



The Australian Prevention
Partnership Centre
Systems and solutions for better health

AUSPOPS 2016–2021

Third national report

September 2021



AUSPOPS 2016–2021

Third national report

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Summary of key findings

The AUSPOPS surveys conducted in 2016, 2018 and 2021 enable comparisons across years. Below are some of the key findings extracted from the main report.

Attitudes towards government interventions

The proportion of people who believed government has a large or very large role to play in maintaining health increased by 17.4% between 2016 and 2021 surveys, from 46.1% to 63.5%.

Support for government intervention for health in general strengthened with respondents overall agreeing across the three surveys that “sometimes government needs to make laws that keep people from harming themselves”.

The proportion that disagreed with the statement that the government interferes too much in our everyday lives increased from 48.6% in 2016 to 61.7% in 2021.

There was trend towards increasing **preferences for individual treatment** options for improving the community’s health, such as subsidising operations for people who are obese and funding alcohol treatment centres, over population prevention such as regulation of unhealthy products.

Individuals and organisations’ roles in maintaining health

In the 2021 survey, **71%** of respondents believed **access to open spaces and parklands** has a large or very large effect on people’s health.

Perceptions that whether a person **drinks alcohol or not has a large/very large effect on their health** stayed the same across years, 55.2% in 2016, 64.4% in 2018 and 63.3% in 2021.

Perceptions on the **role alcohol manufacturers play increased** slightly from 2018 (61.9%) to 2021 (64.9%).

Perceptions of governments role in helping people to be healthy

More than half of the respondents (55.4%) indicated that the government is yet to go far enough with regulation and policies in place to help reduce the rates of lifestyle-related diseases such as diabetes, heart disease and obesity.

In the 2021 survey, two questions were added regarding COVID-19 revealing that:

- 63.9% of respondents felt that “lowering rates of obesity in the community” would make the most difference to improving the community’s health compared with 36.1% who felt “reducing the risk of coronavirus in the community” would have the most impact
- 79.8% thought there was “about the right amount” of regulation and policies to contain the spread of COVID-19 over the past year.

Perceptions that the government has not gone far enough on **restrictions on alcohol advertising** decreased to 39.5%, from 45.4% in 2016.

Similarly, support for further action on **salt limits in processed food** maintained the drop demonstrated in 2018 (50.5%) compared with 2016 (55.3%) at 49.9% in 2021, just under a majority.

While 35.4% felt the government had **not gone far enough in “phasing out sale of tobacco products in shops”**, 45.9% felt there was “about the right amount” of regulation.

While 40.7% felt the government had **not gone far enough on “banning e-cigarette use in smoke-free areas”**, 46.6% felt there was “about the right amount” of regulation.

Perceptions that the government has the **right amount of regulation on compulsory immunisation at school** has risen steadily from 55.3% in 2016, to 61.2% in 2018 and 65.6% in 2021.

Background

The AUStralian Perceptions Of Prevention Survey (AUSPOPS) was first undertaken in 2016 to understand how Australian communities perceive government interventions aimed at reducing lifestyle-related chronic disease. The 2016 AUSPOPS comprised a single national sample of adults (aged 18 years and over) who were residents of private households in Australia. A total of 2,052 respondents completed a survey.

In 2018, additional funding was secured from the Prevention Centre to boost the sample size in Tasmania. The total achieved sample size for the 2018 AUSPOPS was 2,601 (2,200 national sample, 401 Tasmania boost). The 2018 survey essentially covered the same content as the 2016 survey, with a small number of modifications from consultations with Prevention Centre partners and findings arising out of the analysis of the 2016 data.

The third survey reported on here mostly follows the content of the 2018 survey, but as with the 2018 survey includes a small number of additional questions and wording adjustments which account for the advent of the COVID-19 pandemic. These questions are designed to capture and/or acknowledge that there was a significant public health event during 2020 which required considerable and prolonged government intervention for prevention, albeit for a communicable disease. Unlike the 2018 survey, there were no boost samples. A total of 2,200 respondents took part.

Objective

The main research objectives for AUSPOPS were to explore, measure and track current:

- Community awareness and understanding of government chronic disease prevention policies and programs
- Exposure to and participation in such programs
- High level attitudes to prevention policies and programs, as well as attitudes to specific policies and programs
- Perceptions about priorities for prevention
- Perceptions and beliefs about the role of government in prevention and the balance of responsibility between the individual, government and other parties.

