



HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

The role of diet in type 2 diabetes prevention and management

Submitted to the Education and Health Standing Committee:

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Introduction

The Health Consumers' Council (WA) Inc. was established in 1994 with the purpose of giving a voice to health consumers in Western Australia and improving health outcomes by encouraging and supporting consumer engagement and involvement in health services.

In 2018 HCC received a grant from the Department of Health and the WA Primary Health Alliance to engage consumers and gather stories of people's experiences of taking action to lose weight.

We undertook an online survey "Is weight a weight on your mind?" and received 748 responses. We also held a number of focus groups and provided opportunities for people to share their stories via an online form, and to contribute to an online brainstorm process. Our responses to this inquiry are based on the feedback gathered during that process.

The adequacy of prevention and intervention programs

Many people regularly make multiple efforts to lose weight with many people reporting trying lots of different approaches

The people we have heard from have overwhelmingly identified the need for a different approach to supporting people to lose and manage their weight.

Of our our survey "Is weight a weight on your mind?", over 66% of respondents had taken action to lose weight more than twice in the last 12 months, and over 41% of respondents had taken action more than five times in the same period.

Most people use diet and/or exercise to manage their weight. A significant number of people do not experience success with their efforts to lose weight.

When asked what strategies have been tried to manage weight, the two most popular responses were diet (80%) and exercise (70%). Meal replacements were the next highest response (34%).

Just over 25% of respondents reported that their strategies to lose weight had not worked at all. Just over 20% reported that they had maintained their weight loss for over a year. Just over 22% of respondents said it was too early to call.

When asked what helped in their weight loss efforts, changing food habits and exercise were the most common responses. Social support was the next most cited response, followed by surgery and programmatic interventions (pay for service organised programs such as subscription services). However, "nothing helped" was cited more frequently than surgery or programs.

When asked what hasn't helped when trying to lose weight, the most cited response was dieting.

Social, cultural and behavioural factors in healthy eating

A number of overarching themes about the social, cultural and behavioural factors in healthy eating have emerged from our engagement with consumers:

- people’s reasons for being overweight can be complex and individual to them. Many people who are overweight have tried multiple approaches to losing weight, often with little success.
- this can be difficult for the health system to respond to because it’s difficult for individual health professionals to have enough time to get to know people (patients/consumers) as individuals and tailor a care response that meets people’s individual needs
- affordable options for people who would like to lose weight are either not available, or are not widely understood in the community. Cost and affordability was mentioned by a high proportion of the people we spoke to.
- many people who’ve interacted with a health professional about their weight have found the experience unhelpful in their efforts to lose weight. This seems to be function of the health professional having insufficient time to spend with the person, as well the health professional’s lack of knowledge about the range of different options that might be available to support someone with their weight loss efforts
- there is a lack of definitive reliable information about “what actually works” for weight loss AND people need help with implementation of evidence-based approaches.
- stigma, shame and other psychological factors can act as barriers to people seeking or getting support they need and would find valuable – this both prevents people from seeking help and prevents the support that is offered from being effective
- a number of people expressed surprise that no health professional had ever mentioned their weight to them, despite it being obvious that they were overweight. There were varied views about how those conversations could take place. Meeting the person “where they are”, and taking the time to find out what has worked for them in the past was considered a useful approach.
- a number of people commented that finding the “right” health professional to work with was challenging, but that it is very valuable when they found that person. A key element of being the “right” person to work with was the ability of the health professional to be on the same level as the person losing weight and work “with” them, rather than being detached and appear to be “handing down” advice and directions.
- many people believe there is a strong psychological element to their eating and exercise habits. A number of

“The health system needs to validate difference and that people will want and need different things on their weight loss/being healthy journey”

“I don't know [what the health system could do to help], I have no hope at this stage.”

“I feel like the staff had little time to get to know my daughter or me, or consider our particular circumstances. The information we were given seems to be driven purely “by the numbers”.”

