

The Jean Hailes *Foundation*
for women's health

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(Inq into Obesity)
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**Submission to
The House of Representatives
Standing Committee on Health and Ageing**

Inquiry into Obesity in Australia

May 2008

Please direct all communications to:

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16th May 2008

The Secretary of the Committee
The House of Representatives Standing Committee
on Health and Ageing
House of Representatives
Parliament House
Canberra ACT 2600

To Whom It May Concern,

I write on behalf of the Jean Hailes Foundation for Women's Health in relation to The House of Representatives Standing Committee on Health and Ageing – Inquiry into Obesity in Australia.

The Jean Hailes Foundation for Women's Health (the Foundation) is a national not-for-profit women's health organisation whose programs directly address the burden of chronic disease and the needs of an ageing population with a strong emphasis on illness prevention.

The Foundation focuses on the wellbeing of Australian women through:

- Identification, prevention and treatment of chronic disease and health conditions
- Recognition of the needs of rural and remote, culturally diverse and indigenous communities
- Understanding that many health issues can be prevented, reduced or postponed
- Supporting national health priorities
- Recognising that community and health professional education are critical to illness and disease prevention and early detection

The Foundation plays a significant role in the prevention of lifestyle-related diseases through its innovative research and education programs.

The Jean Hailes Research Group, led by Professor Helena Teede, sits within the School of Public Health, Monash University and focuses on the continuum from adverse lifestyle, obesity, the metabolic syndrome and polycystic ovary syndrome (PCOS), gestational diabetes, pre-diabetes, diabetes through to cardiovascular disease. The progression through this continuum is not inevitable and the research team's focus is on both mechanisms of disease and prevention as well as the translation of evidence to optimise prevention.

The Foundation's national education program for consumers and health professionals uses a range of educational strategies and methods such as fact sheets, webcasts, publications, seminars and websites to promote practical health and lifestyle approaches.

Attached for your reference are supporting documents indicating the research priorities, and providing examples of the types of consumer educational resources provided by the Foundation.

We wish to strongly advocate for the prevention of weight gain through intervention at individual, community and population levels to change lifestyle behaviours through regulation, education and incentive.

With significant experience and commitment to the prevention of lifestyle-related disease, we ask that consideration be given to the involvement of the Jean Hailes Foundation for Women's Health in the inquiry into obesity in Australia.

If you have any queries in relation to this correspondence please contact me.

Yours sincerely,

Jenny Jackson
Chief Executive Officer

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BACKGROUND

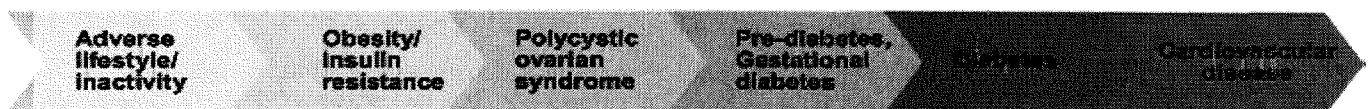
- ❑ The Jean Hailes Foundation for Women's Health has a 16 year history of working to improve the health status of Australian women with a particular focus on women at midlife and beyond.
- ❑ The Foundation's programs directly address:
 - The burden of chronic diseases and the needs of an ageing population with a strong emphasis on **illness prevention**
 - The needs of women from rural and remote communities and from CALD communities
- ❑ The Foundation operates nationally from its headquarters in Clayton, Victoria and is affiliated with Monash University and Southern Health
- ❑ The Foundation's strength is the successful integration of **research, education and clinical care**
- ❑ The Education Unit receives funding from the Australian Department of Health and Ageing