Methodology

The 2016 and 2018 surveys used a dual frame sample design. The split between the landline phone sample frame and mobile phone sample frame was 40:60 in 2016 and increased to 30:70 in 2018 to account for increases in the proportion of the mobile-only population. Landline and mobile Random Digit Dialling (RDD) sample frames were used for the core national sample, while a landline RDD sample frame and a listed mobile sample frame was used for the Tasmania boost.

With the landline sample, the “next birthday” method was used to randomly select respondents from households where two or more in-scope persons were present. The person who answered the phone was the selected respondent with the mobile sample. In the 2021 survey, because of the ubiquity of mobile phone ownership and the probability that the remaining landline population may bias recruitment towards older population groups.¹

The recommended approach for a national random digit dialling survey was mobile-only recruitment.² The phone answerer was the survey respondent if they met the in-scope criteria following screening.

Further details are available in the technical reports^{3,4} for each survey.

Results

Key project statistics are summarised at Table 1, highlights include the increased length of the 2021 survey compared with previous waves due to additional questions in response to a changed health context and increased stakeholder interest. The response rate also halved over the three surveys from 20.4% in 2016 to 11.5% in 2021.

Table 1: Key project statistics for 2016, 2018, and 2021 surveys

Field	2016	2018	2021
Interviews achieved (n)	2,052	2,601*	2,200
Average interview duration (mins)	17.6	15.2	18.1
Cooperation rate (%)	76.9	58.6	37.2
Response rate (AAPOR RR3) (%)	20.4	16.7	11.5
Main fieldwork start date	6 Jun 2016	17 Oct 2018	15 Feb 2021
Main fieldwork finish date	10 Jul 2016	1 Dec 2018	7 Apr 2021

* Includes Tasmanian boost subsample.

Source: Australian Perceptions of Prevention Survey – Wave 3, Technical Report, Social Research Centre, June 2021.

Descriptive statistics from the AUSPOPs survey are shown in Tables 2–9 for the 2016, 2018 and 2021 waves. Data are weighted appropriately to the population for gender, age, part of state, education, country of birth and telephone status (mobile/landline) for the year of survey, with the exception of Table 2 (sample characteristics).

Statistical tests comparing the years were not conducted for any of the questions or sampling characteristics. However, there were several descriptive trends to note.

The 2021 sample attracted a slightly higher percentage of men (52.0%) compared with the previous two waves (2016: 46.8%, 2018: 47.6%). The increase in the proportion of respondents aged over 55 years in 2018 compared with 2016 (50.5 vs 55.1%) did not continue in 2021, and in fact decreased to 45.7%. The increase in the 18-35 years age groups from 16.5% to 23.5% was likely responsible for this change which in turn may reflect the change to an all-mobile sample in 2021. Similarly, and likely related to the change in recruitment approach, a higher proportion who were employed was captured (59.8% in 2021 vs 51.8% and 54%, in 2018 and 2016 respectively) with an associated reduction in the percentage retired or on the pension (27.7% in 2021 vs 36.9% in 2018). However, the weighting applied to all survey outcomes ensures representativeness of the underlying population for the years of the survey. Conversely, the health indicators appear relatively stable across the three survey years (Table 3). The (weighted) prevalence of use of e-cigarettes was 4.8% – this was a new question in 2021.

The increases in perceptions regarding the effect on health of people’s genetic make-up, financial circumstances and whether a person smokes or not, observed from 2016 to 2018 were maintained in 2021 (Table 4). Similarly, the absolute 9% increase in the proportion of people believing that whether a person drinks alcohol or not has a large/very large effect on their health from 2016 to 2018 was mostly maintained in 2021 (Table 4). A new question gauging perceptions of the effect of access to open spaces and parklands on people’s health showed that 71% of respondents thought this has a large or very large effect.

