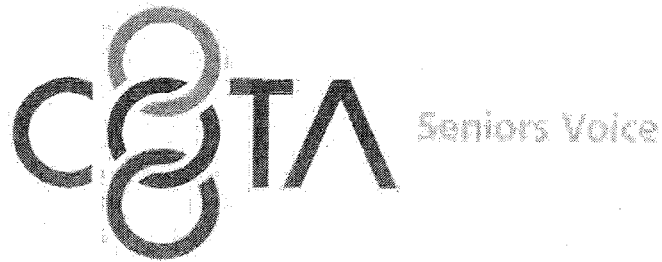


Submission No. 89

(Inq into Obesity)

JE 18106/08



Enquiry into Obesity in Australia

House of Representatives

Standing Committee on Health and Ageing

Response from COTA Seniors Voice (Council on the Ageing SA)

June 2008



13 June 2008

Mr Steve Georganas MP
Chair
House of Representatives Standing Committee on
Health & Ageing
Parliament House
CANBERRA ACT 2600

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Dear Mr Georganas

Enquiry into Obesity in Australia

COTA Seniors Voice welcomes the Standing Committee on Health and Ageing "Enquiry into Obesity". The consequences of overweight and obesity for the whole community has been recognised as being a significant public health issue for a number of years. Understandably, much interest and research has centred on obesity in children and young adults. However the crisis facing us immediately and in the future is that nearly one third of pre-retirement males are currently obese and 30 percent of women aged between 65 and 74 are also obese. As the population ages these figures will increase significantly. Chronic disease and disability will create mounting pressure on health and community resources. Action targeted at older people is needed now.

Our submission highlights a number of key issues concerning the impact of obesity on older people.

COTA appreciates the opportunity to provide input into this enquiry. We would be pleased to provide additional information on any aspect of the submission and to make a presentation to the committee, if this would be useful.

Yours sincerely

Ian Yates AM
Chief Executive

Enquiry into Obesity in Australia

Terms of Reference

The Committee will inquire into and report on the increasing prevalence of obesity in the Australian population, focusing on future implications for Australia's health system. The Committee will recommend what governments, industry, individuals and the broader community can do to prevent and manage the obesity epidemic in children, youth and adults.

COTA Seniors Voice

COTA Seniors Voice is the peak organisation for older South Australians and is recognised as a strong and effective organisation which provides significant leadership on ageing issues at state and federal levels. COTA has both individual and organisational members jointly providing a membership base of around 85,000 older South Australians. In addition COTA SA has 80 associate members who are aged care providers, local government bodies, health units and other service and educational institutions.

Summary of Response

Older people are particularly affected by the national obesity epidemic with the prevalence of obesity being around 25-30% among people approaching retirement.

The likely health consequences of obesity for older Australians are premature death from life-threatening diseases such as cardiovascular disease and diabetes and debilitating conditions that impair quality of life. Obesity has significant impact on the chances of the obese older person becoming disabled. This has implications for health care costs, for aged care services, and for carers and their wellbeing.¹ Direct financial costs to the Australian economy and the Australian health system include the cost of running hospitals and nursing homes, general practitioner GP services, specialist services, pharmaceuticals and other direct costs.

Other financial costs are those that are not direct health system costs or are intangible costs – the loss of health and wellbeing and the devastating impact on immediate and extended families. They include employment impacts, absenteeism and taxation revenue impacts, as well as the economic cost of care and of aids, appliances and home modifications.² The increased need for carers will remove opportunities for older people to remain in the paid workforce and place further strain on an already unmet need for skilled workers and carers.

