

# **Health Professionals' Beliefs about ANPHA Objectives and Industry Representation on the Advisory Council**

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**Statement:** This report mainly focuses on the survey results per se with minimal comment or discussion. The data will be placed within a broader discussion of the role of industry in determining and implementing public policy and programs in a later publication. That publication will also specifically discuss the rationale for and role of alcohol industry funded organisations that purport to reduce harm from alcohol consumption.

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## Table of Contents

Background .....	4
ANPHA Advisory Council Membership .....	4
Study Objectives .....	5
Objectives: health professionals .....	6
Objectives: Advisory Council members .....	6
Method .....	7
The health professionals questionnaire: Survey 1 .....	7
The health professionals questionnaire: Survey 2 .....	8
Results.....	8
Sample characteristics: Survey 1 .....	8
Interpretation of and beliefs about obesity, tobacco and alcohol objectives .....	9
Industry representation on the Advisory Council .....	10
Beliefs about the implications of the Chair of DrinkWise/an alcohol funded organisation having a presence on the Advisory Council.....	11
Perceptions of a conflict of interest .....	12
Perceived impact on the Advisory Council’s recommendations on regulation of alcohol marketing .....	13
Perceived impact on public confidence in the Council’s decisions that impact on the alcohol industry.....	14
Perception of unfair advantage over other industries that might be impacted by Council decisions.....	14
Beliefs about whether the Chair of DrinkWise should or should not be on the Advisory Council.....	15
Comment.....	16
References.....	18
Appendix 1.....	19
“AC Survey” .....	19
“HP Survey 1”.....	22
“HP Survey 2”.....	27
Appendix 2.....	30
Sample Characteristics of PHAA/AHPA Members who completed Survey 1.....	30

## Background

As part of the National Partnership Agreement on Preventive Health, in November 2008 the Council of Australian Governments (COAG) committed to the establishment of a national preventive health agency (COAG, 2008). Prior to this agreement the National Preventative Health Taskforce was established in April 2008 to develop a National Preventive Health Strategy. The final report of the Taskforce, released in June 2009, supported COAGs commitment to the establishment of a national preventive health agency (Preventative Health Taskforce, 2009). The establishment of an independent national health promotion and prevention agency was also a recommendation of the National Health and Hospitals Reform Commission (NHHRC) final report, released in June 2009 (NHHRC, 2009).

The Australian National Preventive Health Agency (ANPHA) was established in November under the Australian National Preventive Health Agency Act 2010. Under Section 11(1f) of the Act, the Functions of the CEO include:

- (i). the promotion of a healthy lifestyle and good nutrition;
- (ii). reducing tobacco use;
- (iii). minimising the harmful drinking of alcohol;
- (iv). discouraging substance abuse; and
- (v). reducing the incidence of obesity amongst Australians

Under ‘Goal 2: Health Risk Reduction’ in the ANPHA 2011 Strategic Plan, there is an initial focus on obesity, tobacco and harmful alcohol consumption in the provision of policy advice and program leadership to support health promotion and health risk reduction (Australian National Preventive Health Agency, 2011). Thus, the stated key result areas within health risk reduction are to:

- Reduce obesity;
- Reduce the use of, and exposure to, tobacco; and,
- Reduce the harmful consumption of alcohol

## ANPHA Advisory Council Membership

The ANPHA Act 2010 sets out the provision for an Advisory Council to be appointed by the Minister. The criteria for appointment are listed in the appointment agency’s information package and include that appointees are supposed to have high level experience and expertise in preventive health and will *have a demonstrated record of achieving practical outcomes in areas related to the Advisory Council’s work on the prevention of chronic diseases, particularly those caused by obesity, alcohol and tobacco use*. It also stated that: *The Advisory Council will be a consultative body tasked with providing advice and making recommendations to the ANPHA Chief Executive Officer on*

*his/her functions. The Advisory Council will also have a key consultative role in the preparation of the ANPHA's strategic and operational plans.*

Advisory Council members therefore will make key recommendations with respect to ANPHA's strategic activities that will directly impact on the sales and profits of the alcohol, tobacco, and non-nutritious foods industries. Thus, Council members will not only influence but will also be privy to discussions and decisions that impact these industries. Given these circumstances, members of the Council should not be employed by or otherwise formally linked to any of these industries as there would be an obvious conflict of interest. Nevertheless, the Minister appointed Ms Trish Worth to the Advisory Council. Ms Worth occupies the paid position of Chair of DrinkWise, an organisation funded solely by the alcohol industry. While DrinkWise purportedly has the aim of 'shaping a healthier and safer drinking culture in Australia', such industry-funded organisations are mired in controversy with their goals viewed by many as self-serving rather than genuine attempts to reduce alcohol consumption.

## **Study Objectives**

In a presentation at a Cancer Council WA social marketing seminar in August 2011, the first author of this report referred to the fact that the Chair of DrinkWise was a member of ANPHA's Advisory Council. After the presentation a number of audience members expressed surprise and dismay at this fact, whilst others who were already aware of the situation expressed support for expressing opposition to what many considered was clearly a conflict of interest situation.

