

Pip Brennan, Executive Director

Consumer insights



HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

Acknowledgement of Traditional Owners

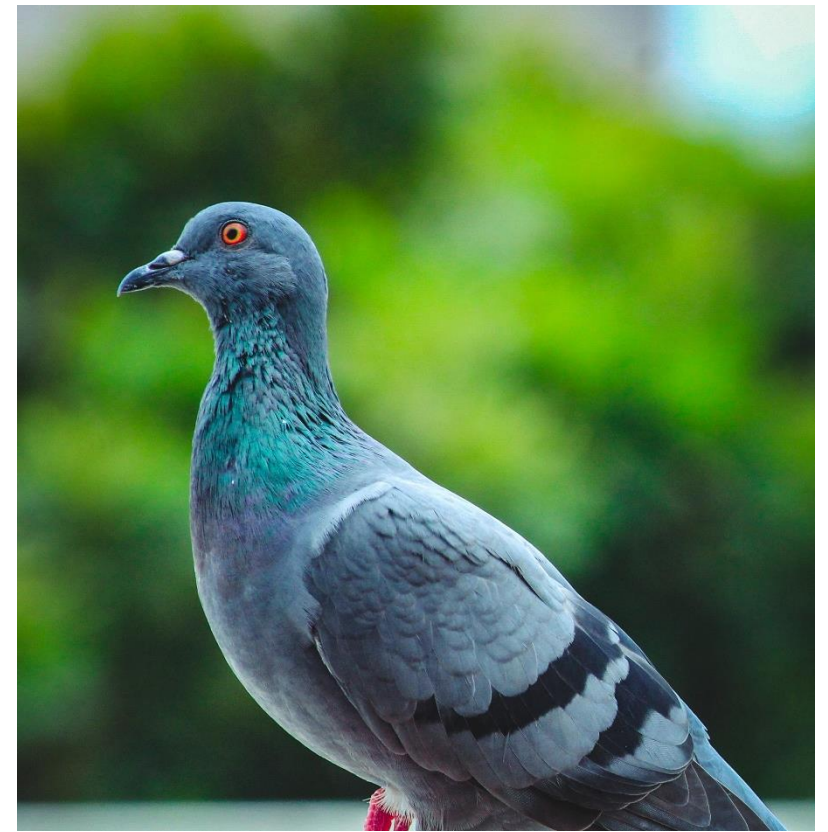
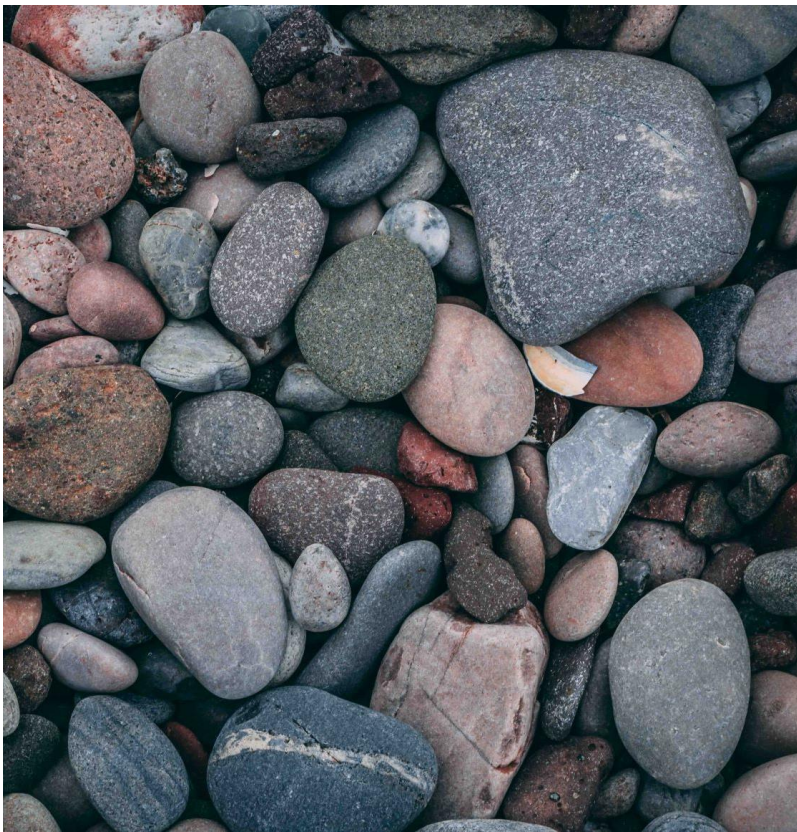
We acknowledge the Whadjuk Noongar people who are the Traditional Owners of this Land and pay respect to all Elders past, present and future. We extend our respect to all other Aboriginal and Torres Strait Islander Cultures.



