sugar sweetened and diet drinks, Proportion of persons. Canberra: Australian Bureau of Statistics; 2018.
- <sup>11</sup> Australian Bureau of Statistics. Western Australia, Table 5.1. Proportion of Energy from discretionary foods (%). Canberra: Australian Bureau of Statistics; 2015.
- <sup>12</sup> Healthway. Active Healthy People: 2018-2023. Perth: Healthway.
- <sup>13</sup> National Health and Medical Research Council. Australian Dietary Guidelines. Canberra: National Health and Medical Research Council; 2013.
- <sup>14</sup> Chronic Disease Prevention Directorate. Western Australian Health Promotion Strategic Framework 2017–2021. Perth, Western Australia: Department of Health; 2017.
- <sup>15</sup> M. D, T. L. Health and Wellbeing of Adults in Western Australia 2019, Overview and Trends. Western Australia: Department of Health; 2020.
- <sup>16</sup> Beswick AZ, Ambrosini GL, Radomiljac A, Tomlin S, Chapman AM, Maticevic J, et al. The burden and cost of excess body mass in Western Australian adults and children. Western Australia: Department of Health; 2020.
- <sup>17</sup> <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030>
- <sup>18</sup> <https://www.health.gov.au/resources/publications/national-obesity-strategy-2022-2032>
- <sup>19</sup> <https://ww2.health.wa.gov.au/Reports-and-publications/WA-Health-Promotion-Strategic-Framework>
- <sup>20</sup> Swinburn BA, Kraak VI, Allender S, et al. The Global Syndemic of Obesity, Undernutrition, and Climate Change: The Lancet Commission report. *Lancet*. 2019 Feb 23;393(10173):791-846
- <sup>21</sup> White, M., Aguirre, E., Finegood, D. et al (2020) What role should the commercial food system play in promoting health through better diet? *The BMJ*. 1-12, 368(March)
- <sup>22</sup> Trapp et al 2022 Does fast-food outlet density differ by area-level disadvantage in metropolitan Perth, Western Australia? *Health Promotion Journal of Australia*
- <sup>23</sup> Bivoltsis 2019 *Health and Place* 57 204-217
- <sup>24</sup> <https://www.unicef.org/media/96101/file/Protecting-Childrens-Right-Healthy-Food-Environment.pdf>
- <sup>25</sup> Trapp et al 2022 Does fast-food outlet density differ by area-level disadvantage in metropolitan Perth, Western Australia? *Health Promotion Journal of Australia*
- <sup>26</sup> Hector 2016  
file://shpfr01/HOME/Emma.Groves/Downloads/155001%20Healthy%20Food%20Environment%20Report\_FINAL.PDF
- <sup>27</sup> Trapp G & Hooper P. 2020. Junk-food filled neighbourhoods: building an evidence base for change. Telethon Kids Institute, Centre for Child Health Research, The University of Western Australia.
- <sup>28</sup> <https://ww2.health.wa.gov.au/~media/Corp/Documents/Reports-and-publications/Population-surveys/Health-and-Wellbeing-of-Adults-in-WA-2020.pdf>
- <sup>29</sup> Morley B, Niven P, Dixon H, Swanson M, Szybiak M, Shilton T, et al. Population-based evaluation of the ‘LiveLighter’ healthy weight and lifestyle mass media campaign. *Health Education Research*. 2016;31(2):121-35.



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- <sup>30</sup> Gascoyne C, Scully M, Wakefield M, Morley B. Sugary drink consumption in Australian secondary school students. Melbourne, Australia: Cancer Council Australia, Centre for Behavioural Research in Cancer, Cancer Council Victoria; 2019.
- <sup>31</sup> Ibid.
- <sup>32</sup> Australian Bureau of Statistics. Health risk factors – diet, body mass blood pressure, physical activity., Table 19.3 Body Mass Index (BMI), by age and sex, Aboriginal and Torres Strait Islander children aged 2-17 years, 2018-19, Proportion of persons. Canberra: Australian Bureau of Statistics; 2019.
- <sup>3333</sup> Australian Bureau of Statistics. Table 1.1, Life expectancy of selected ages, Australia (a) – 2015-2017(b). Canberra: Australian Bureau of Statistics; 2018.
- <sup>34</sup> Sui Z, Wong WK, Louie JC, Rangan, A. Discretionary food and beverage consumption and its association with demographic characteristics, weight status, and fruit and vegetable intakes in Australian adults. *Public Health Nutr.* 2017; 20(2): 274-81.
- <sup>35</sup> Health al. Welfare. Contribution of Chronic Disease to the gap in mortality between Aboriginal and Torres Strait Islander people and other Australians. Canberra; AIHW; 2011.
