Queensland
Clinical Senate

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Every K over is not Okay—Putting the brakes on obesity

31 July 2015

Meeting report

Brisbane Convention Centre, Queensland

Queensland Government

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Meeting facilitator - Dr Norman Swan, ABC Radio National's Health Report and ABC News24's Tonic producer and presenter

Summary

One in four (25 per cent) Queensland children are overweight or obese. Two in three (65 per cent) Queensland adults are overweight or obese. Obesity has reached crisis point in this state.

The health implications associated with obesity are undeniable. The incidence of chronic disease, diabetes, stroke, heart attack, cancer and bone and joint disorders continues to climb and with it, the threat to the wellbeing of our community.

Despite investment in a variety of obesity prevention strategies over the past two decades, the latest *Health of Queenslanders* report by the state's Chief Health Officer confirms an escalating problem. Overweight has become the 'norm' across our state. On current trends, it is estimated that over 3 million Queenslanders will be overweight or obese by 2020.

It is critically important for the health profession to work in partnership with the community it services in tackling this complex challenge that is directly or indirectly affecting every one of us. Recognising this, the Queensland Clinical Senate has again partnered with Health Consumers Queensland to bring senior clinicians together with consumers and community leaders. We believe this is the first time that a partnership between clinicians and consumers has developed strategies to address the increasing rate of overweight and obesity in Queensland.

One hundred and fifty clinicians and consumers from across Queensland contributed to a very energetic and enthusiastic discussion in Brisbane on 31 July 2015 to determine a new approach to the state's obesity epidemic – the level of engagement and commitment was remarkable. Consumers spoke confidently about their experiences with the health system and provided excellent insights into forward strategies that need to be championed by all of us.

We don't pretend to believe that we are going to solve the obesity epidemic overnight but we recognise the importance of getting started now. We understand this is a long-term challenge that requires a multifaceted and system-wide approach.

By raising awareness of the problem, identifying strategies that can have an impact and demonstrating leadership, we can drive a prevention and intervention agenda for our future generation. We must all step up and take responsibility.

Dr David Rosengren
Chair
Queensland Clinical Senate

Mark Tucker-Evans
Chair
Health Consumers Queensland

Recommendations

Without an urgent commitment to obesity prevention, our next generation of Queenslanders will have a lower life expectancy than their parents for the first time in modern history.

- **There must be a strong whole of government commitment in partnership with consumers, to limit age-related weight gain in adults and support healthy growth for children**.
- **Evidence and expert advice highlights the need for a systems approach to obesity prevention.**

The Queensland Clinical Senate and Health Consumers Queensland recommend:

1. The establishment of a health system cross-jurisdictional* taskforce, Chaired by Queensland's Chief Health Officer and inclusive of consumers, to identify, develop and oversee the implementation of obesity prevention strategies. We propose the taskforce:
   - Deliver an action plan within six months
   - Appoint an ambassador to champion obesity prevention.

2. Hospital and Health Services create an environment within public healthcare facilities that actively promotes and models the importance of healthy weight and lifestyle by:
   - Removing high sugar and soft drinks from health care facility cafes and vending machines; and
   - Committing to implementation of healthier food choice strategies.

3. Health professionals and consumers must promote and support acceptance of monitoring weight as an expectation (a vital sign) of healthcare delivery within the community. This must be supported by:
   - Development and dissemination of scalable brief interventions that must:
     i. Be promoted to consumers when identified as being at risk/or as overweight/obese
     ii. Provide a clearly articulated pathway and supporting tools that are consumer focused, culturally, age and locality appropriate.
     iii. Have appropriate mechanisms to evaluate their effectiveness.

   Consideration should be made to incentivising Hospital and Health Services to identify at-risk consumers and make referrals for appropriate/accessible brief intervention programs such as those available through **13HEALTH**.

* Cross-jurisdictional includes private and public health, acute and public health in QLD.