The presence of the Chair of DrinkWise on the Advisory Council raises the issue of industry representation in general on the Council (and on ANPHA's expert committees on obesity, alcohol, and tobacco). Hence we set out to assess the views of health professionals and the views of members of the Advisory Council on industry representation on the Advisory Council.

## **Objectives: health professionals**

With respect to membership of the Advisory Council we set out to assess the extent to which PHAA and AHPA members in particular:

- approved or disapproved of various industries being represented on the Advisory Council;
- were aware of the presence of DrinkWise (via the Chair of that organisation) on the Advisory Council;
- believed that it represented an actual or perceived conflict of interest; suggested an unfair advantage to the alcohol industry (i.e. no tobacco, food or physical activity industry funded representative was appointed to the Council); and believed that such a presence would weaken the effectiveness of alcohol policy recommendations;
- agreed or disagreed with that presence.

ANPHA words its objectives differently for tobacco, alcohol and obesity. Therefore, we set out to assess:

- health professionals' understanding of the differently worded objectives and whether simple 'prevalence reduction' objectives for all three areas would or would not be preferred.

## **Objectives: Advisory Council members**

ANPHA is restricting its focus in the immediate future to obesity, alcohol, and tobacco, with no mention of other important areas such as mental health and wellbeing. Hence beliefs about future areas were canvassed with Advisory Council members.

We set out to assess the extent to which Advisory Council members believed:

- that other health areas should be included in ANPHA's focus;
- that the presence of an alcohol industry funded organisation on the Advisory Council represented an actual or perceived conflict of interest;
- that this presence suggested an unfair advantage to the alcohol industry (i.e. no tobacco, food or physical activity industry funded representative was appointed to the Council); and
- that such a presence would weaken the effectiveness of any alcohol policy recommendations.

## Method

We constructed separate on-line questionnaires for Advisory Council members (“AC Survey”) and health professionals (“HP Survey 1”). These are appended. Accompanying information and a link to the questionnaire for health professionals was sent to both the PHAA and the AHPA secretariat on 20 October 2011 with a request to forward to PHAA and AHPA members, respectively. This was granted and sent out on 27 October 2011. Others known to the researchers were also sent the information and link and asked to forward the link to other health professionals. That link was closed on 7 November 2011 after 404 responses had been collected. This first survey of health professionals is referred to below as “Survey 1”.

A link to the AC Survey was sent to the Advisory Council secretariat on 27 October 2011 with a request that the link and information about the questionnaire be sent to all ten members. Ten people opened the link, with five stating they were no longer a member, and five proceeding to the next questions. However only three completed the questionnaire and hence no results are presented for Advisory Council members – other than to say there was indeed disagreement between these members on the issues raised in the questionnaire.

### The health professionals questionnaire: Survey 1

Other than respondent background information, the Survey 1 questionnaire was in three main sections:

- Section 1 canvassed respondents’ interpretation of variously worded objectives in the areas of alcohol, obesity and tobacco, and their preference for differently worded objectives;
- Section 2 assessed respondents’ awareness of the existence of the ANPHA Advisory Council and their attitude toward various industries ‘having representation’ on the Council;
- Section 3 assessed respondents’ awareness of DrinkWise and canvassed various beliefs about the implications of the presence on the Advisory Council of an alcohol funded organisation, with the final question asking whether respondents believed that ‘DrinkWise should or should not be on the ANPHA Advisory Council’.

On 31 October 2011, ANPHA responded that the questionnaire was ‘misleading’ in that our wording stated that “DrinkWise/an alcohol industry funded organisation had a presence on or was on the Advisory Council”. ANPHA claimed that *individuals* not organisations were appointed to the Council. We would argue that where individuals on expert or advisory groups hold executive or senior positions in organisations relevant to the expertise or content area of the advisory group, then those organisations would be seen to have a presence or representation on that advisory group. Indeed, in the Department of Health and Ageing’s July 2011 media release (*New Advisory Council to*

*Boost Disease Prevention Efforts*) Ms Worth's first and foremost descriptor was "Currently Chair, DrinkWise".

## **The health professionals questionnaire: Survey 2**

Nevertheless, to accommodate ANPHA's concern, on 1 November 2011 we asked the PHAA to distribute a link to a brief follow-up questionnaire containing the above Section 3 items only and re-worded to "the Chair of DrinkWise/the Chair of an alcohol industry funded organisation" (underlining indicates the change in wording; see attached "HP Survey 2"). The accompanying information invited both those who had completed the first questionnaire and any others to complete that questionnaire. This distribution attracted 511 respondents. This link was also distributed by AHPA on 22 November 2011 where the follow-up questionnaire also asked whether respondents had completed the first questionnaire (approximately one third had). This distribution resulted in a further 312 respondents – a total of 823 respondents to Survey 2.

Given ANPHA's comments, the results presented here focus on the re-phrased Section 3 questions in Survey 2. It can be noted however, that the results differed very little for the different wordings, thus supporting our contention that respondents interpret a member's position in a relevant organisation as that organisation being represented on the Council.

## **Results**

Findings of specific interest are presented or Tabled in the text. Detailed findings can be made available on request.