Hands up if you're human...

the
HUMAN EXPERIENCE





The parable of birds and stones – or
“why working together matters so much”

What if weight is the solution, rather than the problem?

A word about Adverse Childhood Experiences (ACEs)

- Felitti et al (1998) identified an association between adverse childhood experiences and a range of health issues, including obesity
- “Although widely understood to be harmful to health, each adaptation [such as obesity] is notably difficult to give up... We repeatedly hear from patients of the benefits of these ‘health risks.’ ... What one sees, the presenting problem, is often only the marker for the real problem, which lies buried in time, concealed by patient shame, secrecy and sometimes amnesia—and frequently clinician discomfort.”

Kolk, Bessel van der. The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma Penguin Books Ltd.

Research Article

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

Methods: A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in adult life.

Conclusions: We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

Medical Subject Headings (MeSH): child abuse, sexual, domestic violence, spouse abuse, children of impaired parents, substance abuse, alcoholism, smoking, obesity, physical activity, depression, suicide, sexual behavior, sexually transmitted diseases, chronic obstructive pulmonary disease, ischemic heart disease. (Am J Prev Med 1998;14:245–258) © 1998 American Journal of Preventive Medicine

Department of Preventive Medicine, Southern California Permanente Medical Group (Kaiser Permanente), (Felitti) San Diego, California 92111. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, (Anda, Williamson, Spitz, Edwards, Marks) Atlanta, Georgia 30333. Department of Pediatrics, Emory University School Medicine, (Nordenberg)

Atlanta, Georgia 30333. Department of Family and Community Medicine, University of Arizona Health Sciences Center, (Koss) Tucson, Arizona 85727.

Address correspondence to: Vincent J. Felitti, MD, Kaiser Permanente, Department of Preventive Medicine, 7060 Clairemont Mesa Boulevard, San Diego, California 92111.

Am J Prev Med 1998;14(4)
© 1998 American Journal of Preventive Medicine

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Felitti, 1998. [https://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/pdf](https://www.ajpmonline.org/article/S0749-3797(98)00017-8/pdf)



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**We asked people about
their experience of
taking action to lose
weight and how they've
used the health system**

How we asked people

- An online survey
- Consumer focus groups
- Invited people to share their stories
- Online group brainstorm process
- Approximately 800 responses across all methods

Is weight a weight on your mind?

WA consumer and community perspectives on the issue of weight management and obesity services

How have you used the health system to help you reach your weight loss goals?

What parts of the system have you reached out to? What, if any, parts of the system haven't helped you reach your weight loss goals?

How have you used the health system to achieve your weight loss goals?
Add your experience into the list. If your topic is already...
CLARE MULLEN 13 DAYS AGO, 37 IDEAS

Liked

What aspects of your weight loss journey have you liked? What parts of the health system have you liked? What parts of the health system have you liked?

Lacked

What aspects of your weight loss journey have you lacked? What parts of the health system have you lacked? What parts of the health system have you lacked?

Learned

What have you learned from your experience with the health system? For example, did you learn anything new about your health? Did you learn anything new about your health? Did you learn anything new about your health?

Longed For

What have you longed for from your experience with the health system? For example, did you long for more support? Did you long for more support? Did you long for more support?

Potential barriers to you getting support from the health system

There could be a whole range of things - like language, cost, no transport to access services, etc. - that could be a barrier to you getting support from the health system. What are some of the barriers you think could be a barrier to you getting support from the health system?

I'd like to feel...

How would you like to feel after you interact with the health system to help you achieve your weight loss goals? Tell us how you'd like to feel when you're interacting with the health system.