Guiding Principles

Strategies to limit age-related weight gain should:

- Include consumers as active partners in the design, development and implementation of policies, plans and pathways
- Enable consumers to be active participants in their healthcare (by providing knowledge, tools and individualised support that is culturally appropriate)
- Enable clinicians and health service staff to be active participants in their own personal preventative healthcare and better support consumers on their journey
- Recognise that a one-size fits all approach will not work and that multiple pathways and strategies need to be implemented that reflect the geographic and cultural diversity in Queensland
- Support the collection, reporting and use of data/information and systems to evaluate the effectiveness of programs/pathways and inform future directions/investment
- Use messaging that is simple, concise and consistent across jurisdictions.

What's next?

The Queensland Clinical Senate will continue to partner with Health Consumers Queensland to ensure the recommendations from the forum are accepted so the necessary work to start putting the brakes on obesity begins immediately. Part of this work includes identifying where the responsibility for this work sits, who is accountable for its progress, the measures that will evaluate its success, and the funding/resources that need to be found to prioritise this work.

What is overweight and obesity?

- Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health.
- A crude population measure of obesity is the body mass index (BMI), a person's weight (in kilograms) divided by the square of his/her height (in metres).
    - A BMI between 18.5 and 25 is considered a healthy weight A BMI equal to or more than 25 is considered overweight.
    - A BMI of 30 or more is considered obese.
    - Children: a BMI at or above the 85th and lower than the 95th percentile is considered overweight, and a BMI at or above the 95th percentile is obese.
- The optimal range for healthy BMI may differ according to age, gender and ethnicity.

Consumer Perspectives

Elsie Seriat inspires community to get active

When Elsie Seriat, a Torres Strait Islander from Thursday Island, first set out to lose weight, she tried everything from diet shakes to boot camps. Nothing worked.

That was until she came across Robert De Castella's Indigenous Marathon Project (IMP).

'When I heard what Rob had done for young Indigenous Australians around the country, I chose to be part of it because I wanted to be a change in my community,' she said.

The IMP gives Indigenous men and women the opportunity to run the New York, Tokyo and Boston marathons, inspiring communities to live healthy, active lifestyles. Elsie is the 39th of 43 IMP graduates to complete the project since it started in 2010.

When she started training she weighed 94kgs and struggled to run 3kms. Seven months later she weighed 73kgs and successfully completed the 42km run.

'The ripple effect within the community is awesome – everybody is being active.' Elsie Seriat

Make yourself a priority – Debra Elliott

Obesity crept up on Debra Elliott and while she knew she had to lose weight the motivation wasn't there.

Both of her daughter's weddings came and went – she didn't slim down. She had become comfortable and too busy doing other things and looking after everyone else.

Debra's turning point was when she was diagnosed with type 2 diabetes and told she'd probably been living with it for 10 years.

With medication she felt like a new person, but was told she had to lose weight and exercise to keep her blood sugar levels down.

'Weight loss and improved fitness call for you to become a bit selfish … nothing is as important as saving yourself from a health crisis,' Debra said.

Debra joined the Get Moura Moving project and has consistent lower blood sugar readings as a direct result of weight loss and exercise.

'I would never have considered I would be going to a gym on a regular basis – it is empowering. Having a handle on your own situation is vital.'

Weight loss is ongoing journey for Renée Tongia-Royle

Two years out from her 30th birthday, Renée Tongia-Royle a Tongan Australian, weighed upwards of 165kgs.

Through diet, exercise and emotional fortitude, she lost 80kgs to achieve her lightest weight in years and stood proud at 85kgs at her 30th birthday celebrations.

'I come from three very big families and every single person has struggled in some significant way with their health and I am no exception,' the mum-of-two said. 'When I lost all the weight I felt like I was 6ft tall and bulletproof.'

'In the two and a half years after my birthday things changed - I faced challenges in my marriage and lost two important people in my family. Because those challenges were unchartered territory for me I went back to my old habits and gained a bit of weight.

'What I realised was that I had forgotten what I had learnt in the very beginning - that my mind was really where I needed to be focusing my energy.'

