

## PUBLIC FUNDING REQUIRED TO TARGET AUSTRALIA'S OBESITY CRISIS

Obesity poses a serious public health problem in Australia. Severe or complicated obesity places sufferers at increased risk of poor health status through chronic comorbidities and subsequently an increased risk of premature mortality. Currently, [63.4% of adults in Australia are considered to be either overweight or obese](#), and projections suggest that the [prevalence of obesity will continue to increase](#) making obesity a serious, ongoing health issue requiring further attention.

### Defining Obesity

Generally speaking, obesity can be defined as having a Body Mass Index (BMI) [equal to or higher than 30kg/m<sup>2</sup>](#). More specifically, a BMI higher than 35 in combination with a diagnosis of a weight related health condition (class II obesity) or a BMI greater than 40 with or without another diagnosis (class III obesity) can be classified as severe obesity.

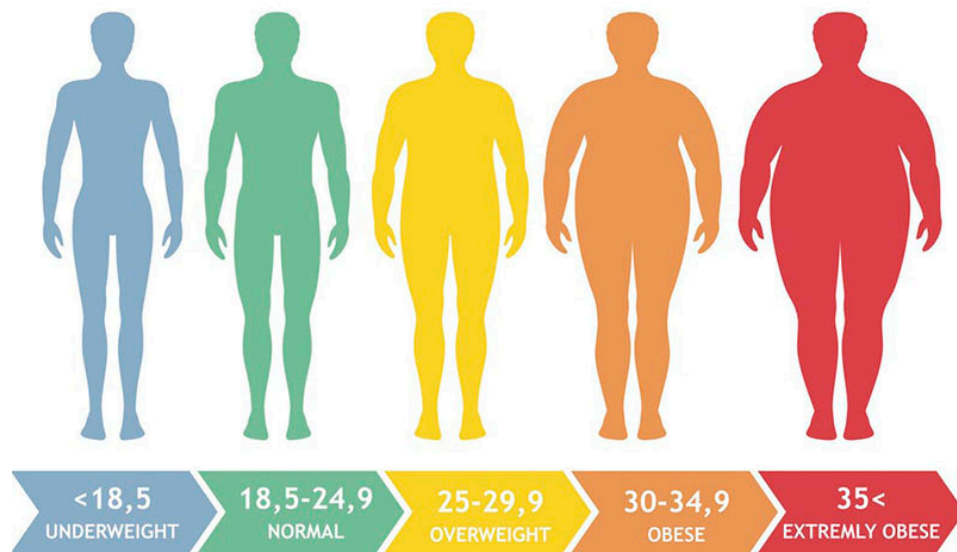


Figure 1: Visual representation of Body Mass Index (BMI)

### Obesity as a risk factor for chronic disease

Being obese is linked to a range of long-term, lifestyle related diseases. [Type 2 Diabetes Mellitus \(T2DM\)](#), [cardiovascular disease](#), [cancers](#) and an overall reduction to the quality of life of the individual, due to poor health, are just some of the conditions that individuals who are overweight or obese are faced with.



Figure 2: Obesity increases the risk of developing heart disease

## **Treatment for obesity**

Surgical intervention for weight loss, known as bariatric surgery, is an effective strategy for the treatment of obesity. It is an invasive treatment that induces weight loss to manage obesity. The surgery is not only successful in helping patients to lose a large amount of weight, but also beneficial to the patient as it has shown to either [completely or partially treat conditions such as diabetes](#). Surgical intervention for weight loss is often utilised when other less invasive methods or resources have not worked for the patient.

## **Current governing policy in Australia**

Currently, [regulatory policy varies significantly between each of the Australian states and Territories](#). In Queensland, a small number of bariatric surgical procedures for weight loss are performed within the public health sector despite the existence of any related government guidelines or policy. To be eligible for [consideration of surgical intervention for weight loss patients must meet very specific criteria](#) and be referred to the public health system by another health care professional for eligibility. For consideration and admission onto the public wait list patients must meet certain weight requirements (BMI suggestive of severe obesity) as well as be suffering from a severe comorbid health condition, such as complex diabetes, that is poorly managed and therefore detrimental to the patient's overall health and wellbeing.

## **Public versus private**

The majority of bariatric surgeries are performed within the private health sector and are therefore funded purely by the patient or through the patient's own private health cover. Increased accessibility to these highly effective surgical interventions, through the public health system with enhanced funding schemes to allow more patients to access the treatment as medically indicated, need to be considered.

Australians who are in the most need of assistance for their weight loss to improve their health often fall within [low socio-economic groups](#). The high cost of the top tier health insurance required in combination with lengthy waiting periods to access bariatric health care can make private sector services unobtainable due to financial limitations and time constraints. It is also recognised that people in [rural and remote areas of Australia are experiencing a high prevalence of obesity](#) and also have limited treatment options due to their geographical location. Opening up the public system by increasing funding may also benefit patients of this demographic by making treatment accessible through a larger, publicly funded bariatric treatment network.

In Queensland, the public health system only allows for surgical intervention for the sickest of patients who need it the most. Referrals received are triaged and categorised and a timeframe for intervention is allocated accordingly. This category is determined based on the clinical urgency, meaning that only those with severe, life threatening obesity-related conditions will be treated as a public patient within a relatively short period of time ([30 days for a category 1 patient and up to 90 days for a patient allocated a category 2](#)). If allocated a category 3, the patient can be waiting for one year. The criteria for this group of patients is those with a BMI higher than 55 and do not currently have any obesity related comorbidities.

Referrals can also be declined if the specific criteria for eligibility are not met or it is believed that less invasive methods for treatment may be more suitable for the individual patient. If there was increased amount of funding allocated to public weight loss interventions many of these patients could be treated before they developed life altering chronic conditions and experienced decline in

their health. Taking action and assisting patients to lose weight prior to the development of further disease, benefits not only the patient but the health system as a whole. It would assist in addressing health inequities between different population groups and help in decreasing the financial burden placed upon the system from obesity related chronic diseases. Bariatric surgery has proven to be very cost effective in comparison to less invasive management of obesity as people who are obese often require many more regular medications and ongoing treatment in comparison to those who are not obese. Having weight loss surgery can assist in the management of various chronic diseases and therefore reduce ongoing health expenditure.

### **Publicly funded weight loss surgery essential for Australia**

With rates of obesity continuing to rise the need for increased accessibility to surgical intervention for weight loss and nationally recognised guidelines and policy is entirely necessary. Increased accessibility to bariatric services will benefit not only individual patients but the health care system overall and will also assist in reducing health disparities between different demographic groups in Australia by providing equal access to essential services.

## Meet the Author



Caitlin Mifsud is currently studying Master of Public Health at the University of Queensland. She completed her Bachelor of Nursing at the Australian Catholic University in Melbourne and graduated in 2014. Caitlin has nursing experience in a range of clinical speciality areas including general medical/surgical, emergency and most recently ophthalmology in both public and private sectors. She is passionate about health equality, patient advocacy and health promotion and education and aspires to incorporate these interests into her future employment within the public health industry.

## Disclosure statement

- Caitlin has no conflicts of interest to disclose.
- All the information contained in this article is in the public domain.

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Figure 2: <https://health.clevelandclinic.org/study-finds-obesity-itself-raises-risk-of-diabetes-and-cardiovascular-disease/>

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