

March 2026

The Health Revolution: 20-Year Preventive Health Strategy

The Australian Retail Council (ARC) welcomes the opportunity to contribute to the Tasmanian Government's consultation on The Health Revolution: 20-Year Preventive Health Strategy.

ARC, represent a \$444 billion sector, and employs 1.4 million Australians, one in ten workers, making retail the nation's largest private sector employer and a cornerstone of the Australian economy, contributing 16 percent of national GDP.

Our membership spans the full breadth of Australian retail: from family-owned small and independent businesses, which comprise 95% of our membership, to the largest national and international retailers that support thousands of jobs and sustain communities across both metropolitan and regional Australia. Our industry operates more than 155,000 retail outlets nationwide, with the majority of those also represented by an online or e-commerce presence.

A strong retail sector delivers widespread benefits to all Australians, with a significant portion of every dollar spent in retail flowing back into employees, suppliers, superannuation funds, and local communities. We are united in advocating for the policy settings, reforms and collaboration that will drive growth, resilience, and long-term prosperity for Australian retail and the millions who rely on it.

Executive Summary

The Australian Retail Council supports the Tasmanian Government's long-term commitment to preventive health and recognises the importance of shaping environments to make healthy choices easier.

Retail is central to this ambition. The vast majority of Australians engage with a retailer each week, and the sector employs more than 1.4 million people nationwide, including one in six young workers. Retail settings are therefore a primary interface between policy design and everyday consumer behaviour.

ARC's submission focuses on ensuring the Strategy is implemented in a way that is evidence-based, proportionate and economically realistic. In particular, we recommend:

- Clear articulation of how evidence is assessed before regulatory, fiscal or planning interventions are pursued
- Anchoring references to "healthy" products and environments to existing national standards to avoid ambiguity and to aid enforcement
- Careful assessment of affordability and employment impacts before considering new taxes, advertising restrictions or density-based planning controls
- Formal recognition of retailers as delivery partners in governance and implementation structures

Preventive health reform will be most durable when it strengthens wellbeing without creating unintended cost or access consequences for households and communities. ARC stands ready to work constructively with the Tasmanian Government to achieve these shared outcomes.

Body of Submission

1. Retail Sector Context

Retail is embedded in the daily life of Australian communities. Around nine in ten Australians visit a retailer at least weekly, whether in a remote town or the centre of a capital city. Two-thirds of Australians either work in the sector or have a close friend or family member who does. Every community has a direct stake in the strength and sustainability of retail.

Retail is the second largest private sector industry in Australia by income, generating \$444 billion annually. The sector employs more than 1.4 million Australians and is the largest private sector employer in the country. It provides one in six jobs for young Australians, playing a critical role in workforce participation and early career development.

Retail productivity also has direct cost-of-living implications. A 1 per cent improvement in retail productivity would lift national real GDP by \$3.2 billion annually and deliver approximately \$1.3 billion in household savings each year, equivalent to around \$115 per household¹. These savings disproportionately benefit lower-income households, for whom essential retail goods represent a larger share of income.

The retail sector includes supermarkets, specialty food retailers and quick service restaurants (QSRs), all of which operate within established national food safety, consumer information and planning regulatory frameworks. Food service retailers are therefore regulated participants in the retail ecosystem rather than distinct or unregulated environments.

Given this reach and economic footprint, retail is not a peripheral stakeholder in preventive health policy. It is a central delivery partner whose regulatory environment, cost structure and operational settings directly affect affordability, employment and access across the community.

2. Principles for Effective Implementation

ARC supports the ambition of a long-term preventive health strategy and recognises the importance of shaping environments that make healthy choices easier. For the Strategy to succeed over a 20-year horizon, implementation must be grounded in clear evidence, regulatory consistency and economic realism.

First, the evidentiary basis for proposed interventions should be transparent. Where regulatory, fiscal or planning measures are contemplated, the threshold for intervention should be clear and proportionate. For example, the evidence base on density-based planning restrictions for quick service restaurants remains mixed and contested and does not demonstrate clear causal impact on obesity outcomes. Interventions should focus on demonstrably effective measures rather than broad structural controls.