Renée, 32, says obesity is a cycle – obese parents are having obese kids because they haven't been able to break the cycle. She believes it comes down to taking responsibility for ourselves.

Rural and personal challenges hinder Karen's weight loss

Karen Berry makes no bones about admitting that she is grossly overweight.

The St George resident believes she 'has succumbed' to obesity for classic reasons:

- Age - at 55 she is perimenopausal.
- Disability – she has various impairments that impact her ability to exercise.
- Quitting smoking – she has experienced metabolic and dietary changes since giving up smoking about seven years ago.
- Stress – she is recently divorced and experienced the 'trauma' of starting a new life.
- Remote locality - there are far fewer resources for tackling obesity in a remote town.

So, what can be done?

Karen believes it would have been beneficial to have had strategies to prevent weight gain after quitting smoking and to cope with the stress of a marriage break up.

'Being placed on a diet and fitness regime immediately after quitting smoking ….. could have helped me off the obesity slide.' Karen Berry

The obesity epidemic: Wicked solutions need systems thinking

Professor Boyd Swinburn,

Director WHO Collaborating Centre for Obesity Prevention, Deakin University

The advance of obesity

- Obesity escalated in the 1970s with the globalisation of the food industry. Food became cheap, more processed, readily accessible and highly promoted.
- The globalisation 'landed' on different countries and populations at the same time but affected them differently depending on their environments.
- Variation explained by economic environments, physical environments, culture and how willing we are to regulate markets – the more unregulated the more obesity.
- Obesity rates in all countries are on the rise - some are increasing steeply (e.g. Samoans/Tongans), while others more slowly (e.g. Japan/Korea).
- The rise in obesity has happened in all age groups at the same rate.
- At such a high rate of overweight and obesity, a mass weight loss approach to the epidemic may not be sustainable.
- More likely to see a large cohort effect. Wealthy young girls will be the first group to get out of the epidemic.
- Widening of disparities as epidemic slows. Specific interventions must target those living in the most deprived areas.

What needs to be done?

- Take a **systems approach** on everything as opposed to a set of programs.
- Prevention as a system doesn't actually sit within health but it includes areas such as urban planning, agriculture, education, housing and social services. It is the orientation of non-health systems towards being health-promoting which will create a true prevention system. Any sustainable, scalable solutions for obesity must automatically take a multidisciplinary, systems approach.
- Most 'prevention' occurs 'front of house' e.g. service delivery, programs and policy. To build a solid system we need to look 'back of house' at leadership and governance, information and intelligence, finance and resources, networks and partnerships, workforce development and health in all policies.
- We need to reframe to gain wider 'movement' and support; increase accountability; engage the clinical health systems and link with public health / community actions, and measure and monitor.

Specific Policies

- Institutional role modelling. If hospitals, schools and sport venues educate about healthy eating yet sell junk food, the education will not work.
- Healthy Food labelling – the need for industry to get the Health Star ratings onto foods.
- Health in all policies – South Australia has been a pioneer in this.
- Advocacy for national policies such as restricting junk food marketing to kids and introducing taxes on sugary drinks.

'A set of major policy drivers and multiple small systems changes are needed to reduce obesity.' Professor Boyd Swinburn

Lessons learned from experiences so far

Short interventions

- Success with smoking, alcohol and physical activity, however there have been unsuccessful experiences with obesity.

Referral systems

- Weight Watchers achieves about twice the weight loss compared with primary care (5kg versus 2.3kg) over a year. The weight is regained after five years but that period of lower weight actually has a long-term beneficial health effect.
- Diabetes prevention programs–evidence shows that done intensively it can reduce by 50 per cent the conversion to diabetes.

Monitoring, measuring and providing feedback

- Measuring children as they touch the system, plotting it and showing it to parents with feedback, along with measuring adult weight is an area for potential success.
- Measurement is action, particularly if you build systems around it. If it is routine like blood pressure you raise awareness and it's accepted as normal practice.