A series of forced choice questions asked respondents to select between alternatives that were individual versus population measures and/or treatment versus preventive health measures which they thought would make the most difference to improving the community’s health, although not changing dramatically from year to year,

showed some interesting trends from 2016 to 2021 (Table 5). For example, when compared with “taxing processed food with high sugar or fat content”, respondents selected “subsidising operations for people who are obese” at a rate of 28.5% in 2016, 33.1% in 2018 and 36.6% in 2021. Similarly, compared with “placing restrictions on alcohol advertising”, 42% in 2016, 43.6% in 2018 and 47.1% of respondents selected “funding alcohol treatment centres” as making the most difference. Hence in both these cases, endorsement of the individual/treatment option increased relative to the population/prevention option over the three surveys.

A new forced choice question in response to the COVID-19 epidemic showed that 63.9% of respondents felt that “lowering rates of obesity in the community” would make the most difference to improving the community’s health compared with 36.1% who felt “reducing the risk of coronavirus in the community” would have the most impact (Table 5). The distributions varied across states with ACT and Victoria showing the highest rates for selecting lowering coronavirus prevalence (41.5% and 39.9% respectively) and Western Australia the lowest (30.2%, data not shown). Notably, this survey was conducted from February to April 2021 when COVID-19 prevalence was relatively low and before the 2021 Delta outbreaks.

With respect to the role which people and organisations play in maintaining health, the 14.5% (absolute) increase in the proportion of people believing the government has a large or very large role to play in maintaining health observed from 2016 (46.1%) to 2018 (60.6%) continued to grow to 63.5% in 2021 (Table 6). The 5% rise in the proportion believing private health insurers have a large or very large role to play from 2016 to 2018 (34.4% vs 39.1%, Table 6) was not maintained, dropping back to 35.2% in 2021. Other actors such as people themselves and parents remained stable, but the percentage of respondents saying GPs, nurses and pharmacists have a large/very large role in maintaining people’s health rose by almost 5% between 2018 and 2021 (62.6% vs 67.2%, respectively). The new question on the role of alcohol manufacturers added in 2018 also showed a small increase from 2018 (61.9%) to 2021 (64.9%, Table 6).

A series of questions gauging perceptions of government intervention for health in general showed a strengthening of support for government intervention from 2016 to 2018, which was maintained in 2021 or increased even further. For example, while the overall proportion agreeing (agree/strongly agree) with the statement “sometimes government needs to make laws that keep people from harming themselves” changed little from 2016 (79.7%) to 2018 (81.0%) to 2021 (82%), the proportion strongly agreeing went from 24.7% to 36.1% but remained at 34.1% in 2021 (Table 7). In 2016, 48.6% of respondents disagreed/strongly disagreed with the statement that the government interferes too much in or everyday lives. In 2018, this percentage was 53% and in 2021, 61.7% (Table 7).

Four questions on government intervention added to the survey in 2018 captured agreement with different conceptualisations of the government’s role in population health. Responses that indicated support for government intervention stayed either stable from 2018 to 2021 (agreeing that “maintaining the community’s health requires a combination of both government regulation and personal responsibility” and “Limiting the advertising and sale of unhealthy products make it easier for people to make healthy choices”, (Table 7)) or increased moderately (increases between 4.8% and 5.7% in proportion disagreeing that “it is not worth spending money on prevention because people will do what they want anyway” and “government regulation on health has made Australia a nanny state”, Table 7).

There were a few notable changes regarding specific interventions such as plain packaging, restrictions on advertising of unhealthy products and taxes. The increase from 2016 to 2018 (42.8% to 48.6%) in the proportion of people feeling that bans on smoking in cars with children had not gone far enough rose to 51.3% in 2021 (Table 8). Concerningly, the percentage saying that the government has not gone far enough on restrictions on alcohol advertising continued to decline, going from 45.4% in 2016 to 42.9% in 2018 and 39.5% in 2021. Similarly, support for further action on salt limits in processed food maintained the drop demonstrated in 2018 (50.5%) compared with 2016 (55.3%) at 49.9% in 2021, just under a majority. The percentage of respondents feeling that the government has the right amount of regulation on compulsory immunisation at school, however, has risen steadily from 55.3% in 2016, to 61.2% in 2018 and 65.6% in 2021.

Two new questions in 2021 showed that 35.4% felt the government had not gone far enough in “phasing out sale of tobacco products in shops” (45.9% felt there was “about the right amount” of regulation) and 40.7% felt the government had not gone far enough on “banning e-cigarette use in smoke-free areas” (46.6% felt there was “about the right amount” of regulation).