¹ 'Older Australia at a glance' Australian Institute of Health and Welfare, Department of Health and Ageing 2007 p56

² The Economic Costs of Obesity Report by Access Economics to Diabetes Australia, October 2006, p53

Much emphasis in research and information has centred on obesity in children. COTA supports these initiatives as it is clear that damage begins earlier in life, in young adulthood and middle age.³ The ongoing effects of this damage manifest in later life with an increasing number of older obese people. This is of particular importance in South Australia where by 2051 almost 31% of the population will be over 65 and the over 85 population will have increased four fold.⁴ The rest of Australia can also expect by about 2051 that for the first time in our history the number of people over 65 will outnumber children under 15. Some estimates suggest this figure may be reached as early as 2012 in South Australia and 2019 in Australia as a whole.⁵

Baby boomers, those born from late 1940s to mid 1960s, are over-represented in obesity statistics. If the level of obesity is not reduced it will compromise their ability to remain in the workforce and will lead to increases in per capita demand for health services in old age. In 2003 the direct cost of obesity nationally was estimated at \$1.3 billion per year. In 2006 the cost estimate was \$3.77 billion per year.⁶

Obesity is greatest in disadvantaged groups. The greatest risk factor for poor health and the complications of obesity – cardiovascular disease, kidney disease and diabetes – exists in people from disadvantaged background. The poorer you are the more likely you are to buy cheaper, high kilo joule foods that stretch the dollar further.⁷ People 65 and above have the lowest incomes in Australia. For pensioners who rent their homes and rely on public transport, basic necessities - such as nutritious food - become impossible to afford.⁸

A key factor in reducing the risk of obesity is life-long physical activity as a core part of each person's lifestyle. The availability of open space, access to public transport, urban design that encourages walking and easy access to shops and parks, lighting and security, are all factors in encouraging older people to move out into their neighbourhood, to be active. The spin-off from this activity is a closer connection to neighbours and community that would also address isolation amongst older people as well as ensuring better health outcomes.

³ Daviglius ML, Lui K, Yan LL, Pirzada A, et al. Relation of body mass index in younger adulthood and middle age to Medicare expenditures in older age. JAMA. 2004; 292:2743-2749

⁴ Population Projections, Australia 2002-2101, Australian Bureau of Statistics, 2005

⁵ Improving with Age, Our Ageing Plan for South Australia, Government of South Australia, 2006

⁶ The Economic Cost of Obesity Report by Access Economics to Diabetes Australia, October 2006

⁷ Professor Garry Jennings and Professor Kerin O'Dea, "Rich pickings for the slender" The Australian, June 2, 2008, p 8

⁸ COTA Over 50's Submission, Senate Community Affairs Committee Inquiry into the Cost of Living Pressures on Older Australians, August 2007, p10

COTA believes that a well-funded and co-ordinated program of action to address obesity and related chronic disease in older Australians must include:

- Long term prevention strategies that encourage physical activity and good nutrition
- Programs that are affordable and accessible targetting older people
- Food labelling and education.
- Industry involvement in reducing obesity in older people
- Urban design that encourages and supports walking and physical activity
- Increase in the base rate of the age pension that allows older people to buy nutritious food, such as fruit and vegetables, which are expensive and overlooked in a low income environment
- Affordable, flexible public transport that enables older people to access exercise programs, shops, support groups and community activities.

Recommendations:

- **Long term prevention strategies that encourage physical activity and good nutrition**

Negative stereotypes of ageing depicting frailty, passivity and dependence, especially in the media, encourage low expectations of older people. A national focus is needed to create a positive perception of ageing and to address ageism.

Being active, independent and connected to community is part of healthy ageing and a positive goal for all Australians. People are often unaware of the connection between participation in physical activity and health and wellbeing as they age. Many have never participated in physical activity and think they are too old to start; they are unaware of opportunities and alternatives for participation in their local area.

COTA Seniors Voice recommends a population-based public health strategy to promote life long physical activity among all Australians, particularly for older people. Positive images of older people, participating in physical activity, encouraging and celebrating the continued contribution they make to their communities and to society will provide incentives for older people to engage in positive measures to reduce the risk of obesity.