How have you used the health system to achieve your weight loss goals?

Add your experience into the list. If your topic is already...
CLARE MULLEN 13 DAYS AGO, 37 IDEAS

What has been your experience of the support you've received from the health system to achieve your weight loss goals?

Let's share our experience of working with the health system...
CLARE MULLEN 13 DAYS AGO, 86 IDEAS

What are some of the barriers to you getting the support you need from the health system to achieve your weight loss goals?

Add your comments to the list. If someone else has already...
CLARE MULLEN 13 DAYS AGO, 24 IDEAS

How would you like to feel after you interact with the health system to help you achieve your weight loss goals?

Tell us how you'd like to feel when you're interacting with the health system...
CLARE MULLEN 13 DAYS AGO, 17 IDEAS

This is your space to tell us anything else you think is important for people to consider when they're planning policies and services relating to weight management and obesity.

Is weight a weight on your mind? Share your story

Health Consumers' Council is working with the Department of Health and WA Primary Health Alliance to ensure that the voices of people with experience of taking action to lose weight are included when policies and services are being planned and developed to support people to manage their weight.

Your responses are anonymous. Some or all of your story and experience may be shared at events or in discussions with staff in the health system. You can share as much or as little as you like of your experience.

If you have any questions about sharing your story in this way, or if you would like to discuss any of the issues you have raised, please contact Clare Mullen (clare.mullen@hcncc.org.au or call 08 6311 9713).

You can respond up to Wednesday 10 October.

OK

1. About me

Partners in Change – Obesity Collaborative

The Department of Health has convened a new Collaborative tackling the critical health issue of overweight and obesity. The Health Consumers' Council is working in partnership with The Department to ensure the consumer voice is front and centre of any policy and service planning.

We believe it is important that the conversations are informed by real experiences of people managing their weight. We have sought feedback via a survey and we have had a great response with more than 700 responses. We also held two face to face community workshops in September.

If you weren't able to attend these events, but you'd like to share your experiences, here are a few other options...

Tell us your story

We know that stories can be powerful and we'd love to hear yours if you'd like to share it.

We'd like to know how a bit about you (it can be anonymous if you wish), a bit about your weight loss experience (whether it's worked, or it hasn't, or if it's a work in progress), and a bit about how you've interacted with the health system about your weight. If you have had involvement with the health system about this issue, we'd like to know what has worked well, and what hasn't. And also what you'd like in the way of support from the health system in an ideal world.

Consumer insights - Obesity Collaborative: Partners in Change



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What people told us...

8

The current system isn't working

- 66% of survey respondents have taken action to lose weight more than twice **in the last 12 months**
- 41% of people have done so **more than five times**
- *"I was a big nine pounder baby and have carried more weight than I liked all my life i.e. 70years"*
- *"[I'm 44 and] I have struggled with my weight since adolescence"*
- *"...always overweight, tried numerous diets over the years"*
(woman, 57)
- *"I am a 52yo woman who has struggled with my weight since upper primary school"*
- *"I was very aware of my weight during all my teenage years..."*
(woman, 26)



People try lots of things...