### **Sample characteristics: Survey 1**

It is noted that 65% of respondents to Survey 1 and 68% of respondents to Survey 2 were PHAA or AHPA members. The results were analysed for PHAA/AHPA members versus all others. The results on most questions were similar for PHAA/AHPA members and non-members, although PHAA/AHPA members were slightly more opposed to industry membership on the Advisory Council. The results below focus on responses of PHAA/AHPA members only.

Tables 10 – 13 in the appendix indicate the backgrounds of respondents to Survey 1. It is noted that 41% of PHAA/AHPA respondents were in teaching or research institutions and that 45% were in health promotion/prevention roles. Approximately two thirds were females and a broad range of ages was included. It is assumed that Survey 2 respondents who had not responded to Survey 1 were not substantially different with respect to these characteristics. A sub-sample of Survey 2 respondents were asked whether or not they completed Survey 1, with approximately one in three responding 'yes'. There were no substantial differences of note between those who had previously responded and those

who had not on the questions in Survey 2. Hence there is no reason to believe that prior responding resulted in any biasing effect either way.

### **Interpretation of and beliefs about obesity, tobacco and alcohol objectives**

Respondents were presented one at a time in no particular order with two obesity objectives (see Table 1), three tobacco objectives (see Table 2), and three alcohol objectives (see Table 3), and, for each one, were asked to state “*just what you think is actually meant by that objective*”. They were then presented with the three groups of objectives, and for each group were asked to nominate “*which of the objectives do you think is clearer for health professionals to act on*” and why.

Responses to the open-ended questions are not yet available. Results for the closed-ended questions for PHAA/AHPA members are presented in Tables 1 – 3. Of interest was whether simple ‘reduce’ objectives would be preferred relative to more detailed or ‘minimise harm’ objectives.

Tables 1 – 3 show a different pattern of preferences for the three areas. For obesity, the more detailed objective of ‘halting and reversing the rise in overweight and obesity’ is somewhat preferred to simply ‘reducing the incidence of obesity’. Pending analysis of respondents’ reasons for their preference, it may well be that including overweight attracted more nominations, or that the objective was more in tune with public statements with respect to the ‘rise in obesity’ in recent years.

**Table 1: Obesity objective believed clearest to act on**

	% PHAA/ANPHA Members – Survey 1 (n=204)
Halt and reverse the rise in overweight and obesity	50
Reduce the incidence of obesity*	37
Don’t know/Can’t Say	12

\* ANPHA CEO function.

With respect to tobacco, there was a clear majority preference for the simple ‘reduce tobacco use’ objective. Again pending open-ended response analyses, this probably reflects the acceptance of a belief of ‘no safe level’ for tobacco use.

**Table 2: Tobacco objective believed clearest to act on**

	% PHAA/ANPHA Members – Survey 1 (n=203)
Reduce tobacco use*	56
Reduce the prevalence of daily smoking	28
Minimise the harmful consumption of tobacco	7
Don't know/Can't Say	8
No Response	<1

\* ANPHA CEO function.

For alcohol, none of the objectives achieved a majority preference. However, reducing the proportion of the population drinking at high risk levels attracted the most preferences (41%), with the ANPHA CEO's 'minimise harmful drinking' objective attracting 27%.

**Table 3: Alcohol objective believed clearest to act on**

	% PHAA/ANPHA Members – Survey 1 (n=202)
Reduce the proportion of the population who drink at high risk levels	41
Minimise the harmful drinking of alcohol*	27
Reduce alcohol use	22
Don't know/Can't Say	9
No Response	1

\* ANPHA CEO function.

## Industry representation on the Advisory Council

After completing the Objectives section, Survey 1 respondents were informed that: *An Advisory Council, with membership appointed by the Minister for Health, was established under the Australian National Preventive Health Agency (ANPHA) Act and asked: "Were you aware of the existence of this Advisory Council?"* They were given the response categories: yes – definitely; yes – vaguely; and no. The results for PHAA/AHPA members were respectively: 33%; 48%; and 19%.

Respondents were then informed that: *According to the Act, the Advisory Council should consist of seven to eleven members with at least one Commonwealth representative, at least one, but no more than two, representatives from State and/or Territory Government, and at least five, but no more than eight members with expertise relating to preventive health.* They were then presented with the list of industries shown in Table 4 and asked: *"Regardless of designated membership, to what extent would you approve or disapprove of the following industries having representation on the ANPHA Advisory Council?"*

Table 4 indicates that substantial majorities (almost two-thirds or more) ‘disapprove’ of the tobacco (81% disapprove), alcohol (70%), fast food (71.5%), pharmaceutical (69.5%) and commercial weight loss (65%) industries having representation on the Advisory Council. Only one of these industries has majority approval – the fresh produce industry – but only by a slight majority.

In general, the majority of those who disapproved did so ‘strongly’. Strongest disapproval was for the tobacco, fast food, and alcohol industries having representation on the Advisory Council.

With respect to the alcohol industry in particular, it is clear that the vast majority of PHAA/AHPA respondents do not believe that the alcohol industry should have representation on the Advisory Council: 70% disapproved, 16% approved, with 14% neutral. Over two thirds of those who disapproved did so ‘strongly’ (52.5% of the total sample).

