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(Inq into Obesity)

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Representatives Standing Committee on Health and
Ageing: Inquiry into Obesity in Australia

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Preventing and Treating Obesity by Introducing Healthy Changes
program into the lifestyles of Australians.

Effectively preventing obesity involves identifying and treating people before they become obese with lifestyle programs involving physical activity and healthier eating. Changing lifestyle needs to be managed by primary care, funded by governments and supported by private and public sectors, our education system and local communities.

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Executive Summary

The best investment a country can make is in improving the health of its people.

Over the past few years there have been a large number of government and community discussions, obesity conferences and media focus on the trend of obesity levels in the Australian population. Both Federal and State governments have made it a focus to first stop this trend and to improve the health quality of all Australians.

The impact of obesity upon the Australian health care system is significant due to its increased prevalence and its association with the development of chronic disease such as Type 2 diabetes and cardiovascular diseases. To help minimise the burden of obesity and its impact upon the health care system, it is essential that obesity is managed immediately and to introduce early preventative programs to slow the progression of obesity in Australia.

The primary health care sector provides the ideal environment in which to manage obesity. Most Australians visit a general practitioner (GP) every year with research showing that patients prefer to have their GP provide and manage a weight management program and not be referred to a specialist outside the general practice. However, many patients feel that their GP does not have the sufficient time and skills to provide the necessary lifestyle intervention programs. GPs should be encouraged and funded to provide weight loss programs with assistance either through their practice nurse or another in-clinic allied professional skilled in weight loss management. The more difficult to treat patients should be referred to dietitians, exercise physiologists or surgery.

Currently, in Australia it is estimated that there are over 3 million obese and a further 7 million overweight people of whom many may become obese in the future. Managing these people are approximately 20,000 GPs, many who are currently under high work loads (especially in regional areas). Even with the support of dietitians and exercise physiologists (approved by Medicare to provide weight management programs) there are currently not enough trained people to manage our current obesity level. To assist the GPs in the management of this significant amount of obese and overweight patients are other allied health professionals such as fitness trainers and nutritionists who could be trained in providing GP certified weight loss programs.

The ideal solution to solve our current obesity crisis is to effectively prevent more people from becoming obese as well as providing treatment for our current overweight and obese population. A funding mechanism to be implemented to support general practice to provide accredited weight management programs delivered within general practice for all overweight and obese patients. The benefits of such a scheme include the effective treatment of people with obesity and decreasing weight related diseases such as Type 2 diabetes and cardiovascular diseases. The end result will be fewer burdens on our health system and a healthier nation.

Introduction

Healthy Changes would like to thank the House of Representatives Standing Committee on Health and Ageing for providing the opportunity to respond to their inquiry into obesity in Australia.

Healthy Changes understands the Terms of Reference for this inquiry which includes:

- An inquiry into and report on the increasing prevalence of obesity in the Australian population, focusing on future implications for Australia's health system, and
- A recommendation on what governments, industry, individuals and the broader community can do to prevent and manage the obesity epidemic in children, youth and adults.

About Healthy Changes

Healthy Changes uses a lifestyle program developed by a medical doctor and follows the knowledge base of several important and credible sources, including the US Centre for Disease Control, the Framingham Heart Study, the American Heart Association, American Dietetic Association and the U.S. Dietary Guidelines.

The Healthy Changes program consists of the 5 key components that are in line with the NH&MRC weight management guidelines.

- Assessment (lifestyle & physical) and tracking
- Personalised Eating and Activity Plan according to the individual's "Energy Balance"
- Behaviour Modification
- Education
- Ongoing Support

Our Healthy Changes program enables GPs and allied health care professionals to provide accurate preventative health and weight loss programs for their patients and clients. We develop intervention programs based not on BMI but a person's excess body fat percentage. Our program's preliminary results showed that the average person on the weight management program lost on average 0.5 kg per week for the time they were on the program. The 6 month follow up showed that 80% had maintained the weight loss achieved while on the program.

Our programs can be delivered either as a one-on-one consultation with a patient or client in a clinic, in home, in a corporate or gym setting or online via a secure website.