In 2021, the question about whether Australia generally has the right amount of regulation and policies to help people be healthy, was split into two questions. This meant separating responses to those relating to regulation and policies relating to COVID-19 and those relating to lifestyle-related disease (Table 9). A clear majority (79.8%) felt that there is “about the right amount” of regulation and policies to contain the spread of COVID-19 over the past year. The corresponding percentage for regulation and policies in place to help reduce the rates of lifestyle-related diseases such as diabetes, heart disease and obesity was 41.4% with the majority (55.4%) indicating that the government is yet to go far enough (Table 9).

Full statistical analyses of these data will be undertaken for peer-review publication.

AUSPOPs resources

- [Download the second national report: AUSPOPS 2016-2018 here](#)
- [Download AUSPOPS 2018: Tasmanian report here](#)

Table 2: Demographic profile of samples (unweighted)

Characteristic	2016		2018		2021	
	No.	%	No.	%	No.	%
Male	960	46.8%	1,237	47.6%	1,137	52.0%
Female	1,092	53.2%	1,364	52.4%	1,041	47.6%
Non-binary**	NA	NA	NA	NA	4	0.20%
Other (not further specified)**	NA	NA	NA	NA	4	0.20%
18-<35yrs	400	19.6%	429	16.5%	515	23.5%
35-<55yrs	610	29.9%	738	28.4%	678	30.9%
55+yrs	1,032	50.5%	1,432	55.1%	1003	45.7%
Country of birth English speaking*	1,726	84.6%	2,183	84.0%	1784	81.3%
Not English speaking	314	15.4%	415	16.0%	409	18.7%
English speaking	1,750	85.6%	2,266	87.1%	1857	84.8%
Other language	294	14.4%	335	12.9%	332	15.2%
No	1,998	98.0%	2,536	97.9%	2140	97.6%
Aboriginal or Torres Strait Islander	40	2.0%	54	2.1%	53	2.4%
Employed	1,101	54.0%	1,343	51.8%	1313	59.8%
Unemployed	73	3.6%	72	2.8%	105	4.8%
Retired/pension	634	31.1%	957	36.9%	607	27.7%
Student	134	6.6%	108	4.2%	118	5.4%
Home duties	75	3.7%	85	3.3%	39	1.8%
Other	23	1.1%	29	1.1%	13	0.6%
High school	648	32.4%	832	32.8%	582	27.4%
Post-secondary	616	30.8%	822	32.4%	624	29.3%
University degree	735	36.8%	883	34.8%	921	43.3%
No	1,365	67.2%	1,724	66.6%	1614	73.9%
Income support	666	32.8%	864	33.4%	570	26.1%
No	727	35.8%	1,012	39.1%	844	38.7%
Private health insurance	1,305	64.2%	1,578	60.9%	1335	61.3%

*Australia, New Zealand, United Kingdom (England, Scotland, Wales, Nth Ireland), USA, Canada.

** Response categories of "non-binary" and "other not further specified" in 2021 only.

Table 3: Health profile of samples (weighted)

Measure	2016	2018	2021
General health			
Excellent	13.1%	11.4%	10.7%
Very good	32.4%	32.2%	31.6%
Good	36.6%	37.3%	38.0%
Fair	13.4%	14.6%	14.7%
Poor	4.5%	4.5%	5.7%
Meeting physical activity recommendations			
<5 days	67.6%	69.2%	67.6%
≥5days	32.4%	30.8%	32.4%
Currently smoke regularly			
Yes	16.7%	14.0%	13.7%
No	83.3%	86.0%	86.3%
Currently use e-cigarettes or vaporisers**			
Yes – regularly / occasionally	NA	NA	4.8%
No – not at all	NA	NA	95.2%
Frequency drinking alcohol last 12 months			
Never	18.8%	18.4%	18.8%
Less than once a month	17.9%	16.6%	17.5%
Once a month	10.4%	9.6%	9.1%
2–3 days a month	13.0%	15.2%	13.9%
1–2 days a week	20.6%	21.9%	20.4%
3–6 days a week	13.8%	12.6%	14.6%
Every day	5.5%	5.8%	5.7%

** Question asked in 2021 only.

Table 4: Perceptions of factors which affect people's health (weighted)