**Table 4: Approval-disapproval of various industries having representation on the Advisory Council**

Industry	% PHAA/AHPA Members (n = 200)		
	Approve	Disapprove	No opinion
Tobacco	10	81	9
Fast food	15.5	71.5	13
Alcohol	16	70	14
Pharma	14	69.5	16.5
Com Wt Loss	16.5	65	18.5
Gym/fitness	31.5	46	22.5
Fresh produce	55	24.5	20.5

While we did not canvass views on industry representation on ANPHA’s three Expert Committees, it would be expected that the views shown in Table 4 would apply to representation on those committees also.

### **Beliefs about the implications of the Chair of DrinkWise/an alcohol funded organisation having a presence on the Advisory Council**

Respondents to Survey 1 were informed that *DrinkWise, an organisation funded by the alcohol industry, is a member of the ANPHA (Australian National Preventive Health Agency) Advisory Council* and were asked: “Were you aware that DrinkWise is a member of the Advisory Council?”, “Have you heard of DrinkWise before?” and “Were you aware that DrinkWise is funded solely by the alcohol industry?”. Amongst PHAA/AHPA members, 17% reported being aware that DrinkWise was a member of the Advisory Council, 68% had definitely (35%) or vaguely (33%) heard of DrinkWise, and 35% reported being aware of DrinkWise being funded by the alcohol industry.

Respondents to Survey 2 were informed that: *An Advisory Council, with membership appointed by the Minister for Health, was established under the Australian National Preventive Health Agency (ANPHA) Act and that: According to the Act, the Advisory Council should consist of seven to eleven members with at least one Commonwealth representative, at least one, but no more than two, representatives from State and/or Territory Government, and at least five, but no more than eight members with expertise relating to preventive health.*

They were then informed that: *The Chair of DrinkWise, an organisation funded solely by the alcohol industry, is a member of the Advisory Council* and were asked: “*Were you aware that the Chair of DrinkWise is a member of the Advisory Council?*” Approximately one in five PHAA/AHPA members stated that were aware that the Chair of DrinkWise was a member of the Advisory Council.

The following data are presented for Survey 2 respondents only. As noted above, there were no substantial differences of note between Survey 1 and Survey 2 respondents on these questions, thus confirming our belief that people view the Chair of DrinkWise having representation on a group being the same as DrinkWise having representation on that group.

### **Perceptions of a conflict of interest**

Survey 1 respondents were asked: “*Do you believe that the presence of an alcohol industry funded organisation on the Advisory Council of the Australian National Preventive Health Agency creates the impression of, or actually is, a conflict of interest?*”

Survey 2 respondents were asked: “*Do you believe that the presence of the chair of an alcohol industry funded organisation on the Advisory Council of the Australian National Preventive Health Agency creates the impression of, or actually is, a conflict of interest?*” They were provided with the four response categories shown in Table 5.

Amongst PHAA/AHPA Survey 2 respondents, 89% believe that the presence of the chair of an alcohol funded organisation on the Advisory Council is actually a conflict of interest or creates the impression of one – with the vast majority of those perceiving an actual conflict of interest: 59% versus 30% respectively. [NB There was little difference in results for the two surveys. If anything, personalising the presence resulted in a slightly greater perception of an actual or potential conflict of interest: 89% vs 82%].

**Table 5: PHAA/AHPA Members' beliefs about Conflict of interest**

	% PHAA/ANPHA Members – Survey 2 (n=546)*
Is actually a COI	59
Impression of COI	30
Neither	6
Don't Know	5
<i>Total</i>	<i>100</i>

\*5 did not proceed past previous question.

### **Perceived impact on the Advisory Council's recommendations on regulation of alcohol marketing**

Survey 2 respondents were asked: “Given the presence of the chair of an alcohol industry funded organisation on the Advisory Council, to what extent do you believe that recommendations about the regulation of alcohol marketing (i.e., advertising, sport sponsorship, product ranges, availability, merchandising, etc.) might be less restrictive, and hence less effective, than they might otherwise be?” They were provided with a 5 point bipolar scale from ‘definitely more effective/restrictive’ to ‘definitely less effective/restrictive’.

Table 6 shows that the overwhelming majority (84%) of Survey 2 PHAA/AHPA respondents believe that the presence of the chair of an alcohol funded organization on the Council would definitely (37%) or probably (47%) result in the Council's recommendation on alcohol marketing being less effective/restrictive than they might be otherwise.

**Table 6: Impact of the presence of the chair of an alcohol funded organisation on Advisory Council recommendations about regulation of alcohol marketing**

	% PHAA/ANPHA Members – Survey 2 (n=536)*
Definitely less effective/restrictive	37
Probably less effective/restrictive	47
<i>Total less restrictive/effective</i>	<i>84</i>
Neither	14
Definitely or probably more effective/restrictive	2
<i>Total</i>	<i>100</i>

\*10 did not proceed past previous question.