Programs

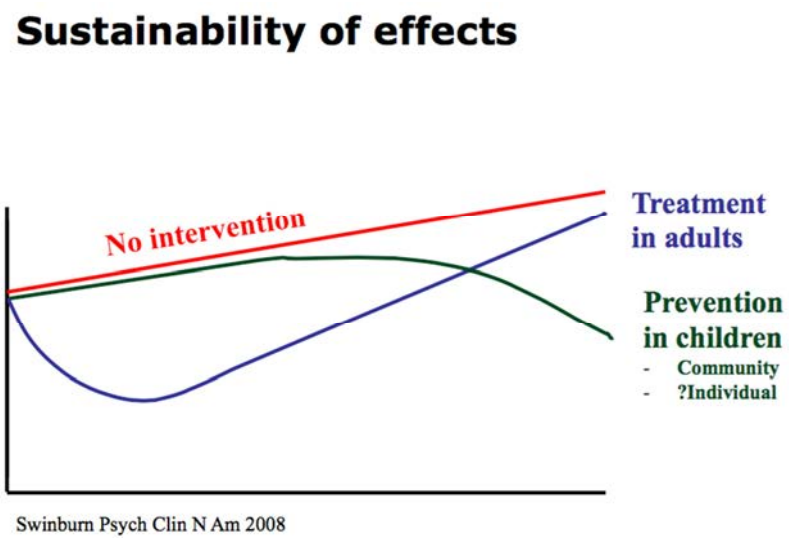
- MEND (Mind, Exercise, Nutrition … Do it!) empowers children and adults to become fitter and healthier. Wide uptake in a number of countries. Data released in July 2015 show improvements in all outcomes except BMI.
- Positive Parenting Program (PPP) is a family-based intervention for children with obesity. Evidence over 12 months of BMI reduction.

Healthy Together Victoria – a systems approach case study

- Demonstrated the phenomenon of 'Infecting' communities with the 'prevention virus' - world leading.

Why prevention?

- Most studies of clinical intervention in adults show the same result of initial weight loss and a return to original weight in five years.
- The prevention approach takes some time to take hold but once it is in place and the norms change, it escalates. Smoking is an example of this – once it becomes a cultural norm it feeds off itself.



Queensland: The facts and our future

Dr Jeannette Young, Chief Health Officer

- The health of Queenslanders is improving overall and our life expectancy is high - Australia is 4th in the world after Switzerland, Iceland and Japan –this gives us a great base to start from.

But

- When it comes to obesity, we are the fattest state in Australia and Australians are one of the fattest populations in the world – we are in the top five of the most obese developed nations.

Queensland's obesity problem

- More than half of the Queensland population from birth through to death is overweight or obese.
- Two in three adults and one in four children (2.5million Queenslanders) are overweight or obese.
- Queensland has the highest rate of obesity in the country and it has increased markedly over the past 20 years. The rate of self-reported obesity has more than doubled.
- The average Queensland adult has gained 4kg or more in a decade and there has been no change in height.
- In young adulthood there is a steep rise in obesity.
- Every year young men are gaining an average of 1.1kg and young women are gaining 0.7kg.
- By middle age we reach peak weight with three-quarters of men being overweight or obese.
- The average middle age man weighs 90kgs.
- If you are overweight you need to lose on average 7kgs, and if you are obese you need to lose 28kgs, but even small weight losses will bring health benefits.
- We need to eat more vegetables and fruit and improve our eating habits.
- Irrespective of our obesity epidemic, less than 10 per cent of Queenslanders are eating sufficient vegetables each day.
- Young men (19-30 years) consume around six cans of sugary drink and alcohol a day.

Did you know?

20 per cent of 4-8 year olds and 1/3 of all children aged 9 and over drink soft drinks?

The average can of soft drink contains about 8 teaspoons of sugar. Swap the soft drink for water - small changes can make a big difference.

More likely to be obese:

- Males - 50% more likely to be overweight.
- Older people - twice as likely to be overweight or obese.
- Low SES - 80% more likely to be obese.
- Indigenous - 40% more likely to be obese.
- Remote populations - 50% more likely to be obese.
- Outside South East Queensland (SEQ) - Obesity rates higher in majority of Hospital and Health Services (9/11) outside SEQ.