Second, where the Strategy refers to “healthy” or “unhealthy” foods, products or environments, these terms should be anchored to existing national standards. The Australian Dietary Guidelines, Food Standards Australia New Zealand’s (FSANZ) Nutrient Profiling Scoring Criterion and the Health Star Rating system provide objective, nationally recognised frameworks. Reliance on undefined constructs such as “unhealthy shops” or broad classifications such as “ultra-processed” foods risks regulatory ambiguity and inconsistent application.

Preventive health outcomes are influenced by overall dietary patterns, physical activity and broader social determinants rather than individual foods, brands or restaurant formats. Policy approaches that single out particular retail formats risk unintended consequences without clear evidence of population health benefit. Measures should therefore prioritise whole-of-diet and lifestyle outcomes supported by robust Australian evidence.

Further, preventive health measures must be designed with affordability in mind. Cost-of-living pressures remain significant, and lower-income households spend a higher proportion of their income on essential goods.

¹ Mandala, Fragmentation in retail, February 2026

International evidence on product-specific health taxes shows variable and often modest behavioural effects, if any, while imposing direct cost impacts on households. Broad advertising bans or blunt planning interventions should only be considered where there is robust evidence of effectiveness and a clear assessment of economic impact.

Finally, retailers should be formally recognised as delivery partners. Retail settings are a primary interface between policy and consumers, and retailers already implement national labelling regimes and voluntary codes in practice. Structured engagement with the sector will improve feasibility, reduce unintended impacts and strengthen implementation outcomes.

3. Governance and Partnership

The Strategy rightly recognises that prevention requires whole-of-system collaboration. To give effect to this ambition, governance arrangements should formally incorporate retail representation within advisory and implementation structures.

Retail is referenced sparingly in the current draft and, in one instance, through language such as “unhealthy shops”, which would benefit from clarification and objective definition. Care should be taken to ensure regulated food retailers, including quick service restaurants and takeaway outlets, are not unintentionally categorised in ways that imply risk absent strong evidence. Ambiguous terminology may otherwise be interpreted as supporting outlet caps, zoning restrictions or product controls without demonstrated effectiveness in the Australian context.

Retailers operate at scale, interact with consumers daily and manage complex supply chains that directly influence access, pricing and product availability. Early and structured engagement will ensure that proposed measures are practical, nationally consistent and aligned with existing regulatory frameworks.

ARC supports phased action plans with measurable outcomes and regular review. Regulatory impact assessment should accompany material policy change to ensure that health objectives are achieved without unnecessary duplication, increased compliance costs or adverse impacts on affordability and employment.

Public-private collaboration will be central to delivering sustained improvements in health outcomes. Retail stands ready to work constructively with the Tasmanian Government to ensure prevention initiatives are both effective and economically sustainable.

Any future Action Plan measures affecting retail or food service businesses should be evidence-based, proportionate and subject to appropriate impact assessment prior to implementation.

4. Conclusion

ARC supports the ambition of improving long-term health outcomes for Tasmanians and acknowledges the importance of prevention in strengthening both community wellbeing and fiscal sustainability.

For the Strategy to succeed over a 20-year horizon, its implementation should remain grounded in transparent evidence, objective national standards and careful consideration of affordability and employment impacts. Clear definitions, proportionate interventions and structured engagement with retailers will strengthen delivery and reduce the risk of unintended consequences.

Retail is embedded in the daily lives of Tasmanians and plays a practical role in food access, consumer information and workforce participation. With thoughtful design and genuine partnership, preventive health reform can deliver measurable improvements while supporting economic resilience and community stability.

ARC welcomes continued engagement as the Strategy moves from vision to implementation.

Appendix A

Detailed Response to Consultation Questions and Supporting Evidence

Purpose

This appendix provides detailed responses aligned to the consultation questions accompanying *The Health Revolution: 20-Year Preventive Health Strategy Exposure Draft*.

It supplements ARC's primary submission by setting out the underlying technical analysis, scientific references and evidence considerations relevant to implementation.