- <sup>36</sup> Australian Bureau of Statistics. Table 4.1. Mean daily serves per capita, Australian Dietary Guidelines food groups(a) – Estimates. Canberra, Australian Bureau of Statistics; 2020.
- <sup>37</sup> Talati, Z., Pantaleo, A., Williams, T., Atkinson, M., Wright, S., Sartori, A., & O'Connor, M (2021). Packed with Goodness Evaluation Report 2019 – 2021. Western Australian Cancer Prevention Unit (WACPRU), Curtin University, Perth.
- <sup>38</sup> Uribe R, Fuentes-García A. Food Marketing, Children, and Obesity in Chile: Evidence and Challenges for Regulation. *Communication Research Trends.* 2013;32(1).
- <sup>39</sup> World Cancer Research Fund International. Building Momentum: lessons on implementing robust restrictions of food and non-alcoholic beverage marketing to children. 2020.
- <sup>40</sup> G T, P H, L T, J M, W B. Junk-food filled neighbourhoods: Building a local evidence base for change. Perth, Australia: Telethon Kids Institute, Centre for Child Health Research, The University of Western Australia; 2020.
- <sup>41</sup> Wood, L and Gazey, A (2021). Tobacco mythbusting - tobacco is not a major driver of foot traffic in low socio-economic small retail stores. *Tobacco Control* (in press).
- <sup>42</sup> Wood, L. (2020). Homelessness: the imperative for a public health response. *Australian and New Zealand Journal of Public Health*, 44(5), 341-345.
- <sup>43</sup> Feng, J-L, Hickling S, Nedkoff L, Knuiman M, Semsarian C, Ingles J, Briffa T. Sudden cardiac death rates in an Australian population: a data linkage study. *Aust. Health Review* 2015: 39, 561-567.
- <sup>44</sup> Nyaradi A, Oddy WH, Hickling S, Li J, Foster JK. The relationship between nutrition in infancy and cognitive performance during adolescence. *Front. Nutr.* 2015: 2, 1-8.
- <sup>45</sup> Nyaradi A, Oddy WH, Hickling S, Li J, Foster JK. The relationship between nutrition in infancy and cognitive performance during adolescence. *Front. Nutr.* 2015: 2, 1-8.
- <sup>46</sup> [https://www.parliament.wa.gov.au/Parliament/commit.nsf/\(Report+Lookup+by+Com+ID\)/E65D9AAEA62B2B2C482583D800295552/\\$file/EHSC+Report+6+The+Food+Fix+FINAL.pdf](https://www.parliament.wa.gov.au/Parliament/commit.nsf/(Report+Lookup+by+Com+ID)/E65D9AAEA62B2B2C482583D800295552/$file/EHSC+Report+6+The+Food+Fix+FINAL.pdf)
- <sup>47</sup> <https://www.watoday.com.au/national/western-australia/wa-s-fast-food-industry-could-be-forced-to-list-dietary-information-on-menus-20180715-p4zrkz.html>
- <sup>48</sup> Burton S, Creyer EH, Kees J, Huggins K. Attacking the obesity epidemic: the potential health benefits of providing nutrition information in restaurants. *Am J Pub Health* 2006; 96: 1669-1675
- <sup>49</sup> <https://ww2.health.wa.gov.au/~media/Corp/Documents/Reports-and-publications/Population-surveys/Health-and-Wellbeing-of-Adults-in-WA-2020.pdf>
- <sup>50</sup> The George Institute for Global Health (2020). Food switch: State of the Fast Food Supply
- <sup>51</sup> Ibid.
- <sup>52</sup> Nyaradi A, Li J, Hickling S, Foster J.K, Jacques A, Ambrosini G.L, Oddy W.H. A Western Dietary Pattern Is Associated with Poor Academic Performance in Australian Adolescents. *Nutrients* 2015: 7, 2961-2982. [https://foodregulation.gov.au/internet/fr/publishing.nsf/Content/7907D41C6C0BC1E0CA2582280023E04D/\\$File/FCSRRFFMLSIAUS20180629.pdf](https://foodregulation.gov.au/internet/fr/publishing.nsf/Content/7907D41C6C0BC1E0CA2582280023E04D/$File/FCSRRFFMLSIAUS20180629.pdf)
- <sup>53</sup> [https://www.foodauthority.nsw.gov.au/sites/default/files/\\_Documents/scienceandtechnical/fastchoices\\_evaluation\\_report.pdf](https://www.foodauthority.nsw.gov.au/sites/default/files/_Documents/scienceandtechnical/fastchoices_evaluation_report.pdf)