'I think obesity is the biggest challenge for this century for the world and definitely for Queensland.' Dr Jeannette Young

2014 survey highlights

Every year Queensland Health surveys a significant proportion of the state to obtain data to help with programs and planning.

- 80 per cent of obese adults said they knew they had a weight problem.
- 74% of young, overweight males thought their weight was absolutely fine.
- Half of young overweight females thought they were an acceptable weight.
- Almost all obese adults thought they would be healthier if they lost weight; 20 per cent didn't think so.
- But overweight males, particularly 18 – 29 years and over 65 didn't think so.
- Nearly half of young, healthy weight women thought they would be healthier if they lost weight.

What has been done in Queensland?

- Healthier. Happier website http://healthier.qld.gov.au
- Healthier. Happier. Workplaces encourages employers to focus on the health of the workers.
- 10,000 Steps and Heart Foundation walking programs.
- Jamie's Ministry of Food program encourages health literacy and cooking skills.
- Need for Feed after hours cooking program for years 7 to 10 in public and private schools.
- PEACH - free program for families with a child aged between 5-11 years whose weight is above what is recommended for their age.
- Get Healthy information and coaching service is a free, confidential telephone service to help people make healthy lifestyle changes.
- Promote the national Health Star Rating for packaged foods.
- Legislation for kilojoule labelling on fast food is planned for introduction.

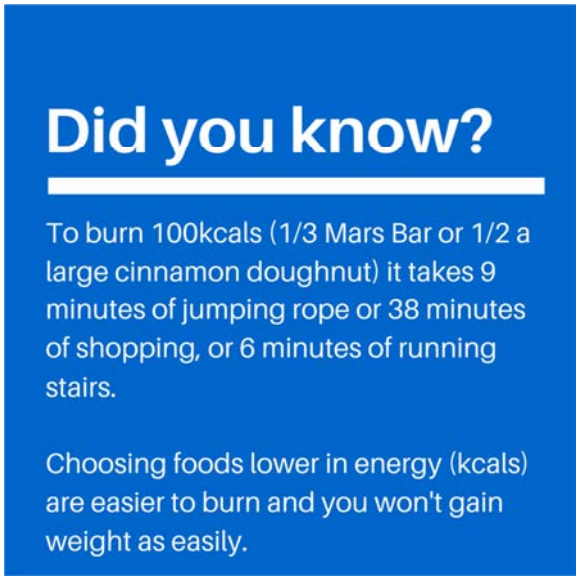
General Practice perspective

Dr Eleanor Chew, RACGP

- Lifestyle risk factors are common among patients attending general practice.
- Of adult patients attending general practice in 2013–14:
  - 62.7% were overweight (34.9%) or obese (27.8%)
  - 23% drank 'at risk' levels of alcohol
  - 3.5% were daily smokers.
- These lifestyle risk factors can be associated with many diseases and compound the risk when co-existent.
- 85 per cent of the Australian population consult a GP at least once a year placing the GP in a key position to deliver preventive health care.
- Patient engagement is fundamental to addressing any lifestyle risk factor.
- Doctors address and record blood pressure, cholesterol and blood glucose. Ideally lifestyle risk factors such as smoking, alcohol and weight should also be assessed and recorded.
- The RACGP recommends that Body Mass Index (BMI) and waist circumference should be measured and recorded every two years.

Opportunities in General Practice:

- 67 per cent of patients always see the same GP – this continuing relationship presents the opportunity for regular recording of the patient's weight
- The GP's understanding of each patient's medical history helps to better approach and target effective interventions for that patient.
- Treatment should be individualised with careful consideration given to the severity of the problem and associated complications



- The initial approach to weight loss and lifestyle change should include education with an emphasis on healthy food choices and portion sizes, increasing physical activity and reducing sedentary inactivity.
- Optimal management of obesity in general practice often requires a team approach.