## Perceived impact on public confidence in the Council's decisions that impact on the alcohol industry

Survey 2 respondents were asked: “Do you think that the general public’s confidence in the Advisory Council to make decisions that impact on the alcohol industry would be weakened or not weakened by the presence of the chair of an industry funded organisation on the Advisory Council?” Respondents were presented with a 5-point bipolar scale from ‘definitely weakened’ to ‘definitely not weakened’.

Table 7 shows that 80% of PHAA/AHPA respondents believe that the public’s confidence in the Council’s decisions on alcohol would be definitely (45%) or probably (35%) weakened by the presence of the chair of an alcohol funded organisation on the Council.

**Table 7: Impact of the presence of the chair of an alcohol funded organisation on the Public’s confidence in decisions about the alcohol industry**

	% PHAA/ANPHA Members – Survey 2 (n=534)*
Definitely weakened	45
Probably weakened	35
<i>Total weakened</i>	80
Don’t know/Can’t say	17
Definitely or probably not weakened	3
<i>Total</i>	100

\*2 did not proceed past previous question.

## Perception of unfair advantage over other industries that might be impacted by Council decisions

Survey 2 respondents were asked: “Do you agree or disagree that the presence of the chair of an alcohol industry funded organisation on the Advisory Council creates an impression of unfair advantage over other industries that may also be affected by decisions the Advisory Council will make?” They were provided with the response categories ‘agree’, ‘disagree’ and ‘can’t say either way’.

Table 8 shows that the vast majority of Survey 2 PHAA/AHPA respondents (79%) agree that the presence of the chair of an alcohol funded organisation on the Advisory Council creates an impression of unfair advantage for the alcohol industry over other industries that could be impacted by Council decisions.

**Table 8: Whether the presence of the chair of an alcohol funded organization on the Council creates an impression of unfair advantage over other industries**

	% PHAA/ANPHA Members – Survey 2 (n=531)*
Agree – yes	79
Can't say either way	19
Disagree – no	2
<i>Total</i>	<i>100</i>

\*3 did not proceed past previous question.

### **Beliefs about whether the Chair of DrinkWise should or should not be on the Advisory Council**

Respondents in Survey 2 were asked: “*Do you think that the Chair of DrinkWise should or should not be on the Australian National Preventive Health Advisory Council?*” They were given the response categories: should be; should not be; don't know.

Table 9 shows that 70% of PHAA/AHPA respondents believe that the Chair of DrinkWise should not be on the advisory Council. In contrast, only 8% believe that the Chair of DrinkWise should be on the Council (a ratio of almost 9:1). Approximately one in five could be described as ‘ambivalent’.

**Table 9: Should the Chair of DrinkWise be on the ANPHA Advisory Council?**

	% PHAA/ANPHA Members – Survey 2 (n=525)*
Should not be	70
Don't know	22
Should be	8
<i>Total</i>	<i>100</i>

\*6 did not proceed past previous question.

## Comment

Before briefly commenting on the results, it might be proposed that those already negative to the presence of (the Chair of) DrinkWise being on the Advisory Council would be more likely to respond to the surveys. However, the accompanying information provided to respondents did not mention anything about this specific issue. Furthermore, only 17% of Survey 1 respondents and 16% of Survey 2 respondents reported being aware prior to doing the survey that DrinkWise or the Chair of DrinkWise was on the Advisory Council.

It might also be suggested that the sample does not reflect the views of all PHAA/AHPA members given the limited time to do the survey, the number of recipients 'out of the office' during that time, and the self-selection nature of the sample; that is, members with an interest in ANPHA's Advisory Council might be more likely to respond. However, only one third indicated they were 'definitely' aware of the Council prior to doing the survey, and there is no reason to believe that the results presented here are not indicative of the total membership of the PHAA and the AHPA.

Overall, the results indicate that health professionals are opposed to industry representation on the Advisory Council, and are particularly opposed to the presence of those industries whose products are the reason why a body like ANPHA exists.

PHAA/AHPA members overwhelmingly believe that the presence of the Chair of DrinkWise on ANPHA's Advisory Council:

- constitutes an actual or perceived conflict of interest (89%),
- will result in less effective/restrictive regulations on alcohol marketing (84%),
- will weaken the public's confidence in alcohol industry related decisions (80%), and
- creates an impression of unfair advantage for the alcohol industry over other affected industries (79%).

Hence a substantial majority (70%) believe that the Chair of DrinkWise should not be on the ANPHA Advisory Council.

Given the World Health Organisation's (WHO) statement on the role of the alcohol industry in formulating public policy on alcohol (WHO, 2007), it is puzzling as to why the Australian Minister for Health considers it appropriate to invite the paid Chair of an alcohol funded organisation to advise on policy and practice with respect to alcohol.

Furthermore, ANPHA has appointed the head of the Brewers Association to the Expert Committee on Alcohol and a Kellogg senior manager to the Obesity Expert Committee. These committees are supposed to respectively: *Provide advice to ANPHA's CEO on the development of robust, evidence-based, defensible public policy on alcohol misuse and associated harms;* and, *Provide advice to ANPHA's CEO on the development of robust, evidence-based, defensible public policy on community based interventions (including in*

*schools and workplaces) that encourage people to improve their physical activity and healthy eating, particularly in areas of disadvantage and among groups at high risk of overweight and obesity.* Both of the current appointments to these committees have made public statements that bring into question the usefulness of the advice they could or would provide [available on request; see also Choice 2010 ratings on Kellogg's breakfast cereals (Gatto, 2010)].