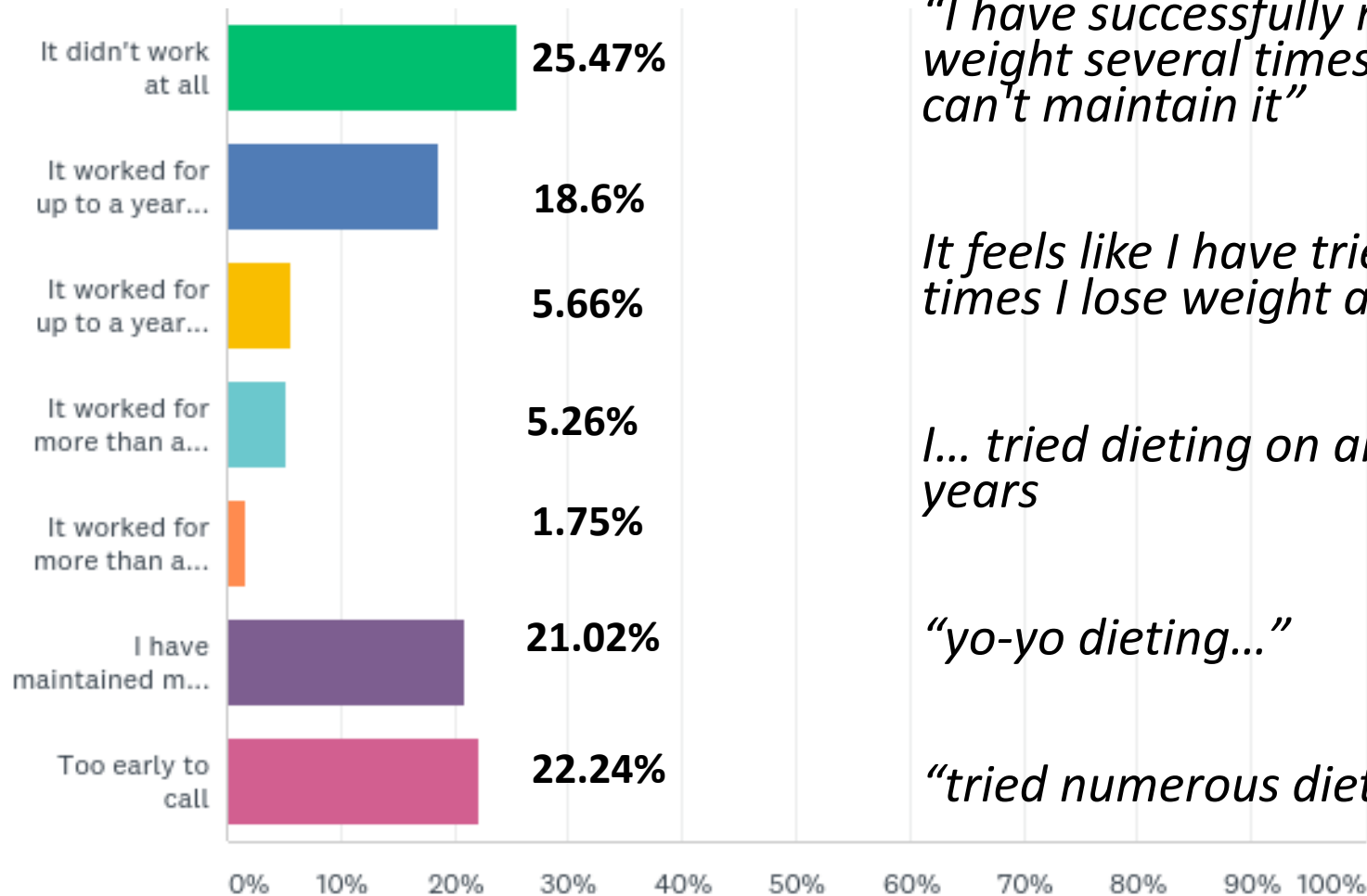
What has helped?

- Changing diet/food habits (273)
- Changing exercise/movement habits (155)
- Having a deliberate approach (106)
- Psychology/mindset (91)
- Social support (83)
- ...
- Surgery (43)
- Professional support (38)

What hasn't helped?

- Changing diet/food habits (146)
- Persistent poor habits (food and exercise) (76)
- Lack of social support (52)
- Stigma/embarrassment (44)
- "Nothing helped" (43)
- ...
- Professional advice (13)
- Pharmacotherapy (weight loss) (13)
- Surgery (9)

...with limited success



"I have successfully modified my eating and lost weight several times but when life gets too stressful I can't maintain it"

It feels like I have tried every diet imaginable. At times I lose weight and put it all back on.

I... tried dieting on and off many times during these years

"yo-yo dieting..."

"tried numerous diets over the years..."

People's reasons for being overweight are complex and individual – dealing with this takes time

- *"Time with [a health] professional is not enough for good supportive discussions"*
- *"Experience with a Nurse Practitioner was very positive because they took time to get to know you, your life, and what was impacting you."*
- *"I feel like the staff had little time to get to know my daughter or me, or consider our particular circumstances."*
- *"A holistic approach. I'm not obese just because I don't know what I should or shouldn't eat. There are lots of issues in my life that I need support with. Sometimes it is overwhelming with all the resources that are out there to help. One person, helping multiple issues would be helpful."*



More low/no-cost options are needed – that people can access over the long-term

- Affordability and the cost of services was raised as a barrier to people accessing health services to support their weight loss
- Sustainable change can take a long time to embed – especially when balancing other commitments and concerns like work, family, study, housing etc

“I'd love someone to come up with a meal plan for a single person that doesn't cost the earth.”