How much of an effect do the following things have on people's health?	2016	2018	2021
(a) The type of food a person eats			
No effect to moderate effect	13.9%	12.9%	13.2%
Large/very large effect	86.1%	87.1%	86.8%
(b) The amount of physical activity a person does			
No effect to moderate effect	15.2%	18.0%	16.8%
Large/very large effect	84.8%	82.0%	83.2%
(c) A person's genetic make-up			
No effect to moderate effect	54.8%	47.4%	46.9%
Large/very large effect	45.2%	52.6%	53.1%
(d) A person's financial circumstances			
No effect to moderate effect	46.0%	41.0%	41.3%
Large/very large effect	54.0%	59.0%	58.7%
(e) Whether or not a person smokes cigarettes			
No effect to moderate effect	19.2%	14.6%	15.3%
Large/very large effect	80.8%	85.4%	84.7%
(f) Whether or not a person drinks alcohol			
No effect to moderate effect	44.8%	35.6%	36.7%
Large/very large effect	55.2%	64.4%	63.3%
(g) Where in Australia someone lives			
No effect to moderate effect	61.1%	59.6%	58.4%
Large/very large effect	38.9%	40.4%	41.6%
(h) Access to health and hospital services			
No effect to moderate effect	25.0%	21.7%	19.0%
Large/very large effect	75.0%	78.3%	81.0%
(i) Access to bike paths			
No effect to moderate effect	74.4%	76.9%	76.3%
Large/very large effect	25.6%	23.1%	23.7%
(j) Having activities to promote health in the workplace			
No effect to moderate effect	54.6%	54.9%	53.6%
Large/very large effect	45.4%	45.1%	46.4%
(k) Being able to afford to go to a gym to exercise			
No effect to moderate effect	64.0%	63.4%	64.2%
Large/very large effect	36.0%	36.6%	35.8%
(l) Access to open spaces and parklands**			
No effect to moderate effect	NA	NA	28.9%
Large/very large effect	NA	NA	71.1%

** Question asked in 2021 only.

Table 5: Individual vs population & treatment vs prevention health measures (weighted)

Which one of the following two health initiatives do you think would make the most difference to improving the community's health?	2016	2018	2021
(a) Subsidising drugs that lower blood pressure	32.7%	30.4%	30.4%
(b) Setting limits of salt in processed food to lower blood pressure	67.3%	69.6%	69.6%
(a) Providing low-cost gym membership	24.5%	27.3%	22.5%
(b) Building a network of walking and cycle paths	75.5%	72.7%	77.5%
(a) Taxing processed food with high sugar or fat content	71.5%	66.9%	63.4%
(b) Subsidising operations for people who are obese	28.5%	33.1%	36.6%
(a) Funding alcohol treatment centres	42.0%	43.6%	47.1%
(b) Placing restrictions on alcohol advertising	58.0%	56.4%	52.9%
(a) Increase access to fruit and vegetables	78.6%	79.7%	80.8%
(b) Subsidise medications to lower cholesterol	21.4%	20.3%	19.2%
(a) Lowering rates of obesity in the community**	NA	NA	63.9%
(b) Reducing the risk of coronavirus in the community**	NA	NA	36.1%

** Question asked in 2021 only.

Table 6: Role in maintaining people's health (weighted)

To what extent do you think each of the following have a role in maintaining people's health?	2016	2018	2021
Government			
No to moderate role	53.9%	39.4%	36.5%
Large/very large role	46.1%	60.6%	63.5%
Parents			
No to moderate role	10.9%	10.6%	10.3%
Large/very large role	89.1%	89.4%	89.7%
People themselves			
No to moderate role	9.8%	9.4%	7.9%
Large/very large role	90.2%	90.6%	92.1%
GPs, nurses, pharmacists			
No to moderate role	36.7%	37.4%	32.8%
Large/very large role	63.3%	62.6%	67.2%
Employers			
No to moderate role	72.4%	71.0%	65.3%
Large/very large role	27.6%	29.0%	34.7%
Food manufacturers			
No to moderate role	38.5%	36.2%	35.9%
Large/very large role	61.5%	63.8%	64.1%
Schools			
No to moderate role	31.2%	30.0%	27.8%
Large/very large role	68.8%	70.0%	72.2%
Private health insurers			
No to moderate role	66.0%	60.9%	64.8%
Large/very large role	34.0%	39.1%	35.2%
Alcohol manufacturers*			
No to moderate role	NA	61.9%	64.9%
Large/very large role	NA	38.1%	35.1%

* Question asked in 2018 and 2021 only.