A1. Overall Direction of the Strategy

ARC considers the overall direction of the Strategy to be ambitious and broadly appropriate.

However, it is not clear how the Strategy determines what constitutes an evidence-based intervention. The draft frequently defers to external bodies, including The Australian Prevention Partnership Centre, without explaining how evidence is assessed, prioritised or translated into policy decisions.

Public health research varies considerably in methodological quality. A long-term strategy would benefit from clearly articulated standards regarding:

- hierarchy of evidence
- strength of causal inference
- proportionality of regulatory intervention
- consideration of economic and affordability impacts.

Retailers are rarely referenced despite operating as regulated environments that interact with consumers daily. Greater recognition of retail and food service businesses as implementation partners would strengthen policy feasibility.

A2. Long-Term Vision

ARC supports the ambition of improving long-term population health outcomes.

Preventive health initiatives are most effective where government, communities and regulated industries collaborate. Retail environments already implement national regulatory frameworks including:

- food safety regulation
- consumer information requirements
- labelling systems
- advertising standards.

Successful delivery over a 20-year horizon will depend on leveraging these existing systems rather than introducing duplicative controls.

A3. Determinants of Health and Wellbeing

Dietary Patterns

While food is discussed extensively in the Strategy, long-term dietary patterns are not explicitly addressed.

Scientific evidence demonstrates that overall dietary patterns are stronger predictors of health outcomes than individual foods, nutrients or retail formats. Healthy dietary patterns are associated with improved longevity and reduced chronic disease risk (Refs 1–2).

Policy interventions should therefore prioritise:

- sustained dietary behaviours,
- nutrition literacy,
- affordability and access,

rather than targeting individual products or retail categories.

Nutrition Literacy

The Strategy refers to health literacy but does not explicitly address food or nutrition literacy.

Food literacy represents a distinct component of health capability involving:

- understanding nutritional information,
- interpreting food labelling,
- making informed purchasing decisions.

Evidence suggests targeted nutrition literacy initiatives improve long-term behavioural outcomes (Refs 3–4).

ARC recommends explicit inclusion of food and nutrition literacy within implementation plans.

Defining “Healthy” Food Environments

The Strategy refers to healthy food environments without providing operational definitions.

ARC recommends reliance on existing national frameworks:

- Australian Dietary Guidelines (ADGs)
- FSANZ Nutrient Profiling Scoring Criterion (NPSC)
- Health Star Rating system (HSR).

Use of poorly defined concepts such as “ultra-processed foods” introduces regulatory ambiguity and enforcement challenges, particularly given ongoing scientific debate regarding classification systems (Ref 5).

A4. Fiscal and Regulatory Measures

A significant proportion of Australians experience financial stress and food insecurity pressures.

ARC does not support the introduction of new food taxes or levies without strong Australian evidence demonstrating measurable population health benefits.

Evidence examining sugar-sweetened beverage taxes internationally shows mixed outcomes and variable behavioural effects (Refs 6–9).

Preventive health measures should avoid policies that risk increasing food costs for vulnerable households.

Similarly, ARC notes that Australia already maintains extensive voluntary and co-regulatory advertising codes governing food promotion. Additional mandatory restrictions should only be considered where supported by high-quality evidence.

A5. Sub-Pillars and Implementation Considerations

Healthy Environments and Places

The Strategy's environmental focus largely centres on climate outcomes. ARC recommends complementary measures supporting food waste reduction through education and proportionate regulation while avoiding unintended increases in packaging.

Healthy Communities and Social Conditions

ARC supports initiatives addressing alcohol, drug harm and early childhood nutrition (e.g., in principle mandating the provisions that were formally articulated in the Marketing in Australia of Infant Formulas (MAIF) Agreement).

The proposed aspiration of a smoke-free and vape-free Tasmania within 20 years is unlikely to be achievable. A more realistic framing would focus on continued reduction of smoking and vaping prevalence.

For food environments and commercial determinants of health, clear definitions of "healthy food" and "products that keep people well" are necessary to ensure consistent application of policy settings.