- **Oral health as part of overall health program**

Oral health is a major factor in maintaining good nutrition levels for all Australians. However, older people with dental caries, gum disease or poor fitting dentures are more likely to select foods that are comfortable to chew. Their diets are often low in fruit and vegetables and they tend to eat soft foods such as sweet biscuits, soft bread, and sugary liquids. Unbalanced diets can lead to obesity with underlying malnutrition. Affordable, accessible oral health services that focus on prevention as well as treatment are needed for older people.

- **Programs that are affordable and accessible that target older people**

As obesity develops over a long period of time, weight loss and exercise programs that target pre-retirement workers in their early 50s need to be introduced in the workplace. Preventing weight gain in middle to later age brings many health benefits.

A large percentage of older people are on fixed incomes and cannot afford to participate in sport and recreation opportunities that require a significant outlay. This is particularly evident when the costs occur all at once, such as obtaining club membership and purchase of equipment and clothing even before they get started.⁹

Well-funded and promoted physical activities that are easily accessible, are either free or at minimal cost and cater for individual needs are needed now.

Obesity reduction and prevention programs need to involve multidisciplinary teams that include a range of professionals who are trained to address the psychological and behavioural aspects of obesity. Many older people who are isolated and have little access to funds need to be connected with health professionals to assist them to address this problem.

- **Urban design that encourages and supports walking and physical activity**

Town planning prioritises the needs of motorists above those of pedestrians and cyclists, meaning that in many places walking and cycling are unpleasant or dangerous. Local neighbourhoods are often portrayed in the media as unsafe not only for children but for older

⁹ 'Targeting mature age participants' Office for Recreation and Sport, Government of South Australia 2004.

people. Insecurity and fear has caused many older people to remain in their homes and not venture out into their communities.

Urban spaces need to promote healthy travel and recreational activities. Open spaces that are well lit, user friendly and easily accessible, that are well connected with walking paths and cycle ways, provide passive and active exercise spaces and safe and pleasant areas for physical exercise need to be integral to urban design.

A health impact assessment which takes into account physical activity aspects needs to be completed for all planning proposals. Transport policies need to be developed that focus on increased mobility for older people and that ensure that public spaces are adequately served by accessible, affordable public transport.

- **Increase in the base rate of age pension that allows older people to buy nutritious food, such as fresh fruit and vegetables, which are expensive and often overlooked in a low income environment**

Price is a key determinant in choice of foods purchased. Research in the United Kingdom suggests that cheap food is the priority for consumers using supermarkets and that a shopping basket of 'healthier options' was 51% more expensive than a basket of standard processed food.¹⁰ With the demise of the corner store, supermarkets are often the only food shopping choice for older people.

The single pension is currently \$546.80 per fortnight and the couple pension \$456.80 each. From this the many pensioners with no additional income need to meet all their costs – including housing, energy, transport, clothing, utilities, recreation – as well as food. With costs increasing in many areas as well as food, this places greater pressure on the budgets of older people on fixed or (in real terms) diminishing incomes.

COTA hears from members many instances of pensioners not having bought meat for some years due to the high cost. Over recent years COTA has called for a review of the adequacy of the Age Pension and an immediate interim payment of \$1000 per annum to continue until the review outcomes are implemented. In response to this and the concerns of pensioners themselves, the Commonwealth Government has recently announced the Henry Review which will include a review of pension and retirement incomes. They have not, however, addressed the need for immediate financial relief for pensioners.

¹⁰ House of Commons Health Committee, Obesity, Third Report of Session 2003-04, Vol 1, p38

Single pensioners are particularly at risk of eating poorly as their pension does not stretch as far as that of partnered pensioners. COTA has called for an increase of the single pension from just 60% of the partnered pension rate, to two-thirds of the partnered pension. We will be watching the outcome of the above-mentioned Commonwealth Government review with interest.