The People behind Healthy Changes

Bob Ehrlich, BSc (Medical Science), MCom

Bob studied medical science, food technology and marketing and has worked in a number of leading food, health and fitness companies. His recent achievement includes launching The Athletes Foot Fitprint System into Australia and New Zealand and was the Australian marketing manager of SureSlim Wellness Centres.

Justin Cantelo, BHSc (Human Movement), GradDipClinNutr

Justin is the founder of a corporate health business, Vital Fit. He is a member of Fitness Australia and Nutrition Society of Australia and is a registered Nutritionist. Justin has been an expert contributor to media such as The Sydney Morning Herald, The Australian, Woman's Weekly and Channel 10 and is a regular columnist of the Manly Daily. Justin has had an extensive athletic background as a national level sprinter and decathlete.

What is Obesity and can it be successfully treated?

Currently, in Australia it is estimated that there are over 3 million obese and a further 7 million overweight people who are at risk of becoming obese in the future. The cost to Australia of providing health care for people who are obese, overweight and physically inactive is estimated to \$3.8 billion per annum.¹

Overweight and obesity are caused by an energy imbalance, where a person's energy intake (consuming calories) exceeds energy expenditure (burning calories) over a considerable period of time resulting in excess body fat.² For adults, overweight and obesity are measured by the Body Mass Index (BMI): weight in kilograms divided by the square of height in meters.³ A BMI over 25 is considered overweight and BMI over 30 is considered obese.^{2,3} However, using BMI is not the most accurate measure as some people may register a high BMI even though their body fat percentage is within a healthy range.⁴

Australians tend to have high energy fat and carbohydrate diets⁵ and with the trend of Australians reducing their individual daily energy expenditure,⁶ we can expect more people to become overweight and obese. Obesity can be treated successfully if people change their lifestyle to one that involves; engaging in high levels of physical activity (approximately one hour per day), eating a low-calorie, low-fat diet, eating breakfast regularly, self-monitoring their weight and maintaining a consistent eating pattern across weekdays and weekends.⁷ The US National Weight Control Registry even found that weight loss maintenance may get easier over time.⁷

Why our current health system is not solving obesity?

GPs have the responsibility to identify and provide lifestyle intervention programs for their obese and overweight patients as well as for patients diagnosed for weight related medical conditions such as Type 2 diabetes, high cholesterol and cardiovascular disease. The National Health & Medical Research Council (NH&MRC) and Federal Government provide guidelines and education tools to help GPs provide lifestyle programs to their patients.^{8,9} The National Prescribing Service (NPS) even recommends that Type 2 diabetes and high coronary risk patients to be treated with diet and exercise.^{10,11}

Patients want their GPs to have a major role in their weight management but many feel that their GPs are not able to spend enough time to provide effective weight loss advice.¹² Our market research found that many GP's do not always follow the NH&MRC guidelines resulting in many overweight and obese patients not being properly assessed and prescribed lifestyle programs. We estimate a suitable program would take an estimated 4 to 5 hours per 12 week program and with the current shortage of GPs in this country and their current high work loads, many GPs are unable to provide programs for their patients. This may explain the results of the BEACH survey where it was reported that many GPs were treating patients with weight related medical conditions only with medications.¹³

Providing enough professionals to treat obesity is the key challenge that needs to be addressed. Currently in Australia, we estimate there are approximately 20,000 GPs, 2300 full time and part time accredited practicing dietitians and 1200 exercise physiologists servicing potentially 2 to 3 million obese people.^{14,15} To enable general practice to better manage their obese patients we recommend providing additional resources into general practice to assist GPs to provide weight management programs. In Australia, 58 per cent of medical practices now employ a nurse as part of the primary care team of the GP patients¹⁶ and with proper training many of these practice nurses could assess, develop and manage a patient's lifestyle program. However, currently there is no direct funding for practice nurses to manage a patient's weight loss program so patients are either referred to a specialist or encouraged to a follow their own "do it yourself" weight loss program with or without GP guidance.

Recommendations on Preventing and Managing Obesity

Early detection and treatment of obesity.