Healthy Foundations and Equity

Food security and affordability policies should utilise nationally recognised nutritional benchmarks such as ADGs, NPSC and HSR systems.

ARC supports exploration of:

- targeted food subsidies,
- school breakfast and lunch programs,
- nutrition education initiatives,

for populations at greatest risk of food insecurity.

Menu board labelling standards for Quick Service Restaurants should be nationally consistent through FSANZ regulation rather than via fragmented jurisdictional regulation.

Healthy Systems and Supports

For research and innovation initiatives, the Strategy should clearly articulate:

- data quality standards,
- evidence thresholds,
- evaluation frameworks.

Retailers should be explicitly recognised as communication partners given their daily interaction with Tasmanian consumers.

A6. Delivery Commitments and Governance

The proposed framework is conceptually sound but lacks implementation detail.

Public-private partnerships are likely to be central to successful delivery. Retailers should be formally incorporated into governance and advisory mechanisms given their operational role in food access and consumer engagement.

A7. Language and Inclusion

ARC considers the Strategy generally accessible; however, terminology such as “unhealthy shops” is problematic.

The term lacks objective definition and risks mischaracterising regulated retail businesses. Clear, evidence-based terminology would improve stakeholder confidence and policy clarity.

A8. Evidence Base and Planning Controls

The Strategy references potential limits on the number of “unhealthy shops”.

Available scientific evidence does not support density-based planning restrictions targeting Quick Service Restaurants.

A recent systematic review and meta-analysis found no statistically significant association between fast-food outlet density and obesity outcomes (OR 1.01, 95% CI 0.99–1.04) (Ref 10). Evidence linking proximity to obesity was limited and based largely on low-quality cross-sectional observational studies.

Policy interventions should therefore prioritise demonstrated causal drivers of health outcomes rather than structural planning controls lacking robust evidence.

A9. Additional Matters for Consideration

ARC recommends that the Strategy:

- clearly articulate how evidence informs policy decisions
- explicitly recognise retailers as delivery partners
- define healthy foods using nationally recognised standards
- incorporate food and nutrition literacy initiatives
- avoid unnecessary taxation or restrictive planning interventions absent strong evidence.

A10. References

1. Lv Y, Song J, Ding D, Luo M, He FJ, Yuan C, et al. Healthy dietary patterns, longevity genes, and life expectancy: A prospective cohort study. *Science Advances*. 2026;12(7):eads7559.
2. Neuhouser ML. The importance of healthy dietary patterns in chronic disease prevention. *Nutr Res*. 2019;70:3-6.
3. Silva P, Araújo R, Lopes F, Ray S. Nutrition and Food Literacy: Framing the Challenges to Health Communication. *Nutrients*. 2023;15(22).
4. Truman E, Bischoff M, Elliott C. Which literacy for health promotion: health, food, nutrition or media? *Health Promot Int*. 2020;35(2):432-44.
5. Louie JCY. Are all ultra-processed foods bad? A critical review of the NOVA classification system. *Proc Nutr Soc*. 2025:1-9.
6. Starck CS, Cassettari T, Beckett E, Fayet-Moore F. Evolving Sweet Preferences: Temporal Trends in Australian Non-Alcoholic Beverage Sales from 1997 to 2024. *Nutrients*. 2026;18(2).

7. Australian Bureau of Statistics. National Nutrition and Physical Activity Survey: Food and Nutrients. In: Australian Bureau of Statistics, editor. Canberra: Commonwealth of Australia; 2025.
8. von Hippel PT, Bogolasky Fliman F. Did child obesity decline after 2016 food regulations in Chile? *Revista Panamericana de Salud Pública*. 2024;48:7 p.
9. Firdaus S, Andarwulan N, Hariyadi P. Modeling and empirical evidence of the impact of implementation of sugar sweetened-beverages tax to reduce non-communicable diseases prevalence: a systematic review. *Front Nutr*. 2024;11:1448300.
10. Pineda E, Stockton J, Scholes S, Lassale C, Mindell JS. Food environment and obesity: a systematic review and meta-analysis. *BMJ Nutr Prev Health*. 2024;7(1):204-11.