“...I am on a disability pension so access to organizations such as gyms and other groups is a restriction for me”

“I’ve mentioned my weight to my GP on various occasions and have received a cursory reply as I think there is a sense of them being as helpless as the patient.”

“Most... people know what’s good for [them]... but it’s just too hard to keep going with it with everything else you have going on in your life.”

“Due to my lack of success, I feel too ashamed to seek help anymore.”

“Nobody brings it up. I was 140kg but no-one mentioned it.”

“You feel like a number... you want to be with like-minded people in a friendly environment.”

“I spoke to my GP [about trying a particular diet] and she said “we can do that together””

“it’s really difficult when you’re cooking for the family and no-one else has any weight issues”

people commented that there is little psychological support available for people who are taking action to lose weight

- the importance of social support was also mentioned – a number of people mentioned how difficult it was to take action to lose weight when other friends and family were eating and drinking normally. Similarly, a number of people mentioned how helpful it was to be part of a social group that were supportive of their efforts to lose weight.
- for a number of people with other conditions, medication is a factor in people being overweight. A number of people commented that they have to make choices between managing their weight and managing their other conditions.
- there may be an opportunity to develop programs which explicitly operate at the level of the family unit – in one program, parents who supported their child to attend a specialist paediatric weight management service reported benefits for their own weight and health habits¹.
- a number of people commented on the value of programs which continued over a period of some time, including for a year or longer. This is in line with findings from the “U.S. Preventive Services Task Force², the expert panel that decides which treatments should be offered for free under Obamacare, which found that the decisive factor in obesity care was not the diet patients went on, but how much attention and support they received while they were on it. Participants who got more than 12 sessions with a dietician saw significant reductions in their rates of prediabetes and cardiovascular risk. Those who got less personalized care showed almost no improvement at all.” This is important when linked to affordability – people may be able to afford a program for a short period of time, but it becomes an issue when they need to keep using the program over many months or years.
- many people told us that would not think of approaching the health system for support with losing weight

“[Using Optifast, as recommended by my GP] was hard to keep up, because it was just me doing it... If I lived on my own, I could have kept it up.”

“...the medication I started taking for my mental health led to me putting on all the weight I had lost...”

“I had to change all of our family’s habits [to support my son to manage his weight]. That took a while to do, but we did it.”

“It’s great to know that we can keep coming to this program. We’ve been coming for 6 months and I’ve started to see significant changes [in my daughter’s habits] in the last two weeks.”

“due to [a] low income [I] cannot afford the costs of joining fitness groups etc to help actuate or maintain motivation for fitness”

“I wouldn’t know what [the health system] has to offer... I wouldn’t think of looking there.”

Across all responses, food is variously described positively as a source of pleasure, comfort, and a social support i.e. eating or drinking with friends. These are powerful levers against changing eating habits in an effort to manage or lose weight.

¹ Optimal Weight for Life Program evaluation July 2018

² <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/obesity-in-adults-interventions1> cited in <https://highline.huffingtonpost.com/articles/en/everything-you-know-about-obesity-is-wrong/> accessed 11/10/18

What do people want? A person-centred approach with psychological and social support

We have heard from people who have taken action to lose weight that they would value:

- a person-centred approach with a non-judgemental staff member who has time and is willing to spend time to really understand their individual circumstances and provide them with tailored information about what might help them, based on those circumstances
- on-going support to help them with their motivation as they take action to lose weight and to help them develop and embed different habits
- this on-going support to include psychological (such as coaching) and social support (from friends, family and other groups) *as well as* information about what action to take.

Health Consumers' Council believes that any planning process regarding the role of diet in type 2 diabetes prevention and management must involve the voice of people who are taking action to manage their weight and their health.

This complex issue would benefit from a holistic person-centred response where public services can be tailored to the individual circumstances of the person.

Please contact the undersigned for any clarification or further information.

Kind regards

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