Early detection of obesity is critical as it enables people to change their lifestyle into a healthier one and with it a reduction of people developing weight related medical disorders. People can become obese at any age, even in childhood, so it is becoming more important to identify obesity as early as possible and provide them with a program to decreasing their excess body fat. The ideal treatment to decrease this excess fat involves exercise as this energy required for this activity initiates the break down of stored fat. Exercise also helps in the management of Type 2 diabetes, as muscles cells require more glucose during exercise stimulating glucose uptake from the bloodstream into the muscle cells resulting in a decrease in blood glucose.¹⁷

We recommend the early detection of obesity to occur when a person is showing a trend of increasing BMI from their healthy range, i.e. from BMI 25 to 29. If people are introduced to a lifestyle changing program involving healthier eating and increased physical activity at their BMI of 25, we believe that many of these people will not develop a higher BMI.

Another advantage of early detection is that a person will achieve their healthy BMI range quicker at BMI of 28 than say a person whose BMI is 35. We are confident that early detection and treatment of obesity will help decrease the financial burden of the health system by decreasing the time taken to treat a high BMI person as well as preventing the onset of weight related medical conditions.

Recommendation:

GPs are to undertake annual checkups (BMI, blood sugar and cholesterol tests) on their patients over the age of 30 and even younger if they fall into a high risk category (e.g. family history, taking medications, injury preventing physical activity). The aim is to identify people before they become obese and once identified, GPs are then to manage their patients by treatments that must include lifestyle and healthy eating.

GPs are to follow the Guidelines for Preventive Activities in General Practice (The Red Book)¹⁸ and the NHMRC "Overweight and Obesity in Adults & Adolescents: A Guide for General Practitioners."⁹

A funding mechanism (e.g. Medical Benefits Scheme item numbers) to be implemented for patients annual check ups and for their certified weight loss and weight management programs. These programs are to be managed in general practice by the practice nurse or another qualified allied health professional under the guidance of the patient's GP. If the general practice is unable to manage that patient, a GP can refer this patient to an allied health professional certified in GP approved weight loss or lifestyle programs. For more medically challenging cases, the GP is to refer that patient to a dietitian or exercise physiologist.

Benefits:

GPs will detect health conditions such as pre-diabetes, elevated cholesterol and other cardiovascular diseases and osteoporosis before they pose a chronic health problem. Early detection will enable patients to modify lifestyle and nutritional behaviours to a healthier one and help prevent the onset of symptoms that require more expensive medical and drug treatments.

The majority of overweight and obese people will respond to a general practice managed weight loss program of 12 weeks costing a one off \$250 per person which is a cheaper option than;

- Referring this patient to an exercise physiologist or dietitian charging \$65-90 per visit (current Care Plan allows up to 5 visits costing between \$325 to \$450 per patient)
- Referring to a commercial weight loss program that can cost up to \$1600
- \$10,000 to \$17,000 for a gastric lap band procedure
- Up to \$1000 per annum for purchasing medications (without government support) to manage type 2 diabetes and cardiovascular medical conditions. This is based on 3 drugs (Lipitor, Metformin hydrochloride and Atenolol) estimated to cost \$90 per month.

Improving the health of patients and reducing the incidence of weight related medical conditions should help in reducing the need of pharmaceuticals the reduction of hospital bed days for the treatment of Type 2 and excess weight related cardiovascular diseases. We believe that this will help reduce the current strain of treating Type 2 diabetes in our private and public health sectors.

Other Areas to Consider to help in the Management of Obesity

Healthy Changes acknowledge that its expertise is in developing and providing weight loss, preventative programs that are used by both primary and allied health care professionals.

Accepted that the primary health care sector is to provide effective obesity prevention and intervention programs to decrease the prevalence and providing treatment of obesity, Healthy Changes supports initiatives in the community that will reinforce the work being promoted in general practice. Initiatives such as;

National public awareness campaigns

There have been a number of public awareness campaigns (or social marketing) promoting healthier living. For example the current campaign promoting people to increase their consumption of fruit and vegetables (the "2 and 5 campaign"). Another was promoted to children to increase their physical activity ("Get Moving").

We support any public awareness marketing programs that influence positive changes in public behaviour to improve population health in Australia. While there have been no long-term mass media campaigns aimed at reducing obesity, the success of campaigns to reduce smoking and HIV/AIDS transmissions¹⁹ provides a strong case for a co-ordinated national public awareness mass media campaign targeting obesity and encourage people to pursue a healthy "Energy Balanced" lifestyle.

