



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

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Minister for Preventative Health's Roundtables

Health Promotion

Pre-reading Document

SIA

Contents and Purpose

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Purpose of This Document

This pre-reading document summarises relevant research and background information on the strategic context and topics for discussion at the Health Promotion Roundtable that will be held on Wednesday, 28 January 2026.

This pre-read will be assumed as read during the roundtable. This will allow focused dialogue on the day.

Pre-Roundtable Preparation

Attendees are asked to consider questions outlined in this document to prepare for the roundtable. Please use the notes page at the end of this document to capture your considerations. You are not required to submit your responses in advance of the roundtable but are encouraged to bring your notes as preparatory materials.

 *Boxes in this style indicate questions that attendees should consider while preparing for the roundtable.*

Roundtable Objectives and Agenda

Continue to strengthen relationships between the Minister for Preventative Health and key stakeholder groups

Foster meaningful engagement between government and key stakeholder groups on preventative health topics

Inform the direction of WA's Preventative Health Portfolio

#	Duration	Item	Speaker
1	10 mins	Welcome and Opening Remarks	Hon. Sabine Winton, Minister for Preventative Health
2	20 mins	Roundtable Approach and Context	Facilitator
3	70 mins	Group Discussion: One Big Idea	All
	20 mins	Break	
4	60 mins	Breakout Groups: Approaches	All
5	45 mins	Playback Breakout Discussions to Wider Roundtable	All
6	15 mins	Wrap Up and Close	Facilitator Hon. Sabine Winton, Minister for Preventative Health
	30 mins	Networking	All attendees

Context: Preventative Health Under the Cook Labor Government

The Cook Labor government aims to shift focus to the start of the health pipeline to avoid preventable health problems and support all Western Australians' wellbeing through:

- Promoting active healthy lifestyles
- Providing more support for mental health.

Elevating the priority for prevention: Establishing WA's first dedicated Preventative Health portfolio reflects a strategic shift in the lens applied to state efforts to reduce long-term demand on hospitals and address the root causes of disease. Our preventative health investments keep people well and out of hospital.

Commitment to the 5 per cent target: The 2019 Sustainable Health Review prioritised prevention as a key lever to secure a healthier and more sustainable future for WA – that vision remains as relevant today as ever. We are currently laying the foundations for sustainable progress to ensure this future investment is strategic and impactful.

Importance of Health Promotion: the Government is committed to supporting Western Australians to live more healthier and active lifestyles, to increase quality of life and reduce pressure on the health system.

Delivering tangible outcomes: There are many long-standing, evidence-based preventative health initiatives already being delivered across the state. The government is committed to further improving population health outcomes across the board by continuing to support these proven existing programs while introducing innovative new approaches.

Embedding health across government: Prevention benefits the wider community through community safety and amenity, health equity, social connection, workforce productivity and the broader economy. We are building on existing work and bolstering collaborative efforts to ensure that prevention is front of mind in broader government policy, ranging from urban planning and active transport to climate change. This means embedding consideration of health impacts, including benefits and consequences, in decision-making across Government.



Context: Health Promotion

Health promotion is critical to tackling rising rates of chronic disease and injury. Effective health promotion requires a comprehensive approach, from legislation through to hard-hitting public awareness and education campaigns. There are many landmark health promotion initiatives already underway and making a difference across the state. However, opportunities exist to further strengthen health promotion efforts in Western Australia to improve population health outcomes.

Core challenges & opportunities:

- **Preventable burden:** Currently, 38% of the total Western Australian disease burden is preventable, yet systemic barriers and conflicting priorities hinder effective intervention. A strategic increase in focus on proactive preventative health, rather than a predominantly reactive, acute, hospital-based approach, will enable the greatest gains in health and wellbeing for Western Australians.
- **Cross-sector collaboration:** the broader socioeconomic, cultural and environmental conditions that influence health are a product of the actions of many sectors and are beyond the health system’s capacity alone to influence. Cross-sector collaboration and coherence of statewide strategies ensures that health promotion delivers health, social, environmental and economic co-benefits by pooling skills and resources to achieve shared goals.
- **A comprehensive approach:** Influencing complex issues and behaviours such as overweight and obesity, poor nutrition, and insufficient physical activity cannot occur through single interventions. A comprehensive approach with the right combination of evidence-based interventions requires strong political and public support as well as sustained funding to create long-term population-level impact.