It seems to be simple common sense that members of affected industries who are in direct competition with public health should not be asked to develop or be privy to the development of public policy with respect to their industries. While this is crucial for unhealthy product marketers, the same principle would apply to healthy product marketers. For example, while fresh fruit and vegetable industries can be involved in implementation of policies, public policy with respect to the consumption of fresh fruit and vegetables should be made independently of any industry influence.

The question that will be canvassed further in a subsequent publication is why the Minister for Health and ANPHA executives think that they should invite representatives from industries that compete with public health goals to help ANPHA plan how to reduce these same industries' sales and profits. Are they really that naïve to believe that these representatives will genuinely cooperate in that goal or are there other factors driving alcohol industry and government collusion? [For further discussion on alcohol industry influence on the Australian government see (Donovan et al., 2011)].

As WHO points out, industry may have a role in policy implementation, but should not have a role in policy formulation (WHO, 2007) – a position with which, in sharp contrast to the Minister and ANPHA executives, PHAA/AHPA members appear to overwhelmingly agree.

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## Appendix 1

### “AC Survey”

ANPHA Survey for Advisory Council Members

Thank you for agreeing to participate in this survey.

This survey forms part of a broad research project on the role of the Federal Government’s newly created Australian National Preventive Health Agency (ANPHA). The research will seek the views of members of the Advisory Council, public health practitioners, researchers and academics.

This survey is interested in your views on the membership of the ANPHA Advisory Council. All completed surveys are anonymous to the researchers.

This study has been approved by the Curtin University Human Research Ethics Committee. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845 or by telephoning 9266 2784.

1. Are you a current member of the ANPHA Advisory Council

- Yes
- No

2. What is your main area(s) of preventive health expertise?

- Obesity (Physical Activity)
- Obesity (Nutrition)
- Tobacco
- Alcohol
- Other

3. Which of the following is your main area of expertise? (select one only)

- Behavioural research
- Bio/medical research
- Policy
- Clinical practice
- Public health/Disease prevention
- Other

4. To what extent do you think the current Advisory Council membership adequately represents the following priority areas?

	Needs more	Adequate	Needs less	Don't know/ Can't say
Obesity/Physical Activity				
Obesity/Nutrition				
Tobacco				
Alcohol				
Other drugs				

5. Regardless of designated membership, to what extent would you agree or disagree with the following industries being represented on the ANPHA Advisory Council?

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
The fast food industry					
The alcohol industry					
The tobacco industry					
The commercial weight loss industry					
The fresh produce industry					
The pharmaceuticals industry					
The gym/fitness industry					

6. Do you believe that industry representation on the Advisory Council creates the impression of, or actually is, a conflict of interest?

- Creates an impression of a conflict of interest
- Is actually a conflict of interest
- Neither
- Don't know

7. Do you think that members of the general public's confidence in the Advisory Council to make decisions that impact on industry would be weakened or not weakened by the presence of industry funded organisation on the Advisory Council?

- Definitely weakened
- Probably weakened
- Can't say either way
- Probably not weakened
- Definitely not weakened

As you are aware, the alcohol industry funded organisation DrinkWise is represented on the Advisory Council.

8. Do you agree or disagree that the presence of an alcohol industry funded organisation on the Advisory Council creates an impression of unfair advantage over other industries that may also be affected by decisions the Advisory Council will make?

- Agree that creates an impression of unfair advantage over other industries
- Can't say either way
- Disagree that creates an impression of unfair advantage over other industries

ANPHA currently is concerned with obesity, alcohol, and tobacco.

9. To what extent do you believe that the following areas should be represented on the Advisory Council within the next two years or so?

	Yes - definitely	Yes - maybe	No - not appropriate	Don't know
Mental health promotion				
Early childhood development				
Suicide prevention				
Mental illness early intervention				
Occupational health and safety				
Safety on the roads				

Thank you for your participation in this survey. Remember your responses are not identified and you are anonymous to the researchers. We will send combined results to all members of the Advisory Council.

## “HP Survey 1”

ANPHA Survey for Health Professionals

Thank you for agreeing to participate in this survey.

This survey forms part of a broad research project on the role of the Federal Government’s newly created Australian National Preventive Health Agency (ANPHA). The research will seek the views of members of the Advisory Council, public health practitioners, researchers and academics.

As you probably already know, the ANPHA was created following the recommendations of the National Preventative Health Taskforce as Australia’s first national preventive health agency. The ANPHA has been charged with focusing its initial efforts on obesity, tobacco, and alcohol.

This survey is about your views on the objectives of the ANPHA and membership of the ANPHA Advisory Council.

All completed surveys are anonymous to the researchers.

This study has been approved by the Curtin University Human Research Ethics Committee. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845 or by telephoning 9266 2784.