“The more facilities with free or low cost creche facilities the better. It would just be nice to speak to a professional without one eye and ear distracted by children.”

“We've been coming [to this program] for about six months and we've started to see a significant change in the last two weeks... it's good to know we can keep coming and it's free of charge.”



Stigma, shame and embarrassment is a barrier

- *“I have struggled with my weight and an eating disorder since I was a teenager. I am 46 married with children and my family don’t know of my shame”*
- *“Due to my lack of success, I feel too ashamed to seek help anymore.”*
- *“I wasn't making any progress. This in turn would then make me ashamed and embarrassed that I wasn't getting anywhere and I would eat more in comfort.”*
- *What could the health system do to support you? “Have much better understanding - they judge me and don't understand I eat to self-medicate instead of taking meth”*
- *“I delayed going back because I had nothing positive to report. And then weeks turned into months... and I haven't been back for a couple of years.”*

“No matter how successful [my son] has been at achieving his weight loss goals, he’s fixated on the BMI curve – if he’s still in the “obese” section he comes home very demoralised”

People know what to do. They want help doing it – and to *keep* doing it



Food

Movement

Motivation

“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.”

“Cost and motivation are the 2 major restricting factors.”

*“calorie counting but most importantly psychological support”
(response to “what has helped?”)*

“I found it was very lonely... [my friends didn’t need to lose weight]”

People need people – social support is key

“A gym or walking group, yoga group that I KNOW will have overweight people in it. There have been many times where I have wanted to do “beginners yoga”, but talked myself out of it due to believing there won't be any other overweight people there.”

“support from all the household members [helped]”

“Having someone doing it with me and being under the care of a dietician so weekly weigh ins [helped]”