Strategic context:

The Cook Government is committed to improving health and wellbeing across the WA community, in alignment with priorities set out in state and national policies and frameworks.

High-Order Benefits for Western Australia:

Addressing the issues outlined in this document will have significant benefits for Western Australia, across:

Economic Sustainability:

Mitigating the financial costs of treating preventable disease and injury caused by modifiable risk factors (e.g., the \$569 million annual obesity cost) is essential for the long-term sustainability of the health system.

Economic Productivity:

A healthier population translates directly to a robust workforce with reduced absenteeism, morbidity and premature mortality rates, driving broader state economic growth.

Health Equity:

Addressing the upstream social, economic and environmental factors influencing health and wellbeing is essential to reducing health inequities.

Role of Attendees

Attendees are expected to provide summary insights from their field of expertise. Specifically, attendees will be provided the opportunity to:

1

Provide a concise overview (<2 mins), considering your field of expertise, addressing the below question

A. What one big idea could substantially improve preventative health outcomes in Western Australia?

Attendees will be asked to respond to the above question during roundtable discussions allowing for no more than two minutes speaking time per attendee.

Any brief follow-up questions or comments from the room will be managed by the facilitator.

2

Provide your views on up to three compelling opportunities to improve preventative health outcomes in relation to the topics outlined in this document

Attendees will be allocated to breakout groups with each group tasked with discussing three topics each.

Attendees will be asked to provide their input during breakout group discussions.

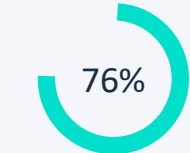
Attendees will also be asked to outline, for each opportunity agreed by the breakout group, actions to be taken to realise the opportunity.

Attendees are asked to review the topics (pages 7 – 10) and questions outlined in this document to prepare for this discussion.

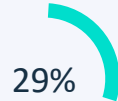
TOPIC A. Healthy Eating and Active Living

Healthy eating and sufficient physical activity are foundations of health and wellbeing, growth and development, and the prevention of chronic disease across the lifespan. Our environment has been called obesity-promoting or ‘obesogenic’ as it encourages people to consume more energy than their bodies need and to be less physically active. Creating environments that encourage and support Western Australians to eat well and move more can improve health outcomes and help reduce inequities in health.

Obesity in WA^{1,1,1,2}



Of adults living with overweight or obesity



5-15 yr old Children living with overweight or obesity

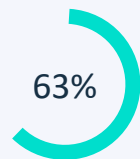
#1

Leading modifiable risk factor

Key drivers^{1,1,1,2}:

5:1

Fast-food outlets to Supermarkets in Perth metropolitan area



Children with insufficient activity

Health impacts^{1,2}:

\$569m

Healthcare spend on obesity

\$226m

Healthcare spend on dietary risk

Current state:

- Overweight and obesity have collectively overtaken tobacco as the primary disease burden risk factor, affecting 76% WA adults and 29% WA children^{1,1,1,2}.
- Dietary intake is influenced by our food environment and education.
- Inactivity is a risk factor for chronic disease; only 37% WA children and 66% WA adults meet recommended activity guidelines, exacerbated by car-centric urban design^{1,2}.

Complicating factors:

- Commercial power and sophisticated marketing ecosystems outpace public health efforts, with well resourced industries aggressively promoting energy-dense, nutrient-poor foods^{1,3}.
- Passive forms of entertainment, sedentary occupations, higher density housing, urban sprawl, and increased reliance on cars have changed how much time people spend being active in their daily lives^{1,4}.
- The rising cost of living is leading to a shift in dietary choices towards cheaper, lower-quality options, and to a reduction in physical activity levels, with the impact more severe for those from lower socio-economic backgrounds.

Existing Initiatives:

- Million Moves Campaign; and supporting healthy school initiatives, such as Crunch and Sip and the 2025 launch of WA Physical Literacy Week
- Increased KidSport funding and eligibility – to enable children aged 5-18 to participate in Community sport and recreation by offering financial assistance towards club registration fees.
- The LiveLighter program aims to encourage Australians to lead healthier lifestyles - to make changes to what they eat and drink, and to be more active.