1. What type of organisation do you represent?

- Non-Government Organisation (NGO)
- Federal Government Department
- State Government Department
- Local Government
- Commercial Organisation
- Teaching/Research Institution (e.g. University)
- Other (please specify)

2. What is your main area of work within the health sector?

- Behavioural research
- Bio/medical research
- Policy
- Clinical practice
- Promotion/Prevention

Other (please specify)

3. Are you a member of the Public Health Association of Australia?

Yes

No

4. Are you a member of the Australian Health Promotion Association?

Yes

No

5. Are you:

Male

Female

6. To which of the following age categories do you belong:

18-24

50-59

25-29

60-69

30-39

70+

40-49

According to the ANPHA's Strategic Plan 2011-2015, the initial focus of the Agency will be on obesity, tobacco, and alcohol. This will be achieved through the provision of policy advice and program leadership to support the development, implementation, evaluation, and scaling up of evidence-informed health promotion and health risk reduction strategies for population groups across the lifespan and in a range of settings.

Following will appear a list of possible objectives of the ANPHA. For each objective, please type in the box below the objective, just what you think is actually meant by this objective.

(Presented in random order)

7. Reduce tobacco use

8. Minimise the harmful drinking of alcohol

9. Reduce the incidence of obesity

10. Minimise the harmful smoking of tobacco

11. Halt and reverse the rise in overweight and obesity

12. Reduce the proportion of the population who drink at high risk levels

13. Reduce the prevalence of daily smoking

14. Reduce alcohol use

15. From the objectives shown above, which of the two obesity objectives do you think is clearer for health professionals to act on?

- Reduce the incidence of obesity
- Halt and reverse the rise in overweight and obesity
- Don't know/Can't say

16. Briefly state why you chose that one or why you did not chose another one:

17. Which one of the three tobacco objectives do you think is clearest for health professionals to act on?

- Reduce the prevalence of daily smoking
- Reduce tobacco use
- Minimise the harmful smoking of tobacco
- Don't know/Can't say

18. Briefly state why you chose that one or why you did not chose another one:

19. Which one of the three alcohol objectives do you think is clearest for health professionals to act on?

- Minimise the harmful drinking of alcohol
- Reduce the proportion of the population who drink at high risk levels
- Reduce alcohol use
- Don't know/Can't say

20. Briefly state why you chose that one or why you did not chose another one:

An Advisory Council, with membership appointed by the Minister for Health, was established under the Australian National Preventive Health Agency (ANPHA) Act.

21. Were you aware of the existence of this Advisory Council?

- Yes - definitely
- Yes - vaguely
- No

According to the Act, the Advisory Council should consist of seven to eleven members with at least one Commonwealth representative, at least one, but no more than two, representatives from State and/or Territory Government, and at least five, but no more than eight members with expertise relating to preventive health.

22. Regardless of designated membership, to what extent would you approve or disapprove of the following industries having representation on the ANPHA Advisory Council?

	Strongly Approve	Approve	Neither approve nor disapprove	Disapprove	Strongly Disapprove
The gym/fitness industry					
The fast food industry					
The commercial weight loss industry					
The fresh produce industry					
The alcohol industry					
The tobacco industry					
The pharmaceuticals industry					

DrinkWise, an organisation funded by the alcohol industry, is a member of the ANPHA (Australian National Preventive Health Agency) Advisory Council.

23. Were you aware that DrinkWise is a member of the Advisory Council?

- Yes  
 No

24. Have you heard of DrinkWise before?

- Yes - definitely  
 Yes - vaguely  
 No

25. Were you aware that DrinkWise is funded solely by the alcohol industry?

- Yes  
 No

26. Do you believe that the presence of an alcohol industry funded organisation on the Advisory Council of the Australian National Preventive Health Agency creates the impression of, or actually is, a conflict of interest?

- Creates an impression of a conflict of interest  
 Is actually a conflict of interest  
 Neither  
 Don't know

27. Why do you believe that?

28. Given the presence of an alcohol industry funded organisation on the Advisory Council, to what extent do you believe that recommendations about the regulation of alcohol marketing (i.e., advertising, sport sponsorship, product ranges, availability,

merchandising, etc.) might be less restrictive, and hence less effective, than they might otherwise be?

- Definitely less restrictive/effective
- Probably less restrictive/effective
- Neither more nor less restrictive/effective
- Probably more restrictive/effective
- Definitely more restrictive/effective

29. Do you think that members of the general public's confidence in the Advisory Council to make decisions that impact on industry would be weakened or not weakened by the presence of industry funded organisation on the Advisory Council?

- Definitely weakened
- Probably weakened
- Can't say either way
- Probably not weakened
- Definitely not weakened

30. Do you agree or disagree that the presence of an alcohol industry funded organisation on the Advisory Council creates an impression of unfair advantage over other industries that may also be affected by decisions the Advisory Council will make?

- Agree that creates an impression of unfair advantage over other industries
- Can't say either way
- Disagree that creates an impression of unfair advantage over other industries

31. Do you think that DrinkWise should or should not be on the Australian National Preventive Health Advisory Council?

- Should be
- Should not be
- Don't know

Thank you for your participation in this survey. We will post the survey results on our website (<http://cbrcc.curtin.edu.au/>) in a month or so.