Potential strategies in General Practice:

- Weight as a 'vital' sign is not about weighing and shaming – it's about normalising weight assessment and promoting it as routine and part of ongoing health care.
- Continue to weigh and record children's growth after age 4 to have the early recognition of excessive weight gain.
- Reasonable expectations – modest weight loss can have significant health benefits.
- Encourage people to 'Know your BMI' and weight as part of self-health care.
- NHMRC Obesity Guidelines support GPs to have these conversations.

Selling the pitch – a marketing perspective

Johnathan Drapes, Executive Creative Director, JuniorCru

The battle:

- In 2012 in the USA fast food spent $4.6billion on marketing. In Australia, the spend is estimated at $600million. The fast food spend suggests the obesity money is getting traction.
- Marketing is no longer just television ads and billboards – many more ways to reach and influence consumers.
- Decision to lose weight can open up a battleground of marketing messages.

What is working in media and marketing:

'Gamification'

- Using game theory or game mechanics in a non-game environment. Use of points, competition, rewards. For example, buy 10 coffees get one free.
- It works and is popular in marketing because it gives you fast and frequent feedback and leverages the human need for competition, comparison, status and progress.
- We live in a world of instant gratification – people want feedback now - yet rewards of weight loss take time.

'Hyperpersonalisation'

- More tailored, one-on-one conversation with the consumer is much more effective than television advertising which is trying to be all things to all people.
- Many television ads try to get you online so the company can start building the relationship with you.

What does not work:

- Fear campaigns work when there is an immediate need to so something, but they are not generally effective for longer-term lifestyle behaviour change.

- Facts alone don't work. We are emotional beings and make decisions primarily based on emotion. Facts don't motivate unless combined with a story.
- Authority – the obesity crisis isn't the time or place for an authoritative tone.
- Shaming – people will generally switch off if they are made feel guilty.

Rules of engagement:

- Market to your audience – remove your own thoughts and behaviours.
- Start with the barriers instead of benefits, reasons and facts.
- Make your message simple, relevant and consistent.
- Effort versus motivation – if the perceived effort is too high, the motivation to take action will not be there.

Appendix 1: Panel Discussion

Panel discussions highlighted the complexities and challenges of overweight and obesity prevention.

- Studies suggest weight stigma and bias exists within the health profession and the community. Thinking about people with obesity as having no will power or being slothful has not changed.
- Tackling obesity is not one size fits all across all cultures. In African communities, for example, being obese means healthy and wealthy. The community connects a 'tiny body' with being poor.
- For Pacific Islanders, culture, family and mentality play a big role in health. Mind frame needs to change and communities need to be educated to ask questions.
- Language, lack of knowledge and understanding are barriers. Many consumers do not understand the impact on their body of their unhealthy lifestyle.
- A lot of responsibility rests with GPs to understand every individual and where they are at – are they thinking about weight loss? How far can I push the patient to make a change to a healthier lifestyle?
- Some patients have tremendous difficulties in their lives and not everyone has a mindset and resilience to cope with more.
- All GPs are different: some can take the time to address multiple issues; others work in practices with financial disincentives to go overtime with patients.
- Social contagion is a concept that sees people who are overweight / obese sticking together. It also exists at a community level.
- Messages about high sugar, low-fat, low carbohydrate diets, are confusing.
- Social marketing messages from governments need to be consistent. Where are these messages in comparison to the messages in the magazines?
- Funding for prevention is a challenge when working in an activity-based funding model – Hospital and Health Services don't see their role in prevention. At the moment you get more money if you replace someone's hip than if you provide a dietitian to help that person lose weight so they don't need a hip replacement.
- Discussions are underway about moving towards a population-based funding model.
- The intervention needs to focus on people at a healthy weight and encourage them to continue at that weight. Highlighting the issues with weight gain.
- This is a human issue and the change has to happen at an individual level. One-on-one support is necessary with community champions to help to create the ripple effect.

Appendix 2: Implementation strategies

Forum delegates worked in groups to develop strategies for seven potential areas of implementation.