KEY FUNCTIONAL AREAS

- ❑ **Illness prevention** through community health and lifestyle research and education, targeting health professionals and community alike and through internationally recognized, evidence-based best practice guidelines for health professionals
- ❑ **Early detection of disease** through research and education targeting enhanced awareness by health practitioners and women of the risk factors associated with specific illnesses and the benefits of early detection and prevention and increased use of specific screening methods
- ❑ **Promoting informed choices** through women's access to relevant, timely and clear information about their health and health care, and an emphasis on what women and their families can do for themselves to optimise health and wellbeing and prevent illness
- ❑ **Best practice clinical care** through targeted research into health issues identified as a priority by women and health practitioners, and translation / communication of the outcomes of this research to health care providers
- ❑ **Strengthening community action** through collaboration, coordination, linkages and strategic alliances with governments, medical and scientific organisations, the general community, women's and men's groups and networks, and international organisations working in the interests of women's health

EDUCATION AND RESEARCH PRIORITIES

- ❑ **Lifestyle related disease: obesity, polycystic ovary syndrome, diabetes, cardiovascular disease**



- The interaction between lifestyle, health-related behaviours, obesity, metabolic disease, polycystic ovary syndrome, diabetes in pregnancy, diabetes and cardiovascular disease
- ❑ **Women's Health – for younger women, through to women in midlife and beyond:**
 - Implementation of effective sustainable lifestyle programs
 - Therapies for menopausal symptom relief including alternative therapies
 - Anxiety, depression and body image
 - Premature menopause and management of menopausal symptoms
 - Menopause after breast cancer – impact on women and partners
 - Fertility and premature menopause after breast cancer
 - Osteoporosis and incontinence
 - Nutrition and physical activity and psychological benefits in midlife women
 - Menstrual problems eg. endometriosis

National education programs for general practitioners and allied health professionals

- **Live Videoconferencing** – reaching 240 health professionals. Topics included:
 - Cardiovascular disease, diabetes and obesity in women
 - Sexual function in women
 - Premature menopause
- **Webcasts of videoconferences** – reaching 1300 people, six available including topics above and:
 - Hormone therapy and the Women’s Health Initiative (WHI)
 - A bio-psychosocial look at menopause and midlife
 - Polycystic ovary syndrome and gestational diabetes
- **Face to face seminars** – reaching 94 health professionals. Topics included:
 - Griffith (NSW) – Healthy ageing in women
 - Darwin (NT) – Menopause, midlife and libido
 - Port Macquarie (NSW) – Menopause and midlife: an update
 - Hobart (TAS) – Risk perception, cardiovascular disease and; hormone therapy - an update
 - Overseas trained doctors – three programs conducted on *Successfully working with women and their health*
- **Active Learning Modules (ALMs)** – 156 people registered. Topics include:
 - Diagnosis and management of polycystic ovary syndrome
 - Osteoporosis: Under-diagnosed and under-treated
 - Weighing up the evidence for prescribing hormone therapy
- **RACGP Check program.** Topic: Polycystic ovary syndrome
 - Multidisciplinary education program designed for general practitioners
- **Algorithms**
 - Menopause and hormone therapy algorithm reviewed and changed accordingly

National education programs for women and the community

- **Community webcast:**

A live streamed educational session for women throughout Australia

 - Total viewers: 1,693 across all states
 - 462 individual participants
 - 69 groups (45 rural & regional, 24 metro), 1,231 participants from groups
 - 2 international registrants
 - 400 questions emailed
- **Podcasts:**

29 podcasts have been recorded and prepared to be installed on the Jean Hailes Foundation website
- **Face to face programs:**
 - Griffith (NSW) – 2 seminars *Midlife – choices for health and wellbeing*
 - Darwin (NT) *Menopause, midlife and libido*
 - Port Macquarie (NSW) *Menopause and midlife*
- **Victorian programs:**
 - CALD communities – 28 sessions delivered to women in their community language
 - 24 bilingual educators trained in midlife and ageing well
 - Rural communities – 35 education sessions delivered on midlife and ageing well

Website: www.jeanhailes.org.au

New portals include:

www.managingmenopause.org.au
www.healthforwomen.org.au
www.earlymenopause.org.au
www.ageingwell.org.au
www.managingpcos.org.au
www.bonehealthforlife.org.au
www.endometriosis.org.au

- The website has grown to 175,000 visitors per month
- Daily visitors have grown to over 5,600
- PDFs downloaded up to 8,200 in March 08