If you would like to let Minister Roxon know your approval or disapproval of DrinkWise being on the Advisory Council, her email is [nicola.roxon.mp@aph.gov.au](mailto:nicola.roxon.mp@aph.gov.au)

The ANPHA executive can be contacted on 02 6289 2879 or email [louise.sylvan@anpha.gov.au](mailto:louise.sylvan@anpha.gov.au)

## “HP Survey 2”

### ANPHA Survey for Health Professionals REVISED

Thank you for agreeing to participate in this survey which re-asks several questions that were in our previous survey.

The survey is about the Federal Government’s newly created Australian National Preventive Health Agency (ANPHA). The ANPHA was created following the recommendations of the National Preventative Health Taskforce as Australia’s first national preventive health agency.

According to the ANPHA’s Strategic Plan 2011-2015, the initial focus of the Agency will be on obesity, tobacco, and alcohol. This will be achieved through the provision of policy advice and program leadership to support the development, implementation, evaluation, and scaling up of evidence informed health promotion and health risk reduction strategies for population groups across the lifespan and in a range of settings.

All completed surveys are anonymous to the researchers.

This study has been approved by the Curtin University Human Research Ethics Committee. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845 or by telephoning 9266 2784.

1. Are you a member of the Public Health Association of Australia?

- Yes  
 No

2. Are you a member of the Australian Health Promotion Association?

- Yes  
 No

An Advisory Council, with membership appointed by the Minister for Health, was established under the Australian National Preventive Health Agency (ANPHA) Act.

According to the Act, the Advisory Council should consist of seven to eleven members with at least one Commonwealth representative, at least one, but no more than two, representatives from State and/or Territory Government, and at least five, but no more than eight members with expertise relating to preventive health.

The Chair of DrinkWise, an organisation funded solely by the alcohol industry, is a member of the Advisory Council.

3. Were you aware that the Chair of DrinkWise is a member of the Advisory Council?

- Yes
- No

4. Do you believe that the presence of the Chair of an alcohol industry funded organisation on the Advisory Council of the Australian National Preventive Health Agency creates the impression of, or actually is, a conflict of interest?

- Creates an impression of a conflict of interest
- Is actually a conflict of interest
- Neither
- Don't know

5. Given the presence of the Chair of an alcohol industry funded organisation on the Advisory Council, to what extent do you believe that recommendations about the regulation of alcohol marketing (i.e., advertising, sport sponsorship, product ranges, availability, merchandising, etc.) might be less restrictive, and hence less effective, than they might otherwise be?

- Definitely less restrictive/effective
- Probably less restrictive/effective
- Neither more nor less restrictive/effective
- Probably more restrictive/effective
- Definitely more restrictive/effective

6. Do you think that the general public's confidence in the Advisory Council to make decisions that impact on the alcohol industry would be weakened or not weakened by the presence of the Chair of an industry funded organisation on the Advisory Council?

- Definitely weakened
- Probably weakened
- Can't say either way
- Probably not weakened
- Definitely not weakened

7. Do you agree or disagree that the presence of the Chair of an alcohol industry funded organisation on the Advisory Council creates an impression of unfair advantage over other industries that may also be affected by decisions the Advisory Council will make?

- Agree that creates an impression of unfair advantage over other industries
- Can't say either way
- Disagree that creates an impression of unfair advantage over other industries

8. Do you think that the Chair of DrinkWise should or should not be on the Australian National Preventive Health Agency Advisory Council?

- Should be
- Should not be
- Don't know

9. Did you complete our first survey?

- Yes
- No

Thank you very much for your participation in this survey. We will post the survey results on our website (<http://cbrcc.curtin.edu.au/>) in a month or so.

If you would like to let Minister Roxon know your approval or disapproval of the Chair of DrinkWise being on the Advisory Council, her email is [nicola.roxon.mp@aph.gov.au](mailto:nicola.roxon.mp@aph.gov.au)

The ANPHA executive can be contacted on 02 6289 2879 or email [louise.sylvan@anpha.gov.au](mailto:louise.sylvan@anpha.gov.au)

## Appendix 2

### Sample Characteristics of PHAA/AHPA Members who completed Survey 1

**Table 10: Type of Organisation represented**

	N	%
Teaching/Research Institution	83	41
State Govt	48	24
NGO	30	15
Federal Govt	8	4
Commercial	6	3
Local Govt	3	1
Other	26	13
<i>Total</i>	<i>204</i>	<i>100</i>

**Table 11: Main area of work within the health sector?**

	N	%
Promotion/Prevention	91	45
Policy	39	19
Bio/medical research	15	7
Behavioural research	13	6
Clinical Practice	10	5
Other	36	18
<i>Total</i>	<i>204</i>	<i>100</i>

**Table 12: Gender**

	N	%
Female	138	68
Male	33	16
Not stated	33	16
<i>Total</i>	<i>204</i>	<i>100</i>

**Table 13: Age**

	N	%
18-24	6	3
25-29	26	13
30-39	43	21
40-49	54	26
50-59	51	25
60-69	22	11
70+	2	1
<i>Total</i>	<i>204</i>	<i>100</i>