Weight and waist as a vital sign:

- Establish The 5 Qs for adults to ask their health professional: 'How's my weight, blood pressure, alcohol intake, cholesterol, blood sugar?' Paediatric version: 'How are my child's eyes, ears, growth, vaccination, behaviours'.
- Develop a tool to support initial conversation such as a traffic light system (must be supported by education for clinicians to implement).
- Introduce BMI cards (similar to red books for babies)
- BMI of over 25 should be used by health professionals to flag potential problems.
- Measurements done at all points of contact with the public and private healthcare systems, school nurse or PE facilities.
- Scales available at triage and GP reception, capable of measuring up to 200kgs.
- Waist measurement using disposable tape measure for consumer to keep.

Marketing and normalising weight and waist measurement as a vital sign when you interact with the health system

- Marketing goal – normalise weight as a useful piece of information among other vital measurements.
- Communicate that there will be a new series of health figures that everyone in Queensland will have throughout their life span (starting in childhood) –'Your personal health figures'.
- As a child the measures might be: height, weight, eyes, ears. For adults: cholesterol, blood pressure, weight etc.
- Public message: New way of measuring is coming soon and let them know what they can get out of it (value add). For example, with these figures, we can give you information about your health, energy levels etc.
- Communication with health professionals: 'If you're a health professional it is your responsibility to take the measurements'.

Using opportunities – Moments in care when you can intervene with weight:

- Rural and remote – look at access to services.
- Pregnancy – monitor gestational weight gain. Need for associated guidelines to measure against.
- Mental health – weight gain from anti-psychotic medication shouldn't be seen as a normal side effect. Encourage patients to be active.
- Transition times – when babies are introduced to solids.
- Growth tracking: track weight throughout school with the cooperation of school and health.

- Culturally and linguistically diverse groups.
- Inpatients are a high-risk group. Take a 3-pronged approach by weighing patients at booking or admission; screening health messages on the internal hospital television system; and introduce weight kiosks for patients and visitors to measure height and weight with instant feedback.
- Distribute weight charts to health facilities to stimulate discussion.

Action pathway and partnerships

- Health professionals to initiate contact within communities and not wait for consumers to come to the clinic/general practice.
- Use and expand existing services – no need to reinvent the wheel.
- Health coaches and champions within the community.
- School-based nursing initiative has a nutrition component. Important to engage with this group.

Appropriate incentives

- Environments such as antenatal/mothers groups are an opportunity for important weight messages using incentives such as free products (food) and vouchers to health facilities (exercise).
- Early childhood: incentives for immunisation already exist; can there be some linkage with healthy development and weight gain?
- School aged children: Education Department with engagement from Hospital and Health professionals to normalise activity.
- Address food preparation and food knowledge ignorance through programs such as Jamie Oliver's Good Foundation Cooking program.
- Televise healthy eating programs in health facility waiting rooms.
- Adolescents: activity and healthy eating multi-media messages on Twitter.

Queensland Health walking the talk – leading by example

- Build on successful models such as The Prince Alfred Hospital canteen, which demonstrated that switching to healthy food choices didn't result in financial loss.
- Research - Queensland Health weight loss 'game' including secondary measures such as food frequency questionnaires.
- Staff dashboard of BMI reduction and physical activity across the state.
- Reintroduce 'A Better Choice' for all Queensland Health vending, retail and catering. It should be mandatory and enforced with auditing criteria.
- Give Healthy Lifestyle committees and wellness officers a dedicated budget.
- Introduce wellness KPIs and embed a culture of prevention.
- Top down approach to demonstrate culture of change (healthy lifestyle).
- Children's Health Queensland's staff wellbeing service (including drop in weight clinic run by dietitians) should be mandatory for all HHSs.

Database linked to actions and evaluations

- Queensland Health and other agencies to collect/collate data and send to central register that is linked to a systems outcome. Already happens with immunisation.
- With Queensland Health, incentives have been provided to collect data on smoking cessation and can receive incentives for collecting data and taking action. Could this work for weight?
- Primary Health Networks collect local data as regular process?