Here lies an opportunity for the introduction of a structured and integrated national strategy to address obesity similar to the National Tobacco Campaign of the late 1990s, where all jurisdictions combined social marketing with service delivery, e.g. Quit lines. We would like to see a theme that is consistent with the NH&MRC Guidelines and GP's Red Book to Preventative Health as it would make it easier for both health professionals and school educators to promote in their respective environments.

Easy to follow nutritional panels on all food products.

From our Healthy Changes experience we found that many people find it difficult to measure their daily consumption of calories. If the primary aim is for people to follow a healthier lifestyle and to consume calories within their ideal "Energy Balance", then it should be the aim of all manufacturers and food service outlet operators to provide information to help these people to choose healthier and less "energy rich or higher calorie" products.

To assist our Healthy Changes programs we would like to easy to see Total Energy (preferably Calories) per serving, Total Salt, Total Sugar and Total Fat in Nutritional Information Panels for all food products sold at the point of purchase, including food service outlets. This will hopefully stop the confusion of buying products promoted as "Low in Fat" but still have very high calorie levels because of high carbohydrate content.

The example below shows the opportunity for a person to choose a healthier option in a take-away food situation;²⁰

Big Mac Meal:	vs.	Deli Choices
Big Mac Hamburger: 480Cal		Turkey & Cranberry: 454Cal
Medium Fries: 388		Garden Salad: 19
Medium Coke: <u>144</u>		Mt Franklin Water: <u>0</u>
Total 1012Cal		Total 473Cal

The difference between the 2 meal choices is 539 calories which equates to a person walking for 90 minutes or cycling for 60 minutes.²¹

Supporting preventative health programs in the workplace

Healthy Changes supports any workplace measures to encourage employees to follow a healthier lifestyle that involves increasing physical activity and eating healthier meals and snacks. We support any funding mechanism that supports scientifically certified and measurable preventative health programs in the workplace including building and work place design to incorporate "physical activity" zones for people to walk, climb stairs or work-out in a work sponsored gym.

Companies will also benefit because, as employee health and fitness improves so does productivity by reducing the number of sick leave, improvement in morale and the decrease of work related depression and stress.²²

Health and life/income protection insurance companies to consider encouraging their clients to follow a healthy lifestyle.

Health and income protection insurance is a way to protect a person and his or her family in times of poor health and can cost a family a significant amount of money for premiums each year. Some companies may refuse cover or load a premium if that person falls into a high BMI category. To help reduce premium rises insurance companies could consider providing monetary incentive to people who follow a healthy lifestyle and have lower health risks. This may have a positive effect on the Consumer Price Index as health insurance costs are factored in determining the CPI.²³

Supporting health and fitness programs in schools.

Rates of childhood obesity in Australia are at one of the highest amongst developed nations where 25% of Australian children are currently overweight or obese, a significant increase from 5% in the 1960's. Childhood obesity has been increasing over the past 10 years and it is important that this trend is reversed to prevent the onset of weight related medical conditions.²⁴

We support any attempt to measure and assess each secondary student's health and fitness status and the development of eating and activity plans for that student. Activity and nutritional based health programs should decrease the number of teenagers developing childhood obesity and with it early onset of medical disorders such as type 2 diabetes and cardiovascular disease.

Conclusion

To effectively prevent and manage obesity, it is essential that the primary health care, public and private sectors are supported to provide evidence-based care weight loss programs tailored to an individual and their lifestyle.

To achieve this, Healthy Changes recommends:

A funding mechanism (via Medicare Benefits Schedule item numbers) to enable general practice to provide overweight and obese patients (BMI 25 and greater) with GP approved weight loss and preventative health programs managed by the GPs through accredited practice nurses and/or GP referred allied health professionals.

General practice to promote annual check-ups involving BMI, blood tests and lifestyle assessments for patients (considered at risk) over 30 years of age to determine risk of developing obesity and related medical conditions and provide intervention programs for these at risk patients.

To provide a funding mechanism to provide support of public and private sectors to develop and deliver weight management solutions to both the workplace and the community.

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