“

We know that prevention is key when it comes to reducing the burden of diabetes in Western Australia...By prioritising preventative health, we not only help people live healthier lives but also reduce pressure on our already stretched hospital system.
- Melanie Gates, Diabetes WA

”



Which levers offer the greatest opportunity to shift healthy eating and active living behaviours in WA over the next decade? How can this apply to the ageing community.

TOPIC B. Tobacco, E-Cigarettes and Vaping

While smoking rates have significantly declined over several decades, increased e-cigarette use in recent years - particularly among young people - may undermine past success in tobacco control. A comprehensive, sustained and population-wide approach is required, including public health information and cessation support. These strategies have consistently driven long-term reductions in smoking in Western Australia.

Current state:

- One in eight (13.5%) WA adults currently smoke and 7.9% currently vape^{2,1}.
- Among school students aged 12 to 17 years in WA, 18.4% vaped in the past month, and 3.7% both vaped and smoked in the past month (dual use)^{2,2}.
- Smoking costs the Australian community an estimated \$137 billion annually, including hospital and medical costs, lost productivity, premature death, and reduced quality of life from long-term chronic illness^{2,3}.

Smoking rates among adults in WA have significantly decreased over the past two decades, declining from 22.4 per cent in 2002 to 13.5 per cent in 2024, demonstrating the success of comprehensive tobacco control measures.

Complicating factors:

- Ongoing efforts by tobacco and vaping industries, and associated groups, to influence policy and regulatory settings in ways that undermine public health objectives^{2,4, 2,5}.
- Evolving nicotine products and industry marketing strategies, are designed to weaken tobacco control measures, diversify product lines, and attract and retain users^{2,5}.

Existing Initiatives:

- Long-standing public health campaigns such as Make Smoking History and Clear the Air.
- School-based initiatives including the WA schools Anti-Vaping Toolkit, which supports teachers to provide evidence-based information to students.
- Access to evidence-based cessation services and support to help people quit smoking and vaping, including resources for priority population groups^{2,6}.

Smoking in WA^{2,1,2,7,2,8}



Adults aged 18 years and over currently smoke

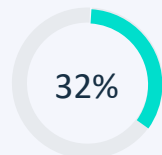


Up to 2 out of 3 long-term smokers will die due to their smoking

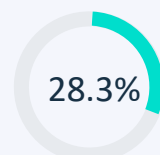
1,500

Deaths every year in WA caused by smoking

Vaping in WA^{2,2, 2,9, 2,10}



Young people (12 to 17 years) have tried vaping



Young adults (18 to 25 years) currently vape

5x

Young people who vape are up to five times more likely to start smoking

“

Vaping is not a disruption of the tobacco industry; it is the industry's latest strategy to sustain nicotine addiction in a new generation.

— Professor Mike Daube AO

”



In what ways might prevention and cessation approaches need to evolve to remain effective?

TOPIC C. Injury Prevention

Injury is a leading cause of preventable death and disability in WA, yet is often viewed as the result of random and unavoidable events. Reframing injury as a predictable and preventable outcome of environmental, policy and behavioural factors is essential to drive coordinated actions that reduce harm and save lives.

Current state:

- More than four people die every day in WA due to injury, making it a critical public health priority^{3.1}.
- One quarter (26%) of adults require professional medical treatment for an injury annually, creating massive demand on the health system^{3.1}.
- This includes road trauma, falls, interpersonal violence, and workplace injury, all highly preventable^{3.2}.
- The injury burden is distributed unevenly, disproportionately affecting males, older people, Aboriginal people, and those living in rural and remote areas.
- WA has the lowest rate of falls-related hospitalisations across Australia, highlighting the strong return on investment for falls prevention here in WA.