Note: Community groups were also included in 2016, but not 2018: 59.5% no to moderate role, 40.5% large/very large role.

Table 7: Perceptions of government intervention (weighted)

People in our society often disagree about how far to let individuals go in making decisions for themselves. Do you agree or disagree with the following statements?	2016	2018	2021
Sometimes government needs to make laws that keep people from harming themselves			
Strongly disagree	4.4%	6.3%	5.6%
Disagree	12.8%	11.4%	11.1%
Neither agree nor disagree	3.2%	1.2%	1.1%
Agree	55.0%	44.9%	48.0%
Strongly agree	24.7%	36.1%	34.1%
The government interferes far too much in our everyday lives			
Strongly disagree	6.0%	10.2%	12.8%
Disagree	42.6%	42.8%	48.9%
Neither agree nor disagree	8.1%	4.1%	4.1%
Agree	28.4%	23.3%	20.9%
Strongly agree	14.9%	19.5%	13.4%
It's not the government's business to try to protect people from themselves			
Strongly disagree	9.8%	15.1%	15.3%
Disagree	37.4%	36.8%	39.2%
Neither agree nor disagree	5.0%	3.3%	3.0%
Agree	34.3%	27.2%	29.1%
Strongly agree	13.5%	17.7%	13.4%
Government should put limits on the choices individuals can make so they don't get in the way of what's good for society			
Strongly disagree	18.2%	23.0%	18.7%
Disagree	38.9%	33.5%	36.3%
Neither agree nor disagree	5.9%	3.5%	3.9%
Agree	29.9%	30.6%	33.3%
Strongly agree	7.1%	9.4%	7.7%
Maintaining the community's health requires a combination of both government regulation and personal responsibility*			
Strongly disagree	NA	2.2%	1.9%
Disagree	NA	4.8%	3.6%
Neither agree nor disagree	NA	0.4%	0.8%
Agree	NA	32.8%	34.4%
Strongly agree	NA	59.8%	59.4%

People in our society often disagree about how far to let individuals go in making decisions for themselves. Do you agree or disagree with the following statements?	2016	2018	2021
Limiting the advertising and sale of unhealthy products make it easier for people to make healthy choices*			
Strongly disagree	NA	7.8%	6.6%
Disagree	NA	12.2%	12.6%
Neither agree nor disagree	NA	1.1%	1.7%
Agree	NA	40.6%	44.3%
Strongly agree	NA	38.3%	34.8%
It is not worth spending money on prevention because people will do what they want anyway*			
Strongly disagree	NA	26.2%	29.8%
Disagree	NA	32.6%	33.8%
Neither agree nor disagree	NA	1.4%	1.6%
Agree	NA	20.5%	21.6%
Strongly agree	NA	19.3%	13.2%
Government regulation on health has made Australia a nanny state*			
Strongly disagree	NA	17.5%	20.1%
Disagree	NA	42.3%	45.4%
Neither agree nor disagree	NA	2.4%	2.8%
Agree	NA	22.0%	21.3%
Strongly agree	NA	15.8%	10.5%

* Question asked in 2018 and 2021 only.

Table 8: Support for specific types of government intervention (weighted)

For each of the following government initiatives, please tell me whether you think it shows the government going too far, not far enough or having about the right amount of involvement in helping people be healthy?	2016	2018	2021
Plain packaging for tobacco products†			
Too far	15.4%	12.7%	NA
About the right amount	54.8%	55.5%	NA
Not far enough	29.8%	31.8%	NA
Bans on smoking in cars with children			
Too far	4.8%	4.0%	3.1%
About the right amount	52.4%	47.4%	45.5%
Not far enough	42.8%	48.6%	51.3%
Lower speed limits (30km/hr) in high pedestrian areas			
Too far	26.8%	15.9%	12.6%
About the right amount	58.6%	66.2%	69.4%
Not far enough	14.5%	17.9%	18.0%
Restrictions on advertising unhealthy foods to children			
Too far	6.5%	5.5%	5.3%
About the right amount	35.1%	36.0%	36.7%
Not far enough	58.4%	58.6%	58.0%
Restrictions on alcohol advertising			
Too far	7.6%	8.1%	7.3%
About the right amount	47.0%	49.0%	53.2%
Not far enough	45.4%	42.9%	39.5%
Taxing soft drink			
Too far	22.9%	20.1%	18.3%
About the right amount	34.6%	36.0%	42.2%
Not far enough	42.5%	43.9%	39.5%
Setting salt limits on processed food			
Too far	8.5%	7.5%	6.9%
About the right amount	36.2%	42.1%	43.2%
Not far enough	55.3%	50.5%	49.9%
Compulsory immunisation at school entry			
Too far	8.2%	7.5%	9.3%
About the right amount	55.5%	61.2%	65.6%
Not far enough	36.3%	31.3%	25.1%