Resources for distribution

- **Fact sheets** – 22 topics available
 - 35,000 fact sheets were downloaded from website
 - 40,000 hard copies of the fact sheets distributed through community and health professional seminars
- **Fact sheets in languages other than English** – Understanding menopause and midlife fact sheet available in 16 different languages
- **Magazine** – published bi annually – circulation over 80,000. Topics include: heart disease, depression, health checks for the 45-49 year old woman, hormone therapy update, understanding risk and research and urinary incontinence

Driving health promotion messages through the media

- A total of 398 media items – up 18per cent from 2006
- Coverage across every state in Australia including excellent medical media
- Broad range of women’s health topics
- Significant media coverage across the country – particularly in regional areas

Issues management - The Jean Hailes Education Unit provides leadership in briefing state and federal governments, developing fact sheets, briefing the media and conducting press conferences when new and vital research findings are announced.

Expanding the reach – additional activities

- Training to international medical graduates in women’s health
- Offering Supervised Clinical Attachments – another format for professional education
- Accessing women through the workplace – providing face to face seminars to women in large companies
- Seeking and gaining research grants that have a significant educational component
- Utilising the research and clinical expertise to present at conferences and professional development activities for health professionals
- Reviewing and promoting resources developed by other organisations – giving greater access to credible information
- Development of a multicultural website specifically to address women’s health issues

The Jean Hailes *Foundation* *for women's health*

Fact sheet

Diabetes and women

What is it?

Diabetes happens when there is too much glucose (sugar) in the blood. The body's method of converting glucose into energy is not working as it should. Blood glucose levels are normally controlled by a hormone called insulin.

Over one million Australians have diabetes – and half of them are unaware. As well, two million Australians have the early signs of diabetes, known as pre-diabetes. In fact, almost one in four Australians aged 25 years and over have either diabetes or pre-diabetes increasing their risk of serious complications like heart disease. Much of this can be blamed on the rise in obesity and our inactive lifestyles.

The different types:

Type 1 diabetes (formerly called Insulin Dependent Diabetes Mellitus or Juvenile Onset Diabetes) happens when the body does not make insulin. It usually affects people under 30 years of age, but can occur at any age. Type 1 diabetes affects 5 -10 per cent of people with diabetes.

Type 2 diabetes (formerly called Non Insulin Dependent Diabetes Mellitus or Mature Age Onset Diabetes) usually occurs in adults, especially in those who have a family history of diabetes. Being overweight and inactive also increases your risk. In people with Type 2 diabetes (85 - 90 per cent of all diabetes) the body becomes resistant to insulin and eventually cannot make enough insulin to overcome this resistance.

Gestational diabetes can develop during pregnancy and usually disappears after the birth of the baby, but women who have had gestational diabetes are at greater risk of developing Type 2 diabetes.

Pre-diabetes (sometimes called impaired glucose tolerance, or impaired fasting glucose) is where blood glucose levels are higher than normal, but not at the level of diabetes. People with pre-diabetes are at very high risk of developing Type 2 diabetes. This can be delayed/ prevented with lifestyle change.

Are you at risk of Type 2 diabetes?

Are you:

- Over 40 years of age and have high blood pressure, are overweight or have a family member with diabetes?
- Over 50 years of age?
- Over 35 years of age and Aboriginal or Torres Strait Islander or are you from the Pacific Islands, Indian subcontinent or from a Chinese cultural background?

Do you:

- Have heart disease or have you had a heart attack?
- Have/had gestational diabetes?
- Have pre-diabetes?
- Have Polycystic Ovarian Syndrome?

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Signs and symptoms of Type 2 diabetes (usually these occur late in the condition after complications have occurred, highlighting the need for regular checks in those at risk)

- Increased thirst
- Slow healing of cuts
- Frequent urination
- Itching, skin infections
- Feeling tired and lethargic
- Blurred vision
- Constant hunger
- Unexplained weight loss

Diabetes, if not well controlled, can cause damage to blood vessels and nerves that often cause problems to the eyes, kidneys, heart and feet.