Leading causes of injury hospitalisation (2023–24) and death (2022–23), by age group

	1st	2nd	3rd	4th	5th
0-4	Falls	Contact with objects	Other	Accidental poisoning	Contact with living things
5-14	Falls	Contact with objects	Transport	Contact with living things	Other
15-24	Other	Transport	Contact with objects	Falls	Intentional self-harm
25-44	Contact with objects	Falls	Other	Transport	Assault
45-64	Falls	Contact with objects	Transport	Other	Contact with living things
65+	Falls	Contact with objects	Other	Transport	Contact with living things
All	Falls	Contact with objects	Transport	Other	Contact with living things

Source: www.aihw.gov.au

Complicating factors:

- Injury prevention often lacks the public visibility of disease-focused prevention, despite comparable health and economic impacts, leading to sustained underinvestment.
- Changing demographics, urban densification and evolving consumer markets (including online retail) are reshaping risk environments faster than regulatory systems can adapt.
- Climate change introduces new and compounding injury risks, including heat-related illnesses and deaths, and the mental health impacts of experiencing extreme weather events.
- There is a lack of harmonized national injury data, a lack of real-time, accessible injury data collection, and limited population-specific injury data (e.g., people with CaLD backgrounds, LGBTQI+).

Existing Initiatives:

- HealthyWA provides practical tools for falls prevention, chronic disease management and staying well at home.
- Stay On Your Feet provides information and strategies for older adults, their friends and family and health professionals to prevent slips, trips and falls.
- Long-standing, public health campaigns and programs to promote water safety and child safety, such as the Keep Watch toddler drowning prevention program.

“Injuries are not accidents; they are predictable and preventable events. We must design our world so that a moment of inattention does not result in a lifetime of disability.”

— Professor Rebecca Ivers

Leading causes of injury hospitalisations by disadvantage quintile

	1st	2nd	3rd	4th	5th
Least disadvantaged	Falls	Other	Contact with objects	Transport	Contact with living things
Second least disadvantaged	Falls	Contact with objects	Other	Transport	Contact with living things
Middle	Falls	Contact with objects	Transport	Other	Contact with living things
Second most disadvantaged	Falls	Contact with objects	Transport	Other	Contact with living things
Most disadvantaged	Falls	Contact with objects	Transport	Other	Assault

💡 *What approaches are most critical to sustain or strengthen to reduce serious injury across WA’s changing risk environments?*

TOPIC D. Health Equity

Health inequalities can arise from the conditions in which people are born, grow, live, work and age.

Creating the conditions that enable and empower all Western Australians to thrive can improve health equity.

Socioeconomic (SE) disadvantage in WA:

1 in 7 Western Australians live in low SE areas.^{4.1}

The access impact:

1 in 10 Australians (≥15 years) delay GP visits due to cost^{4.2}

The health impact^{4.3, 4.4, 4.5, 4.6, 4.7:}

People living in low SE areas are **2.3x** more likely to die from an avoidable cause than people in high SE areas.

Compared to people in high SE areas, people living in low SE areas are **more likely** to smoke and be living with overweight and obesity.

Life expectancy is **8.8 years** lower for Aboriginal males* and **8.1 years lower** for Aboriginal females*, compared to their non-Aboriginal counterparts.

People living in rural and remote areas have higher rates of hospitalisations, deaths and injury.

The opportunity^{4.8:}

If all Australians had the same health outcomes as the highest SE communities, the burden from ill health, disability and death would decline by **21%**.

*born in 2020–2022

Current state:

- Social conditions—where people are born, grow, live, and work—are primary drivers of health equity.^{4.9}
- Priority populations can benefit from both mainstream health promotion programs, as well as more targeted health promotion initiatives to meet their specific needs.^{4.9}
- Natural and built environments can support reducing health inequalities. For example, good neighbourhood design can support access to transport, essential services, and safe, nutritious food.^{4.9}

Complicating factors:

- Perceptions of ‘health imperialism’ may act as a barrier to cross-sector engagement and collaboration.^{4.10}
- Targeted programs designed in consultation with priority population groups to meet their specific needs and ensure reach, relevance and inclusivity are sometimes required. Engaging the right groups at the right time and through the right channels can be challenging.^{4.9}
- Health is influenced by commercial determinants, which include the business practices of harmful industries that place profit above health and wellbeing. Examples include development and promotion of unhealthy products, supply chains that limit access to health products and services, and lobbying.^{4.9}

Existing Initiatives Include:

- The State Government, through Healthway, funds the University of Western Australia to deliver KIDDO, a physical literacy program for children and educators in primary schools and early childhood education and care centres.
- The current Healthway grant will expand the program to Years 3-6 and take it into schools in regional areas.

“

Healthy citizens are the greatest asset any country can have.

— Winston Churchill

”



How can prevention efforts better target population groups noting the inequities, through community-led and place-based approaches?

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Thank you

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