For each of the following government initiatives, please tell me whether you think it shows the government going too far, not far enough or having about the right amount of involvement in helping people be healthy?	2016	2018	2021
Laws setting limits on working hours			
Too far	16.4%	14.8%	12.4%
About the right amount	61.5%	59.6%	63.0%
Not far enough	22.1%	25.6%	24.7%
Creation of bike lanes separated from cars			
Too far	10.4%	9.6%	10.3%
About the right amount	48.3%	46.3%	47.7%
Not far enough	41.3%	44.1%	42.0%
Removing advertising for unhealthy food and drinks in places owned by the Government (such as train stations)*			
Too far	NA	10.3%	9.5%
About the right amount	NA	44.6%	44.8%
Not far enough	NA	45.2%	45.7%
Restrictions on sports sponsorship by companies that sell unhealthy food and drinks*			
Too far	NA	15.3%	14.1%
About the right amount	NA	37.9%	38.8%
Not far enough	NA	46.8%	47.1%
Banning venues with an alcohol license from selling cigarettes*			
Too far	NA	21.3%	19.5%
About the right amount	NA	45.5%	46.8%
Not far enough	NA	33.2%	33.7%
Phasing out sale of tobacco products in shops**			
Too far	NA	NA	18.6%
About the right amount	NA	NA	45.9%
Not far enough	NA	NA	35.4%
Banning e-cigarette use in smoke-free areas**			
Too far	NA	NA	12.8%
About the right amount	NA	NA	46.6%
Not far enough	NA	NA	40.7%

† Question asked in 2016 and 2018 only.

* Question asked in 2018 and 2021 only.

** Question asked in 2021 only.

NA: Not applicable.

Note: Asked in 2016 but not 2018: Health ratings on packaged food - Too far: 4.4% About right: 41.2% Not far enough: 54.4%; Restrictions on the sale of unhealthy foods in school canteens - Too far: 8.9% About right: 47.1% Not far enough: 44.0%

Table 9: Support for government intervention in general (weighted)

Question	2016	2018	2021
In general, do you think Australia has too much, too little or about the right amount of government regulation and policies in place to help people be healthy?†			
Too much	9.2%	9.2%	NA
About the right amount	47.0%	40.4%	NA
Not enough	43.9%	50.4%	NA
In general, do you think Australia has done too much, too little or about the right amount of government regulation and policies to contain the spread of COVID-19 over the past year?***			
Too far	NA	NA	8.4%
About the right amount	NA	NA	79.8%
Not far enough	NA	NA	11.8%
In general, do you think Australia has too much, too little or about the right amount of government regulation and policies in place to help reduce the rates of lifestyle-related diseases such as diabetes, heart disease and obesity?***			
Too far	NA	NA	3.2%
About the right amount	NA	NA	41.4%
Not far enough	NA	NA	55.4%
In general, do you support or oppose the idea of the government putting a tax on a product that can negatively affect people's health? †			
Strongly oppose	14.9%	18.3%	NA
Oppose	16.1%	15.1%	NA
(Neither support nor oppose)	2.5%	2.0%	NA
Support	39.7%	35.8%	NA
Strongly support	26.8%	28.8%	NA

† Question asked in 2016 and 2018 only.

* Question asked in 2018 and 2021 only.

** Question asked in 2021 only.

NA: Not applicable.

Note: Asked in 2016 but not 2018: Health ratings on packaged food - Too far: 4.4% About right: 41.2% Not far enough: 54.4%; Restrictions on the sale of unhealthy foods in school canteens - Too far: 8.9% About right: 47.1% Not far enough: 44.0%

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