Midlife and menopause

The risk of developing pre-diabetes, diabetes and heart disease increases significantly at midlife and beyond. As women age, weight gain is common - especially around the tummy - which adds to the risk. Women with a history of polycystic ovary syndrome or diabetes in pregnancy are at increased risk.

Type 2 Diabetes: common, costly...and controllable

Stop press!

There's some good news! Making a few changes to your lifestyle can reduce your chances of developing diabetes:

- Eat healthy food, maintain a healthy weight
- Ask your doctor to check your blood glucose levels, blood pressure, cholesterol and triglycerides on a regular basis
- Do 30 minutes a day of physical activity
- Don't smoke

To avoid Type 2 diabetes:

Eat healthy food:

1. Enjoy a wide variety of nutritious foods by eating plenty of vegetables, legumes, fruit and wholegrain cereals. It is important to also include lean meat, fish, poultry or soy. Use reduced-fat dairy products and drink lots of water.
2. Take care to limit the amount of fat you eat. Choose foods low in salt and sugar and limit alcohol if you choose to drink – ensuring two alcohol-free days a week.

Keep physically active

Thirty minutes a day is the way to go:

- Think of movement as an opportunity, not an inconvenience.
- Be active every day in as many ways as you can – walking is great.
- If you can, get your heart pumping for extra health and fitness.
- People with diabetes should consult their health professional before starting a physical activity plan.

Take action

People with diabetes need to visit an accredited dietitian to discuss the food they eat. Dietitians can be found through your local community health centre. A list of private dietitians can be found from the website www.daa.asn.au or by phoning 1800 812 942.

Where can I get more information?

www.jeanhailes.org.au or phone: 1800 151 441

www.diabetesaustralia.com.au or phone: 1300 136 588.

This resource was developed with the support of the
Australian Department of Health and Ageing
Updated July 2006

health tips

Enjoy a wide variety of nutritious foods, by eating plenty of vegetables, legumes, fruit and wholegrain cereals. Include lean meat, fish, poultry and/or alternatives.

Try to include fish 3–5 times a week (this can include canned fish, such as salmon, sardines and tuna).

Take time out just for you.

Make pelvic floor exercises a life-long habit — even if you have no symptoms.

Be active on most, or all, days of the week: you don't have to do a 30 minute walk, 3x10 minutes is just as good!

3 serves of dairy each day for good bone health.

Embargoed Abstract

A low intensity community based lifestyle intervention prevents weight gain and improves physical and mental wellbeing in adult women

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Background: Women gain weight as they age which is attributed predominantly to lifestyle factors. Although there is recognition of the importance of weight control, we have little understanding of the determinants of successful prevention of weight gain and the associated protective behaviours in women in this era. This project addresses environmental, social and individual factors in the prevention of weight gain in women through the development and testing of a low intensity, local, community based, behavioural lifestyle intervention underpinned by self management principles and enhanced self efficacy.

Method: A cluster randomised, controlled, behavioural intervention based on the self management principles of behaviour change in 250 mothers of young children attending primary school. Delivery of the program components is currently occurring in 10 primary schools across one local government area in Victoria, which offers a local, non threatening setting for delivery, addresses cost, barriers to participation and sustainability issues. The intervention supports other obesity prevention programs in the community.

Results 250 mothers were recruited from local schools. Collection of all data is complete. Baseline data analysis indicates successful recruitment, delivery and adoption of program components in women. In addition demographic and biological endpoints (cholesterol, triglycerides, glucose) as well as physical activity, dietary intake, self efficacy, behavioural strategy use, social support, health, and quality of life measures have been collected. Over 12 months the intervention group lost weight and the control group gained weight. There was a significant difference between the groups in weight lost, biological end points including cholesterol levels as well as behavioural endpoints including healthier dietary behaviours and self efficacy.

Conclusions: A low cost, low intensity behavioral intervention can successfully recruit and deliver to a large number of women in a community setting -a primary school. This interventions is low cost, simple, community based and effective in preventing weight gain, improving physical and mental wellbeing and changing health behaviour in young mothers, compared to unsupported conventional education with health information alone.