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

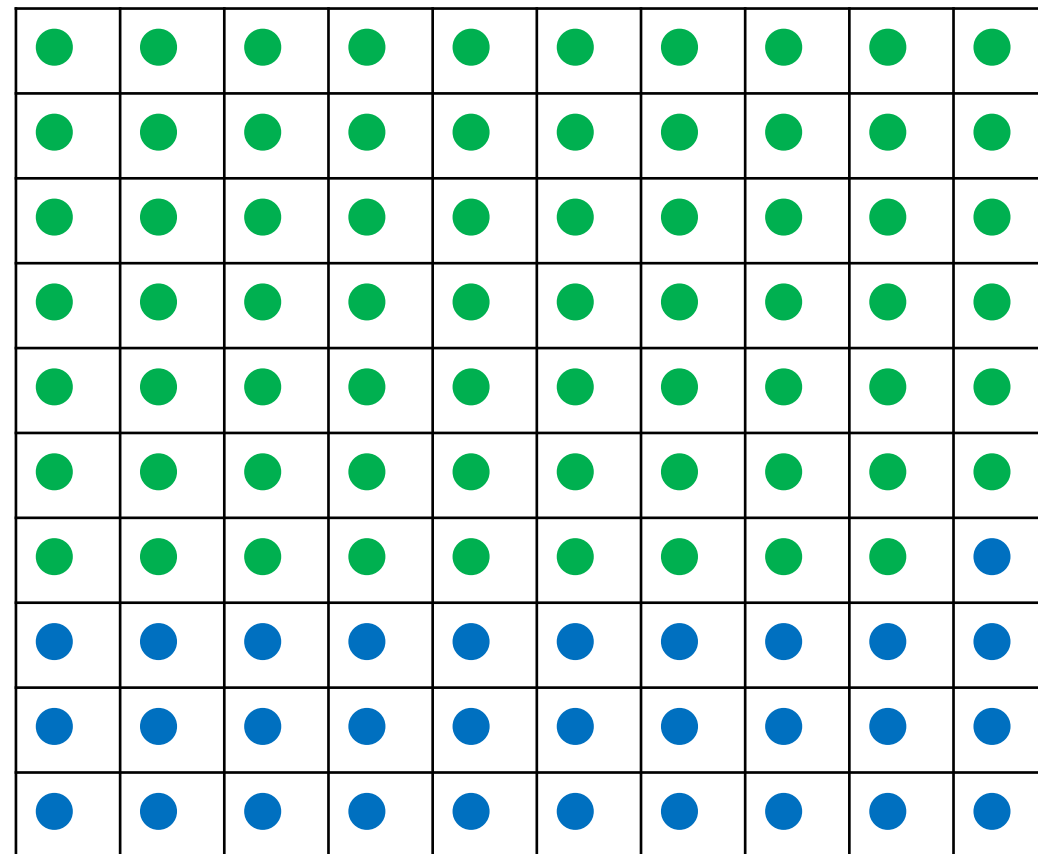
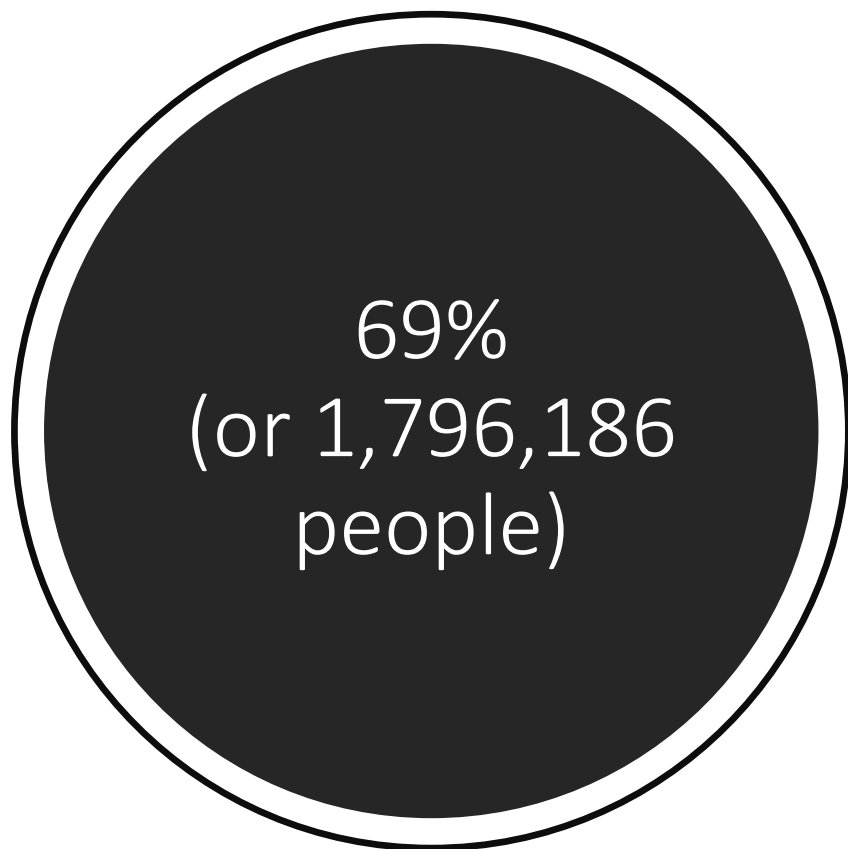




Photo by [rawpixel](#) on [Unsplash](#)

Finding the right health professional can be a challenge – but it's great when it works

- *“For the first time I recently told my GP I felt it was an issue, she was lovely, and she is the only GP I felt comfortable enough to mention it to.”*
- *“At no time has any GP ever offered to assist me or suggested the need for further health system advice.”*
- *“I spoke to my GP [about trying a particular diet] and she said “we can do that together””*
- *“[The nurse practitioner] was great. Helpful, non-judgmental, practical.”*



Merema M, Radomiljac A. 2018. Health and Wellbeing of Adults in Western Australia 2017, Overview and Trends. Department of Health, Western Australia.

<https://ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/Population%20surveys/Health-and-Wellbeing-of-Adults-in-Western-Australia-2017.pdf>



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**Thank you to the people who took the time
to share their stories and experiences with us. And
thank you to the people who support them.**

Let's do this together...

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