- **Food labeling and education.**

Food labelling, a key tool to help people choose healthy foods, is frequently either confusing, illegible or absent. Simplifying the labelling, providing easy to read labels and having a national identification system such as the National Heart Foundation 'healthy red tick' can assist in identifying foods lower in fat and sugar, or higher in fibre. Many older people are unaware that sugar, salt and fat content in processed food can be represented by a number of entries (e.g. sugar can be sucrose, fructose, dextrose etc) making it difficult for people to choose healthier food. Labeling that alerts the consumer to the calorific content of food and how much physical activity would be needed to use up those calories would also be beneficial. Education programs through media, community and local medical clinics will give older people the opportunity to be more aware of aspects of 'healthy lifestyle' including physical activity, and healthy eating habits. Innovative initiatives aimed at older people that encourage healthy alternatives to calorie rich, nutrient poor foods need to be developed.

- **Industry involvement in the reduction of obesity.**

The food industry can play a major role in promoting healthy food choices. While governments can commit to delivering a "nutritious food and healthy lifestyle" message, the food industry has a heavy investment in promoting the opposite message. While governments may consider restricting advertising of unhealthy food to children, the rise in obesity in middle to older age people suggests that advertising of healthy food options needs to be addressed for the whole population. A balance needs to be achieved between the advertising of nutritious food and the advertising of unhealthy food. 'Healthy' versions of foods with reduced calories and fat must be made available at an affordable price. The food industry needs to become part of the solution.

- **Affordable, flexible public transport that enables older people to access exercise programs, shops, support groups and community events.**

A survey of over 1,000 older people in South Australia in 2007 found that the availability of accessible, flexible and affordable public transport was rated as one of the top five issues influencing the quality of life of older people.¹¹

As people grow older, their reliance on public and community transport increases. They are dependent on these services to access medical care, shopping and community involvement. Without accessible, flexible and affordable transport older people become isolated, with less ability to move around their communities and to access physical activities and facilities.

State and Federal health departments need to be involved in the planning of public and community transport to maximise access for older people. Obesity costs impact on all levels of government and the response needs to be across all government departments and agencies. It is in the interest of all governments that older people are able to remain active to reduce the risk of weight gain and potential obesity.

Conclusion:

Obesity is a complex and challenging issue. Older people are over-represented in current and projected levels of obesity. Should the trend to overweight and obesity continue as predicted, governments will struggle to meet the health and economic costs of the effect of obesity on an ageing population.

Investment in prevention at the early stages of ill health resulting from obesity, and in rehabilitation for older people is as effective and cost beneficial as investment in early intervention and treatment for younger adults.

The contemporary environment contributes to obesity by encouraging sedentary lifestyles, cheaper 'convenience' foods, reduced participation in community life and 'user pays' systems that disadvantage the poor and the marginalised. Older people and pensioners are particularly at risk.

¹¹ COTA SA, Home and Community Care Consultation, 2007

Policies aimed solely at individuals are inadequate and small-scale interventions are not enough to reverse this trend. The current prevalence of obesity in the population has been at least 30 years in the making. This will take time to reverse and it could be decades before significant reductions in the associated diseases are evident.

We need holistic and sustained efforts including promotion of healthy diets, redesign of urban environments, education, counseling and support; we need improvements in transport, facilitated community engagement and increases in pension rates. The rising societal pressure to live unhealthily - either through the consumption of energy dense foods or adopting a sedentary life style - presents individuals as well as governments with significant challenges.

Meeting the challenge of overweight and obesity now and into the future requires a long-term, large-scale commitment. Governments — local, state and federal — should commit to improving opportunities for exercise in a safe environment. The challenge of eliminating obesity requires strong leadership by our politicians as well as partnerships involving government departments of health, sport, education, agriculture, urban planning and transport, the pharmaceutical industry, the media and the food industry.

A cross government approach is needed that looks at public health and obesity in broad terms - that understands the treatment of existing obesity, particularly in our middle age and older men and women, and the prevention of future obesity.

COTA Seniors Voice looks forward to working with governments to achieve sustained improvement in health and wellbeing for older Australians

June 2008