Appendix 3: Brief interventions

13 HEALTH and 13 QUIT

- 13 HEALTH / 13 QUIT ran a proof of concept called 'Upselling Prevention'. The overall goal was to activate the community to change behaviour.
- Four preventative health topics were covered, among which was physical activity, nutrition and diet (wellbeing).
- Once the reason for their call was resolved, callers to 13 HEALTH or 13 QUIT were asked how happy they were about their weight or overall wellness.
- Depending on the answer, staff would start a conversation about why wellbeing is important and what actions could be taken. Information was sent out by post, text and email.
- Clients participated in partnership with their GP and were referred to www.healthier.qld.gov.au to find out their health and fitness age.
- A follow up phone call was an opportunity to help motivate the participant.
- Trial result: 345 clients accepted the intervention, 238 agreed to the brief intervention – 106 clients acted on it. Cost per client (funded by Department of Health): just under $20.

Parenting Eating and Activity for Child Health (PEACH)

- Free, family-focused lifestyle program for parents of overweight or moderately obese primary school aged children.
- Evidence-based program that involves nine face-to-face weekly sessions within the school term, run by trained facilitators in community venues, often schools.
- Funded by the Queensland Government to improve dietary quality and activity for the child and family by arming parents with increased confidence and skills to manage in an obesogenic environment.
- Parent sessions provide a supportive environment to learn, share stories and set goals for their own families. Sessions for children involve supervised active play.
- The biggest challenge is sustainability. In another state a similar program is offered to overweight 7-13 year olds with a very different service delivery model. The manager of the health service has performance targets for enrolments into the program. There is central funding and coordination by local staff who promote and deliver the program at local level. Overall, they have much better engagement and retention but very similar outcomes in terms of changes in diet activity and weight.
- The key question is: where in our system will responsibility lie for providing services to manage this health issue that has important short and long-term impact on one in four of our children? What would the response of the health system look like if one in four of our primary school age children were showing signs of problems with hearing or vision?
- Contact - http://www.peachqld.com.au

Get Moura Moving

- Get Moura Moving is an initiative funded (<$18,000) by the now defunct Central Queensland Medicare Local and facilitated by Ninja Fitness and Health.
- 50 participants ('Movers') suffering from or at risk of obesity-related illness were referred to the program from their local GP.
- Suitable participants were identified based on key indicators of obesity related illness - BMI, cholesterol, blood sugar and blood pressure – and referred to Ninja Health and Fitness. A simple referral letter with tick box criteria only added a minute or two to a regular consult.
- The goal was to reduce the incidence of cardiovascular disease, diabetes and obesity-related illness.
- 43 Movers completed the program and 39 of those lost weight. The average weight loss was 6.4kg in three months – total combined weight loss of 249.6kg.
- At the same time, there were noticeable changes in culture and attitudes of participant's family and friends, and Moura as a whole.
- A statewide 'Get Moving' project has the potential to make a huge impact. The project is scalable with the right trainers who are passionate about genuinely helping people. Ninja Fitness created a step-by-step guide for future facilitators.
- Contact - http://www.ninjafitnessandhealth.com

Aboriginal and Torres Strait Islander Online peer support program.

- Diabetes Qld program for Indigenous Queenslanders to connect and support Aboriginal and Torres Strait Islander people living with type 2 diabetes to better manage their condition.
- It is hosted in a private *Facebook* group and is led by trained Aboriginal and Torres Strait Islander peer volunteers.
- Peer volunteers are trained to lead the participants around the seven healthcare behaviours for effective diabetes management: healthy eating, being active, monitoring, taking medication, problem solving, reducing risks, healthy coping.
- At least five of these have direct applicability to prevention of obesity.
- The majority of the online discussion is about healthy eating and active lifestyle.
- Volunteers are also trained to link and refer people to the clinical network.
- The volunteers complement, supplement and extend formal primary care services.
- Although not a specific weight loss program, 10 per cent of participants reported weight loss.
- Contact - http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=2454